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Implementing the UN Learning Strategy on HIV/AIDS: Sixteen Case Studies

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA
UNODC ILO UNESCO WHO WORLD BANK

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Table of Contents

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Executive Summary, Introduction, Lessons Learned & Recommendations

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Abbreviations, Acronyms, and Terms

AIDS	Acquired Immunodeficiency Syndrome
ALCS (Morocco)	Association de Lutte Contre le SIDA
APCCT	Asian and Pacific Centre for Transfer of Technology
BIREME (PAHO)	Latin American and Caribbean Centre on Health Sciences Information
CBO	Community-based organization
CCO	Committee of Cosponsoring Organizations
CEPIS (PAHO)	Pan American Centre for Sanitary Engineering and Environmental Sciences
CFNI (PAHO)	Caribbean Food and Nutrition Institute
CFT (Vienna)	Core Facilitation Team
CLAP (PAHO)	Latin American Centre for Perinatology and Human Development
CTBTO	Comprehensive Nuclear Test-Ban Treaty Organization
ECLAC	Economic Commission for Latin America and the Caribbean
FAO	United Nations Food and Agriculture Organization
FUNSA	Federation of UN Staff Associations
GIPA	Greater Involvement of People Living with and Affected by HIV and AIDS
HIV	Human Immunodeficiency Virus
IAEA	International Atomic Energy Agency
IATT	Interagency Task Team
IDU	Injection drug user
IEC	Information, Education, and Communication
IFC	International Finance Corporation
ILO	International Labour Organization
IMF	International Monetary Fund
JAC	Joint Advisory Committee
KABP / KAP	Knowledge, Attitude, Behaviour, Practice survey / Knowledge, Attitude, Practice survey
LGBT	Lesbian, gay, bisexual, and transsexual
NGO	Nongovernmental organization
OPP (Nigeria)	Organization for Positive Productivity Support Group
PAHO	Pan American Health Organization
PEP	Post-exposure prophylaxis
PEPFAR	US President’s Emergency Plan for AIDS Relief
SIDA	Swedish International Development Cooperation Agency
STI	Sexually Transmitted Infection
UNAIDS	Joint UN Programme on HIV/AIDS
UNDP	United Nations Development Programme

UNDSS	United Nations Department of Safety and Security
UNECA	United Nations Economic Commission for Africa
UNEP	United Nations Environment Programme
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly Special Session on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNIC	United Nations Information Centre
UNICEF	United Nations Children’s Fund
UNIDO	United Nations Industrial Development Organization
UNIFEM	United Nations Programme for Women
UNODC	United Nations Office on Drugs and Crime
UNOV	United Nations Office in Vienna
UNV	United Nations Volunteer Programme
UNWG	United Nations Women's Guild
VBO	Vienna-based organizations
VCCT	Voluntary confidential counselling and testing
VIC	Vienna International Centre
WB	World Bank
WFP	United Nations World Food Programme
WHO	World Health Organization
WMO	World Meteorological Organization

Executive Summary

In April 2003, the Committee of Cosponsoring Organizations of the Joint United Nations Programme on HIV/AIDS (UNAIDS) approved a Learning Strategy to help UN system staff develop competence on HIV and AIDS. The goals of the Learning Strategy are:

- to develop the knowledge and competence of the UN and its staff so that they are able to best support national responses to HIV and AIDS; and
- to ensure that all UN staff members are able to make informed decisions to protect themselves from HIV and, if they are infected or affected by HIV, to ensure that they know where to turn for the best possible care and treatment. This includes ensuring that staff members fully understand the UN's HIV and AIDS workplace policies and how they are implemented.

To support UN country teams to implement the Learning Strategy, Learning Facilitators were selected at country level and trained in a series of regional workshops. The Learning Facilitators were then expected to ensure—along with the country teams—that the standards of the Learning Strategy were realized. This report is comprised of UN HIV/AIDS Learning Strategy case studies from sixteen countries: Botswana, Brazil, Burkina Faso, Cape Verde, India, Indonesia, Macedonia, Madagascar, Morocco, Nigeria, the Pan American Health Organization headquarters (United States), Pakistan, Paraguay, Vienna (Austria), Viet Nam, and Yemen. It presents each country's unique experience in implementing the strategy since its adoption in 2003. From the case studies, lessons have been drawn and twelve recommendations are made:

1. For the Learning Strategy to succeed and prosper, support and leadership from senior management is critical at all stages of planning and implementation. Senior staff at the global, regional, national, and local levels must demonstrate commitment to the goals and activities of the Learning Strategy.

2. Having a committed and functional interagency Learning Team is essential to the success of Learning Strategy implementation. All UN Country Teams should establish and give ongoing support to an interagency team to ensure Learning Strategy implementation. This should be built into the terms of reference for the Joint UN Team on AIDS or a sub-team of the Joint UN Team on AIDS.

3. In nearly all countries, strategic partnerships helped to establish local relevance of learning activities and support a network of actors engaged in national responses to HIV/AIDS. UN Country Teams should engage government, local NGOs, religious groups, the media, and people living with HIV in learning activities to ensure the local relevance and common understanding among UN staff and to extend scope of learning to supporting national responses.

4. Learning Teams in several countries indicated that diversifying learning approaches and adapting learning to the local context ensures appropriateness, relevance, and increases interest. Learning Teams should explore unique ways of adapting learning approaches to local contexts, cultural sensitivities, and possible barriers to learning including gender-specific, time-oriented, and knowledge-based considerations.

5. Adapting learning materials to the local language is essential. Appropriate and early planning for translation needs, along with smooth delivery of other learning materials should be planned for to avoid logistical bottlenecks. In planning for Learning Strategy implementation, Learning Teams should pay particular attention to designing logistical systems to ensure the organization and translation of materials.

6. Nearly all countries made efforts to involve family members of UN staff in creative and interactive learning activities. These efforts motivated participation and represented the first step in supporting national programme efforts. UN Country Teams should develop innovative ways of engaging the families of UN employees in learning activities to foster enthusiasm and advocacy at local and national levels.

7. Different countries employed different approaches to ensuring that staff had adequate access to condoms, information, local health care and resources for counselling and testing. Linking workplace-related learning to the availability of commodities and services is essential. UN Country Teams should ensure adequate and continuous supply of condoms in all UN buildings, and the availability of accurate information on VCCT, PEP, and treatment services within and outside the UN system.

8. Although countries utilized different approaches to financing, having adequate budgets and funding allows implementation to proceed smoothly and facilitates ownership of learning activities. Adequate funding must be secured and readily available for learning activities. UN Theme Groups and the Joint UN Teams on AIDS should discuss specific approaches to allocating funds, such as cost-sharing.

9. Experience in several countries has shown that positive advocacy is necessary, but learning activities may need to be made mandatory for maximum participation. UN Country Teams should explore locally-relevant approaches to maximising participation in learning activities, and because time-management is commonly an issue, to make the work of the Learning Team members and resource persons part of ongoing responsibilities.

10. Having well-trained focal points and Learning Facilitators is essential to ensure planning, motivation, implementation, and follow-up. All UN agencies and programmes should appoint staff members as focal points to support Learning Strategy activities from planning through implementation and follow-up activities. Focal points and Learning Facilitators should be nominated as liaisons between staff and the Learning Team, and therefore, should be skilled communicators and knowledgeable about HIV and AIDS.

11. Expanding learning activities to relate to and support national responses to HIV/AIDS are a critical next step. Learning Teams should ensure that learning plans include both components of the Learning Strategy that focus on internal learning activities for UN staff as well as supporting national programme efforts. In those countries in which the workplace-related learning activities have already been implemented and are in place, building professional competence to support national responses should be a priority. Joint UN Teams on AIDS should be key partners in these efforts and resources such as the CD-ROM for professional staff should be used.

12. Sustainability is not automatic and must be planned for. Several countries have already implemented approaches to continuing learning activities in the future. Planning for HIV/AIDS learning activities should be an ongoing responsibility for UN Country Teams, Joint UN Teams on AIDS, and Learning Teams, and innovative ways to maintain programme objectives should be explored.

The lessons learnt and recommendations should be widely discussed at global, regional and country-levels with senior leaders and managers, including Heads of Agencies, Human Resource Directors and learning departments in the UN system. Important lessons have been learned throughout the process of implementing the UN Learning Strategy on HIV/AIDS in each of the countries represented in this report. These lessons ultimately motivate efforts in these countries and elsewhere that foster greater awareness about HIV and AIDS throughout the UN family, and that build partnerships between the UN and national programmes for a sustained response to the epidemic on a global scale. Finally, the lessons will have important implications beyond the UN's work in HIV and AIDS as we move forward in UN reform efforts towards "One UN."

Introduction

AIDS is the gravest global pandemic of our time. It has already claimed over 20 million lives, with another 39 million individuals currently estimated to be living with HIV worldwide, and millions more becoming newly infected each year. HIV can result in ostracizing stigma and discrimination against those infected and their families, threatening livelihoods, access to education, work, and health care. The epidemic can reinforce existing poverty and jeopardize the future of those affected. As a result, the HIV epidemic is reversing gains in development that took decades to achieve, has orphaned some 15 million children, and is considered a threat to the economic well-being and social and political stability of many nations.

Fortunately, much has been learned in the past 25 years. HIV is preventable, and medication now exists for the treatment and care of those living with HIV.

The United Nations has, and continues to play, an active role in addressing HIV and AIDS in all regards ranging from leadership and advocacy to partnership development, resource mobilization and supporting programme implementation. In 2006, the Joint United Nations Programme on HIV/AIDS (UNAIDS) marked its 10th anniversary, and commemorated the achievements made to date by its ten co-sponsoring agencies across the globe in research, prevention, treatment, care, and mitigating the impact of HIV/AIDS on communities and individuals.

In April 2003, the Committee of Cosponsoring Organizations of UNAIDS approved a Learning Strategy to help UN system staff develop competence on HIV and AIDS. The goals of the Learning Strategy are:

- to develop the knowledge and competence of the UN and its staff so that they are able to best support national responses to HIV and AIDS; and
- to ensure that all UN staff members are able to make informed decisions to protect themselves from HIV and, if they are infected or affected by HIV, to ensure that they know where to turn for the best possible care and treatment. This includes ensuring that staff members fully understand the UN's HIV and AIDS workplace policies and how they are implemented.

In his November 2003 memo to the Resident Coordinators and Heads of Offices at country level, the Chair of the UN Development Group set out among country priorities the following:

> The UN Country Team is expected to implement the UN Learning Strategy on HIV/AIDS. This includes learning related to HIV/AIDS in the UN workplace, as well as ensuring that professional staff are competent to implement initiatives related to supporting national responses to HIV/AIDS.

Essentially, the strategy promotes learning approaches that contribute to building a UN that is knowledgeable and competent to:

- help prevent and control the spread of HIV;
- ensure effective care, support and treatment for those infected or affected by HIV and AIDS;
- eliminate stigma and discrimination against those infected and affected by HIV/AIDS; and
- mitigate the impact of the epidemic.

In supporting national responses to HIV and AIDS, the UN must make sure that its professional staff are well prepared to work together to support the most effective responses, in collaboration with partners in governments, nongovernmental organizations, civil society, donors and, importantly, within the UN family. It is essential that UN Theme Groups on HIV/AIDS and Joint UN Teams on AIDS at country level understand the global and UN priorities, policies and guidelines that have been agreed and that they have the capacity to implement these within the context of the recommendations set out by the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors.

Addressing HIV and AIDS as UN workplace issues represents an opportunity to foster effective learning to ensure that all UN staff members experience a supportive and compassionate work environment, free of fear and discrimination. Learning efforts must ensure that staff members fully understand the UN's HIV and AIDS workplace policies and how they are implemented.

To support UN country teams to implement the Learning Strategy, Learning Facilitators were selected at country level and trained in a series of regional workshops. The Learning Facilitators were then expected to ensure—along with the country teams—that the standards of the Learning Strategy were realized. Approximately 250 such facilitators are working across all regions.

This report is comprised of UN HIV/AIDS Learning Strategy case studies from sixteen countries: Botswana, Brazil, Burkina Faso, Cape Verde, India, Indonesia, Macedonia, Madagascar, Morocco, Nigeria, the Pan American Health Organization headquarters (United States), Pakistan, Paraguay, Vienna (Austria), Viet Nam, and Yemen. It presents each country’s unique experience in implementing the strategy since its adoption in 2003.

In the next chapter, we highlight important overall lessons learnt, including brief examples of the success stories as well as the challenges. Recommendations based on the lessons learnt are noted. The details of the individual case studies appear in subsequent chapters.

The lessons learnt and recommendations should be widely discussed at global, regional and country-levels with senior leaders and managers, including Heads of Agencies, Human Resource Directors and learning departments in the UN system. Important lessons have been learned throughout the process of implementing the UN Learning Strategy on HIV/AIDS in each of the countries represented in this report. These lessons ultimately motivate efforts in these countries and elsewhere that foster greater awareness about HIV and AIDS throughout the UN family, and that build partnerships between the UN and national programmes for a sustained response to the epidemic on a global scale. Finally, the lessons will have important implications beyond the UN’s work in HIV and AIDS as we move forward in UN reform efforts towards “One UN.”

Lessons Learned and Recommendations

1. Commitment, support, and leadership from senior management are critical

Recommendation: Senior staff at the global, regional, national, and local levels must demonstrate commitment to the goals and activities of the Learning Strategy.

In all countries, support from senior staff in planning and implementing Learning Strategy activities determined the success of the project overall. Sustained involvement of the UNAIDS Secretariat, UNAIDS Country Coordinator, UN Resident Coordinator, UN Country Team and the heads of UN agencies, assisted in promoting HIV/AIDS as a key cross-cutting issue for all UN work.

In Viet Nam, the active participation and public advocacy on the part of the UN Resident Coordinator, the chairperson of the UN Theme Group on HIV/AIDS, and heads of the UN agencies was seen as a major factor in the success of learning activities. The UNAIDS Country Coordinator and UNAIDS Secretariat in Viet Nam also ensured that the Learning Strategy activities there ran smoothly and according to agenda.

In Indonesia, interagency collaboration was essential to successful implementation of the Learning Strategy. The ILO, WFP, UNDP, UNFPA and the UNAIDS Secretariat were chiefly responsible for implementing the Learning Strategy. UN agencies involved in more remote field stations provided logistics, administrative support, staff time, and funding for Learning Strategy activities.

At PAHO headquarters, on the day that the Learning Strategy was launched, all PAHO staff received a video message from the PAHO Director introducing the agency's new workplace policy on HIV/AIDS. In addition, the Government of the District of Columbia made arrangements with a local clinic to provide free HIV counselling and testing to personnel at PAHO headquarters. Underscoring senior-level commitment to the agency's HIV/AIDS workplace policy, PAHO's Director was the first person to be tested for HIV.

In Cape Verde, showing videos of speeches made by former UN Secretary General Kofi Annan on the topic of HIV/AIDS during learning activities underscored the global significance of the epidemic and the important role that the entire UN family plays in spreading HIV awareness.

In Pakistan, the involvement of the Resident Coordinator, the UN Country Coordinator, and the heads of UN agencies was critical for the successful launch and implementation of the learning activities. The UN Country Coordinator attended all Learning Team meetings throughout the planning and implementation stages, and solicited funds from agencies to support the activities.

Senior management's participation in Learning Strategy activities was widely successful, but the full impact of senior management's commitment was felt when they were involved at all stages of planning and implementation. In Vienna, where involvement in learning activities was seen as a low priority by most staff, it was especially critical for senior management to show constant support and enthusiasm for the learning activities.

2. Having a committed and functional interagency Learning Team is essential

Recommendation: All UN Country Teams should establish and give ongoing support to an interagency team to ensure Learning Strategy implementation. This should be built into the terms of reference for the Joint UN Team on AIDS or a sub-team of the Joint UN Team on AIDS.

Several countries underscored the importance of having a unified and engaged Learning Team. Countries that had Learning Teams that consisted of members from all participating UN agencies reported particularly successful implementation of the Learning Strategy. Often, different UN agencies had responsibilities specific to their area of expertise, such as UNFPA being responsible for provision of condoms or UNICEF organizing events tailored specifically to children.

In Brazil, the Learning Team consisted of 12 active participants, each representing a different UN agency.

In Yemen, each UN agency nominated one staff member to be a part of the Learning Team. Inviting one person from each agency to participate in the Learning Team created a sense of partnership, and ensured that all UN bodies had a stake in the successful realization of the HIV/AIDS Learning Strategy.

In Viet Nam, support of the UN Country Team for Learning Strategy activities was based on their strong overall support to maintaining HIV/AIDS as a priority issue throughout all UN work, which strengthened the work of the Learning Team from planning through to implementation.

In Nigeria, developing the plan of action for implementing the Learning Strategy was also an interagency effort. The UN Country Team, UN Theme Group, WHO, Operations Working Group, UNAIDS, representatives from HIV/AIDS support groups, and the DFID Workplace Programme all provided input into the design of the Action Plan. The development process also included networking with other organizations actively involved in HIV/AIDS work in Nigeria, including field visits to service providers, NGOs, and support groups.

In Pakistan, however, a lack of coordination among the various UN agencies, particularly in more remote areas, was a significant challenge to efficiently planning and implementing the learning activities.

3. Strategic partnerships helped to establish local relevance of learning activities and support a network of actors engaged in national responses to HIV/AIDS

Recommendation: UN Country Teams should engage government, local NGOs, religious groups, the media, and people living with HIV in learning activities to ensure the local relevance and common understanding among UN staff and to extend scope of learning to supporting national responses.

Several countries experienced challenges in emphasizing the relevance of the learning activities to UN staff, and found that involving community NGOs and people living with HIV was an effective approach to engaging participants in learning. Involving UN staff and members of the local community living with HIV was overwhelmingly well received in all countries. Staff members appreciated the opportunity to understand the issues that people living with HIV face, and felt that it was an effective way to mitigate and address HIV/AIDS-related stigma and discrimination.

In Nigeria, visits to local NGOs were designed as means of sensitizing UN Learning Team members to issues facing people living with and affected by HIV and AIDS. The physician in the UN clinic there now maintains and circulates a current list of HIV/AIDS community based organizations as reference for UN staff.

In Pakistan, people living with HIV from several local NGOs were invited to learning activities to share their life experiences with learning workshop participants.

In Madagascar, the Learning Team invited representatives from the National Association for Persons Living with HIV to take part in the learning sessions.

In other countries, greater involvement of community leaders could have fostered greater understanding and a richer exchange of ideas on sensitive issues. In Paraguay, the Learning Day workshop suffered from instances of religious prejudice. The Learning Team felt that emphasizing a zero-tolerance discrimination policy and involving local religious leaders could facilitate further cultural understanding and dialogue among UN staff.

To raise public awareness about HIV and AIDS in Yemen, the Learning Team organized HIV educational training sessions for journalists and media professionals.

In Vienna, members from Women's Guild, the UN Spouses' Association in Vienna, and Vienna International School were actively involved with spreading information in the community and served as an important additional outreach team.

4. Diversifying learning approaches and adapting learning to the local context ensures appropriateness, relevance, and increases interest

Recommendation: Learning Teams should explore unique ways of adapting learning approaches to local contexts, cultural sensitivities, and possible barriers to learning including gender-specific, time-oriented, and knowledge-based considerations.

In most countries, the Learning Team made efforts to adapt learning approaches to local cultural sensitivities, such as separating men and women for condom demonstrations. Other countries felt that the learning process would have been enhanced had they further diversified learning activity participants according to seniority (some staff felt uncomfortable talking about sensitive issues in front of their supervisors) and levels of knowledge about HIV/AIDS.

In India, participants reported feeling uncomfortable discussing sensitive issues in a heterogeneous group, indicating a need to consider dividing participants by sex, seniority, and knowledge levels.

However, the benefits of making adaptations based on presumed cultural sensitivities should be considered carefully. In Pakistan, where a conservative cultural context presumed a necessity to separate male and female participants, in instances where this did not happen, it was widely received as a benefit rather than a detriment to learning. Pakistani participants agreed that discussion in sessions with both men and women facilitated a broader understanding and broke down previously perceived barriers.

In Brazil, a creative approach to advocating for safe sex was based on a common idiom used for condoms, *camisinhas* which literally translates to "little t-shirt". Learning Team members folded small paper t-shirts around condoms as an effective and locally appropriate advocacy tool.

In many other countries, like Vienna, participants suggested that the approaches to learning be further diversified, and learning sessions should be tailored to staff members' existing knowledge about HIV/AIDS and time constraints.

5. Adapting learning materials to the local language is essential. Appropriate and early planning for translation needs, along with smooth delivery of other learning materials should be planned for to avoid logistical bottlenecks.

Recommendation: In planning for Learning Strategy implementation, Learning Teams should pay particular attention to designing logistical systems to ensure the organization and translation of materials.

Local translation of learning materials ensures relevance, avoids confusion, and facilitates participants' comfort to engage in an open dialogue about HIV. While most countries experienced few serious logistical and administrative difficulties in implementing the Learning Strategy, translation of learning materials was particularly important to seamless planning for several countries, and required dedicated attention and resources.

In India, the Learning Team foresaw potential linguistic challenges and planned for six learning workshops that were conducted for Hindi-speaking staff members, in addition to the English-language workshops. A Hindi version of the booklet, *Living in a World with HIV and AIDS*, was also ensured by the Learning Team and distributed to Hindi speaking staff members.

In Cape Verde, translation of materials and conducting the sessions in the local language maximized the overall effect of the learning activities, and facilitated an open and casual learning environment. The Facilitator's Guide was translated into Portuguese and a manual entitled *Educar Para a Vida* was written for use in training the prospective trainers. To facilitate broad participation, the learning sessions were conducted in French, Portuguese, and Creole.

In Morocco, sessions were conducted in French and supplementary sessions for UN drivers were offered in Arabic.

In Brazil, a local translation of the learning materials was seen as a priority, and helped local staff to relate to the content better than the existing materials that had been translated into Portugese in Portugal.

In Pakistan, language problems were underestimated in certain situations. The diversity of participants, including both national and international staff members, necessitated the simultaneous translation of several workshops into Urdu, which was time-consuming and arduous for the facilitators.

In Burkina Faso, the Learning Team faced other logistical problems, such as receiving adequate numbers of the booklet, *Living in a World with HIV and AIDS*. The needs assessment survey indicated that only 53% of staff members had received the UNAIDS booklet on HIV, which was supposed to be distributed to all UN staff.

6. Involving family members in creative and interactive learning activities motivates participation and is the first step in supporting national programme efforts

Recommendation: UN Country Teams should develop innovative ways of engaging the families of UN employees in learning activities to foster enthusiasm and advocacy at local and national levels.

Nearly all countries represented in this report involved family members in Learning Strategy activities. Inventive ways of communicating with a diverse audience proved effective in many countries. Theatre productions, films, role-plays, and games were popular ways of engaging participants of all ages.

Pakistani participants suggested arranging walks, volunteer advocacy programmes, clubs, and the involvement of religious leaders in awareness campaigns.

In Nigeria, the most effective approach to engaging UN staff in HIV/AIDS advocacy efforts was a World AIDS Day walk throughout Abuja that was attended by UN staff and their family members.

In Cape Verde, UN staff members attended a local music festival to spread awareness about HIV and AIDS, and to conduct surveys among concert-goers regarding knowledge about HIV transmission, prevention, and treatment. Turning the learning activities around so that the staff could apply what they had learned in the orientation sessions underscored the importance of linking UN and national responses to HIV/AIDS. Children's workshops were also arranged and were conducted by facilitators, teachers, and psychologists.

In Burkina Faso, a play was performed by a youth theatre group for the children's learning workshop that depicted the psychosocial and biological effects of HIV.

In Vienna, special efforts were made to make talking about sex and HIV/AIDS with teenage children an emphasis during staff learning workshops.

In Morocco, a child representative was involved in the planning stages of the family-oriented learning activity. As a part of these activities, coached by students from the Casablanca Conservatory, a group of young volunteers joined a group of volunteers from the school of fine arts who work with the UNFPA project, Young for the Young, to produce a theatre piece on HIV/AIDS.

In Botswana, a day of learning activities was planned to specifically target children, and included games, a visit by Santa Claus, and a variety of competitions that dealt with social issues such as HIV/AIDS, children's rights, poverty, and gender.

7. Linking workplace-related learning to the availability of commodities and services is essential

Recommendation: UN Country Teams should ensure adequate and continuous supply of condoms in all UN buildings, and the availability of accurate information on VCCT, PEP, and treatment services within and outside the UN system.

In several countries, staff were unaware of the existence of voluntary confidential counselling and testing (VCCT) services in their communities, and many did not know where to seek treatment. In Nigeria, more than

96% of staff members surveyed said that they would use HIV and AIDS services if they were available within the UN system.

At the PAHO headquarters, free HIV testing and pre- and post- counselling was provided to all staff throughout the course of the learning sessions. Based on a series of studies that demonstrated the effectiveness of charging a fee for condoms, a decision was taken to introduce a nominal charge for condoms (US $0.25 per condom). The decision to charge for the male condoms ensured sustainability of the condom distribution programme and gave a sense of value to the condoms. Female condoms were available free of charge.

In Madagascar, many UN staff participants reported that although they had unrestricted access to male condoms, there was a dearth in the availability of female condoms.

In Burkina Faso, pamphlets and brochures listing the contact information for voluntary confidential counselling and testing centres (VCCT) in Ouagadougou were distributed to workshop attendees.

In Nigeria, condoms have been made available throughout the UN building and in all UN vehicles. Plans are currently underway to also equip UN vehicles with first aid kits. Experience in Nigeria also indicates that staff who serve as condom focal points should be regularly evaluated and their effectiveness monitored. The UNFPA Reproductive Health Logistics officer in Nigeria worked with the condom focal points to quantify condom requirements and to monitor the use of the programme.

In Botswana, the Learning Team invited representatives from the Tebelopele Counselling and Testing Centre to the learning sessions to provide staff members with information on VCCT. A pamphlet on the local resources available for VCCT was also made available to all staff. The website, http://unworkplace.unaids.org was also promoted as a source of information on HIV and workplace-related issues.

In India, workshop participants indicated a need to build capacity for the UN physicians regarding HIV/AIDS-related issues, for more post-exposure prophylaxis (PEP) custodians, and an enhanced VCCT programme, which is currently planned for and under review. Use of PEP was demonstrated and discussed extensively in the Indian training sessions. A baseline survey indicated very low awareness about PEP, but after attending the training, nearly all staff had a thorough understanding of PEP.

8. Having adequate budgets and funding allows implementation to proceed smoothly and facilitates ownership of learning activities

Recommendation: Adequate funding must be secured and readily available for learning activities. UN Theme Groups and the Joint UN Teams on AIDS should discuss specific approaches to allocating funds, such as cost-sharing.

In countries where funding was secured prior to the implementation of learning activities, fundraising did not detract from the time and energy spent on coordinating and conducting planned activities.

In Paraguay, the need to raise funds throughout the workshop planning and implementing phases required considerable time and effort from Learning Team members.

In Yemen, challenges transferring funds between UN agencies to facilitate workshop implementation caused delays in starting the workshops according to schedule. Inter-agency collaboration also involves financial contribution from all participating agencies.

In Madagascar, costs of the Learning Strategy workshops were covered by the UN agencies where the workshops were conducted.

As experience from India and Botswana shows, financial contribution through a cost-sharing mechanism ensures ownership and accountability at all stages of learning activities.

9. Positive advocacy is necessary, but learning activities may need to be made mandatory for maximum participation

Recommendation: UN Country Teams should explore locally-relevant approaches to maximising participation in learning activities, and because time-management is commonly an issue, to make the work of the Learning Team members and resource persons part of ongoing responsibilities.

Particularly in low-incidence countries, where learning about HIV/AIDS in the workplace may not be seen as a priority, making learning activities mandatory may be necessary to engage all staff. PAHO headquarters made its learning activities mandatory and nearly 80% of staff attended. In contrast, at the UN offices in Vienna, HIV/AIDS learning was not considered important by staff and attendance was low. Among staff at all Vienna-based organizations, 33% reported that they would not register for a session no matter how interesting or attractive it seemed.

In Vienna, agencies were free to choose whether sessions would be mandatory or not. Among those who did make participation mandatory, the participation rate improved, but participant enthusiasm waned, presenting a challenge to session facilitators.

Agencies in India were free to choose whether the activities were mandatory. While some Indian agencies made attendance mandatory, others simply encouraged staff at all levels to attend and ensured that the agency head attended to set an example.

In Indonesia, training sessions were made mandatory for all UN staff because of low staff participation in initial needs assessments. However, throughout the implementation of learning activities, staff participation remained low, likely due to a lack of interest, or competing responsibilities particularly in the aftermath of the tsunami and subsequent humanitarian disaster.

In Yemen, to prepare UN staff members to contribute to the national response to HIV/AIDS, the Learning Team required training for all professional, senior, and specialized staff. In addition, members of the UN Theme Group on HIV/AIDS were required at least eight hours of training in one or more core competencies, and HIV/AIDS officers were required to complete five learning days on HIV-related issues.

The efficacy of e-mail as a tool for advocacy and communication should not be underestimated. In several countries, including Burkina Faso, Macedonia, Madagascar, Paraguay, and Vienna, personalized announcements and letters of encouragement sent via e-mail from heads of UN agencies, the UN Resident Coordinator,

UNAIDS Country Coordinator, or other senior management sent directly and periodically to all UN staff underscored their commitment to the Learning Strategy and encouraged staff participation.

10. Having well-trained focal points and Learning Facilitators is essential to ensure planning, motivation, implementation, and follow-up

Recommendation: All UN agencies and programmes should appoint staff members as focal points to support Learning Strategy activities from planning through implementation and follow-up activities. Focal points and Learning Facilitators should be nominated as liaisons between staff and the Learning Team, and therefore, should be skilled communicators and knowledgeable about HIV and AIDS.

In many countries, the focal points were already involved in HIV/AIDS work, which proved effective. In Nigeria, however, focal point persons were not, and were not adept when explaining and promoting VCCT services. In addition, time management is essential for the focal points; in both Nigeria and India, focal point responsibilities were a part of these staff members' job profiles, which ensured dedication and motivation.

In Cape Verde, the UN Country Team applied strict criteria in selecting Learning Facilitators, based on knowledge of HIV/AIDS and teaching skills. Healthcare professionals with a comprehensive understanding of HIV/AIDS were given top priority for recruitment as trainers for learning activities.

In Pakistan, the Learning Team concluded that the UN System in Pakistan lacked the essential skills necessary to conduct staff training internally. An external consultant agency was, therefore, hired to plan and implement the learning activities, and to train UN staff to conduct future activities.

In Morocco, two external Learning Facilitators were recruited from Centre Hospitalier Universitaire in Casablanca, and from Association de Lutte Contre le SIDA (ALCS), a Moroccan NGO, to contribute knowledge on HIV and AIDS, prevention, care, prophylaxis, condom use, and antiretroviral treatments.

In Indonesia, a peer-to-peer training approach was attempted to train Learning Facilitators, but proved to be unfeasible because the appointed facilitators were uncertain about their abilities as trainers and because the training resulted in challenging time management issues. Of the facilitators that were appointed, many were already HIV/AIDS focal points, and had other full-time responsibilities. They were not able to allocate the necessary time and effort for the training, which required them to participate in logistical planning, training, and various follow-up activities. Ultimately, external facilitators were hired to mitigate not only time management issues but also staff concerns about talking to co-workers about sensitive issues regarding HIV/AIDS.

Several countries, including Brazil, Botswana, Burkina Faso, Indonesia, Yemen, and Viet Nam, sent internally selected Learning Facilitators to regional training sessions, which enhanced not only their teaching capacities, but also ownership and enthusiasm for the learning objectives.

11. Learning activities that are related to supporting national responses to HIV/AIDS are a critical next step

Recommendation: Learning Teams should ensure that learning plans include both components of the Learning Strategy that focus on internal learning activities for UN staff as well as supporting national programme efforts. In those countries in which the workplace-related learning activities have already been implemented and are in place, building professional competence to support national responses should be a priority. Joint UN Teams on AIDS should be key partners in these efforts and resources such as the CD-ROM for professional staff should be used.

Nearly all countries represented in this report have focussed their learning activities on UN staff and building internal competencies concerning HIV and AIDS in the UN workplace. Less has been done to support national programmes and responses, which represents the second objective of the UN Learning Strategy on HIV/AIDS. As these countries continue internal learning activities for UN staff and as they move forward in implementing learning related to national responses, innovative approaches and partnerships should be explored.

To achieve this goal, several countries represented here have worked in varying capacities with government bodies to help strengthen national programmes or policies on HIV/AIDS.

In Yemen, the Learning Team was responsible for coordinating the participation of Yemen's National AIDS Programme in three regional workshops in Egypt and Algeria.

In Madagascar, experts from the Ministry of Health and representatives from national nongovernmental health organizations were invited to attend the UN-based learning sessions.

In Macedonia, interagency HIV/AIDS focal points were actively involved in integrated and effective joint-UN response to HIV/AIDS at the country level, and in drafting national documents on HIV/AIDS.

In Morocco, the next phase of learning sessions have been designed for professionals with existing knowledge of HIV/AIDS. These sessions will aim to help UN staff members who work in the field of HIV/AIDS to bridge Learning Strategy objectives into national HIV/AIDS programmes.

12. Sustainability is not automatic and must be planned for

Recommendation: Planning for HIV/AIDS learning activities should be an ongoing responsibility for UN Country Teams, Joint UN Teams on AIDS, and Learning Teams, and innovative ways to maintain programme objectives should be explored.

Participants of learning activities in several countries indicated a need to continue HIV/AIDS learning activities in the future, and many countries have come up with creative ways of maintaining staff engagement in learning. Other countries have faced challenges in expanding or continuing learning activities, but are committed to overcoming these barriers to ensure that Learning Strategy objectives are met.

In Brazil, simple but effective methods to maintain interest in learning about HIV/AIDS were implemented. Following the main Learning Strategy activities, the various UN agencies became responsible for sending

periodic e-mails to all UN staff that coincided with other memorable dates, such as International Women's Day, when UNIFEM sent e-mails regarding the global impact of HIV on women.

To ensure sustainability, several countries foresaw the need to extend training opportunities to new staff members or to those based in remote field sites. PAHO headquarters plans to make training on HIV/AIDS in the workplace a part of the orientation programme for all new and incoming staff and consultants. PAHO headquarters is also currently working with the World Bank to determine if HIV/AIDS learning modules can be adapted for e-learning.

In Viet Nam, problems were experienced in engaging all staff in learning activities because of an influx of new staff at the time of the learning activities. In addition, learning activities were primarily focussed on staff based in Hanoi, where the majority of UN agencies are based, and plans are underway for extending learning to staff based in Ho Chi Minh City.

Similarly, in Pakistan, planning and organizing learning activities for staff based in remote areas was more difficult, and the sessions that took place in Islamabad had comparatively higher participation rates. Participants in Pakistan suggested organizing annual refresher sessions at each UN agency.

BOTSWANA

Overview and Background

HIV prevalence in Botswana remains one of the highest in both sub-Saharan Africa and the world. According to UNAIDS, adult HIV prevalence (ages 15-49) in Botswana is 24.1%. Like in many high prevalence countries, AIDS deaths have contributed to decreasing life expectancies at birth, which in Botswana is currently 40 years for both men and women. The epidemic is a national crisis in Botswana, straining scarce health system resources and presenting serious consequences to socioeconomic development.

According to sentinel surveillance, in 2005, nearly 40% of pregnant women between the ages of 25 and 39 were living with HIV. Infection levels are increasing among pregnant women aged 30-34 years, with nearly one in two living with HIV (Seipone, 2006). Women in Botswana are more likely than men to be infected with HIV, and are more likely to provide care for others with HIV.

AIDS deaths have orphaned approximately 120,000 children ages 0 to 17 and 14,000 children aged 0 to 14 are living with HIV in Botswana. Awareness about HIV in Botswana is currently estimated at over 80%, but it is recognized that knowledge alone has not necessarily translated into positive behaviour change. According to UNAIDS, only 33% of men and 40% of women aged 15 to 24 in Botswana are able to identify ways to prevent transmission of HIV.

Needs Assessment

In 2002, the UN system in Botswana participated in the UN global learning needs assessment for HIV/AIDS in the workplace. The global assessment survey indicated low participation rates in learning activities among UN staff in Botswana. Over half (53%) of the survey respondents said that they had not participated in learning activities because they were not aware of them. Twenty-six percent said that they did not have the time to participate in these activities, 8% felt the activities were more relevant to others than to themselves, and 8% felt they already knew enough about HIV and AIDS.

To follow-up the global needs assessment survey, a national needs assessment was conducted in the last quarter of 2005. The goal of this survey was to identify knowledge, awareness, and attitudes toward HIV and AIDS among the UN staff in Botswana. The knowledge gaps identified by both the global and national needs assessment surveys helped to design the UN Learning Strategy on HIV/AIDS for the UN workplace in Botswana. The survey results were compiled and disseminated to all UN staff members in Botswana.

More than 70% of UN staff in Botswana participated in the national needs assessment survey. Among survey respondents, 82% understood HIV well and knew how to prevent its transmission. Ninety-two percent of respondents knew where to obtain condoms. Eighty percent said that they knew how to use male condoms, but only 17% indicated that they knew how to use female condoms. More than half of all respondents (57%) reported that they have either lived or worked with someone living with HIV, and 30% indicated that they are very familiar with antiretroviral therapy.

While 98% of respondents agreed that staff living with HIV should continue to work within the UN, and 73% of respondents have personal knowledge of someone affected by HIV, only 61% of the survey respondents felt that staff members living with HIV would feel comfortable talking revealing their status at work. Over 80% of survey respondents indicated that they received information about HIV and AIDS from the media.

Data collected about participants' HIV status indicated that 60% had been tested and know that they are HIV negative. Approximately 12% of respondents had not been tested, but believed themselves to be HIV negative. Approximately 9% fear that they may be infected with HIV, but did not know their status. Seventeen percent of respondents did not answer this question.

The survey also revealed that UN staff members in Botswana are concerned about confidentiality in relation to testing for HIV. Several respondents suggested that UN staff should have access to rapid test kits to ensure confidentiality, and some believed that testing should be performed outside the UN system or by UN staff from a neighbouring country to ensure confidentiality.

Many respondents felt that learning about HIV and AIDS should be compulsory to all UN staff members. They also suggested training for senior staff to handle HIV-related workplace issues, and that management should be more committed to implementing workplace treatment programs.

Planning for a Response

In June 2001, the UNDP Administrator launched the *We Care* initiative, which aimed to assist countries in interagency collaboration to ensure that UN staff members have access to antiretroviral therapy, adequate care, and information and training on HIV-related issues including stigma and discrimination. In 2004, the *We Care* initiative was integrated into the UN HIV/AIDS workplace programme in Botswana and is a key component and responsibility of the UN Theme Group on HIV/AIDS. In 2004, the Theme Group established the UN *We Care* Botswana Task Force to develop, initiate, and implement the UN *We Care* programme initiative. The Task Force consisted of staff representatives from all agencies resident in Botswana. In 2005, in response to the launch of the UN Learning Strategy on HIV/AIDS, the *We Care* Task Force membership was revised and renamed as the UN Learning Team on HIV/AIDS. The Learning Team continued the work of the *We Care* Task Force while also absorbing the new responsibility of implementing the UN Learning Strategy on HIV/AIDS.

Introductory sessions to the UN Learning Strategy on HIV/AIDS were held for staff members and the UN Theme Group on HIV/AIDS. Between 70-80% of staff members attended these monthly orientation sessions, which were offered in both English and Setswana.

In 2005, the Learning Team on HIV/AIDS identified one UN staff member to serve as a Learning Facilitator, who worked with Learning Team and the UN Country Team to implement the Learning Strategy. In April 2005, the Learning Facilitator attended the regional Facilitator's training in South Africa.

In 2006, the Learning Team drafted a work plan that included a detailed budget based on a cost-sharing principle. To ensure the effective execution of the work plan, the Learning Team included all activities into every staff member's annual work plan and performance assessment. After discussions with the Theme Group on HIV/AIDS, the UN Resident Coordinator presented the finalized work plan to the heads of the UN agencies for review and approval. The final work plan had a budget of US $5,000.

The Learning Strategy activities planned for 2006 included a briefing session on basic information about HIV and AIDS, demonstrations on the use of both male and female condoms, and a learning session on post-exposure prophylaxis (PEP). Additional informational materials on HIV and AIDS in the workplace such as posters and informational booklets were also disseminated. In addition, a UN Staff and Family Fun Day was planned for all UN staff members and their families.

Key Actors

The UN Learning Team, which was established in 2005 to take over from the *We Care* Task Force, served the primary functions of coordinating, organizing and implementing the UN Learning Strategy on HIV/AIDS. The team consisted of the Learning Facilitator and 13 individuals from nine different agencies, including UNDP, the office of the Resident Coordinator, UNICEF, UNAIDS, UNFPA, UNHCR, WHO, ILO, and the UN Department of Safety and Security (UNDSS).

The UN Theme Group on HIV/AIDS provided guidance to the Learning Team in the development of an appropriate work plan for 2006. The heads of UN agencies reviewed the work plan activities and committed continuous support, participation, and leadership. The UN Resident Coordinator provided leadership and assistance to the Learning Team, and also served as a liaison between the Learning Team and the heads of the UN agencies in matters related to the Learning Strategy. In addition, each agency contributed financially to the implementation of the work plan.

The Learning Team invited representatives from the Tebelopele Counselling and Testing Centre to the learning sessions to provide staff members with information on VCCT. Two focal points (one male and female) were selected to monitor the availability of both male and female condoms in the restrooms on each floor in UN buildings. The Learning Team also collaborated with staff associations to organize the UN Family Fun Day.

Advocacy and Promotion

The involvement of senior management, including the UN Resident Coordinator and the UNAIDS Country Coordinator who provided continuous support and leadership to the Learning Team, was essential to advocating for awareness and promoting enthusiasm and participation among staff. The UN Resident Coordinator personally reminded the heads of UN agencies of various learning sessions, which they attended. The heads of the UN agencies sent notes on behalf of the UN Resident Coordinator to staff members emphasizing the importance of the activities and encouraging all staff to attend.

In addition, posters and other graphics were hung throughout the UN agency buildings to advertise and promote the standards and expectations of the Learning Strategy. The Learning Team also distributed booklets and leaflets to staff members to provide accurate information about HIV and AIDS in the workplace. A pamphlet on the local resources available for VCCT was made available to all staff. The website http://unworkplace.unaids.org was also promoted as a source of information on HIV and workplace-related issues. The Learning Team attempted to encourage at least 50% of the UN staff to visit UN websites for further information about HIV and AIDS in the workplace.

Implementation

In 2006, the Learning Team launched the event, *UN Botswana Cares 2006*. This event included all staff members, including security guards and cleaning staff. The UN Resident Coordinator and all heads of UN agencies also attended. The launch lasted one hour and introduced all staff members to the upcoming HIV and AIDS learning activities. The Learning Team briefed the staff on basic information about the UN Learning Strategy on HIV/AIDS, and a senior Operations Officer from UNICEF presented information about the UN Personnel Policy on HIV/AIDS. To initiate a dialogue on HIV-related issues, other UN representatives were encouraged to contribute information during the discussion. The booklet, *Living in a World with HIV and AIDS* was distributed to all participants at this session. At the end of the session, a theatre piece entitled *HIV/AIDS and the Workplace* was performed for staff.

Staff members from all UN agencies attended the launch, but attendance was difficult for those staff members located outside of the capital, Gaborone. For 2007, the Learning Team has prioritized reaching-out to staff members in the field, including their families and dependents.

Following the launch, the Learning Team organized two learning sessions in September 2006. Upon receiving approval from the UN Resident Coordinator, the Learning Team made the learning sessions compulsory for all UN staff members. All staff members were required to register for the 2-3 hour sessions. The Learning Team managed the registration process. At the beginning of each learning session, the Learning Team members performed an icebreaker role-play that they had created. These role-plays focussed on the session topic of the day. The team also conducted a small quiz on the basic facts about HIV and AIDS to encourage staff engagement in the sessions. The quiz was followed by a detailed briefing session on HIV and AIDS. This briefing covered the minimum standards set by the Learning Strategy, basic information about HIV and AIDS, and demonstrations on the proper use of male and female condoms. The UNFPA ensured continuous availability of male and female condoms. The Learning Team also facilitated discussion on HIV-related stigma and discrimination. A VCCT counsellor was invited to provide basic information about VCCT, and how to access services throughout the country. The sessions also focussed on sexually transmitted infections (STIs) in general, and the importance of prevention and early effective treatment was stressed. All information was translated into Setswana when necessary.

In collaboration with the staff associations, the Learning Team also organized an all-day UN Family Fun Day in December 2006. The purpose of this event was to provide an enjoyable platform for distributing comprehensive information to all staff members and their families on available support services both within and outside of the UN. The event took place off-site of UN agency buildings, in Gaborone. The day included demonstrations on use of male and female condoms, films, motivational talks, and a presentation on VCCT services.

At this event, several entertaining and instructional activities were specifically designed to target children. These activities included games, a visit by Santa Claus, and a variety of competitions that dealt with social issues such as HIV/AIDS, children's rights, poverty, and gender. The publication, *Basic Information about HIV and Children* was distributed to all staff members and their dependents.

In addition to the learning sessions and the family activities, plans are underway to organize Friday evening viewings of two videos, one developed by WHO on HIV/AIDS-related stigma, and a second developed by UNDP on HIV prevention.

Monitoring and Evaluation

The Learning Team was responsible for monitoring and evaluating the progress of all the learning sessions based on the indicators identified in the work plan. While the team has not instituted a formal process of monitoring and evaluating improvements in staff knowledge about HIV, the team has encouraged staff members to provide comments or suggestions about all aspects of the learning activities. Several participants indicated that the use of dramatic role-plays was an effective and unguarded approach to addressing sensitive and often controversial issues about HIV and AIDS. Staff members recommended this technique for all future learning activities. The UN Family Fun Day provided the UN staff and family members with a casual and enjoyable atmosphere in which to learn about HIV/AIDS and UN workplace policies. Feedback from Family Fun Day participants was very positive. In 2007, the team plans to conduct a formal assessment to evaluate staff knowledge on issues related to HIV and AIDS. A detailed evaluation will not only provide further information on the impact of the sessions, but also illuminate gaps in learning to accurately plan for future HIV/AIDS learning activities.

BRAZIL

Overview and Background

In 1992, the World Bank estimated that by 2000, there would be approximately 1.2 million people living with HIV in Brazil. In 2006, UNAIDS estimates indicate that there were 620,000 people living with HIV in Brazil, a testament to the country's commitment to HIV prevention and treatment. Since 2000, the HIV adult prevalence has remained at 0.5%, due in part to aggressive national campaigns advocating for sex education in schools, condom use, harm reduction, strong civil society participation, multi-sectoral mobilization, and enhanced testing capacities. The primary modes of transmission remain almost evenly divided between unprotected heterosexual sex, unprotected sex among men who have sex with men, and use of non-sterile injecting equipment among injection drug users (IDUs). Brazil's accomplishments in advocacy and prevention have also been supported by the world's most comprehensive system for delivery of antiretroviral therapy, currently received by 83% of all Brazilians living with HIV. However, prevalence among particular groups such as men who have sex with men and IDUs remains high. Studies across southern districts have found as many as 37% of injection drug users infected with HIV, and many male IDUs reported having sex with other men to support their drug habit (UNAIDS, 2006).

Needs Assessment

In 2005, the UN Learning Team on HIV/AIDS in Brazil was created. The primary role of the Learning Team was to assess and enhance knowledge of HIV and AIDS among UN staff. A needs assessment served to ensure that staff members are aware of how to best protect themselves from HIV, seek testing or treatment, to facilitate an environment free of stigma and discrimination in the UN workplace, to educate staff on UN policies concerning HIV/AIDS, and to enable staff in supporting national HIV/AIDS campaign efforts. The Learning Team met three times throughout that year to plan its activities. The first planned activity was an HIV/AIDS Learning Day, which was organized to facilitate an open discussion about HIV and AIDS with UN staff members. The importance of open dialogue as a way to mitigate HIV/AIDS-related stigma was underscored throughout the Learning Team's promotion of the Learning Day to UN staff members.

To assess general knowledge of HIV among UN staff, the Learning Team translated and administered a seventeen-question survey from the UN Learning Facilitator's manual. The survey covered basic knowledge about HIV and AIDS, including facts about the global epidemiology of HIV, the percentage of people living with HIV who are not aware of their status, and HIV transmission and prevention. The survey was distributed to employees of UN agencies together with an invitation to the HIV/AIDS Learning Day. After answering the questions, employees returned the surveys to a box placed in each agency. The results of the surveys indicated a strong awareness about HIV and AIDS among UN staff members.

Among staff at the Economic Commission for Latin America and the Caribbean (ECLAC), 73.3% of staff participated in the survey and on average, 74.3% of the questions were correctly answered. Seventy-two percent of ILO staff members completed the questionnaire and on average, answered 80% of the questions correctly. At UNFPA, over half (58.8%) of the staff participated in the survey, and on average, 87.6% of questions were answered correctly. At UNDP, although only approximately 20% of staff members participated in the survey, on average, 78% of the questions were answered correctly. At UNODC, after the questionnaire was distributed, a meeting was held to share and discuss participants' responses. The analysis of the surveys served as a basis for

identifying a plan for the implementation of the UN Learning Strategy on HIV/AIDS in 2006. While overall these results are encouraging, the 'knowledge gap' was as high as 27% in some agencies and at least 20% in all agencies, with the exception of UNFPA

Planning for a Response

In November 2004, a representative from the UNDP in Brazil participated in the Learning Facilitators training workshop held in the Dominican Republic. In April of the following year, a representative from the ILO in Brazil attended the Learning Facilitators training workshop held in South Africa.

In May 2005, the plan for the UN Learning Strategy on HIV/AIDS in Brazil was first presented to members of the UN Theme Group on HIV/AIDS. The Theme Group on HIV/AIDS recognized the importance of implementing a comprehensive Learning Strategy that would involve participants from all UN agencies in Brazil. The Theme Group on HIV/AIDS agreed to establish a Learning Team that would support the work of the two Learning Facilitators. The chairperson of the Theme Group on HIV/AIDS requested all heads of UN agencies to designate a representative to participate in the interagency UN Learning Team on HIV/AIDS. The Learning Team ultimately comprised representatives from the Economic Commission for Latin America and the Caribbean (ECLAC), PAHO, UNDP, UNESCO, UNFPA UNHCR, UNICEF, UNIFEM, UNODC, World Bank and UNAIDS Secretariat, and ILO coordinated group meetings.

In 2006, the Learning Team met five times and, in accordance with the work plan, members held virtual discussions to plan activities. In 2006, the goals set by the Learning Team were to improve the UN staff members' knowledge and understanding of HIV and AIDS and to effectively support Brazil's national response to the epidemic. It was agreed that the work of the UN Learning Team should be made a priority to achieve the goals of improving knowledge and understanding of HIV among UN staff and staff family members, and mainstreaming HIV and AIDS into UN-sponsored events in Brazil.

Key Actors

All of the members of the Learning Team were responsible for encouraging their colleagues to participate in the Learning Day event. The ILO and the UNAIDS Secretariat were responsible for meeting logistics, confirming the participation of speakers, and selecting and hiring a theatre group to perform at the event. These efforts were also supported by UNDOC and UNHCR at various stages. UNFPA provided the condoms. The total costs of the Learning Day were approximately US $2,500. In addition, ILO used UN Country Team resources allocated for interagency activities to support this event.

Advocacy and Promotion

The chairperson of the UN Theme Group on HIV/AIDS advertised the HIV/AIDS Learning Days held in 2005 and 2006 to the heads of UN agencies in Brazil. Promotional messages were also sent to the HIV/AIDS focal point at each agency and to the each agency's representative to the Learning Team on HIV/AIDS. These staff members were responsible for encouraging participation in the Learning Days throughout the various UN agencies. To advocate for the first Learning Day held in 2005, UNAIDS sent invitations to the heads of UN agencies that were signed by the chairperson of the UN Theme Group on HIV/AIDS.

Stickers were printed by UNODC and UNFPA provided condoms. These items were distributed along with *camisinhas*. In Brazil, condoms are popularly called *camisinhas* which literally translates to, "little t-shirt". To

incorporate this locally relevant terminology into an effective advocacy tool, members of the Learning Team learned how to make paper *camisinhas*, using a technique similar to origami. More than two hundred coloured paper t-shirts were folded bearing the slogan, *Wear this t-shirt* (*Vista esta camisa*). Condoms were then put inside the paper t-shirts and distributed to the participants of the HIV/AIDS Learning Day event. The Resident Coordinator and the Theme Group Chair wrote letters of encouragement that were distributed to the heads of UN agencies and staff.

Implementation

In May 2005, the two Learning Facilitators led an activity on HIV/AIDS at the Common Services Workshop that included administrative staff from all UN agencies in Brazil. The Common Services Workshop had been organized independent of the Learning Team activities as a way to promote dialogue between the administrative branches of each agency. Information on HIV and AIDS in the UN workplace and the ILO Code of Practice on HIV/AIDS were translated into Portuguese, and distributed to workshop participants. At the end of the meeting, participants were asked to provide a critique of the workshop to contribute to the development of the 2006 work plan. A variety of suggestions were made, including creating compulsory coursework on HIV for UN staff, and inviting people living with HIV to address UN staff members.

In November 2005, the first HIV/AIDS Learning Day was held, with approximately 110 participants in attendance. The Learning Day was open to all staff members and their families. The Learning Day featured a round table discussion with the UN Resident Coordinator, the chairperson of the UN Theme Group on HIV/AIDS, and a representative from the National STD/AIDS Programme. A play was performed that highlighted stigma and discrimination against people living with HIV. Discussions were facilitated between UN staff, members of civil society, and safe sex educators. Participants received the *camisinhas* and educational materials published by UN agencies on HIV/AIDS and by Brazil's National STD/AIDS Programme. All UN agencies also received Spanish language versions of the PAHO publication, *What UN Staff in Latin America and the Caribbean Should Say about HIV/AIDS*, to distribute to staff members.

In 2006, ILO organized the second HIV/AIDS Learning Day. The UNAIDS Secretariat drafted the agenda for this event. UNODC and UNESCO selected the institution that conducted the workshop, and UNICEF organized the logistics of the meeting. UNHCR ordered and distributed pens bearing, "UN Learning Strategy on HIV/AIDS", and UNFPA organized the distribution of condoms. As in with first HIV/AIDS Learning Day, the budget of this meeting did not exceed US $2,500. Once again, all the Learning Team members were in charge of advocating staff participation. Staff members were also encouraged to bring their families to the event, especially young people between ages 12 and 20.

The 2006 work plan focussed on the goal of improving knowledge of HIV and related issues among UN professional staff (and family members). To achieve this goal, in September 2006, the UNAIDS Secretariat organized a workshop entitled, "Poverty, Development and HIV/AIDS". Approximately 30 UN professional staff members attended the event. This technical workshop focused on enhancing the role of HIV/AIDS-related issues in UN programme work. The goal of the workshop was to explore practical and innovative mechanisms for the social and economic empowerment of people living with HIV. The UN Resident Coordinator, the UNAIDS Country Coordinator, a health specialist from the World Bank, the ILO HIV/AIDS focal point, and a representative of the National STD/AIDS Programme participated as speakers. A representative of UNODC served as the workshop chairperson.

In November 2006, the second Learning Day on HIV/AIDS was held. This event was open to all UN staff and their families, and special emphasis was given to youth between ages 12 and 20. The topical focus of the second Learning Day was strengthening ties between parents and children. Approximately 80 staff and family members attended the event, which was an opportunity to discuss approaches to handling conversations between parents and adolescents about sex.

The opening session of the second Learning Day on HIV/AIDS was conducted by the UN Resident Coordinator, the chairperson of the UN Theme Group on HIV/AIDS, and the UNAIDS Country Coordinator. Afterwards, to encourage an open discussion among participants, two separate groups were formed. One group was composed of participants ages 12 through 20, and the other group comprised participants older than 21 years old. At the end of the separate discussions, the two groups were brought together to participate in joint activities. The highlights of this event were identifying approaches to bridging the generational gap and discussing the various ways adolescents and parents talk about sex.

Throughout 2006, Learning Team members endeavoured to strengthen their competence and relevance by organizing short presentations on different HIV-related topics, including the “Three Ones”, how to purchase condoms in Brazil (conducted by UNFPA), and harm reduction (conducted by UNODC).

Also in 2006, in addition to planning and implementing the second Learning Day, the Learning Team also reviewed the translation of the booklet, *Living in a World with HIV and AIDS*. This document had already been translated into Portuguese in Portugal, but required further local adaptation. An employee from ECLAC volunteered to revise the translation according to Brazilian Portuguese. The Learning Team also felt that a chapter should be included in the booklet on the Brazilian national response to HIV and on how to access local prevention and treatment services. The National STD/AIDS Programme agreed to support this task. In early 2007, the Learning Team will discuss the best way to publish this material and distribute copies to all staff.

Finally, to integrate Learning Strategy activities regularly into the daily work of UN staff, each UN agency composed messages that connected HIV and AIDS to other important commemorative dates. The Learning Team sent these messages in e-mails to all UN staff, and with the support of the UN Theme Group on Media and Communication, the messages were also included on the Brazilian UN website, and on the websites of some specific UN agencies. Examples of the messages included text written by UNIFEM concerning HIV and women, which was sent to staff on International Women’s Day. UNFPA sent messages on Mother’s Day and Father’s Day, and UNESCO sent a message on International Student’s Day.

Monitoring and Evaluation

A detailed evaluation of the Learning Strategy activities since the creation of the Learning Team in late 2005 and the implementation of the work plan in 2006 is planned for 2007.

BURKINA FASO

Overview and Background

In 1986, the first case of AIDS was documented in Burkina Faso. Today, the estimated HIV prevalence among adults aged 15 to 49 years is 2.0%, with approximately 150,000 individuals currently infected. Burkina Faso has experienced a feminization of the HIV epidemic, with the percentage of women with HIV far surpassing the percentage of infected men. Among pregnant women attending antenatal clinics, the HIV prevalence is 4.2%. As in many other countries, HIV prevalence is higher in urban centres as compared to rural areas. Female sex workers, gold miners, truck drivers, and prison populations constitute particularly high-risk demographic groups. A high rate of tuberculosis infection further compounds the epidemic, and co-infection of TB and HIV poses a major threat to the Burkinabe population.

Over the last five years, Burkina Faso has made strides in HIV prevention and treatment due to high-level political commitment to national HIV and AIDS programmes. Collaborations with global initiatives of the UN, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the World Bank's Treatment Acceleration Project have led directly to a national scale-up of prevention and treatment measures. In 2004, Burkina Faso raised the number of available voluntary confidential counselling and testing (VCCT) centres by 88%. This increase led to at least 67% of all districts having a mother-to-child-transmission prevention programme in place. Recently, the government increased funding for HIV programmes by 30%, from $29 million in 2004 to $38 million in 2005. With this increase in financial assistance, national health organizations have further bolstered efforts for access to essential medicines. In 2005, the number of individuals on antiretroviral therapy quadrupled from that of previous years with the help of the WHO's "3 by 5" initiative.

Needs Assessment

Following the adoption of the Declaration of Commitment on HIV/AIDS, UN agencies in Burkina Faso decided to implement the UN Learning Strategy on HIV/AIDS to educate all UN personnel on the basics of HIV prevention, transmission, and treatment as they relate to the UN workplace. In order to guide these educational efforts, a Learning Team was formed that included members from different UN agencies. In an effort to assess the existing knowledge on HIV among UN staff members, the Learning Team administered the global needs assessment survey to 74 UN personnel across UN agencies in Burkina Faso.

Approximately 39% of those who completed the survey were women and the median age among respondents was 46 years. The results of the survey revealed that only 53% of these staff members had received the UNAIDS booklet on HIV, which was supposed to be distributed to all UN staff. In addition, only 38% of the staff were aware of an HIV programme in Ouagadougou and even fewer (19%) had received formal instruction in any capacity on HIV prevention, transmission, or care. Staff members indicated that they did not understand or required further information on prevention, treatment options, support groups, and stigma.

Planning for a Response

Following an analysis of the needs assessment survey results, the Learning Team devised a plan of action to educate all UN staff in Burkina Faso about HIV. The goal of this plan was to address any gaps in knowledge among UN personnel while discussing all pertinent biological and socio-political aspects of HIV/AIDS. In

addition, the objectives of the action plan included facilitating access to antiretroviral therapies for UN staff living with HIV. To achieve these objectives, the Learning Team organized three educational sessions on HIV. The first session consisted primarily of information relating to the basics of HIV transmission, prevention, and treatment. The second session concerned the UN Personnel Policy on HIV/AIDS and HIV/AIDS-related stigma. The third session was planned to address UN staff who may be particularly vulnerable to HIV. These sessions were designed to concentrate in greater detail on particular HIV-related topics such as feminization of HIV and the psychosocial aspects of living with HIV.

Family members of UN staff were invited to attend all workshops and information sessions. In addition, the Learning Team coordinated a special information session for the children of all UN staff. To keep children entertained and involved, these special information sessions included interactive activities such as theatrical sketches performed by local youth agencies or games that helped educate them about HIV and AIDS. The total budget for these learning workshops was US $9,770. Each UN agency financed a portion of the total workshop costs.

Key Actors

Comprised of five UN staff members, the Learning Team was essential to the implementation of the UN Learning Strategy on HIV/AIDS. This team was responsible for planning and implementing the educational workshops. In addition to this team, the UN Theme Group on HIV/AIDS, the UN Resident Coordinator, and two Learning Facilitators were also critical in supervising the overall organization and implementation of the plan of action to educate the UN staff on issues related to HIV. The Learning Facilitators received training in Accra, Ghana by UNAIDS staff members and the UNFPA Country Support Team, and played a major role in conducting the sessions. Volunteers from Population Services International (PSI) also assisted in coordinating the workshops.

Advocacy and Promotion

Promotional posters for the educational workshops were hung in strategic locations throughout the UN building in Ouagadougou. A few days before the workshops, e-mail reminders were sent to each agency requesting all agency heads and staff members to attend the educational sessions. In addition, announcements were made in each agency regarding the HIV/AIDS workshops during the week they were held.

Implementation

In 2004, with the support of the PSI volunteers, the first educational workshops on HIV and AIDS for UN staff were implemented in Burkina Faso. Members of the UN Learning Team and PSI volunteers gave presentations on various topics, ranging from modes of HIV transmission to issues of social stigma. All educational sessions included demonstrations on the use of male and female condoms. In preparation for the learning sessions, machines dispensing male and female condoms were installed in all bathrooms in UN buildings. In addition, pamphlets and brochures listing the contact information for VCCT services in Ouagadougou were distributed to workshop attendees. The Learning Team felt that it was essential to talk to staff members one-on-one as well as in a group setting to address any private concerns that employees may have had in a confidential, discreet manner. Therefore, staff members also had the option to ask questions and discuss matters privately with workshop presenters.

Three films documenting various aspects of HIV/AIDS from a local perspective were screened during the workshops. One of the films, *Vivre Positivement,* highlighted the emotional challenges experienced by HIV+

individuals living in Burkina Faso. To foster critical thinking on the issues presented, following each film, UN Learning Team moderators initiated discussions with workshop participants. All films were shown at the UN building conference room, which allowed all staff an opportunity to view the films.

In addition to these workshops, a separate HIV/AIDS information session was organized for the children of all UN staff members in July 2005. These sessions consisted of three main activities. The first activity was a play presented by a local youth theatre group in Ouagadougou about the psychosocial and biological effects of HIV and the importance of knowing how to protect oneself from transmission. The second activity was screening two short films about the stigma and discrimination faced by children who have lost their parents to AIDS. The final activity consisted of a debate and a question and answer session, where children expressed concerns and opinions concerning HIV-related issues.

To reinforce concepts taught during the workshops, participants received a copy of the UNAIDS booklet, *Living in a World with HIV and AIDS.* To disseminate information to UN staff members unable to attend the learning sessions, an electronic version was also e-mailed to all staff. These e-mails included information about HIV/AIDS in the UN workplace along with a link to the UNAIDS website dealing with this topic.

Monitoring and Evaluation

Participants of selected workshops completed evaluations of the educational sessions. The results of these evaluations revealed that most staff members were extremely pleased with the organization of the HIV/AIDS workshops and hoped that more sessions could be organized throughout the year. Participants suggested to limit the number of staff in each workshop to facilitate a more intimate and comfortable atmosphere. The Learning Facilitators and the Learning Team suggested registering staff members for the workshops to allow the organizers to prepare properly for workshop activities and to structure the sessions.

CAPE VERDE

Overview and Background

The Republic of Cape Verde is an archipelago that lies off the coast of West Africa in the Sahel belt that consists of ten primary islands and five islets. The population of the nine inhabited islands is 420,979. Cape Verde has registered 426 AIDS-related deaths and 6,750 cases of HIV since 1986. The epidemic in Cape Verde remains nascent, with an estimated prevalence of 0.8% in adults aged 15 to 49 years. The primary modes of transmission are unprotected sexual contact (90%), mother-to-child transmission (4.6%), and use of contaminated needles among injecting drug users (3.3%). Currently, 20% of infected pregnant women receive treatment to reduce vertical transmission, and 38% of infected men and women receive anti-retroviral therapy. Despite relatively low prevalence and favourable socio-economic indicators relative to other countries in Sub-Saharan Africa, it is clear that efforts to curb the epidemic must be strengthened before it intensifies.

Needs Assessment

Although Cape Verde participated in the UN global learning needs assessment for HIV/AIDS in the workplace, information about the surveys was not available. The exact level of awareness among staff about HIV and AIDS before implementing the Learning Strategy on HIV/AIDS for the UN system in Cape Verde is unknown.

Planning for a response

In 2004, the WHO Representative together with the UNAIDS Country Coordinator organized the first training session of the Learning Strategy. It was offered to 12 pre-selected staff from several UN agencies. These staff would be trained as trainers to staff in their own agencies. The Facilitator's Guide was translated into Portuguese and a manual entitled *Educar Para a Vida* was written for use in training the prospective trainers. This manual and was inspired by Peace Corps literature and is widely available in Cape Verde. The manual was amended according to feedback provided in questionnaires completed by participants on the content of the manual. A consultant was hired to help analyze the completed questionnaires.

In selecting the first training team, four main criteria were considered. Those selected to participate were required to: (1) demonstrate a strong professional or personal commitment to fighting HIV/AIDS, (2) demonstrate motivation for the mission and goals of the Learning Strategy, (3) be capable of allocating ample time to dedicate to the activities of the Learning Strategy, and (4) possess a strong relationship with or leadership role in the local community.

All healthcare professionals with a comprehensive understanding of HIV/AIDS were given top priority for recruitment as trainers. Twelve trainers were selected, including one nurse from the UN Medical Services and two representatives from each of the six agencies with offices in Cape Verde (WHO, UNICEF, UNDP, WFP, UNFPA, FAO). Following the first training session, the group was narrowed to six participants (three men, three women) due to a lack of involvement of several individuals.

Once trained, the staff trainers would conduct orientation sessions on HIV and AIDS at various UN agencies. Features of the sessions such as introductory icebreakers, and encouraging staff trainers to conduct sessions in

UN agencies other than their home agency, fostered an open environment for discussion. Feedback from the orientation sessions was overwhelmingly positive, and participants often requested more workplace orientations.

All UN personnel, including senior management and local staff, were encouraged to attend the training sessions. Orientation for personnel typically lasted one full day. To facilitate broad participation, the sessions were conducted in French, Portuguese, and Creole. Posters were hung to announce the date, time, and agency concerned for each orientation session. Intranet postings also encouraged attendance. Approximately 65% of all staff attended the orientation sessions on HIV and AIDS.

The UN Country Team in Cape Verde has expanded the existing workplace Learning Strategy and intends to extend these activities to the entire UN staff system, national NGOs, and various community groups throughout the country.

Key actors

The government of Cape Verde is committed to supporting and strengthening national HIV/AIDS programmes. In 1987, the Ministry of Health established the Action Group against AIDS, a committee with a mandate to develop awareness campaigns that targeted both health authorities and the public. By 1988, a safe blood supply for transfusions was available throughout the country. To intensify these activities, the government established a National Strategic Plan against AIDS for the period of 2002 through 2006. The strategy identified general objectives and a plan of action for the prevention and treatment of HIV and AIDS. The plan aims to:

- Reduce of the prevalence of HIV infection
- Improve the quality of life for people infected and affected by HIV and AIDS
- Strengthen the national capacity to respond to the epidemic
- Enhance existing knowledge about the epidemic, its dynamic, and its local impact

The government has recently adopted a new policy intended to encourage a more open dialogue on HIV/AIDS. Cape Verde has also announced a recent plan to procure and provide anti-retroviral drugs to those in need. It is estimated that treatment will cost approximately US $600 per person annually.

Within the United Nations system, the UN Country Team and the focal point for UNAIDS supervised the development and activities of the Learning Strategy. A training team was selected, and included a staff member from each UN agency present in Cape Verde. These participants were trained as trainers in their various home UN agencies.

Advocacy and Promotion

The most visible approach to promotion of the Learning Strategy was the posters that advertised the orientation sessions throughout UN agencies. Press releases from the UN Country Team to staff members across UN agencies created visibility for their work on the Learning Strategy. The UNAIDS Country Coordinator also advocated for the Learning Strategy on the local website and used this interface to invite colleagues to contribute to the orientation sessions by submitting comments and suggestions.

Participants of the training sessions suggested that the Learning Strategy should be complemented by greater efforts in the community to promote HIV/AIDS awareness and to lessen the associated stigma and discrimination. To address this need, people living with HIV were incorporated into the training sessions to enhance sensitivity to their experiences and to underscore the importance of knowing how to protect oneself from infection.

In addition, a national two-day music festival in Praia provided an opportunity to conduct a survey on HIV and AIDS awareness in the community. A group of twenty teenagers wearing t-shirts with HIV/AIDS awareness slogans handed out a 12-question survey to festival attendees. The effort yielded some 1,000 completed questionnaires that have yet to be fully analyzed.

Implementation

The screening of two films during the UN training sessions was a particularly effective approach to communicating the scope and impact of the HIV/AIDS epidemic. One of the films provided an overview of the epidemiology and basic facts about HIV and AIDS, and featured prominent speakers in the UN family such as the Secretary-General Kofi Annan. The other film portrayed real people from five countries living with HIV. Session participants indicated that they appreciated these films, particularly because they facilitated a deeper understanding of the experiences of people living with HIV. A community member living with HIV was invited to address a small group of trainers during a training session, which participants valued highly.

A workshop was also conducted for UN staff members' children. Sixty-eight participating children were divided into four groups according to age. The workshop focused on explaining HIV and AIDS, defining behaviours and situations that could put individuals at risk, and identifying ways to protect oneself. The training team for the children's workshop included facilitators, teachers, and psychologists. Interactive tools including an educational video and a play that dealt with sexuality, relationships, methods of birth control, and HIV prevention. The Learning Strategy team used experiences from this children's workshop to apply to community trainings for three teachers in the municipalities of Fogo, Boa Vista and Sal.

As trainers began to conduct orientations on the various islands and outside the UN system, they were able to tailor the sessions to the local setting. Sexuality is an openly discussed topic in Cape Verdean culture, which eased the delivery of information on HIV/AIDS and public prevention messages, such as those that appeared on television and billboards. To address issues regarding stigma and discrimination, some trainers also chose to conduct sessions in the community that included participants of varying backgrounds and church leaders.

The $US 70,000 budget financed the Learning Strategy for the UN system for Cape Verde, including approximately ten training sessions per year and subsequent staff orientation sessions. Other costs included manuals and stipends for travel and hotel accommodations.

Monitoring and Evaluation

Efforts to analyze the monitoring and evaluation data are ongoing. The level of improvement in staff knowledge following the orientation sessions regarding the basic facts about HIV and AIDS, modes of transmission and prevention, how to use and where to access male and female condoms and other local treatment and support services, is unclear. Based on the data available, it appears that greater efforts were made to educate community members in Cape Verde than UN staff. Time management was a particular barrier for staff in organizing, attending, or conducting more orientation sessions for UN staff. However, through the Learning Strategy activities, UN staff and community members alike have become more engaged in an open dialogue on HIV and AIDS in Cape Verde, and have expressed a desire to remain engaged in local and national HIV/AIDS programme efforts.

INDIA

Overview and Background

According to the UNAIDS 2006 report on the global AIDS Epidemic, an estimated 5.7 million people in India are living with HIV. National HIV prevalence for adults aged 15-49 years is currently 0.9%. As the second most populous country in the world, even a small increase in HIV prevalence in India can contribute significantly to the global HIV burden. In addition, according to the WHO, India has more new cases of tuberculosis annually than any other country, contributing to dual infection with HIV and complicating national prevention and treatment efforts.

India's current epidemic is highly varied, with two-thirds of cases occurring in just six of the country's 28 states, primarily in industrialized areas in the south and west, and in border areas in the north-east. Infection levels of over 1% have been found among pregnant women in Andhra Pradesh, Karnataka and Maharashtra, indicating a shift in the epidemic. Effective large-scale prevention efforts have primarily been targeted toward sex workers and their clients, and to a lesser extent, toward injection drug users and men who have sex with men. It is predicted that the capacity of the country to target these groups will be critical to the development of the epidemic in India.

Unprotected heterosexual sex is the predominant mode of transmission, and accounts for 85.7% of all HIV infections in India, followed by transmission from mother-to-child (2.7%), contaminated blood and blood product transfusions (2.6%), and use of contaminated injecting equipment (2.2%).

Needs Assessment

In 2002, India participated in the UN global learning needs assessment for HIV/AIDS in the UN workplace, which showed that training on HIV/AIDS was necessary for UN staff in India. Particular areas of concern regarding UN staff knowledge about HIV and AIDS included:

- Information sharing
- Awareness raising and prevention
- Access to care and prevention
- Eliminating stigma and discrimination
- Occupational safety
- Information on staff entitlements

To monitor existing knowledge and attitudes toward HIV and AIDS among UN staff in India, a Knowledge, Attitude, Behaviour, Practice (KABP) survey was conducted. The survey addressed the following areas:

- Profile of the respondents
- Knowledge of HIV
- Opinions and attitudes
- Condom usage
- Knowledge of UN workplace policies on HIV/AIDS

Approximately 492 of 1,200 UN staff members completed the survey. Four agencies did not respond. Among survey respondents, approximately 60% were male and 40% were female, and approximately 79% were married.

Roughly 29% of respondents indicated that they travel on duty and are away from their families for a period of one to seven days per month.

The survey indicated that although some respondents were aware of basic facts regarding HIV and AIDS, they were not well-informed on how best to protect themselves and their families and where to seek treatment. They also had little knowledge regarding transmission and treatment of sexually transmitted infections (STIs). In addition, staff had many misconceptions about HIV and AIDS and maintained stigmatizing or discriminatory perceptions about those infected or affected. Finally, staff members were largely unaware of UN Personnel Policy on HIV/AIDS. Nearly 90% of the respondents were not familiar with the benefits and entitlements contained in the UN policy, and a majority was unaware of the availability of confidential testing and health insurance coverage for HIV infected staff.

Planning for a Response

In May 2003, heads of UN agencies in India prepared a proposal to train staff about UN system policies and their implementation. They also sought to provide information about accessing appropriate care and support for those infected and affected by HIV and AIDS. Based on the results of the needs assessment, an outline for the Learning Strategy was prepared in April 2004. The objective of the Learning Strategy was to ensure that all UN system employees in India are well informed about HIV and AIDS, have access to appropriate care and support. The UN Learning Team on HIV/AIDS emphasized the critical role that UN staff members play in countering stigma and discrimination often associated with HIV and AIDS.

The Learning Team organized workshops for 1,200 UN employees from 16 UN agencies in India. Participants from the UNDP, WHO, UNICEF, ILO, UNAIDS, WFP, FAO, UNFPA, UNODC, UNHCR, UNIC, UNESCO, Asian and Pacific Centre for Transfer of Technology (APCCT), Asian Development Bank, International Finance Corporation (IFC), and IMF attended. The project budget was US $43,000, and each participating agency contributed US $36 per employee. Several agencies for which HIV and AIDS were not priority areas were reluctant to participate, and as a result, not all the agencies were willing to contribute financially. Support was provided by the Inter-Agency Support Unit, and ultimately, most agencies joined the Learning Strategy programme.

Educational half-day and full-day workshops were planned for UN staff members. Discussions and lectures, role-plays, and exercises were key elements of the workshops. Participants also had opportunities to discuss sensitive issues and ethical matters. HIV positive individuals were engaged in these workshop activities to facilitate learning among staff members about the experience of people living with HIV.

To ensure post-exposure safety among UN employees, post-exposure prophylaxis (PEP) kits were procured and installed at the UN Medical Service in New Delhi and in all UN state-level offices in India.

Key Actors

Assisted by the UN Country Team and the UN Theme Group on HIV/AIDS, the Resident Coordinator is entrusted with the responsibility for coordinating the overall response to HIV and AIDS in India. Her role was vital in introducing and facilitating training programmes in all the UN agencies. In addition, a project coordinator was appointed to supervise and ensure timely implementation of various Learning Strategy project activities. The project coordinator also encouraged participation from all agencies and with the support of Resident Coordinator, initiated and conducted the preliminary meetings. Resource persons from WHO, UNDP and the ILO provided essential information and support. The various member agencies of the Interagency Task Team (IATT) ensured

effective management of the Learning Strategy project. HIV/AIDS focal points were also selected in each agency to support the Learning Strategy, and HIV/AIDS trainers developed and taught training workshops.

Advocacy and Promotion

Advocacy and promotion have been essential components of increasing awareness about HIV/AIDS and to meeting the objectives of the Learning Strategy. HIV/AIDS focal points liaised with the Inter-Agency Working Group and the project coordinator to arrange for the training sessions conducted from July through October 2004. The focal points were also responsible for ensuring that staff had access to information on HIV prevention, to voluntary confidential counselling and testing (VCCT), and to psychosocial support.

Support from the Federation of United Nations Staff Associations (FUNSA) contributed to the popularity of the programme. The first training course was conducted for FUNSA members, and sought to recruit them as advocacy partners. Feedback from FUNSA was positive, and they subsequently recruited other colleagues to participate in training sessions.

Implementation

Training session participants were given the UNAIDS booklet, *Living in a World with HIV and AIDS,* which provides basic information about HIV and AIDS. Participants also received *A Draft Resource Manual for United Nations Personnel: HIV/ AIDS and UN Workplace in India*, which details country-specific data and UN policies on HIV and AIDS in the UN workplace.

Between July 2004 and June 2006, 1,140 UN staff members participated in a total of 148 one day and half-day training workshops. Out of a total of 18 UN agencies, between 10 and 12 senior officers attended the workshops.

To encourage an atmosphere of candour and trust during the workshops, trainers facilitated interactive sessions and group discussions. An integral part of each session was the involvement of a person living with HIV to encourage an understanding among staff of issues facing people living with HIV in India. Six separate workshops were conducted for Hindi-speaking staff members. A Hindi version of the booklet, *Living in a World with HIV and AIDS,* was distributed to Hindi speaking staff members.

Monitoring and Evaluation

Assessment of participants' HIV/AIDS-related knowledge before and after the training workshops indicate that they helped to create greater awareness and understanding about HIV transmission and prevention, treatment of HIV and AIDS, stigma and discrimination, and workplace rights and policies. Workshop participants also completed feedback forms before and after the workshops. Many participants indicated that the workshops helped to dispel myths and reduce fear associated with HIV/AIDS. Overall, the workshops were well-received and requests were made to continue the training sessions in the future. Participants appreciated the competency of the resource persons and the quality of the sessions overall. However, although the document, *Living in a World with HIV and AIDS* was distributed to participants early, most staff reported that they had either not received or had not read it.

Handling the heterogeneity of the participants from across various agencies and functions emerged as an important issue in the conduct of the workshops. Some participants reported feeling uncomfortable discussing sexual behaviour in the presence of their senior managers and other staff. Despite this, it was also evident that the presence of senior staff members encouraged the participation of all staff.

In each workshop session, use of post-exposure prophylaxis (PEP) was demonstrated and discussed for 30 minutes. The PEP protocol manual and a list of PEP custodians was distributed to all participants. A baseline survey indicated very low awareness among staff members (less than 20% were aware) about PEP, but after attending the training, nearly all staff had a thorough understanding of PEP.

Following the workshops, staff participants suggested a need for capacity-building for the UN physicians regarding HIV and AIDS-related issues, and for more PEP custodians. After the workshops, there was also an increased demand for PEP kits in more offices. They are currently not available because of a lack of physician oversight in all agencies. In addition, an enhanced VCCT programme is currently planned for and under review.

The Indian Learning Strategy has had a positive beginning, and has contributed to making the UN a healthy workplace, free of HIV/AIDS-related stigma or discrimination. The UN family in India has been sensitized to these issues. Future workshops will be extended to the families of UN staff members, and will consolidate efforts of the first phase.

INDONESIA

Overview and Background

The Indonesian AIDS epidemic is unique in that the vast geographical, ethnic and socio-economic diversity of the country is mirrored in the epidemiological dynamics. Indonesia currently faces both a concentrated epidemic in particular areas and a generalized epidemic in two provinces. An estimated 170,000 Indonesians were living with HIV in 2006, classifying Indonesia as a country with a concentrated HIV epidemic, primarily among injection drug users (IDUs) and sex worker populations. Injection drug use and sex work networks overlap in Indonesia. As recently as 1998, no HIV was detected among IDUs in Jakarta, but as of 2002, nearly 40% of IDUs in rehabilitation centres tested positive, and many report regular use of non-sterile equipment and unprotected sex with multiple partners (UNAIDS, 2006). In Jakarta, one study indicated that an estimated 85% of brothel-based sex workers had not used condoms with any clients in the previous week (MAP, 2005). In Papua, HIV has become well-established in the general population with almost 1% of adults in several villages living with HIV. Escalating patterns of unsafe practices among sex workers, IDUs, and the situation in Papua pose the greatest challenge to Indonesia's efforts in slowing the spread of HIV.

Indonesia's National AIDS Commission is the multi-sector coordinating authority responsible for implementing Indonesia's National AIDS Strategy and Indonesia's National Plan of Action for HIV and AIDS and has prioritized the development of workplace-based HIV prevention and care programmes with full involvement of employers' and workers' organizations. As in other parts of the world, people living with HIV in Indonesia continue to be stigmatized and many choose not to disclose their HIV status for fear of losing their jobs, a decreased social status, and rejection from their families and communities.

Needs Assessment

Indonesia did not participate in the global 2002 UN learning needs assessment, meaning that there was no baseline data on staff knowledge on (1) HIV and AIDS; (2) means of prevention; or (3) the UN Personnel Policy on HIV/AIDS in the workplace.

A pre-training survey to assess HIV and AIDS knowledge related to workplace issues was prepared and distributed to all heads of UN agencies in December 2005 for completion by all staff members. The survey response rate was disappointing with only 141 completed questionnaires returned to the team at the end of January out of approximately one thousand UN staff in Indonesia.

Although the survey respondents represented less than 15% of total UN staff members, the results mirrored those of the global 2002 UN employee survey regarding knowledge and attitudes about HIV/AIDS, which revealed that staff knowledge about HIV related to the workplace was low. Almost a quarter of the respondents reported that they would not let their children play with children living with HIV, and 16% stated that they would not feel comfortable sharing a computer desk with a colleague living with HIV. Sixteen percent of respondents also reported that they would not feel comfortable travelling in the same vehicle with colleagues living with HIV. Thirty-six percent of female respondents reported never to have heard of or seen a condom. Sixty-two percent of respondents reported that they had not received adequate information or sufficient education on HIV and AIDS issues, perhaps associated with the fact that 58% of respondents never received the UN publication, *Living in a World with HIV and AIDS*.

For the UN Learning Team, the results of the questionnaire indicated that among those UN staff who responded, a significant number had insufficient HIV and AIDS knowledge, underscoring the need to provide further information and learning.

In July 2005, the UNAIDS Secretariat conducted a second assessment targeting UN agencies and the status of their HIV workplace activities. A questionnaire was distributed through the mail to the UN Joint Action Programme on HIV/AIDS and the focal points. Six UN agencies participated and returned the questionnaire. The results showed that most UN agencies had initiated HIV workplace activities, such as information and awareness sessions on various workplace policy issues. The nature of activities and the commitment and planning for future activities varied considerably among the different UN agencies, echoing earlier assessments targeting UN staff members that much was still needed in mainstreaming and upgrading general HIV and AIDS workplace knowledge within the UN in Indonesia.

Separate assessments also took place during training workshops, through which trainers and facilitators gathered information on pre- and post-training HIV workplace knowledge from participating UN employees. The level of knowledge on UN Personnel Policy on HIV/AIDS showed substantial variation, with some staff demonstrating a serious lack of knowledge on even the most basic principles and rights, such as the right to keep your job regardless of HIV status.

In the case of Indonesia, the information gathered on UN employees' knowledge of HIV and workplace issues as well as on UN agencies' HIV activities points to less than satisfactory levels of knowledge, particularly when compared to the objectives of the UN Learning Strategy on HIV/AIDS.

Planning for a Response

The UN Country Team initiated Learning Strategy efforts in 2003, with resulting achievements in workplace interventions implemented by World Bank, UNICEF, UNFPA, WFP and ILO. In October 2004, HIV focal points from Indonesia's ILO and WFP offices attended the UN Learning Strategy Training of Facilitators Workshop in Bangkok, Thailand, which triggered a scaled-up approach to implementation of the UN Learning Strategy in Indonesia. An improved interagency strategy was identified as necessary to address HIV and AIDS workplace-related issues throughout the UN system in Indonesia. This strategy became increasingly necessary following the December 2004 tsunami and subsequent earthquakes, which resulted in large staff increases in some centres such as Nanggroe Aceh Darussalam. However, the demands of these humanitarian emergencies meant that efforts to scale up the UN Learning Strategy were on hold until well into 2005. Nevertheless, a commitment had been made and the leadership of the WFP and ILO focal points was critical in implementing the Learning Strategy. Another challenging issue in implementing the Learning Strategy was the limited capacity of the UNAIDS Secretariat in 2004, caused by limited staffing. By 2005, additional staff had been hired and the UNAIDS Secretariat was in a stronger position to fulfil its coordination role.

Key Actors

The success of the UN Learning Strategy in Indonesia has relied upon interagency collaboration. The Learning Strategy has been implemented with the inputs of various dedicated people who shared a belief in the principles underlying the strategy and its function as an effective tool addressing HIV in the workplace. The key agencies driving the Learning Strategy in Indonesia have been ILO, WFP, UNDP, UNFPA and the UNAIDS Secretariat along with strong support from the UN Resident Coordinator's office. The UNAIDS Secretariat provided

materials, technical assistance, and coordination of agency efforts and provided regular reporting to the UN Country Team. The publication *Living in a World with HIV and AIDS* was printed in country in large quantity in both English and Bahasa Indonesia by the ILO and was made available to all UN staff.

With the exception of the UNAIDS Country Coordinator and the WFP focal point, there has been substantial rotation of personnel involved in UN Learning Strategy activities. The HIV/AIDS focal points from ILO and WFP have been dedicated and tenacious advocates for Learning Strategy implementation. A Learning Team comprised of the two attendees of the Bangkok workshop and the UNAIDS Country Coordinator have led efforts to implement the Learning Strategy. Partnership with the PITA Foundation, a local NGO, has also played an important role in Learning Strategy activities.

In the UN field stations, interagency cooperation utilized a different approach. Agencies involved in the UN Learning Strategy in field stations provided logistics, administrative support, staff time and funding. For example, while training staff members in Nias and Melauboh in the Nanggroe Aceh Darussalam province, the Learning Facilitator together with the UNICEF HIV/AIDS Programme Officer established an open door strategy. This strategy offered the opportunity for participation from all UN offices in those two stations. The UN Country Team covered travel-related costs, UNICEF funded the training costs, and all participating agencies agreed to a cost-sharing for the necessary per diems. By using this approach, the cost per day for the learning session was shared among participating agencies and paid for immediately following the sessions. The fee provided to the trainer hired for each learning session was also be shared among all agencies, eliminating complications.

Advocacy and Promotion

Advocacy and promotion have been important activities in implementing the Learning Strategy. Spreading the word to all UN staff members that HIV and workplace training is available has proven to be challenging, and recruiting UN employees to attend the workshops was often difficult.

The Learning Team took considerable efforts to motivate staff to participate in the workplace training sessions. The team sent out numerous e-mail announcements informing staff of upcoming training sessions. A “Pink Poster” campaign was launched. Pink posters with motivational messages and catch phrases were placed throughout the UN workplace informing and encouraging UN staff to participate. The Learning Team also sent out reminder e-mails on the same day of the training sessions to further encourage participation.

Targeting specific key persons within the UN system and utilising personal connections and networking skills also played an important role in appealing for broad participation. In agencies where the Learning Team recruited senior management to participate in the workshops, junior staff members were more likely to participate in the training sessions, an experience that underscores the importance of committed and dedicated leadership in implementing the UN Learning Strategy in Indonesia.

Other advocacy and promotion activities included publication of a directory of HIV/AIDS-related services in Indonesia in both English and Bahasa Indonesia. The directory provides information about all HIV and AIDS related services offered by hospitals, private clinics, national and local networks of people living with HIV, and information on the affiliated government and civil society organisations in a range of locations across Indonesia. The directory aims to provide first hand information that may be required by all UN personnel and their dependents. In addition, post-exposure prophylaxis (PEP) kits were procured for all UN work places.

Implementation

Phase I: Getting Started

In 2005, the UNAIDS Secretariat took action to implement the UN Learning Strategy in Indonesia. In June 2005, UN Resident Coordinator sent a memorandum requesting each agency to nominate trainers for the first Learning Facilitator training. Due to conflicting travel and meeting schedules, scheduling a date and venue for the facilitator training proved difficult.

The UNAIDS Secretariat contacted all UN agencies based in Indonesia and proposed a training workshop for HIV/AIDS focal points. Focal points from the WPF and ILO attended the 2004 Bangkok workshop, *UN Training of Facilitators,* with other HIV/AIDS focal points from across South East Asia.

In August 2005, a two-day training of trainer's session was held for a total of 15 trainers and facilitators appointed by their respective agencies. The purpose of this workshop was to provide the facilitators with the skills and tools to teach HIV/AIDS workplace-related knowledge to staff members of their agencies. This strategy was viewed as a sound and cost- effective method of implementing the UN Learning Strategy. Each UN agency's facilitator could design each training to fit into the context of their agency and its general mandate.

A Learning Strategy training methodology was proposed based on peer-to-peer training. Two staff members from each UN agency would be identified and trained as trainers, enabling them to share learning objectives with their own staff. In accordance with GIPA principles, local networks of people living with HIV were also involved in the process. Cost-effectiveness was also an important consideration and was a main motivation behind the peer-to-peer training approach. In November 2005, a two-day peer training workshop was held for 20 participants from 10 UN agencies. Two human resource staff from each agency attended the training.

The peer-to-peer training approach proved unfeasible because the appointed facilitators were uncertain about their abilities as trainers and because the training resulted in challenging time management issues. Of the facilitators that were appointed, many were already HIV/AIDS focal points, and had other full-time responsibilities. They were not able to allocate the necessary time and effort for the training, which required them to participate in logistical planning, training, and various follow-up activities.

Another problematic issue was the content of the training itself. Many staff members and facilitators did not feel comfortable openly discussing HIV and AIDS, sex, condoms, modes of transmission and other issues in publicly and especially in front of colleagues. Given this experience, it was decided to out-source the training and locate professional trainers with experience in HIV and AIDS workplace advocacy.

Phase II: Getting it Right

The team responsible for the UN Learning Strategy decided to engage professional trainers affiliated with the Jakarta-based NGO, the PITA Foundation. PITA supports IDUs, primarily during the vulnerable period time after leaving rehabilitation treatment. The outsourcing of the training signalled a second phase of the Learning Strategy process in Indonesia.

Throughout 2006, the Learning Strategy was effectively implemented and consisted of two sessions held each month throughout the year, with sessions conducted in both English and Bahasa Indonesia. The Learning Strategy was facilitated by the UNAIDS Secretariat and with the support of the professional trainers.

Phase II also involved expanding the programme to locations outside Jakarta. Training workshops were facilitated in Sumatera, Nanggroe Aceh Darussalam, Papua and Sulawesi. The training workshops that took place in these locations were successful, indicated by staff participation from the regional offices that was often higher than in the Jakarta offices.

As of January 2006, the UN Resident Coordinator's office, together with the Learning Team, had rolled out a learning programme on HIV and AIDS for all UN staff members in Indonesia. The HIV and AIDS training sessions became mandatory for UN staff members.

Workshop Format

At the beginning of each workshop, participants completed a questionnaire on their HIV and AIDS knowledge in relation to workplace issues. Following the initial questionnaire, a UN-produced video was shown, in which staff members talk about their experiences with HIV and AIDS in the workplace. A particularly effective part of the twenty-minute video shows staff members living with HIV openly discussing their HIV status and how it has impacted their workplace life. The video's principal argument, that HIV status does not impact ability to function in the workplace, was discussed after the video. Global, regional and country level HIV epidemiology was then addressed, and questions from participants were continuously answered and integrated into discussion.

Training workshops also included a role-play exercise that involved all participants. This role-play exemplified the epidemiological dynamics of HIV, and concluded that behaviour change can help to increase awareness and reduce vulnerability to HIV infection.

The second half of the training workshop focussed on the use of male and female condoms, and included a presentation of the post-exposure prophylaxis kits (PEP), which have been made available to all staff members throughout the UN buildings. After four hours, the training workshop ended with brief presentations on the UN Personnel Policy on HIV/AIDS that focussed on issues regarding rights and responsibilities, a GIPA session addressing HIV/AIDS-related stigma and discrimination.

Monitoring and Evaluation

Information from the learning questionnaires that participants completed at the beginning of each training workshop was compared with data from a subsequent post-training questionnaire that was handed out at the end of each training session. The post-training questionnaire functioned as a monitoring and evaluation tool for participants and facilitators.

A continual problem throughout 2006 with the training sessions was been the low rate of participation among UN staff members. Low staff participation may have resulted from a lack of time to dedicate to attending the workshops, particularly due to the strain to the UN system following the tsunami and the subsequent humanitarian crisis. In addition, because general and local staff have primarily attended the workshops, it is likely that middle and higher management staff felt that that they have sufficient knowledge on HIV and AIDS and did not consider it necessary to participate in the workshops. Finally, low attendance may have been compounded by the fact that agencies such as UNICEF, UNFPA, WFP, ILO and the World Bank have established training programmes. Staff members of these agencies may choose not to participate in the workshops because they already have training available to them.

During the initial planning, considerations were made to design training for those UN agencies with limited or no in-house HIV/AIDS training programmes, and to offer individual workshops for each agency. However, to

promote interagency cooperation, it was ultimately decided to conduct workshops for all staff from all UN agencies.

The Learning Team has also faced practical constraints to smooth Learning Strategy implementation. Facilitators were often frustrated by participant tardiness. Training sessions often faced delays, requiring spontaneous revision of the agenda, and occasionally forcing facilitators to skip planned activities, and compromising the quality and effectiveness of the training sessions. Facilitators have no real authority or ability to ensure that participants arrive on time for the sessions. This responsibility lies with each UN staff member, but is also linked to committed and strong leadership. UN leaders and managers must clearly demonstrate their commitment and support for the UN Learning Strategy and set an example for their team members.

MACEDONIA

Overview and background

Macedonia is a country with low HIV prevalence, and both national and United Nations agency efforts are geared towards maintaining low infection rates and adequately addressing the needs of the most at-risk populations and people living with HIV.

The known national HIV prevalence by the end of 2006 was relatively low, with 95 registered cases of HIV since the first infected person was identified in Macedonia in 1987. Of these, 68 people had already developed AIDS at the time of diagnosis. Data from 2006 indicate that 53 of the 68 people who have been diagnosed with AIDS since 1989 have already died. Out of 95 reported cases of HIV and AIDS between 1987 and 2006, almost three quarters (72%) were males. Almost all reported unprotected heterosexual contact as the route of transmission, and 12.7% of males reported unprotected homosexual or bisexual contact as the route of transmission, and 8.9% reported being infected using contaminated needles to inject drugs. In 2006, the highest number of HIV cases was registered (two-thirds of newly registered cases), signalling an increase in those being tested.

Needs Assessment

In 2002, the UN agencies in Macedonia participated in the UN global learning needs assessment for HIV/AIDS in UN workplace. Almost half (91 staff members) of all UN staff present in the country (180 staff members) responded to the survey, with the majority of respondents from UNICEF, followed by UNDP, UNHCR, FAO, WHO and the World Bank. Results from the survey indicated that less then half of the respondents (38%) received and read a copy of the UN booklet, *AIDS and HIV Infection: Information for United Nations Employees and their Families.* The survey also indicated that UN staff are unfamiliar with UN Personnel Policy on HIV/AIDS. Forty-seven percent of respondents were not at all familiar with benefits and entitlements and insurance policy, and 40% of staff responding to the survey were not familiar with confidentiality issues. UN staff reported limited knowledge on treatment for HIV, including post-exposure prophylaxis (PEP), antiretroviral therapy, and treatment for opportunistic infections such as tuberculosis.

Sixty three percent of UN staff report adequate knowledge of the basic facts about HIV/AIDS and82% report they know how to use condoms. The majority reported that they gained this knowledge through newspapers and magazines (87%), television (82%), and brochures and other reading materials from outside the UN (73%). A majority of respondents (85%) said that they knew where to go for voluntary confidential counselling and testing (VCCT) outside of the UN system. Although 75 % of all respondents did not respond to the question related to HIV status and sexuality, 91% of respondents agreed that people living with HIV should be allowed to continue to work in the UN.

In a section of the survey where respondents could contribute their own comments, many felt that learning about HIV and AIDS in the UN workplace would be a welcome opportunity to raise awareness, and to address knowledge gaps, stigma and discrimination. Several respondents indicated that although they knew the basics about the epidemiology of HIV, they or their colleagues had little real-life experience to complement this knowledge and as a result, many still harboured fears and biases. One participant explained,

> *I am not infected with HIV, but have friends outside the UN system who are, so I feel I have been exposed to this issue and feel no fear about it. However, I have the impression that in my workplace, the majority of people have no real understanding about this illness, do not want to understand, and hold serious prejudices against people who are living with HIV. To me, this is a result of lack of knowledge, lack of open discussion, and fear… I believe that all people, especially UN workers, must be open-minded and respectful towards others. I think that a mandatory session on HIV/AIDS should be introduced, and staff should be obliged to take it.*

Other comments indicated a lack of urgency and opportunity because of Macedonia's current low prevalence:

> *It is very important not to neglect the preventive approach in low prevalence countries such as Macedonia, because we have a unique opportunity to stop the spread of the epidemic and save lives. I believe that a good training session is needed that underscores the importance of HIV/AIDS and that focuses incorporating prevention in all UN projects. This will sensitize staff and will emphasize UN commitment to the epidemic.*

The survey results indicated that although staff had good general knowledge on HIV/AIDS, they lacked basic competence on UN system policies, where to seek VCCT, care and treatment, and eliminating stigma and discrimination.

Planning for a Response

The UN Theme Group on HIV/AIDS and staff Learning Facilitators led the development of the UN Learning Strategy on HIV/AIDS for the UN system in Macedonia. Based on the survey results, the Theme Group and Learning Facilitators identified priority areas and objectives for learning, and developed strategies for implementation in UN staff training sessions.

The first priority area was developing competence in essential HIV/AIDS information. The objective was to ensure that all UN staff and their families know how to protect themselves from HIV. The strategies for achieving this goal included developing a system of voluntary confidential counselling and testing (VCCT) for UN personnel, providing staff with up-to-date information and techniques on basic prevention and care, and organizing regular learning events to meet minimum standards of the global Learning Strategy on HIV/AIDS.

The second priority area concerned UN policies and services. The objective was to ensure that all UN personnel are aware of the UN policies on HIV and AIDS and have access to basic prevention, treatment, and care services. The strategies that were developed to address this priority involved distribution of the UN booklet, *Living in a World with HIV and AIDS*, and to produce and distribute information about national prevention, treatment, and care services.

The third priority area entailed broad HIV and AIDS knowledge and competence of all UN professional programme and project staff. The objective was to ensure a minimum HIV and AIDS competence package for all staff working directly or indirectly in the area of HIV and AIDS. One strategy developed to meet this objective was to assess the current level of HIV and AIDS knowledge of UN staff and develop appropriate information, education and communication (IEC) materials to regularly update the programme and project staff. Another strategy involved identifying and addressing the capacity-building needs for programme and project staff, based on the UN Implementation Support Plan for HIV/AIDS. Finally, the HIV/AIDS Theme Group meeting was identified as a potential forum for learning events for programme and project staff.

The next priority area concerned HIV and AIDS competence among UN Country Team members. The objective was to ensure that all members of the UN Country Team, (i.e., the heads of agencies) were aware of and actively involved in their cross-cutting functions in the UNAIDS Programme. The primary strategy to meet this objective was to routinely update the UN Country Team on national, regional and global developments regarding HIV and AIDS.

The final priority area concerned specialized competence among HIV and AIDS professional officers. The objective was to build the capacity of the UN HIV and AIDS focal points in all agencies for an integrated and effective joint UN response to HIV and AIDS at the country level. The strategies for obtaining this goal involved ensuring the participation of UN HIV/AIDS focal points in the development of relevant national documents on HIV and AIDS, and to build the capacity of the focal points in specific areas. These areas included cross-agency planning, building networks and communities of practice, working at a decentralized level within the country for HIV and AIDS programmes, costing and financial management, and risk-taking in trying new approaches in HIV prevention programmes.

The UN Country Team endorsed the HIV/AIDS Learning Strategy for the UN system in Macedonia. By the time the orientation sessions were organised for all staff, only one of the two trained facilitators was able to offer direct support to the overall process. She developed two basic information packages on UN HIV and AIDS workplace policies and an information package on HIV and AIDS services at the country level. She also developed the content and format for the orientation sessions for all staff, and organised briefings for the UN Country Team and the UN Theme Group on HIV/AIDS.

Key Actors

The UN Country Team supported global efforts for the implementation of the UN Learning Strategy on HIV/AIDS, and in November 2003, appointed two Learning Facilitators, one from UNICEF and the other from UNAIDS, to attend the first facilitators' training, in Moscow. It was decided not to establish a separate Learning Team, but rather, with the additional support of the Learning Facilitators, to extend the tasks of the UN Theme Group on HIV/AIDS to include leading the development, monitoring and evaluation, and implementation of the HIV/AIDS Learning Strategy for the UN system in Macedonia.

Advocacy and Promotion

The Resident Coordinator and the heads of the UN agencies showed particular dedication to the HIV/AIDS Learning Strategy for the UN system in Macedonia. When feasible, these senior staff would attend orientation sessions to welcome staff participants. On World AIDS Day 2003, all UN staff in the country received a card from the UN Resident Coordinator, accompanied by a condom and information on where VCCT is locally available. In his message, the Resident Coordinator stated:

> *We are living in a country that is less affected by the AIDS epidemic than almost any other country in the world. The UN family, through the UN Theme Group on HIV/AIDS is committed to supporting strategies and actions to preserve this unique situation. Too many countries have moved quickly from low to high prevalence. As UN staff, I urge you to make informed decisions to protect yourselves from HIV and familiarize yourself with the UN HIV and AIDS workplace policies. If you are infected or affected by HIV, it is crucial for you and your families to know where to turn for the best possible care and treatment. With this in mind, and in keeping with the newly introduced UN Learning Strategy on HIV/AIDS, training for all UN staff will be organized in 2004.*

In e-mails that invited staff to attend the orientation sessions, all heads of agencies further endorsed this message. Since 2003, the Resident Coordinator has made sending this awareness message to all UN staff in the Macedonia a World AIDS Day tradition.

Implementation

In June 2004, the first orientation session was organized for the staff of a local World Bank project. By the end of 2005, 13 orientation sessions had been organized for all UN staff in the country. Each session was two and a half hours long, and based on the Facilitator's Guide to Implementing the UN Learning Strategy on HIV/AIDS. The session was divided into sections. The initial component was designed to welcome participants and to provide an overview of the orientation session. Next, the facilitator led the participants in an interactive discussion on what they already knew about HIV and AIDS. This discussion was followed by a learning component on the basic facts about HIV and AIDS that focused on local and global epidemiology, transmission routes, and methods of protection. The facilitator then demonstrated the use of male and female condoms and PEP kits. The next section of the orientation session familiarized staff with the UN HIV/AIDS Personnel Policy and associated contracts. Finally, the session concluded with a wrap-up discussion and an evaluation.

The orientation sessions were organized by each agency, and were led by the Learning Facilitator, and offered in both English and Macedonian. UNDP offered a conference room to conduct the orientation sessions, which were attended by a maximum of twenty participants. Refreshments and condoms were provided by the Resident Coordinator's budget.

After the session, copies of the session presentations and additional readings were shared with staff participants. In addition to the orientation sessions, regular updates for the UN Country Team were organized, and specific thematic meetings on HIV and AIDS were conducted with UN Theme Group members and project staff who support the national HIV and AIDS response.

Monitoring and Evaluation

Following the orientation sessions, participants completed an evaluation form. Evaluations were anonymous, but the database allowed participants' agency affiliation to be monitored. Results of the thirteen orientation sessions were compiled and feedback was shared with the all staff. Between June 2004 and June 2005, 173 (86.5%) UN staff members attended an orientation session. The majority of session evaluations were extremely positive; 98% of participants found the orientation session excellent or good, and 82 % felt that information offered was excellent. Approximately 98% of participants felt that the facilitator's knowledge and skills were good or excellent. Most written comments on the evaluation forms said that the sessions were highly informative and interesting, and allowed for active participation from all participants. A small number of participants thought that the condom demonstrations were embarrassing, and some requested further time for specific questions and special sessions for family members.

In 2007, the Macedonian UN Country Team will continue to support the existing Learning Strategy activities and will also organise sessions for children and family members and training sessions for peer educators that will involve NGOs and people living with HIV. The UN Country Team in Macedonia will also continue to ensure that HIV/AIDS remains a high priority on both national and UN Country Team agendas.

MADAGASCAR

Overview and Background

As compared to mainland southern African countries, the island nation of Madagascar is experiencing a less virulent HIV epidemic. Current estimates in Madagascar suggest an HIV prevalence of approximately 0.5% among adults between 15 and 40 years old, with 49,000 people living with HIV. However, data collected over the last decade suggest that the epidemic is intensifying. An increase in HIV infection has been particularly visible among pregnant women attending antenatal clinics. According to UNAIDS estimates, HIV prevalence in this group in 1995 was 0.06%, but is currently 1.1%. Factors contributing to the rise in infections include poverty, large mobile populations, limited access to education and healthcare, poor knowledge of HIV, and infrequent condom use. Additionally, sexually transmitted infections (STIs) are highly prevalent in the Malagasy population.

Madagascar has an active national HIV surveillance programme. The programme includes a national prevalence survey for pregnant women, which has served an important role in measuring the growth of the epidemic. In addition, due to national and international initiative and leadership, a number of voluntary confidential counselling and testing (VCCT) centres now exist in the country. Individual need for these services continues to outweigh capacities. By the end of 2003, there were only 80 VCCT centres and one antiretroviral therapy programme serving the entire country.

With the assistance of the UN, USAID, and the Global Fund to Fight AIDS, Tuberculosis, and Malaria, the government of Madagascar is attempting to curb the incidence of HIV. Currently, the National AIDS Control Committee, an agency that reports directly to the Office of the President, guides all HIV prevention and treatment initiatives. This committee is in the process of funding more programmes that advocate for condom use, ensure proper blood testing at blood banks, and prevent mother-to-child transmission of HIV. As a result of these national efforts, there are currently 290 health centres offering VCCT.

Needs Assessment

In August 2004, 167 staff members from 15 UN agencies in Madagascar completed a needs assessment survey to assess current knowledge about HIV and AIDS among UN staff. The survey revealed substantial gaps in knowledge among UN staff concerning HIV. Only one-third of respondents were able to answer questions in the survey that dealt with high-risk behaviours and HIV transmission. Participants' responses indicated confusion and misconceptions regarding various aspects of HIV. A few staff members believed that immigration led to HIV in Madagascar and felt that it was necessary for the UN to assist the government in forming policies to curb immigration to prevent further spread of HIV. While most participants were familiar with male condoms, many participants did not know how to use female condoms, and were unaware of post-exposure prophylaxis (PEP), or antiretroviral drug therapies. In addition, only 16.4% of respondents knew at least one person living with HIV.

The survey respondents indicated that there was a considerable amount of stigma surrounding HIV in the UN workplace. Thirty-seven percent of respondents said that they feared judgment by colleagues when discussing the subject of HIV. These same respondents indicated that they felt uncomfortable answering subsequent survey questions about HIV and AIDS. Nine percent of survey participants felt that people with HIV should not be

permitted to work at the UN. Thirty-six percent of survey respondents did not want to know their own HIV status because they feared discrimination or believed that their test results would not remain confidential.

A majority of the survey participants acknowledged receipt of the UNAIDS booklet, *Living in a World with HIV and AIDS*. Approximately half of the survey population said that they had not yet read the booklet, and 46% said that they had read it and other relevant literature. The answers to questions concerning the reading materials showed an extremely superficial understanding of the subject matter. Approximately 70% of respondents identified newspapers, television, and radio as their primary sources of information regarding HIV and AIDS. Thirty-nine percent of respondents also listed friends as sources of information on HIV and AIDS.

Planning for a Response

In September 2004, members of the UN Learning Team on HIV/AIDS formulated a plan to educate UN personnel on HIV prevention, transmission, and treatment in the UN workplace in Madagascar. The results of the needs assessment survey provided a framework to select key topics that interested staff members or about which they required further information. After selecting approximately 13 topics, the Learning Team identified multiple approaches to present more information on these topics to staff members. For example, the Learning Team felt that pamphlets and brochures could best convey the subject matter for some topics, while for others, interactive activities such as skits and seminars were deemed more appropriate.

The Learning Team prepared and reviewed all of the teaching activities and reading materials. The seminars and activities were then packaged into small workshops that were held separately within each agency of the UN. Costs of the workshops were covered by the UN agencies where the workshops were conducted.

Key Actors

The implementation of the UN Learning Strategy on HIV/AIDS in Madagascar was a collaborative effort between multiple UN agencies. The Learning Team was primarily responsible for organizing and implementing the HIV/AIDS education workshops. This ten-person team was comprised of representatives from each of the UN agencies in Madagascar. In addition to the Learning Team, the UN Resident Coordinator and four Learning Facilitators supervised the workshops. The Learning Facilitators for Madagascar attended workshops conducted by UNAIDS in Geneva, Johannesburg, and Windhoek to prepare for their roles.
Senior UN managers and key members of non-governmental organizations in Madagascar also actively participated in the training sessions as guest speakers.

Advocacy and Promotion

The Learning Team promoted the HIV educational workshops at each agency differently. Some agencies made phone calls to key agency personnel and mailed invitations to staff members to advocate for the workshops and to encourage attendance. Posters designed by UNAIDS and the National AIDS Committee were hung in key locations throughout UN buildings. The Learning Team sent reminder e-mails to staff close to the dates of the workshops to maximize attendance. To offer staff a preview of the workshops, planned agendas, lecture topics, and film titles were posted at strategic places in each agency.

Implementation

Between May and December 2005, the Learning Team held multiple workshops on HIV at different UN agencies. Workshop attendance was capped at 40 people per session in order to keep the groups small and encourage staff participation. On average, the workshops consisted of approximately 20 to 30 attendees. The activities organized by the Learning Team facilitated understanding of the UN Personnel Policy on HIV/AIDS, the basic facts about HIV transmission, prevention and treatment, and an overview of local and global HIV epidemiology. The Learning Team addressed HIV prevention methods and demonstrated how to use male and female condoms. The Learning Team also distributed brochures to all staff that listed the contact information for local VCCT centres. To facilitate group discussion, staff members were asked to debate different points of view regarding various HIV/AIDS-related issues. The topics discussed included high-risk behaviours, stigma and discrimination, HIV in the workplace, and the economic impact of HIV in Madagascar. Most of the workshops were held in French with the exception of a select few, which were conducted in Malagasy.

One of the main goals of the UN Learning Strategy on HIV/AIDS was to prepare UN staff members to educate others about the basics of HIV transmission and prevention and to aid national HIV/AIDS programme efforts. To respond to this goal, the Learning Team felt that the workshops and activities should involve members from local communities. The Learning Team invited representatives from the National Association for Persons Living with HIV and families of UN staff to take part in the learning sessions. Experts from Madagascar's Ministry of Health and representatives from national non-governmental health organizations were also invited to attend the learning sessions. For those personnel who were unable to attend the learning workshops, the Learning Team posted HIV-related information and workshop discussion topics on the internet for these staff to access.

Monitoring and Evaluation

The members of the Madagascar Learning Team, who were present as facilitators to stimulate discussion and to answer any of the participants' questions, monitored all workshops. Throughout the workshops, the Learning Team made notes and observations about problems encountered and issues raised during the workshops. The Learning Team was also responsible for identifying areas of improvement for the educational sessions. In June 2006, five staff members from the Learning Team discussed and evaluated the successes and effectiveness of the education workshops. A majority of Learning Team members felt that the workshops were an important step in implementing the UN Learning Strategy on HIV/AIDS in Madagascar and were successful in that regard. However, although all participation in all workshops was extended to family members, very few family members attended. In addition, many UN staff participants reported that although they had unrestricted access to male condoms, there was a dearth in the availability of female condoms. The Learning Team communicated these concerns to the UN HIV prevention group, which addressed this issue.

Participants completed evaluation forms for the learning workshops. Feedback from the evaluations suggested that the Learning Team successfully achieved its objective to promote HIV/AIDS awareness among UN staff members. Many evaluations requested more workshops on HIV/AIDS at the UN to address a broad range of topics, including accessing antiretroviral treatment. Participants also appreciated the involvement of individuals living with HIV in the workshops, and felt that they were better able to understand the effects of HIV from their personal accounts.

MOROCCO

Overview and Background

The Ministry of Health reports that the prevalence of HIV in Morocco remains relatively low and that the epidemic is localized. UNAIDS estimates that 19,000 people in Morocco are living with HIV, and that prevalence among adults aged 15 to 49 years is 0.1%. The primary mode of transmission is through unprotected heterosexual contact (82%), and unprotected sex among men who have sex with men (8%). Women represent an increasing number of people living with HIV in Morocco. Sentinel surveillance data from 2004 indicate a 0.1% HIV prevalence among pregnant women, but data vary by region. High infection levels (2.2%) among female sex workers have been attributed to frequent unprotected sex (UNAIDS, 2006). Use of non-sterile equipment among injection drug users also represents a common source of HIV infection (3%); studies have shown that as many as five in ten injection drug users in Morocco have used non-sterile syringes (UNAIDS, 2006).

Needs Assessment

In December 2002, the UN system in Morocco participated in the UN global learning needs assessment for HIV/AIDS in UN workplace. Survey responses were analysed by the UN Secretariat in Geneva, and results were distributed to representatives of the UN agencies in August 2003.

Staff members from nine of the twelve UN agencies in Morocco completed the needs assessment survey. Twenty-nine percent of respondents indicated that they had received and read the UNAIDS booklet, *AIDS and HIV Infection: Information for Employees of the UN System and Their Families*. Twenty percent of survey respondents did not recall having received the booklet, and 36% were certain that they had not received the booklet. Of the remaining 44% who did receive the booklet, approximately 40% said they had read it and found it informative. Approximately 40% of all staff surveyed reported that they were not familiar with the UN Personnel Policy on HIV/AIDS and an estimated 83% of all staff surveyed reported they would like to know more about the Policy.

Only 14% of respondents reported that they had sought voluntary confidential counselling and testing (VCCT), but none had done so within the UN system. Only 14% of respondents knew how and where to access VCCT within the UN System. A majority (98%) of staff reported that they had never participated in learning activities on HIV/AIDS in the workplace, primarily because they did not know such educational opportunities existed.

A majority (96%) of respondents agreed that employees living with HIV should be allowed to keep their jobs within the UN system, and efforts should be made to lessen any stigma and discrimination associated with HIV and AIDS. However, half of all respondents (50%) did not know their own HIV status, and said they would not undergo testing for fear of negative perceptions associated with both the test itself, and with having HIV. Fifteen percent indicated that they would be tested if they knew more about their rights and the UN Personnel Policy on HIV/AIDS. Eight percent of respondents said that they feared they might be infected, and preferred not to know their HIV status.

Planning for a Response

In May 2004, an action plan was developed for the Learning Strategy on HIV/AIDS in the UN workplace in Morocco. The primary objective of the plan was to develop knowledge and competencies among UN staff on

HIV and AIDS. Specifically, the plan intended to ensure that staff were able to make informed decisions on how to protect themselves from HIV, and if they require it, to know where to find the best care and treatment for HIV. In addition, the plan sought to ensure that staff sufficiently understood UN workplace policies on HIV/AIDS. Finally, the plan sought to engage UN staff in a discussion on the negative effects of HIV/AIDS-related stigma and discrimination in the UN workplace.

The Learning Strategy plan was prepared by the UNAIDS office in Morocco. In September 2004 at the UN Country Team meeting, the heads of UN agencies adopted the plan. The Learning Strategy action plan consisted of three phases. Each phase consisted of sessions that targeted a different UN staff audience.

During the first phase, training sessions were planned for all UN staff. These sessions were designed to develop general knowledge on HIV and AIDS, HIV prevention, care, and treatment. The UN Personnel Policy on HIV/AIDS was also addressed in these sessions. In the next phase, a learning day for UN staff families was planned. This session employed communication tools that were tailored to children aged 6-11 years, young family members aged 12-17 years, and spouses and combined family members.

Under the supervision of the UNAIDS office, a coordinating committee was established to prepare for the Learning Strategy sessions for families of UN staff members, based on the lessons learned from the first phase of staff training sessions. An action plan was prepared and the Programme Assistant for UNAIDS, who was the focal point for the Learning Strategy, was charged with the coordination, follow-up and implementation of the committee's decisions. The committee planned 10 sessions that targeted 170 individuals. Children who participated in the session would be divided by age group, and adults would be divided by sex. The coordinating committee evaluated the first phase of training sessions by administering a Knowledge, Attitudes, Practice (KAP) survey, and based on these results, planned and organized the content and activities of the second phase of sessions. They also recruited a staff member and child to attend a preparatory meeting, recruited trainers for the sessions, and maintained the budget.

The last phase of sessions was designed for professionals with existing knowledge of HIV/AIDS. These sessions would help UN staff members who work in the field of HIV/AIDS to bridge Learning Strategy objectives into national HIV/AIDS programmes. This component of the Learning Strategy plan is expected to begin in 2007.

Key Actors

The UN Theme Group on HIV/AIDS was created in 1999 to coordinate UN efforts with the national response to HIV and AIDS. The Theme Group is composed of the heads of UN agencies, and has a rotating chairperson. A Joint UN Team on AIDS also supports the UN Theme Group on HIV/AIDS. The Joint UN Team on AIDS is headed by the UNAIDS Country Coordinator and includes programme officers and HIV/AIDS focal points of various UN agencies. The UN Theme Group on HIV/AIDS supported the Learning Strategy. They created a committee to prepare the staff orientation sessions on HIV and AIDS, and selected team of Learning Facilitators to guide these sessions. This team of facilitators were country office staff from UNAIDS, UNDP, UN Volunteers (UNV), and WHO.

In addition, two external Learning Facilitators were recruited from Centre Hospitalier Universitaire in Casablanca, and from Association de Lutte Contre le SIDA (ALCS), a Moroccan NGO. These Learning Facilitators contributed extensive knowledge on HIV and AIDS, prevention, care, prophylaxis, condom use, and antiretroviral treatments. The Facilitator from ALCS was also living with HIV, and contributed to the session on reducing the effects of HIV/AIDS-related stigma and discrimination.

Advocacy and Promotion

The UN Theme Group on HIV/AIDS and the Learning Strategy committee worked closely with various UN Representatives for their support of and commitment to the Learning Strategy plan. The UN Resident Coordinator and heads of agencies also supported the plan and helped to raise awareness about the Learning Strategy. The UN Resident Coordinator sent e-mails to staff to promote the training sessions and to encourage staff participation. The HIV/AIDS Learning Strategy focal points also sent e-mails to UN staff to provide detailed information about the dates, agendas, and objectives for each training session.

Flyers with the slogan, *Stop AIDS. Keep the promise* were hung throughout the UN agency buildings throughout the duration of the training sessions. During the training sessions, t-shirts, note pads, pens, and stickers with various slogans and HIV/AIDS-related messages were distributed. To advocate for people living with HIV and to help mitigate HIV/AIDS-related stigma and discrimination, a guest speaker living with HIV was invited to address UN staff at the training sessions. In addition, several Goodwill Ambassadors were invited to participate in the training sessions.

Implementation

The first phase of training sessions was conducted throughout 2005. These sessions were designed to provide basic information on HIV and AIDS, and were intended for all UN staff. The topics addressed in these sessions included HIV transmission and prevention methods, stigma and discrimination, and UN Personnel Policy on HIV/AIDS.

Between March 2005 and November 2005, 196 UN staff members from UNDP, WHO, UNESCO, UNICEF, UNIDO, UNAIDS, UNFPA, UNODC, UNIFEM, UNECA, FAO, the ILO, and the World Bank attended one of 13 training sessions. The opening of the first session was led by the UN Resident Coordinator, the chairperson of the Theme Group on HIV/AIDS, and the UNAIDS Country Coordinator. With the support of UNFPA and HIV/AIDS focal points in each agency, condoms were made available in the restrooms for staff members.

Between 20 and 30 staff members participated in each session that typically lasted four hours. Many participants requested that the sessions last even longer, and those who expressed a desire for additional information were provided with extra reading material. In March 2005, an extra session was offered in Arabic for drivers of UN vehicles.

Each participant of the training sessions received folders containing the session programme, the UNAIDS booklet *Living in a World with HIV and AIDS*, contact persons in the event of an accident or sexual abuse, a list of VCCT centres, a condom, and flyers containing information on prevention methods and condom use. The teaching style of the sessions was interactive and participatory, and combined a variety of methods including question and answer components, presentations, films, exercises, demonstrations, and testimonies.

At the beginning of each session, participants were introduced to one another and an open discussion was held on the day's subject. Participants were then invited to write anonymous questions on individual cards, which were collected, classified thematically, and served as a basis for discussion throughout the training sessions.

The first topic for presentation and discussion focussed the basic facts and epidemiology of HIV/AIDS globally and in Morocco. A television and radio series on the national HIV/AIDS programme in Morocco was also shown to facilitate learning. The second topic began with a presentation on the methods of HIV prevention, which was followed by a game about sexual transmission, and demonstrations on how to use both male and female condoms. Facilitators then demonstrated the use of post-exposure prophylaxis (PEP) kits, and this was followed by a presentation on locally available sources of testing, treatment, and care. Then, to facilitate learning on HIV-related stigma and discrimination, the guest speaker addressed questions about the challenges of living with HIV. The last topic that was addressed was the UN Personnel Policy on HIV/AIDS, and making the UN workplace one of equity and respect. The session ended with discussion of any remaining questions from those that had been collected at the beginning of the session.

The second phase of trainings took place in May 2006, and was targeted towards family members of UN staff. To encourage participation in these second phase sessions, UNAIDS focal points sent a circular to the staff of each agency. In this communiqué, staff members were invited to supply their children's names and ages, were thanked for their willingness to include their families in the Learning Strategy, and were promised a valuable and constructive day. The Resident Coordinator sent a formal invitation to all UN staff to encourage participation in the training session and to explain the day's events.

At the sessions, a variety of issues were addressed including stigma and discrimination, understanding the lives of those affected by HIV, and transmission and prevention issues including taboos surrounding condom use. Session participants were divided into five groups, according to age (less than 11 years old, 12-17 years old, 18-24 years old) and by sex. The day started with a reception and a welcome message by the Resident Coordinator, and then the sessions started simultaneously for each group. The sessions were interactive with an open exchange of ideas and engaging activities including a forum discussion, an interactive CD-Rom, a film, a theatre piece, a drawing competition, and testimonies.

External consultants facilitated the sessions for male and female that addressed transmission, prevention, HIV/AIDS-related stigma and discrimination, and the UN Personnel Policy on HIV/AIDS. A clown facilitated a brief introduction about health for the children under 11 years old, and UNICEF staff engaged these children in a drawing competition. The drawings were exhibited in a hall, and participants selected a winning drawing for use in a promotional poster. With the help of experts in adolescent sexual education, UNFPA staff conducted a forum discussion on HIV and AIDS for youth aged 17-24 years.

Coached by students from the Casablanca Conservatory, a group of young volunteers came together with another group of volunteers from the school of fine arts who work with the UNFPA project, *Young for the Young* to produce a theatre piece on HIV/AIDS. The play was shown in the afternoon in the hall of the plenary session. Following the theatre production, a popular musical group from Marrakech (FNAIR) played music for session participants.

In November 2006, a Learning Strategy retreat for professional staff was held to reflect on the two prior phases and to prepare for the third phase planned for 2007 through 2011. The third phase of training sessions targets professionals who work in the field of HIV/AIDS. These sessions aim to develop professional knowledge and competences to support national HIV/AIDS programme strategies. It is expected that cooperation with government entities and local NGOs will be essential to the success of the third phase.

Monitoring and Evaluation

Session participants completed evaluation questionnaires at the end of each session. Ninety-seven percent of respondents felt that the objectives of the training sessions were clear, and 83% felt that the objectives had been achieved. Eighty-seven percent of participants indicated that they were satisfied with the structure of the sessions. However, a majority of participants reported that they would have liked to receive more information on HIV and AIDS, and that they would have appreciated more time for questions and answers.

To maintain a forum for subsequent feedback and evaluation of the sessions, staff were also invited to post impressions, concerns, and comments on a website. The organizing team has been considering the ideas and recommendations of staff when planning the subsequent stages of training sessions.

NIGERIA

Overview and Background

Nigeria is the most populous country in Africa, and with an estimated HIV prevalence of 4.4 percent (FMOH 2005), Nigeria has the third largest population of people living with HIV in the world (UNAIDS/WHO, 2006). There are nearly 2.9 million adults and 250,000 children under the age of fourteen living with HIV in Nigeria (FMOH, 2005), and an additional 1 million children have lost one or both parents to AIDS (UNAIDS, 2005). However, HIV prevalence among pregnant women has declined recently, due to on-going prevention efforts and increased access to medical care in rural areas (FMOH, 2005).

Approximately 80% of HIV in Nigeria is transmitted through unprotected heterosexual sex, and 10% of cases are transmitted through blood transfusions. Access to HIV prevention, testing, and treatment services remains difficult in Nigeria. Although the Federal Ministry of Health estimates that 412,000 people are in need of antiretroviral therapy, they report that only 100,000 currently receive these medicines (FMOH, 2006). Many governmental and non-governmental organizations are involved in the Nigerian response to HIV and AIDS, and the US President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the World Bank are the primary international actors in Nigeria's HIV and AIDS programmes.

Needs Assessment

In 2002, Nigeria participated in the UN global learning needs assessment for HIV/AIDS in the workplace. The global needs assessment survey found that UN staff in Nigeria are uncomfortable or reluctant to share their HIV status with others. Almost 50% of UN staff in Nigeria reported having been tested for HIV in the past, but those who had never been tested for HIV indicated that they feared the stigma and discrimination associated with the test. The survey also revealed that neither UN staff nor agency heads owned copies of the UN Personnel Policy on HIV/AIDS. Most UN agency heads reported that they had never discussed HIV or AIDS with their staff. Among the agencies surveyed, few had staff members who served as focal points on HIV/AIDS, and no agency offered HIV and AIDS services to its staff. However, more than 96% of staff members surveyed said that they would use HIV services if they were available within the UN system.

In response to the 2002 UN global needs assessment survey, the UN Theme Group on HIV/AIDS in Nigeria initiated a country-specific follow-up needs assessment survey in 2006. The UN Learning Team on HIV/AIDS adapted survey instruments for individual staff, facilitators or trainers, and for human resources personnel. The national needs assessment survey served not only to assess knowledge about HIV and AIDS among UN staff, but it also enabled the UN Learning Team to evaluate and improve upon existing programmes. The survey also served as an advocacy tool, raising HIV and AIDS awareness among participants.

Of the 659 questionnaires distributed to UN staff members, 352 individual staff completed the questionnaires. In all, only one staff member each from ILO, WHO, UNDP, UN Department of Safety and Security (UNDSS), and UNAIDS responded to the survey for trainers or facilitators, and only one human resources officer from UNHCR and one from UNICEF responded to the survey for human resources officers.

The needs assessment survey indicated that 57% of respondents had never attended a UN Learning Strategy activity. Fifty-six percent of respondents had never received the UNAIDS booklet *Living in a World with HIV*

and AIDS although more than three-quarters of staff who had received the booklet reported that they had found it useful. The majority of staff members (73.9%) said that they knew where to go for voluntary confidential counselling and testing (VCCT), and 23% indicated that they had sought out these services.

Planning for a Response

The UN Learning Facilitators on HIV/AIDS in Nigeria used the results of the UN global needs assessment survey to structure the design and implementation of the Learning Strategy for the UN system for Nigeria. The first step taken was to form the UN Learning Team on HIV/AIDS, which designed programmes to reach all UN staff and contractors based in Nigeria. The Learning Team was formed from members of the Operations Management Team, human resources managers, and HIV/AIDS focal points identified for each UN agency in the country. The HIV/AIDS focal points were also members of the Technical Working Group (now the Joint UN Team on AIDS) under the authority of the UN Theme Group on HIV/AIDS, providing support to the national response to HIV and AIDS.

In March 2005, a three-day workshop was held to develop the 2005 Action Plan. Twenty UN staff members from ten agencies attended the meeting. The UN Country Team, UN Theme Group, WHO, Operations Working Group, UNAIDS, representatives from HIV/AIDS support groups, and the DFID Workplace Programme all provided input into the design of the Action Plan. The development process included field visits to service providers, such as NGOs and support groups. The 2005 Joint Action Plan for the UN Workplace HIV/AIDS Programme in Nigeria outlined several core components of programmes regarding planning, services and activities, and monitoring and evaluation. They were as follows:

Planning for the UN Learning Strategy:

- Plan and conduct a UN Nigeria Learning Strategy needs assessment
- Appoint an HIV/AIDS focal person in each UN Agency
- Inaugurate the UN Nigeria Learning Programme, and advocate the UN Country Team to adopt and implement the Learning Programme
- Build relationships between the UN Learning Team and community-based organizations

Services and activities:

- Provide condoms and first aid kits in all UN vehicles
- Establish a VCCT centre in the UN dispensary
- Conduct quarterly special events and seminars on HIV and AIDS for UN staff and their families
- Compile and maintain an updated list of community-based services in Abuja, including VCCT services and support groups
- Plan, structure, and implement a male and female condom education and distribution programme, including training condom focal points based in UN agencies
- Plan and implement a peer education programme, including training for agency-based peer educators

Monitoring and evaluation:

- Hold regular planning and review meetings to discuss the progress made by the different committees responsible for UN Learning Team activities
- Monitor and evaluate all UN Learning Team activities

In May 2006, a two-day retreat was organized to evaluate the successes of the 2005 Joint Action Plan for the UN Workplace HIV/AIDS Programme in Nigeria, and to develop a similar plan for 2006. Committees were identified to coordinate the various proposed Learning Team projects. The 2006 Joint Action Plan outlined several updated priorities and core components of programmes regarding planning, services and activities, and monitoring and evaluation. They were as follows:

Planning for the UN Learning Strategy:

- Conduct a UN Learning Strategy needs assessment survey for Nigeria
- Identify locations for installation of condom dispensers in the UN building
- Recruitment of a person living with HIV to serve as the HIV and AIDS workplace focal point

Improvements on services and activities from 2005:

- Conduct one-day training on communication skills for UN Learning Team and condom focal points
- Conduct two five-day Behavioural Change Communication (BCC) trainings for UN Learning Team and condom focal points
- Conduct quarterly briefings, workshops, events, and walks for staff and families
- Plan a sensitization forum to address negative reception of condom focal points
- Distribute information on VCCT protocol and support groups
- Place first aid kits in all UN vehicles (condoms have already been successfully supplied to vehicles)

New services and activities for 2006:

- Provide HIV/AIDS information boards that display current news and information about HIV and AIDS on each floor of the UN building
- Develop and implement a Behavioural Change Communication (BCC) programme for the UN Learning Strategy
- Provide lunchtime refresher briefings and orientations on HIV and AIDS for the UN Learning Team and condom focal points

Monitoring and evaluation:

- Ensure that time spent on UN Learning Team activities is reflected in the annual staff performance appraisal
- Conduct quarterly review meetings with the Learning Team and condom focal points
- Conduct midterm and final reviews of 2006 Action Plan

The 2005 and 2006 Action Plans both sought to implement service-based and educational programmes. The success of the Action Plans relied on the committed joint efforts of UNAIDS along with other UN agencies.

Key Actors

The entire UN System in Nigeria has been involved with the development of the UN Learning Strategy on HIV/AIDS. The strong support of the Resident Coordinator from the outset of the programme was key in the development of a strong, encompassing framework. The chair of the Federation of UN Staff Associations of Nigeria (FUNSAN) was also actively involved in the development of the UN Learning Strategy and its implementation for 2005.

At the global training held in April 2005, the United Nations Theme Group on HIV/AIDS supported the training of two additional Learning Facilitators for Nigeria. The 2005 Action Plan was subsequently revised to include the participation of the two additional facilitators. In June 2005, the Theme Group requested that the Learning team be expanded to include members of the Operations Working Group, and chair of this group was invited to join the Learning Team.

The UNDP workplace programme advisor, the UK Department for International Development Workplace Programme, and several Nigerian support groups for people living with HIV facilitated and supported the development and implementation of the Action Plan. The Gede Foundation and Organization for Positive Productivity (OPP) Support Group ensured that the 2005 Action Plan reflected the recommendations of people living with HIV.

UNFPA was central to the implementation of the condom distribution and education programme. They financed the training of the condom focal points, their supervisors, and provided education materials and condoms for distribution. The UN Learning Team developed the terms of references for the condom focal points, and shared them with all agencies and contractors.

UNICEF organized training programmes for peer educators and developed educational materials for distribution. These peer educators also served as members of an expanded UN Learning Team, and participated in planning and review meetings. Their contribution helped to highlight issues of stigma and discrimination, which led to the implementation of the 2006 needs assessment survey and recruitment of a Greater Involvement of People Living with or Affected by HIV (GIPA) officer.

Advocacy and Promotion

The Resident Coordinator officially launched the UN Learning Strategy in May 2005. On World AIDS Day 2005, Resident Coordinator and the Chair of the National Action Committee on HIV/AIDS were present for the inauguration of the VCCT services at the UN clinic, and FUNSAN communicated its commitment to the Learning Strategy.

Over 300 staff members (approximately 60%-70% of all staff) commemorated World AIDS Day by participating in a walk for UN staff and their families. Participants carried awareness-raising banners about HIV and AIDS in Nigeria throughout Abuja. These World AIDS Day events also marked the inauguration of the slogan, *Unite for Children, Unite Against AIDS*.

Country-level and inter-agency senior management has played a critical role the Learning Strategy since its inception. The Resident Coordinator has offered broad-reaching support, and the UN Country Team endorsed and took responsibility for the implementation of the Learning Strategy. The UN Theme Group on HIV/AIDS led the programme development of the Learning Strategy. WHO presided over this initial stage. Together with the UNAIDS Country Coordinator, the Theme Group Chair advocated for the adoption of the Learning Strategy and discussed its importance publicly.

Individual agencies promoted the Learning Team activities to its staff. Heads of agencies, with support of Information Officers and the UN Staff Association, were responsible for mobilizing staff to complete the needs assessment survey conducted in early 2005. Posters were displayed throughout the agency buildings, and periodic reminder e-mails were sent to promote the needs assessment survey, Learning Group seminars, and related activities.

Implementation

The UN Learning Team prioritized the task of sensitizing UN staff to issues about HIV, and sought to improve the dissemination of information about HIV and AIDS to staff members. To realize this objective, peer educators and condom focal points from different UN agencies were trained and stationed throughout the UN building in Abuja. The Learning Team selected two condom focal points (one male, one female), who were stationed in each wing of the UN building. UNFPA developed, implemented and funded the condom distribution programme, by providing trainings for the condom focal points and their supervisors. The UNFPA Reproductive Health Logistic officer worked with the condom focal points to quantify condom requirements and to monitor the use of the programme. Forty-four people from thirteen agencies went through the condom focal point training, held in July 2005.

The UN Learning Team initially selected staff members from each agency for training as peer educators, but following some reconsideration, co-workers nominated staff members for these positions. UNICEF developed the content of the peer education programme and provided educator training and peer education tools, and covered related costs. Thirty-four staff members from thirteen agencies were trained as peer educators in August 2005.

Visits to local NGOs were designed as another means of sensitizing UN Learning Team members to issues facing people living with and affected by HIV and AIDS. Twenty-four members of the UN Learning Team visited the Gede Foundation and the OPP Support Group. The trip was funded by UNAIDS, and UNICEF provided transportation to the meeting sites. Feedback from both visits was extremely positive, and as a result, the UN Learning Facilitators maintained contact with both of these organizations, and to other service-based organizations in the community. The physician in the UN clinic now maintains and circulates a current list of HIV/AIDS community based organizations as reference for UN staff. Further efforts to de-stigmatize HIV and AIDS among UN staff included a screening of the film *Everyone's Child*, which approximately 100 staff members (20%) attended.

To ensure staff members' safe and easy access to preventative measures, the UN Country Team has attempted to equip all UN vehicles with first aid kits and condoms, and maintain their supply.

The ILO pledged US $5000 to create a new programme assistant position for six months. The position is designated for a person living with HIV, and who will serve as a consultant to the Learning Team and help sensitize staff to issues facing people living with HIV. As of November 2006, recruitment was ongoing and will continue into the next quarter.

Sub-committees have been formed to address critical areas and increase the productive faculty of the UN Learning Team. These sub-committees attend to capacity-building, advocacy, BCC and prevention, treatment, care, support, and monitoring and evaluation. In addition, the Learning Team implemented a 2006 needs assessment survey. The results of the survey were collected in November 2006.

The Technical Working Group of the UN Theme Group on HIV/AIDS, which is part of the Learning Team, has also actively supported Nigeria's national response to HIV and AIDS. The Working Group supported the development of the National Strategic Framework for 2005-2009, a major activity on the UN-ISP for 2004. The Working Group also mainstreamed HIV and AIDS programmes into the national and state Poverty Reduction Strategy Papers. In 2004, the Working Group supported the development of the national monitoring and evaluation framework, the Nigeria National Response Information Management System. In 2003, the Working

Group played a key role in supporting the process of UNGASS reporting. Members of the Working Group have played critical roles in creating guidelines and building capacity for the provision of antiretroviral therapy, prevention of mother-to-child transmission, and implementation of VCCT.

Monitoring and Evaluation

In May 2006, a two-day review and planning meeting was held to assess the implementation of the 2005 Learning Strategy. At this meeting, the overall success of the 2005 Action Plan was evaluated and lessons learned were articulated. Priorities for the 2006 Action Plan were also identified, and the 2006 Action Plan was developed.

The major challenges to the success of the 2005 Learning Strategy were:

- Low uptake of VCCT services
- Concerns of staff about confidentiality and stigmatization
- Logistical issues in condom distribution
- Staff perceptions of the condom focal points
- Competing priorities for the UN Learning Team
- Lack of interagency collaboration on implementing activities
- Continued need to encourage to know their HIV status

As of early 2007, only nine UN staff members have used the VCCT services since their inauguration in December 2005. The UN physician monitors the uptake of VCCT services.

Many UN staff members have also expressed concerns that the condom focal points and peer educators are promoting promiscuity. Despite this perception, initial monitoring has indicated that some condom focal points and peer educators were visited by more than 25 people per quarter. Evaluations of peer education and condom focal point trainings are currently underway. Review meetings in September 2005, March 2006, and May 2006 were conducted to monitor the challenges faced by the condom focal points, and sought to provide support for their work.

In 2005 and 2006, more than 30,000 male condoms and 200 female condoms were distributed to UN staff members. As of December 2005, condoms had been provided throughout the UN building and in all vehicles.

Not all UN vehicles had been supplied with first aid kits, which remains a goal of the 2006 Action Plan, and will be evaluated at the beginning of 2007.

Pan American Health Organization

Overview and Background

The Pan American Health Organization (PAHO) is the specialized health agency for health of the Inter-American System, is the Regional Office for the Americas of the World Health Organization, and is a part of the UN system. PAHO includes 36 member countries, which are supported by 28 country offices throughout the Western Hemisphere. In addition, PAHO maintains eight specialized centres, one field office in the Mexico/United States Border Area, and the PAHO central office (headquarters) located in Washington, D.C.

Approximately 1.6 million people in Latin America are currently living with HIV. This estimate includes 32,000 infected children under the age of 15. In 2005, 140,000 people were newly infected with HIV in the region and in the same year, AIDS claimed an estimated 59,000 lives. As of the end of 2005, 294,000 people in the region were receiving antiretroviral therapy. The region's largest epidemics are in the countries with the largest populations, notably Brazil, which is home to more than one-third of the people living with HIV in Latin America. The most intense epidemics, however, are in the smaller countries of Belize and Honduras where 1.5% of adults in these countries were living with HIV as of 2005. While some Latin American countries have made notable gains in the expansion of access to treatment—namely, Argentina, Brazil, Chile, Costa Rica, Mexico, Panama, Uruguay and Venezuela— due to serious financial constraints, the poorest countries of Central America and those in the Andean region of South America are struggling to expand treatment programmes.

In the Caribbean, an estimated 330,000 people are currently living with HIV. Women comprise 51% of adults living with HIV in the region, and 6.6% of infections are among children under the age of 15. Unprotected sexual contact is the main mode of transmission in the Caribbean. In 2005, an estimated 37,000 people in the Caribbean region were newly infected with HIV. AIDS is now the leading cause of death among adults aged 14-44 years and in 2005, claimed an estimated 27,000 lives. Expanded access to antiretroviral treatment in the Bahamas and Barbados appears to be reducing AIDS deaths. In addition, HIV incidence appears to be declining in urban areas in Haiti, and remains stable in the Dominican Republic. The countries of the Caribbean region vary greatly in the extent of their epidemics, and respective national responses.

PAHO headquarters is located in Washington D.C., where the number of persons living with HIV is among the highest in the United States. At the end of 2004, the prevalence of HIV in Washington, D.C. was 17,205. Of that total, 81.7% of HIV-infected individuals were African American, 14.6% were Non-Hispanic White, and 3.2% were Hispanic. Males constitute 70.1% of those infected and women constitute 29.9%, although new infections are rising dramatically within the female population. In terms of mode of transmission, men who have sex with men (MSM) represent 29% of reported cases, followed by 25.9% among heterosexuals, and 24% among injection drug users. Between July 2004 and June 2005, 1,877 AIDS cases were reported in the Washington D.C. metro area.

Needs Assessment

The state of the HIV/AIDS epidemic throughout the Americas highlighted the need to develop an HIV policy that supported all PAHO personnel. The PAHO headquarters HIV/AIDS unit sent surveys to the HIV/AIDS focal points in the PAHO country offices and regional centres to assess the status of their HIV/AIDS workplace policy and training efforts, and to identify how headquarters staff could best support their work. Responses to the survey were received from 21 of the 28 country offices including, Argentina, Belize, Bolivia, Colombia, Costa

Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Guyana, Haiti, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, and Venezuela. Responses were also obtained from six of the nine Regional Centres including the Caribbean Food and Nutrition Institute (CFNI), Pan American Centre for Sanitary Engineering and Environmental Sciences (CEPIS), Latin American Centre for Perinatology and Human Development (CLAP), Latin American and Caribbean Centre on Health Sciences Information (BIREME), the Bioethics Programme, and El Paso, Texas.

The results of the survey revealed that 57% of the country offices and centres that responded to the survey had provided some type of HIV/AIDS in the workplace training activity for the PAHO personnel in their office, with an average of 7.3 hours of training provided per office. The primary topics covered in these training sessions included a review of the transmission and prevention of HIV, care and treatment, epidemiology of the disease, status of the epidemic, available HIV services, post–exposure prophylaxis (PEP) kits, the PAHO HIV policy, male and female condom demonstrations, and testimonials of individuals living with HIV, stigma and discrimination and human rights issues.

Training sessions were most often organized by UNAIDS and PAHO. A majority of the country office personnel (54%) were already acquainted with the UNAIDS booklet, Living in a World with HIV and AIDS before the launch of PAHO's policy. A third (36%) of the offices had not yet seen this booklet. Since the launch of the policy, 550 booklets have been distributed to country offices from headquarters as of January 2007. Over half (54%) of the responding offices provided information to their staff about where to obtain local voluntary confidential counselling and testing (VCCT) services, primarily free of charge. Seventy-nine percent of the responding offices indicated that they had information about access to PEP kits for the staff in their offices, and among them, 17% had used the PEP kits in the past.

Only five of the offices had access to male condoms. Eighty-two percent of the offices did not have access in their PAHO office to any preventative measures. Only the Honduras office received its condom funding from UNAIDS, while four other offices had condoms that were funded from other sources including UNFPA, PROMESS (a central warehouse that handles essential drugs and supplies), and the Ministry of Health. Guatemala and the Dominican Republic have also submitted proposals to UNAIDS for condom funding.

Confidentiality is always a significant issue when implementing an HIV/AIDS policy. Only 50% of the country office focal points perceived that confidentiality was assured regarding health insurance and medical treatment for those staff living with HIV.

The HIV/AIDS unit responded to the survey results by creating and distributing to the country offices a frequently asked questions document that addressed the main questions and issues arising from the survey. Additional training materials have also been sent to the offices that requested them. The PAHO HIV/AIDS unit continues to reach out to and supports the country offices to ensure that 100% of PAHO personnel are educated on the HIV/AIDS in the workplace policy.

Planning for a Response

Efforts to create an HIV/AIDS workplace policy were initiated during the summer of 2004, at the request of the Director of PAHO. The matter was discussed extensively at the Joint Advisory Committee (JAC), a body composed of staff and management representatives that advises the Director on personnel and other policy matters. The JAC was responsible for assessing the needs of the organization and, ultimately, proposing a Human Resources policy on HIV in the workplace. Policies that were in place at other UN agencies and

international organizations were reviewed, and were used as models to formulate a policy that would meet the specific requirements of the Americas region.

PAHO decided that the HIV policy would cover all PAHO personnel, irrespective of the nature of the contract held by each employee, and would therefore not limit the applicability of the policy to PAHO staff members holding UN appointments only. Another key policy element was the decision to make the HIV in the workplace training mandatory for all personnel. This decision reflected PAHO's commitment to ensuring that all individuals working within the PAHO system would receive HIV/AIDS education.

Once the policy was finalized in April 2006, a policy implementation team was formed to prepare the policy launch and create a plan for rolling out the mandatory HIV/AIDS in the workplace training programme at headquarters (HQ). The implementation team consisted of staff from PAHO's HIV/AIDS unit, the Human Resource Management area, the Staff Development unit and the Health unit. The implementation team met weekly for four months prior to the policy launch and then for two additional months to plan and coordinate the learning component of the policy at headquarters.

Key Actors

The implementation team created a strategy for HIV/AIDS workplace training sessions for all PAHO headquarters personnel. The Staff Development Unit representative contacted the UN headquarters in New York City to help guide the team in implementing strategies for educating personnel about HIV/AIDS prevention, services, care and treatment, based on experience in implementing the UN Learning Strategy on HIV/AIDS at UN headquarters in New York.

The implementation team decided to form a training facilitation team consisting of PAHO HIV/AIDS technical experts, interns from local public health institutions and an HIV/AIDS community expert living with HIV. The training facilitators attended a three-day "train the trainers" workshop in September 2006. At the conclusion of the workshop, twelve facilitators were certified to teach PAHO's HIV/AIDS Orientation Programme. The orientation session content was based primarily on the UNAIDS booklet *Living in a World with HIV and AIDS*.

Advocacy and Promotion

PAHO's HIV/AIDS in the workplace policy was formally launched in July 2006. Many efforts were made to promote the policy launch throughout PAHO. On the day of the launch, all PAHO staff received a video message from the PAHO Director introducing the new policy. The Government of the District of Columbia made arrangements with a local clinic to provide free HIV counselling and testing to personnel at PAHO headquarters. PAHO's Director was the first person to be tested for HIV. This underscored the commitment of PAHO's leadership to the HIV/AIDS policy. Fliers were posted throughout PAHO headquarters to notify personnel of the opportunity for free HIV testing. Approximately 50 PAHO personnel were tested for HIV on the policy launch day. PAHO personnel were also informed at this time of the mandatory HIV/AIDS in the workplace training that would be provided starting in October of 2006.

Implementation

At PAHO headquarters, the HIV/AIDS in the workplace facilitation team conducted two pilot orientation sessions in October 2006. Each session lasted three and a half hours and was conducted by a team of at least three facilitators including one medical doctor from the HIV/AIDS unit, a public health intern, and a HIV/AIDS

community leader. The Staff Development Unit representative organized and coordinated the pilot sessions. Participant feedback from the pilot sessions was used to modify and improve the design of the orientation session and the teaching materials. Overall, the pilot sessions were well received.

The mandatory orientation sessions were conducted every Monday, Wednesday and Friday between October and December 2006. Additional sessions were added in January and February of 2007 for personnel who could not attend the sessions in 2006. Two sessions were conducted each day and had an average of 20 participants per session. An electronic registration system was created to automate the participant registration process. The system also aided the tracking of those who had completed the mandatory training and those who still needed to attend the mandatory training session. The facilitation team provided a few male-only and female-only sessions to ensure the comfort level of all PAHO personnel. Three sessions were conducted in Spanish. All materials were available in both English and Spanish. Ground rules were established at the beginning of each orientation session to establish a safe environment for participants to express their opinions and ask questions on topics seldom openly discussed in the workplace. All participants were requested to fill out an evaluation form at the conclusion of their session.

Free HIV testing and pre- and post-counselling were provided by La Clinica del Pueblo at PAHO headquarters every Wednesday during the training implementation period. Approximately 40 PAHO personnel took advantage of this service.

Concurrent with the launch of the policy, male condom dispensers were installed in three female and three male restrooms in the headquarters main building. Condoms were initially available free of charge. In February 2007, six months after the launch of the policy, based on a series of studies that demonstrated the effectiveness of charging a fee, a decision was taken to introduce a nominal charge for condoms (US $0.25 per condom). The decision to charge for the male condoms ensured sustainability of the condom distribution programme and gave a sense of value to the condoms. Female condoms continue to be provided free of charge in the Health Unit of the headquarters building.

There was no separate budget allocated for the implementation of the HIV/AIDS in the workplace strategy. As a result, the implementation team provided funds from their respective unit's budgets. The Staff Development Unit provided funds to hire the HIV/AIDS community expert and the facilitation session console operators. The Human Resource Management area paid for the *Living in a World with HIV and AIDS* booklets, both for the headquarters and country offices, and funded the condom machines. The condoms distributed to the participants during the orientation sessions were provided free of charge with the support of the Government of the District of Columbia. The overall cost of the entire implementation, including the policy launch activities, materials, and mandatory training, was approximately US $15,000. This does not take into account US $1000 donated to La Clinica del Pueblo in appreciation for testing services, or the US $1,140 paid to the testing services during the policy launch.

Monitoring and Evaluation

PAHO has conducted 28 HIV/AIDS in the workplace orientation sessions. By the end of January 2007, 565 (77%) of 734 HQ personnel were trained. Among session participants, 481 (85%) completed the evaluation form.

Participant evaluations used a Likert scale to measure levels of satisfaction and agreement. Evaluations queried whether the training objectives were achieved, whether the content of the workshop was challenging and relevant, whether the support materials were helpful, how the workshop improved knowledge, how the workshop

equipped them with useful information and skills, whether adequate time was allowed for the workshop, and the efficiency of the enrolment process. Participants also provided qualitative feedback regarding training facilitator effectiveness, session highlights and weaknesses, what they would change for future sessions, and if they would recommend the training to others.

The evaluation responses were transcribed into an Internet survey tool provided at www.surveymonkey.com. This tool was used to electronically tabulate the survey results. The results indicated that 95% of the participants were satisfied with the session, with an average response of 5.8 to the seven quantitative questions asked. In the qualitative section of the survey, participants indicated what they like most and what they disliked about the sessions. Respondents indicated that they appreciated that the session facilitators were knowledgeable, engaging, effective, and maintained rapport with participants for interactive and informative sessions. Participants welcomed the information on prevention methods, including the demonstration of the female condom, and ways to protect oneself in an emergency. Efforts to familiarize session participants with what it is like to live with HIV were also appreciated, including the screening of a UN film on living with HIV, and that one of the session facilitators was living with HIV. Participants also felt that the session materials were very easy to understand and provided clear information about the resources available to PAHO personnel.

Participants also provided comments on how the sessions could be improved in the future. Staff members felt that the sessions should be shorter, but suggested to allot more time for general discussion to share personal experiences or stories about HIV and AIDS in the workplace, and to answer questions that participants wrote anonymously on note cards. Participants also felt that more warm-up exercises or icebreakers might have enabled a more comfortable and engaging environment to discuss sensitive topics. Survey respondents indicated that they would have appreciated more information on antiretroviral therapy, quality of life issues, gender, mental health, and domestic violence, as these areas relate to HIV. Finally, participants suggested extending sessions to PAHO personnel family members, especially adolescents, and to tailor the corresponding educational materials for these different groups.

PAKISTAN

Overview and Background

According the Ministry of Health, Pakistan is currently experiencing a shift from low HIV prevalence to a more concentrated epidemic, with the majority of infections occuring among males between the ages of 20 and 44 years. In 2006, an estimated 2,903 cumulative cases of HIV and 344 AIDS cases were reported to the National AIDS Control Programme. WHO and UNAIDS estimate that because of an inadequate system of data collection and reporting, the actual prevalence may be as high as 85,000 (46,000-210,000). A weak health infrastructure and insufficient capacity to respond to an intensified epidemic could result in further spread of HIV to the general population.

The epidemic in Pakistan is aggravated futher by a high prevalence of sexually transmitted infections (STIs), a high number of male and female sex workers, a large population of highly mobile migrant workers and refugees. Regular condom-use among male and female sex workers and their clients is reported as infrequent. Unprotected heterosexual sex accounts for approximately 67% of HIV transmission.

Pakistan has one of the highest rates of injection drug use in the world (4.5 per capita per annum), and 64% of injecting drug users report use of non-sterile needles. Frequent use and reuse of unsterilized and contaminated needles contributes to a high transmission rate of HIV among injecting drug users (10%). In addition, there is a limited supply of safe blood for transfusion; only about 50% of blood products are screened for HIV prior to transfusion, and 1.5 million blood bags are transfused annually. Infection through contaminated blood or blood products accounts for about approximately 18% of reported HIV cases. Other modes of HIV transmission include unprotected sex among men who have sex with men (6%) and mother-to-child transmission (1.3%).

Needs Assessment

Between August and September 2005, the UN Learning Team on HIV/AIDS administered the UN Learning Survey on HIV/AIDS in the workplace, as an online needs assessment to all UN staff members in Pakistan. UN staff members were encouraged to participate in the survey in a number of ways, including letters and memoranda from the UNAIDS Country Coordinator and the Deputy Resident Representative of UNDP to the presidents of staff associations, heads of UN agencies, the HIV/AIDS Technical Working Team, and the Operations Management Group. To advocate for staff participation in the survey, posters were displayed throughout UN workplaces. The survey was translated into Urdu for staff unable to complete it in English. Both the UN Learning Team and focal persons in each agency office closely monitored the distribution and conduct of the survey.

Of 1,339 staff members, 841 completed the survey, reflecting an overall completion rate of 63%. Respondents from 20 UN agencies participated in the survey. Sixty-five percent of the agencies had response rates greater than 60%. Several agencies (UNIC, UNDSS, UNESCO, UNIDO and UNAIDS) had a response rate of 100%, and UNICEF had a response rate of 88.5%.

Over 70% of survey respondents at UNDP, UNICEF, and WFP indicated that they had read the UN booklet, *AIDS and HIV Infection: Information for United Nations Employees and Their Families,* and in other agencies, 38.8% of indicated that they had read it. However, 11.7% of the respondents had received the booklet but had not

read it, while 34% had either not received it or did not recall having received the booklet. Among UN staff who had read the booklet, a majority found the information contained in it regarding UN Personnel Policy on HIV/AIDS, basic facts about HIV/AIDS, transmission and voluntary confidential counselling and testing (VCCT) services useful. Nearly all respondents indicated a need for learning more about the UN Personnel Policy on HIV/AIDS with regard to benefits and entitlements (66.4%), job security (64%), insurance (56.6%), and confidentiality issues (54.3%).

More than half (64%) of survey respondents reported knowing how and where to access VCCT services, but few had ever consulted these services (3.4%). According to the needs assessment survey, 52.5% of the respondents had never attended a UN-sponsored HIV/AIDS learning activity. Seventy-three percent had never participated in an online learning activity offered on the UN website, primarily because they were unaware of their availability.

Most respondents (90.1%) knew basic facts about HIV and AIDS, and were aware of how to use male condoms (85.3%). Only 40.9% knew how to use female condoms, but 74.6% knew where to obtain male and female condoms. Twenty-nine percent were unaware of treatment for HIV, including post-exposure prophylaxis (PEP) and antiretroviral therapy.

A majority (93.1%) of respondents felt that people living with HIV should be allowed to continue to work at the UN, and 14.3% said they personally knew someone affected by HIV. Approximately half of all respondents were either unaware of their HIV status or had never been tested; some indicated that they feared being tested because of negative perceptions associated with HIV testing. Few respondents identified themselves as living with HIV, but were unwilling to reveal their status for fear of losing their job or for fear they would be treated poorly or differently.

The findings of the needs assessment survey for Pakistan indicate that significant improvement in the knowledge, attitude, and perceptions of HIV and AIDS in the UN work environment is both needed and desirable. All staff reported a need for more information on UN policies regarding HIV and AIDS, prevention and care, and expressed desire for the inclusion of family members in learning activities.

Planning for a Response

Based on the results of the needs assessment survey, the Learning Team developed a set of objectives for the orientation sessions. The objectives of the orientation sessions were aligned with those of the UN Learning Strategy, and aimed to:

(1) Ensure that UN staff are able to provide the best possible support to the national response to HIV and AIDS.
(2) Ensure that all UN staff can make informed decisions to protect themselves from HIV and that they fully understand the UN Personnel Policy on HIV/AIDS, and how it is implemented. For those who are infected or affected by HIV, the strategy also ensures that UN staff members know where to go for the best possible care and treatment.

The Learning Team decided that the activities should cover the basics of HIV and AIDS, condom demonstrations, and address stigma and discrimination against those infected and affected by HIV and AIDS. These activities would serve as a forum to launch and distribute the new booklet, *Living in a World with HIV and AIDS* so that UN staff and their families are informed of the UN's commitment to fair, equitable and compassionate treatment for all employees regardless of HIV status.

The Learning Team developed a work plan, discussed a proposed project methodology, and assigned specific team responsibilities. They determined that facilitators for the orientation sessions would consist of a lead trainer from the external consulting agency AMAL Human Development Network, that was hired to plan and implement the Learning Strategy in Pakistan, and a co-trainer from within the UN system. A person living with HIV was also invited to each session to discuss issues of stigma and discrimination. Trainings were designed to be were conducted in Islamabad, Quetta, Peshawar, Karachi, Lahore, Muzzaffarabad, and Abbottabad.

Interactive training sessions were designed to include staff from all UN agencies in groups of 30, with training extended to one full day for each group over an eight-month period. To ensure programme sustainability, 90 peer educators, programme focal points, human resources, and administrative staff received further training. For 2007, approximately US $20,000 has been set aside for follow-up activities for family and dependents and any staff members who were unable to participate in the 2006 activities.

Between May and December 2006, AMAL worked under the supervision of the UNAIDS Country Coordinator with the support of the Learning Team to initiate the training and orientation exercises. The specific tasks of AMAL were:

- Conduct participatory, experiential, and participative training sessions for 1,497 UN employees, senior UN management, HIV/AIDS focal points, peer educators and counsellors, and, where appropriate, the family of the staff.
- Ensure that the training meets the UN minimum standards, based on the booklet *Living in a World with HIV and AIDS,* include people living with HIV, demonstrate of the use of male and female condoms, and provide information on UN workplace policies, and VCCT.
- Prepare regular training reports that include the number and agencies of participants, assessments, and comments.
- Participate in monitoring and evaluation, and administer a Knowledge, Attitude, and Practice (KAP) survey.
- Coordinate training resource persons; prepare logistical arrangements in consultation with the UN System Workplace HIV/AIDS Coordinator.
- Prepare and present a final report that includes an assessment and recommendations for sustainability.

The Operations Management Team participated in a half-day orientation seminar to inform them of the methodology, content, and exercises of the learning sessions. Participants suggested that the orientation sessions for the staff include more data on Pakistan's HIV/AIDS situation and its socioeconomic impact, and successful public health initiatives, UN counselling services and antiretrovirals for staff. They also suggested a focused discussion of HIV and AIDS from an Islamic perspective.

AMAL led a four-day workshop in Islamabad to train 15 UN staff members, both male and female, as trainers. These training sessions employed a number of teaching techniques aimed at developing their skills as facilitators and coordinators of future training sessions. Initial sessions focused on the basic facts, history, and epidemiology of HIV and AIDS in Pakistan and globally. The sessions also addressed myths and misconceptions, gender-specific issues, and mainstreaming HIV/AIDS into civil society and governmental programmes. Practical sessions focused on preparing, rehearsing, and delivering training sessions. Participants received an AMAL-prepared Facilitator's Manual to help them conduct future training sessions.

Key Actors

The Technical Working Group on HIV/AIDS in Pakistan formed the United Nations Learning Team on HIV/AIDS in July 2005. The team reported directly to the Resident Coordinator and consisted of members from UNAIDS, UNDP, UNICEF, UNDSS, UNFPA, the UN Resident Coordinator's office, and WFP.

The Learning Team was responsible for organizing, overseeing, and implementing the UN Learning Strategy on HIV/AIDS. The UNAIDS Country Coordinator and the Resident Coordinator administered and supervised the UN Staff Learning Survey and the orientation and training sessions. The UNAIDS Country Coordinator also received support from the chair of the HIV/AIDS Theme Group, and a UNFPA Representative.

The Learning Team concluded that the UN System in Pakistan lacked the essential skills necessary to conduct staff training internally. An external consulting organization was enlisted to plan and implement the learning activities, and to train UN staff to conduct future activities. In March 2006, a request for proposals was advertised on the UNDP Pakistan website to identify a suitable organization. Nine bidders were invited to submit proposals for consideration, but only two were received. The Learning Team selected an organization with extensive UN experience, AMAL Human Development Network, and contracted their services for US $39,875.

Each UN agency nominated a focal point to serve as an intermediary between the Learning Team and the agencies. Fifteen UN staff members were identified to serve as co-facilitators. Together with AMAL and the Learning Team, the UN co-facilitators were responsible for coordinating and implementing the learning workshops. In addition, AMAL recruited representatives of people living with HIV from several local NGOs to share their life experiences with learning workshop participants. The organizations enlisted were the New Light AIDS Control Society, All Women and Resource Development, Gender and Reproductive Health Forum, Life Plus Society, and Pak Plus Society.

Advocacy and Promotion

The involvement of the Resident Coordinator, the UNAIDS Country Coordinator, and the heads of UN agencies was critical for the successful launch and implementation of the learning activities. Enthusiasm from senior leadership was integral to promoting staff participation. The UNAIDS Country Coordinator advocated frequently for the Learning Strategy activities, attended all Learning Team meetings throughout the planning and implementation stages, and solicited funds from agencies to support the activities.

The enthusiasm, commitment, and expertise of AMAL, the Learning Team, and the UN co-facilitators promoted staff interest and participation. The global and local needs assessment survey provided a snapshot of HIV/AIDS awareness among UN staff in Pakistan and motivated senior management and staff support for the Learning Strategy. A brief report of the survey was distributed to inform all staff members of the collective interest in organizing HIV/AIDS learning activities.

The Learning Team also visited agencies and maintained regular e-mail communication with the facilitators, focal points, and staff associations. UNAIDS posters were hung throughout all agencies to promote scheduled activities. Encouraging staff to include family members also helped to create enthusiasm for the learning workshops.

Implementation

Data gathered from the global and local needs assessments was used to frame the structure, content, and scope of the activities of each session, ensuring the session was properly tailored to meet the specific needs of the Pakistan UN offices, in addition to meeting the minimum standards of the UN Learning Strategy on HIV/AIDS. The days were structured into seven segments that were modeled after chapters from *Living in a World with HIV and AIDS.* The programme schedule was:

1. Welcome and Introduction
2. Know the Facts: basic HIV and AIDS information, facts and global and local statistics
3. Protect Yourself: modes of HIV transmission, methods of prevention
4. Living Positively: VCCT, antiretrovirals, gender-specific issues
5. Let Live: confronting and eliminating stigma and discrimination
6. UN Workplace Policies: UN Personnel Policy on HIV/AIDS, demonstration on the availability, eligibility and proper use of post-exposure prophylaxis (PEP) kits
7. Closing

The learning sessions were conducted primarily in English and Urdu. When participants came from remote areas (e.g., Sindh), the sessions were held in the local language. Each session lasted one full day and consisted of a variety of interactive teaching approaches, including multimedia, flip-charts, meta-cards, white-board presentations, question and answer sessions, group work, brainstorming sessions, physical or mental exercises, role play, case studies, and general discussions. Handouts and graphics were also distributed as supplemental materials.

The workshop began with a recitation of the Holy Qu'ran, followed by a presentation of the training objectives and an introduction of the facilitators. The Learning Team welcomed all participants and explained the objectives of the day. AMAL provided a brief introduction and overview. Time was allocated to discuss participants' expectations for the learning session, namely, what they hoped to contribute and what they hoped to gain from the experience. A questionnaire was administered to assess knowledge and attitudes about HIV and AIDS prior to training. Participants were also provided with a copy of *Living in a World with HIV and AIDS.*

Sessions covered basic biological, epidemiological, and sociological information about HIV and AIDS. UN personnel policies regarding HIV and AIDS in the workplace, anti-retrovirals, modes of transmission and prevention, and VCCT were also addressed. In keeping with cultural and religious sensitivities, it was agreed that demonstrations of male and female condoms would be conducted separately for men and women. A full hour of each session was devoted to discussing issues of stigma and discrimination. This section was co-facilitated by a member of AMAL and a person living with HIV, who shared personal experiences. A separate session focused on gender-specific issues regarding HIV and AIDS. Finally, a brief discussion addressed mainstreaming HIV and AIDS into the work of government, NGOs, CBOs, and faith-based organizations as integral to effective development strategies. Most sessions concluded with a question and answer session.

A questionnaire and evaluation forms were distributed to assess participants' knowledge after the sessions and to obtain feedback about the training, the facilitators, and to request suggestions for follow-up and future programmes. Upon completing the session, each participant received a certificate of attendance, which served to promote staff enthusiasm for and ownership of the learning objectives.

Monitoring and Evaluation

Between July and September 2006, 918 UN staff members attended one of 36 training sessions offered in multiple cities across Pakistan. Based on an analysis of the responses to the pre- and post-learning questionnaires, most of the participants experienced a significant improvement in knowledge about HIV and AIDS (+21%).

An analysis of the evaluation forms (structured on a scale of 1-6, where six is the highest possible score) reveals positive feedback from participants of the training sessions. Over 70% of all participants were very satisfied with the AMAL facilitator, the UN facilitator, the training content, the exercises, the material and handouts, and the logistics and coordination of the session.

Although a majority of feedback was positive, several participants provided recommendations for future learning activities. Suggestions included: conducting the training sessions over the course of two or three days, to conduct workshops at every UN agency, to conduct workshops at universities and local schools, organize separate sessions for staff of varying knowledge levels and backgrounds, organize annual refresher sessions. Additional recommendations were to hold more frequent meetings as new policies, treatments, or studies are published to keep UN staff members current, and to simplify the explanation of UN policies regarding HIV and AIDS in the workplace.

Several staff members welcomed the use of group exercises especially for addressing sensitive issues such as stigma, discrimination, and gender. Participants also appreciated the extensive question and answer sessions. Notably, most participants were pleased that the sessions included both male and female staff, and most agreed that future learning activities should also be mixed.

The majority of difficulties and challenges faced in the implementation of the training sessions were most often logistical. Scheduling often presented a problem, as did identifying enough UN staff to serve as facilitators. Twenty facilitators were requested to participate but only 15 did. Similarly, many UN co-facilitators were unavailable on the scheduled workshop dates. In some instances, it was difficult to confirm their participation until the last minute, and in some situations, the co-facilitators did not participate despite prior confirmation.

Workshop dates were often revised because UN staff members were often unavailable for trainings. A training session in Islamabad was cancelled at the last minute because only three participants attended. In other cases, sessions were over-booked. Some sessions had between 50 to 60 participants, which presented logistical difficulties for facilitators. Space to conduct the sessions was also a problem. In Peshawar, groups that had more than 18 participants were too large for the small training room. Initially, several workshops lacked a sufficient amount of material, such as paper and stationery, or received last-minute notification about the late delivery of stationery. A number of sessions used outdated versions of the pre- and post-learning questionnaire, despite having received revised copies. The coordination of material improved as the workshops progressed.

Some participants indicated that a few UN facilitators did not have sufficient command of the UN's personnel policies or exhibited a lack of ownership of the learning sessions. Language problems were underestimated in certain situations. The diversity of participants, including both national and international staff members, necessitated the simultaneous translation of several workshops into Urdu, which was time-consuming and arduous for the facilitators. There was some confusion about the need for Urdu versions of the pre- and post-learning questionnaires, and requests to deliver on that need were made at very short notice.

Three sessions were postponed, and will most likely be cancelled, due to political or security concerns.

A lack of coordination among the various UN agencies, particularly in more remote areas, was a significant challenge to efficiently planning and implementing the learning activities. However, the Learning Team, expressed confidence that with sufficient prior organization, increased communication, and managerial oversight, most problems could be corrected and improved for future activities.

These challenges notwithstanding, the launch and implementation of the Learning Strategy on HIV/AIDS in Pakistan was met with overall success. Despite logistical difficulties, the training and orientation sessions began and were completed on time, according to the designated work plan. The majority of facilitators also managed to maintain high training standards and enthusiasm, even when faced with logistical constraints. Their professionalism served to solidify and sustain the credibility of the sessions throughout the course of the programme.

Several plans are already underway to ensure the sustainability of the workplace programme. The Learning Team has arranged to streamline the provision of condoms. A pilot project will be established in the new offices of UNDP, UNFPA, UNAIDS, UNDP and UNDSS. The Learning Team intends to organize sessions for specific groups including dependents of staff members, in addition to holding more sessions in Urdu. The team also plans to organize staff training and orientation sessions for all new incoming staff members, and administer a Post-Training Survey on HIV and AIDS for further evaluation of the sessions. Finally, the team will develop training workshops on supporting the national response to HIV and AIDS for all UN professional staff in Pakistan.

PARAGUAY

Overview and Background

At the end of 2005, UNAIDS estimated that there were 13,000 people living with HIV in Paraguay. HIV prevalence among adults aged 15 to 49 is 0.4% (UNAIDS, 2006). Since the first case of HIV was detected in Paraguay, approximately 800 AIDS deaths have been reported (PRONASIDA, 2006). Although males account for approximately 60% of HIV cases, the incidence rate among women is rapidly increasing (PRONASIDA, 2006). Over the past 25 years, sexually transmitted infections and HIV prevalence have increased among pregnant women and female sex workers, and the HIV prevalence among men who have sex with men has remained high (12%). Sixty percent of cases in Paraguay are among people between the ages of 20 and 24, and there is a rising trend toward infection in even younger age groups. Factors such as migration to neighbouring high-prevalence countries, increased drug injection drug use, earlier first sexual encounters, and difficulty to access healthcare have greatly affected the course of the HIV epidemic in Paraguay.

Needs Assessment

Between March and April 2005, Learning Facilitators in Paraguay conducted a survey to assess UN staff knowledge of HIV and AIDS, whether they had previously attended workshops on HIV/AIDS, knowledge of UN policy concerning HIV and AIDS, and attitudes toward people living with HIV. Additionally, staff members were asked what type of information and activities about HIV and AIDS they would like to have implemented in the workplace.

Approximately 220 staff of ten UN agencies in Paraguay participated in the survey. Several agencies had participation rates greater than 89% (FAO, World Meteorological Organization, World Bank, PAHO, WHO, UNICEF). The remaining agencies had participation rates of 25% (UNIC), 33.3% (ILO), 42.9% (UNFPA) and 54.2% (UNDP). Eight percent of those who responded identified themselves as international professionals and 29% as identified themselves as national professionals. Thirty-eight percent of respondents worked in general administrative services, and 10% were short-term consultants.

Only 19% of staff reported that they had received and read the UN booklet, *AIDS and HIV Infection: Information for United Nations Employees and their Families*. Those who had read it, however, found it useful. In addition, a majority of staff reported limited familiarity with the UN HIV/AIDS Personnel Policy, although most expressed interest in learning more.

A few staff members reported that they were unfamiliar with voluntary confidential counselling and testing (VCCT), and many people did not respond to this survey question at all. Among respondents, 41% knew where to find VCCT within the UN system and 63% knew where to seek VCCT outside of the system. Only 6% had previously received VCCT within the system, and 15% reported that they had received counselling and testing outside the system.

Almost one quarter of those surveyed said that there were few prior educational opportunities on HIV and AIDS. Seventy-three percent of those surveyed had never attended an educational talk on HIV and AIDS, 88% said they had never used the internet to access information on HIV and AIDS, and 83% said they had never spoken to an HIV/AIDS educator. Of those who had never accessed these resources, 50% said they did not know that they

existed, and 20% said they did not have time to consult them, and 32% cited other reasons for not engaging in educational activities.

The majority of UN staff reported that their knowledge about HIV and AIDS was minimal. Only 3% of those surveyed said they knew a lot about HIV and AIDS, and 4% said that the topic of HIV/AIDS was more relevant for other people than it was for them. Seventeen percent said that they did not know anything about HIV. Seven percent of respondents did not know how to use male condoms, and 46% did not know how to use female condoms. An additional 3% were unaware of where they could get condoms.

Ten percent of survey respondents said they did not think that people living with HIV should be allowed to continue working in the UN. Sixty-seven percent said they did not personally know anyone affected by HIV or AIDS.

In response to the final open-ended survey question, many staff members said that they would like to have access to more information on HIV and AIDS. They requested talks, discussions, one-on-one activities, and opportunities to talk to people who are living with HIV.

Planning for a Response

In November 2004, the UN HIV/AIDS Learning Facilitators identified the first steps necessary to implement the HIV/AIDS Learning Strategy for the UN system in Paraguay. First, the UN Resident Coordinator and the heads of agencies were briefed about the Learning Strategy. Following this briefing, a UN HIV/AIDS Learning Team was formed as a support system for the two Learning Facilitators. This Learning Team was responsible for conducting the global needs assessment survey for the staff of the UN system in Paraguay. The results of this needs assessment facilitated the design and implementation of a HIV/AIDS Learning Plan for the UN System in Paraguay.

In response to the results of the needs assessment survey in Paraguay, the Learning Team designed and planned Learning Days on HIV/AIDS for UN staff. These training days were advertised via e-mail, posters, and by word-of-mouth. The budget for the training days was approximately US $5,000, which was provided by the UN Theme Group on HIV/AIDS and UNICEF, who financed the recruitment of a Learning Facilitator from UNICEF offices in Chile. The Learning Days on HIV/AIDS were held on two days in September 2005. A separate discussion on HIV and AIDS was held for the children of UN staff in November 2005.

Key Actors

In November 2004, two staff from UN Paraguay participated in the training for Learning Facilitators held in the Dominican Republic. This training session was planned by the UNAIDS Secretariat, as was designed to train Learning Facilitators to assist their country teams in advocating, planning, implementing, and monitoring a national Learning Strategy.

Upon their return to Paraguay, the newly trained Learning Facilitators were responsible for all aspects of designing and executing the Learning Strategy on HIV/AIDS for UN staff in Paraguay. In December 2004, the two Learning Facilitators met with the heads of UN agencies in Paraguay to begin discussing the implementation of a Learning Strategy. When the Learning Strategy was presented to the heads of agencies, they were asked to assign delegates to the Learning Team. By February 2005, after a series of e-mails, phone calls, and visits, nearly all the heads of UN agencies in Paraguay had assigned delegates to the Learning Team. The Learning Team

consisted of one member each from FAO, UNAIDS, UNFPA, and ILO, two from World Meteorological Organization (WMO), and three each from PAHO, UNICEF, and UNDP.

Advocacy and Promotion

The needs assessment survey conducted between March and April 2005 was primarily administered online, but printed copies were also made available for staff members without immediate internet access. The Learning Facilitators encouraged staff to participate in the needs evaluation. Staff members were motivated to complete the survey through posters hung in the workplace and reminder e-mails. By communicating directly with colleagues to encourage participation, the members of the Learning Team also played an important role in promoting the survey and other Learning Strategy activities.

The UN Resident Coordinator and the heads of agencies also played key roles in inviting staff members to the Learning Days. The UN Learning Facilitators provided the Resident Coordinator and heads of agencies with a draft invitation letter to send staff members. Each agency head and the Resident Coordinator then personalized the draft letter and sent it to each staff member of their organization. In the letter, the Resident Coordinator and agency heads insisted that their staff attend each of the HIV/AIDS Learning Days.

Implementation

Members of the Learning Team facilitated each of the Learning Days. The Learning Team was interdisciplinary, consisting of four health professionals and a variety of other fields. Each member of the Learning Team dedicated time to studying a specific section of the UNAIDS booklet, *Living in a World with HIV and AIDS*. In Learning Team meetings, each member presented and discussed his or her specific section. Learning Team members then presented modified versions during the Learning Days.

The Learning Team felt it was essential to address issues concerning gender, stigma, and discrimination with reference to HIV and AIDS, and invited a UNDP consultant to speak about these topics at the first Learning Day. The consultant was a gender specialist and a well-known lesbian, gay, bisexual, and transsexual (LGBT) rights activist. A staff member from the UNICEF office in Chile spoke about HIV and AIDS and gender issues at the second Learning Day.

Over 90% (198) of UN staff in Paraguay attended the UN Learning Days on HIV/AIDS. The UN heads of agencies, UN Resident Coordinator, administrative workers, and security workers from UNIC, FAO, UNFPA, UNICEF, PAHO, WMO, ILO and UNDP all attended the Learning Days. Additionally, sixteen young people between the ages of 13 and 20 years attended a discussion specifically designed for the children of UN staff. Educators from a local NGOs specializing in adolescent sexuality facilitated this discussion.

The HIV/AIDS Learning Days for UN staff began with an opening led by the UN Resident Coordinator and the agency head of UNAIDS. They both discussed HIV and AIDS in the UN workplace. Throughout the day, other topics such as the state of the HIV epidemic in Paraguay, general information on HIV and sexually transmitted infections (STIs) (methods of transmission and prevention), stigma and discrimination were discussed. Access to and use of post-exposure prophylaxis (PEP) kits was also discussed and addressed in the educational film, *Caring for Us*. Many UN personnel, especially those on short-term contracts who have varying levels of access to the services provided to full-time UN staff, found the presentation on PEP kits very interesting.

In November 2006, the Learning Team also held a HIV/AIDS Learning Day for staff and their families. This Learning Day was held on a Saturday, and attendance was not mandatory. The Learning Day was planned with families in mind, and the day began by having lunch together as a group. After lunch, all participants were divided into small groups that spent the afternoon working in different rooms with peer facilitators. There were two groups for staff members, one for close friends and spouses of staff, and three age-specific groups for the children of staff.

The two key peer facilitators for UN staff members were from the ILO HIV/AIDS Office for Latin America and from the Sexual Diversity Network. The facilitator from the Sexual Diversity Network focused the discussion on HIV and AIDS-related stigma and discrimination, and the facilitator from ILO focused the discussion on the importance of conducting Learning Strategy activities throughout the year. Other facilitators involved in the Learning Day were volunteers from a local NGO and other professionals with interest and expertise in HIV and AIDS.

Based on the content and proceedings of these discussions, the UN Staff Association agreed to formulate an HIV/AIDS educational plan for 2007. At the end of the Learning Day, each participant received a gift bag that included a t-shirt, pens, pins, and educational flyers.

Monitoring and Evaluation

Overall, participants of the Learning Day for the children of UN staff enjoyed and benefited from the day's activities. Evaluations were distributed at the end of the Learning Day. The feedback from the sixteen participants was very positive. All of the participants said that the materials presented were useful, that the facilitators were well prepared, and that the activities were interesting.

The evaluation distributed at the end of the Learning Day for UN staff was optional, and many staff members chose not to complete it. Those who did complete the evaluations said the Learning Strategy was useful and necessary, and proposed to expand it to UN family members and outside communities. In future Learning Days, time will be allotted to the completion of evaluations.

VIENNA

Overview and Background[1]

In 2006, UNAIDS estimated that there are approximately 12,000 people living with HIV in Austria. The prevalence among adults aged between 15 and 49 is about 0.3%. The number of deaths due to AIDS in 2005 was estimated to be less than 100. The main modes of transmission are unprotected sex among men who have sex with men (41.2%), sharing injecting equipment (29.8%), unprotected heterosexual sex (21.6%), contaminated blood transfusions (6.2%), and vertical (mother-to-child) transmission (1.25%). Results of several HIV surveys conducted among injection drug users (IDUs) and prisoners revealed that prevalence among Viennese IDUs increased from 13% in 1986 to 27% in 1990. Prevalence in prisons is estimated at 0.5–1.3%, which is five times higher than the prevalence in the general population. The understanding of new HIV infections in Austria is limited due to lack of psychosocial research in the fields of sexual and preventive behaviour.

HIV testing is mandatory for all blood or plasma and organ donors, and for sex workers. There is no national registry for HIV cases. More than 1.2 million people are tested annually for HIV, including 0.5 million blood donors.[2]

Needs Assessment

The Vienna International Center (VIC) consists of the International Atomic Energy Agency (IAEA), UN Office in Vienna (UNOV) and UN Office on Drugs and Crime (UNODC). These VIC organizations, together with UNIDO and CTBTO, constitute the UN Vienna-based organizations (VBOs). In 2002, UN VBOs participated in the UN global learning needs assessment for HIV/AIDS in UN workplace. Staff participation was extremely low with a response rate of 2% (88 respondents out of 4,500 staff) Nonetheless, the results of the survey provided valuable pointers to address the need for activities to enhance knowledge and competency regarding HIV/AIDS among the UN Vienna staff. Key findings from the survey are outlined below:

- Almost half of the respondents reported that they did not receive a copy of the UN booklet on HIV/AIDS and an additional 14% did not recall whether they had received it or not.
- Together with the proportion of staff that received the booklet but did not read it, 72% had not read the booklet
- Of those 28% who read the booklet, most found the chapters on the facts about HIV/AIDS and preventing HIV transmission useful.
- Approximately 79% of respondents were not at all or minimally familiar with the UN System's personnel policy on HIV/AIDS regarding benefits and entitlements, job security, insurance and confidentiality issues. About 77% of respondents expressed interest in learning more about the UN System's personnel policy on HIV/AIDS.
- Less than half of the respondents reported that they knew where to go within the UN system for voluntary confidential counseling and testing (VCCT) for HIV.
- Almost 70% of respondents said that they had not participated in HIV/AIDS learning activities because they were not aware of them. About 28% of respondents felt they already had adequate knowledge about HIV/AIDS and decided not to attend the activities.
- Although 93% of participants reported they knew fairly well how to use a male condom, only 23%

[1] http://www.unaids.org/en/Regions_Countries/Countries/Austria.asp
[2] http://www.euro.who.int/aids/ctryinfo/overview/20060118_3

reported to have comparable knowledge in the use of female condoms.
- About 98% of respondents felt that people living with HIV should be allowed to continue to work in the UN.
- The major sources of learning for HIV/AIDS were newspapers and magazines, TV, radio, and brochures or materials from outside the UN.
- Of those who chose to answer the question regarding HIV testing, over 40% of participants stated they were unaware of their HIV status and feared that seeking information may be perceived negatively. A majority also feared that their information might not be kept confidential at the UN.

Overall, the survey illustrated that the UN in Vienna should focus on raising awareness among the staff, and indicated that it does not yet have the capacity to support national and international responses to HIV/AIDS effectively. Therefore, it was apparent that building support for the HIV/AIDS Learning Strategy within UN Vienna was vital, and that mobilizing staff to advocate for the strategy was an essential part of making it more effective.

The Learning Team used the results from the 2002 survey as a guideline for tailoring the programmes to the UN Vienna staff. No needs assessment has been conducted since the 2002 survey.

Planning for a Response

The Implementation of the Learning Strategy Plan 2005-2006 had two principal objectives. The first was for all VBO staff members to attend an HIV/AIDS orientation session for basic competence training. Topics covered included: information on HIV/AIDS prevention, care, services and treatment, UN policies and services, and living and working with people affected by HIV. The second objective was to for all professional programme and project staff to obtain broad knowledge and competence on the UNGASS Declaration of Commitment and its implementation, UN Millennium Development Goals on HIV/AIDS, and mainstreaming HIV/AIDS into all programmes.

To accomplish the first objective of the Implementation Plan, the Learning Team aimed to achieve the following activities in 2005:
- Finalize and endorse a UN HIV/AIDS learning strategy action plan for the Vienna International Centre (VIC)
- Recruit facilitators and organize trainings between July and August
- Execute Launching Event for UN HIV/AIDS Learning Strategy in VIC
- Coordinate and organize HIV/AIDS orientation sessions for VIC staff beginning in September

This case study focuses on the activities for the first objective only. Planned activities for the second objective are currently suspended while the training material is being developed by UNAIDS at global level.

Launching Event of HIV/AIDS Learning Programme

In September 2005, the Launching Event of HIV/AIDS Learning Programme was presented. The goals of the Launching Event were to (1) sensitize all VBO staff to issues regarding HIV/AIDS in the workplace, (2) provide information on the UN Learning Strategy on HIV/AIDS and (3) encourage staff to participate in the orientation sessions organized for the VBOs. This initiative was the first major interagency activity for the VBOs, working in line with the implementation of the UN system-wide strategy.

Under the slogan, “Knowledge can be powerful”, and an extensive advocacy campaign, all staff members were

invited to join the event. The event began with a comprehensive introductory speech including statistics on the global HIV epidemic and the need to address HIV and AIDS inside the UN system. This was followed by screening of the film *Living in a World with HIV and AIDS*. This film represents UN staff working in different duty stations on a variety of contracts, sharing their experiences regarding HIV/AIDS in the UN workplace. The film was very emotional for many participants. A newly recruited facilitator shared his personal experience living with HIV for the past 12 years. His passionate speech touched many of the participants deeply, and they expressed their great appreciation and support to the speaker with a standing ovation. Over 300 staff members participated in the meeting.

Facilitator Training

An expert facilitator trainer from another UN agency assisted the Core Facilitation Team (CFT) in the training sessions for volunteer facilitators. VBOs shared the cost of training equally. The training spanned a two-day period for those with basic HIV knowledge and one and a half-day period for those with intermediate knowledge. The training aimed to enable facilitators to conduct HIV/AIDS orientation sessions beginning September 2005. The primary foci of the training sessions were the following:

- To ensure that facilitators understand their role in implementing the orientation sessions
- To ensure that facilitators have reviewed the facilitators guide that serves as the template for the orientation sessions
- To review technical content to ensure that facilitators are comfortable with presenting and responding to any questions that may arise during the sessions
- To ensure that facilitators understand the logistical arrangements for working with the coordinator and each other to implement the sessions
- To start a support network of facilitators for the future

The facilitators who were trained in the first round conducted a second round of training sessions in-house. The second round of sessions for facilitators was conducted in September 2006 and lasted two full days. Sixty-five facilitators (49 in round one, 16 in round two) were trained. Among them, 50% were active facilitators, i.e., they conducted at least one session with another co-facilitator.

Key Actors

The Core Facilitation Team (CFT) consisted of four key staff members from UNIDO, IAEA, UNODC, and UNOV. The CFT participated in a learning facilitators training workshop in Martigny, Switzerland, organized by UNAIDS Secretariat. The Learning Team facilitators assisted the CFT, and they were responsible for coordinating the overall HIV/AIDS Learning Strategy in UN Vienna. The VIC Inter-agency Learning Team consisted of seventeen participants from all VBOs who served as HIV/AIDS-related learning ambassadors to their respective agencies and constituents within the UN system. The team included key staff members that were relevant stakeholders in the implementation of the Learning Strategy across VBOs. The Learning Team terms of reference outlined the following:

Plan and organize learning activities

- Lead the preparation and implementation of HIV/AIDS learning plans
- Determine priorities for Vienna in terms of programme development, delivery, and target population
- Recommend and assist in mobilizing HIV/AIDS-related learning resources both inside and outside the UN system
- Advise on the development of communication and advocacy plan for the Learning Strategy

Monitor, evaluate and report on learning activities

- Monitor progress and help assess the impact of the learning activities
- Make recommendations to improve future learning activities
- Assist in reporting of the implementation of the learning activities and progress in reaching the globally defined expected outcomes and standards

Within the Learning Team, two working groups were established to focus their effort in two distinct areas: (1) the coordination of the duration, structure, and content of the training activities, and (2) advocacy, information dissemination, and coordination of session logistics. A part-time contractor was hired as the Logistics Coordinator who dedicated his time to overseeing these areas. The Logistics Coordinator also collected frequently-asked-questions from the orientations and distributed them to all facilitators in an effort to improve the sessions and reconnect facilitators to the participants. The Learning Team appreciated the dedicated role of a logistics coordinator, who was essential to ensuring that sessions ran as smoothly and efficiently as possible. UNOV and UNODC financed this position.

Trained volunteer facilitators were recruited to administer the orientation sessions for staff in VBOs. Volunteer facilitators had diverse backgrounds and levels of knowledge about HIV and AIDS. An experienced facilitator trained the volunteers to ensure that they understood their roles and were comfortable with facilitating and responding to questions that may arise during orientation sessions.

In addition, members from Women's Guild, the UN Spouses' Association in Vienna, and Vienna International School were actively involved with spreading information around the communities and served as an important additional outreach team.

Advocacy and Promotion

The Learning Team made concerted effort to encourage staff members to participate in the orientation sessions. Both the Learning Team and senior management sent numerous e-mail announcements about the orientation sessions. In addition, postings were made on the web. The Chair of the Committee of Cosponsoring Organizations (CCO), who was the Executive Director of UNODC at the time, sent a letter to all executive heads in VBOs that addressed the importance of the Learning Strategy and the orientation sessions. The Learning Team also coordinated briefing sessions for senior management.

Since April 2004, more than 1,500 copies of the UN booklet, *Living in a World with HIV and AIDS* were distributed to the staff members at the VBOs. Additional copies were distributed at the orientation sessions.

Despite efforts to raise awareness about the HIV/AIDS orientation sessions and the promotion of commitment from senior management, the result was not widely successful. Staff participation was very low overall.

Implementation

HIV/AIDS orientation sessions

Trained volunteer facilitators led the HIV/AIDS orientation sessions. Two sessions were offered every week and each session lasted for 3 hours. The session was broken down to four parts: introduction, awareness training, source for information, and evaluation.

The introductory section aimed to clarify the objectives and content of the orientation session and to review the basic facts about HIV and AIDS, including HIV transmission, care, treatment, and making informed decisions about protecting oneself from transmission. Participants shared their expectations of the workshop in this session, and were involved in an interactive activity on the basics of HIV and AIDS, and facilitators demonstrated the use of male and female condoms.

The second component focused on awareness raising for HIV and AIDS, and covered the UN personnel policy, living positively with HIV, stigma and discrimination in the workplace, and how to talk to teenagers about HIV. The session included variety of activities including an exercise on living in a world with HIV and AIDS, role-playing, and interactive discussions on stigma, discrimination, talking with teenage children, and the UN Personnel Policy.

The third section addressed where participants could turn for additional information and support, including local and global sources. The final module was dedicated to evaluations. Participants completed a questionnaire to test their knowledge before and after the session, and an evaluation on the quality and content of the session.

In addition, special training sessions for senior management were scheduled when deemed appropriate and necessary. For example, a mandatory briefing for the senior management in IAEA was conducted in April 2006. About 50 of the IAEA's 150 members attended (a participation rate of 30%). The briefing was intended to raise awareness among the senior management, and for them to encourage other staff members to attend subsequent orientation sessions. In October 2006, UNODC made the HIV/AIDS orientation sessions mandatory for all staff members. The duration of the orientation was reduced to two hours, and participants were notified of a specific date for their required attendance. Mandatory orientations had a positive effect on the participation rate, but participant enthusiasm for the session waned, presenting a challenge to facilitators. Other agencies within the VBOs have not made the HIV/AIDS orientation sessions mandatory.

World AIDS Day

A fundraising campaign was held for the 2005 World AIDS Day. Nearly US $9,000 was collected from the sale of red wristbands at the United Nations Women's Guild (UNWG) Bazaar and other activities, which surpassed the proceeds from the previous year by 65%. The introduction of the red wristbands was a huge success and it is likely to become a permanent feature of World AIDS Day in Vienna.

Monitoring and Evaluation

As of December 2006, 88 orientation sessions were completed and 21 sessions were cancelled due to low participation rates . A total of 1,070 staff members attended the orientation sessions, accounting for about 26% of all staff in the VBOs. During the initial six months of the HIV/AIDS orientation sessions, about 250 staff members (approximately 6% of the VBO staff) attended. The average attendance per session was 12.Although the overall participation rate was 25.5%, the attendance breakdown by organization indicated that the participation rate across organizations varied greatly. Over 86% of the staff members at UNOV and UNODC participated in the orientation. As a result, UNOV and UNODC intend to offer only one orientation session per month for the remaining staff members and newly recruited staff. In contrast, Comprehensive Test Ban Treaty Organization (CTBTO) and UNIDO each had participation rates of 4.5% and 6.4%, respectively. Dependents of the UN staff and other external NGO participants attended these sessions.

In 2005, the evaluations for the HIV/AIDS Learning Strategy within the VBOs revealed that most participants were very satisfied with the content and general design of the orientation sessions. In addition, participants were

pleased with how facilitators conducted the sessions. Some comments about the sessions stated that, “the information was presented ... in depth and exactly to my needs”, and that they were “very informative and well-presented”. One participant commented that the session, “brought people together to discuss a very important subject in today’s world”, and another insisted that VBO-wide participation in the course be a mandatory training requirement for all, “irrespective of level and function—no exceptions”. These findings suggest that despite the low participation rate, the HIV/AIDS Learning Strategy presented high quality orientation sessions to UN staff, and that this enhanced knowledge will contribute to national HIV/AIDS programme efforts. The following is a summary of the evaluation findings:

- Nearly 70% of participants indicated that the duration of the orientation sessions (3 hours) was appropriate. However, 26% also reported that 3 hours was too long. This is principally due to difficulties in time management. Taking 3 hours from a day’s working schedule for a training session represented a problem for some and played a key role in why some staff members refused to attend.
- About 67% of participants said that they would show greater interest in attending a session if they had a reduced workload.
- As many as 33% claimed that nothing could make the orientation session interesting enough to encourage them to enrol. Conversations with people who completed the questionnaire suggested that those who held this opinion felt that they already had sufficient knowledge on HIV and AIDS.

Leadership and commitment from senior management to help generate greater participation has been moderately successful. The attendance and subsequent advocacy by senior management has helped to make staff members realize the importance of attending an HIV orientation session. However, the effect was only temporary; the rates of attendance quickly dropped again as soon as the senior management ceased to promote the sessions.

When participants were asked to suggest areas for change or improvement, they indicated a desire for more diversity in the design of the sessions. They requested the following alternative sessions:

- HIV orientation sessions for women only
- Family-focused: training only for dependants or for staff members who want to learn how to approach the subject with children
- Advanced training: training for staff members who desire more in-depth knowledge of HIV and AIDS

However, accommodating these interests was not considered by the Learning Team because of the current unsatisfactory participation rate. In December 2006, a specialized session for staff members with adolescent children was conducted, but it also suffered from a very low participation rate. It is evident from the evaluations that although the orientation sessions were a success in relation to quality and participant satisfaction, the potential impact on staff has not yet been realized.

Overall, VBO staff members generally perceived the HIV Learning Strategy as a low-priority learning activity. Time management, a sense of sufficient existing knowledge on HIV and AIDS, limited support from senior management, and low general interest became the reasons for not registering for an orientation session.

The HIV/AIDS Learning Strategy aims to cover approximately 80-90% of all staff members within the VBOs. This objective will not be achieved without dramatic efforts to promote and sustain satisfactory participation rates.

VIET NAM

Overview and Background

The HIV epidemic has continued to increase rapidly in Viet Nam, despite a committed national response and the mobilization of both national and international resources for HIV prevention. According to the Ministry of Health,[3] an estimated 280,000 people were living with HIV in Viet Nam at the end of 2006. This represents a doubling of the number of people living with HIV in Viet Nam between 2000 and 2006. The overall HIV prevalence among adults aged 15-49 years is estimated as 0.53%. This current estimate translates to approximately one in 60 households having a family member living with HIV.

In 2005, the Ministry of Health reported 40,000 new cases of HIV, primarily among injection drug users (IDUs) and people who buy or sell sex. The national HIV prevalence for IDUs is 33%, and 6.6% among female sex workers. However, in Ho Chi Minh City, Hai Phong and Quanh Ninh, more than 60% of IDUs are infected. In Ho Chi Minh City, over 25% of female sex workers are infected, and 15% of female sex workers in Hanoi are infected. Prevalence among men who have sex with men (MSM) is also high in Hanoi (9%) and Ho Chi Minh City (5%)[4], and prevalence is even higher among male sex workers[5].

The provinces of Quang Ninh, Hai Phong, Ho Chi Minh City, and Can Tho have reported HIV prevalence greater than 1% among both pregnant women attending antenatal care, and young men attending pre-recruitment medical exams for military service. Sixty-two percent of reported infections are among young people aged 20-29 years, and nearly one-fifth of all HIV infections are reported in Ho Chi Minh City, Viet Nam's economic centre. These factors can result in serious social and economic repercussions for Viet Nam.

Recently, Vietnamese national authorities have established a strengthened national policy and legal framework to respond to the growing HIV epidemic. The Communist Party of Viet Nam approved Directive 54 in 2005, which calls on all Party organizations to develop and implement their programmes of action on HIV. In March 2004, the Prime Minister of Viet Nam approved the National Strategy on HIV/AIDS Prevention and Control in Viet Nam until 2010 with a plans to extend until 2020, which adopts most international best practices on HIV prevention, care, support, and treatment, including harm reduction for IDUs and sex workers. In June 2006, the National Assembly approved a strengthened legal framework for HIV, including safeguards for the rights of people living with HIV.

Planning for a Response

HIV is a key cross-cutting issue for the entire UN system in Viet Nam, including the UN Resident Coordinator who has made the UN Learning Strategy on HIV/AIDS a priority throughout all UN agencies. Since 2002, WHO and UNICEF have been conducting HIV learning activities for their staff. Since 2003, the UNDP *We Care* programme and the UNICEF/UNFPA *Caring for Us* programme, which both focus on HIV training for staff, have been implemented in Viet Nam.

In 2003, a new UNAIDS Country Coordinator worked to expand HIV and AIDS learning activities to all UN staff. The Learning Team on HIV/AIDS consisted of the UNAIDS Country Coordinator, a UNAIDS staff

[3] OH, Estimates and Projections 2004, Hanoi, 2004
[4] MOH, IBBS 2006
[5] resentations at the workshop, "HIV Prevention, Care and Treatment for Men who have Sex with Men in Viet Nam, 15-17 September, HCMC

member, and two staff members who were trained as Learning Facilitators at a workshop in Bangkok, Thailand. With the support of the UN Resident Coordinator and UNAIDS agencies, over 300 UN staff participated in half-day orientations on HIV and AIDS throughout 2003 and 2005. The UNAIDS Secretariat provided the trainers for these sessions, and covered the associated costs. The UN Resident Coordinator and UN Country Team provided strong support for these activities, and the heads of UN agencies participated in the training sessions. Orientation sessions were also held for colleagues at government and bilateral agencies, including the Ministry of Foreign Affairs, the Swedish Embassy, the Swedish International Development Cooperation Agency (SIDA), and the Australian Embassy. Since 2005, the Learning Team has prepared a yearly work plan that includes regular HIV/AIDS orientation sessions for UN staff, a Learning Fair for UN programme and project staff, and training sessions on specialist competencies such as monitoring and evaluation for programme staff.

Key Actors

Key actors in promoting the UN Learning Strategy on HIV/AIDS have been the UN Resident Coordinator, the UN Theme Group on HIV/AIDS, the UNAIDS Secretariat, and the UN Learning Team on HIV/AIDS. Since April 2006, the main planning body for the implementation of the Learning Strategy has been the Learning Team. Members of the UN Theme Group on HIV/AIDS were responsible for nominating staff on to the Learning Team, which consists of ten programme officers. The main UN office is based in Hanoi, and therefore, focal points have been assigned for each Ho Chi Minh City office, and one staff member was designated to be the overall UN focal point. These focal point representatives are kept informed through e-mail.

The UNAIDS Secretariat serves as a facilitator for the Learning Strategy, and works closely with the Learning Team on HIV/AIDS. The UNAIDS Country Coordinator was involved in the development, implementation, and monitoring and evaluation of the learning activities. With the support of the UNAIDS Country Coordinator, in 2006, the UNAIDS Partnerships Adviser assumed responsibility for managing the implementation of Learning Strategy activities. Frequent communication between the UNAIDS Country Coordinator, the Learning Team, UN Theme Group on HIV/AIDS, and the UN Resident Coordinator has helped to maintain support for the learning activities. The UNAIDS Country Coordinator has worked with the UN Resident Coordinator and the chairperson of the UN Theme Group on HIV/AIDS to ensure that the UN Learning Strategy on HIV/AIDS remains a priority for the entire UN Country Team in Viet Nam.

Advocacy and Promotion

The UN Theme Group on HIV/AIDS and the UN Resident Coordinator provided leadership, advocacy, and support for the Learning Strategy. The participation of the UN Resident Coordinator, the chairperson of the UN Theme Group on HIV/AIDS, and heads of UN agencies in the learning activities was important to promoting the importance of the activities and demonstrating senior-level commitment to the UN Learning Strategy on HIV/AIDS.

The heads of the various UN agencies in Viet Nam sent invitations for the Learning Strategy activities to their staff. Announcements for selected activities were also published in the UN newsletter. HIV-awareness posters were hung in all UN agency offices.

Implementation

The UNAIDS Secretariat, the two Learning Facilitators, and members of the Joint UN Team on AIDS were responsible for conducting the HIV/AIDS orientation sessions. Orientation sessions were held bimonthly, and each session lasted four hours. The UNAIDS booklet, *Living in a World with HIV and AIDS* was

translated into Vietnamese and distributed to all staff members during the orientation sessions. Over 350 staff members have participated in an orientation session in Hanoi. However, 270 staff members have not yet participated in an orientation session because of the need to expand activities to UN staff in Ho Chi Minh City, and because of a recent influx of new staff.

To support the national response to HIV/AIDS in Viet Nam, a Learning Fair for all UN programme and project staff was held in October 2006. Members of the Learning Team on HIV/AIDS organized the Learning Fair, and each agency represented in the Learning Team was responsible for tasks specific to planning and implementing this event. Participation in the UN Learning Fair was mandatory for programme and project staff, and over 200 staff members attended. However, although attendance was mandatory, it was difficult for some staff to attend the event. The objectives of this half-day Learning Fair were to increase HIV awareness and competence among all UN programme and project staff to enable them to support the national response to HIV.

The Learning Fair opened with a brief plenary session that provided an overview of various global, national, and regional approaches to HIV prevention and care. Afterwards, each agency prepared a booth where they presented their work in the field of HIV/AIDS. These presentations and other Learning Fair activities were interactive and included the screening of films on HIV and AIDS, quizzes on HIV-related topics, and a gallery of 'Best Practices'. The Learning Fair created an open learning environment and provided an opportunity for all UN programme and project staff to meet, network, and learn about HIV/AIDS-related projects across UN agencies.

Throughout 2005 and 2006, additional training events were conducted for UN staff and partner organizations on a variety of HIV-related topics, including monitoring and evaluation, understanding the epidemic, rights-based approaches, and drug addiction.

Monitoring and Evaluation

Participants of the learning activities were asked to complete evaluation forms regarding the content and methodology of the sessions. During the UN Learning Fair, a team of reporters collected feedback from staff members about the day's events. Members of the Learning Team discussed the evaluations and feedback, which were used to plan subsequent learning activities. Participants of the orientation sessions indicated that the sessions should be tailored to varying knowledge levels about HIV and AIDS among staff, and be conducted in both English and Vietnamese. To respond to these concerns, the membership of the Learning Team on HIV/AIDS was expanded to include a group of ten facilitators, to cater to individual needs.

YEMEN

Overview and Background

With few systematic surveillance methods currently in place, capacity for accurate epidemiological data for HIV in Yemen is limited. In 2005, UNAIDS estimated the HIV prevalence in Yemen to be 0.2% with approximately 20,000 individuals infected. Available information indicates that this prevalence reflects a steady rise of the HIV epidemic in Yemen since 2003, when the prevalence was 0.1%. A conservative social and cultural context further complicates both the spread of HIV and associated stigma, which frequently deters patients from accessing care, even during advanced stages of illness. However, since 2004, the National AIDS Programme has begun providing voluntary confidential counseling and testing (VCCT) services.

Yemeni health exerts suspect vast underreporting of HIV because both extramarital affairs and sex work are illegal, and homosexuality is not culturally condoned. The most common mode of HIV transmission is unprotected heterosexual contact. Demographic groups most likely to be exposed to HIV include sex workers, migrant workers, men who have sex with men, and the incarcerated. Although injection drug use is rare in Yemen, contaminated skin piercing by healthcare workers and traditional healers has contributed to increased HIV prevalence. Furthermore, only 50% of all donated blood samples are screened for HIV. Over the last decade, the risk of HIV infection has grown considerably for women. The gap between reported male and female AIDS cases has decreased from 4:1 in 1995 to 1:1 in 2005.

Currently, people living with HIV have little or no access to antiretroviral therapy, because they are unavailable in both the public and private sectors. In 2003, the WHO set a goal to treat 1,300 individuals in Yemen with antiretroviral therapy by 2005. This goal has not been met.

Needs Assessment

In 2002, to measure existing knowledge among UN staff on HIV and AIDS, a global learning needs assessment for HIV/AIDS in UN workplace was administered to members of the UN community in 77 countries, including Yemen. Two-hundred and sixteen UN personnel and Word Bank staff working in Yemen completed the national needs assessment questionnaire. The survey participation rate was approximately 72%. The questionnaires were distributed in both Arabic and English to accommodate all UN members. Staff answered 16 questions regarding awareness of HIV transmission and prevention, UN Personnel Policy on HIV/AIDS, stigma and discrimination, and post-exposure prophylaxis (PEP), among other topics. The surveys were e-mailed to those UN staff with e-mail access, and hard copies were distributed to staff members who did not have e-mail addresses. To avoid bias, an independent consultant from Sana'a University analyzed the survey results and compiled them into a report. The results of this survey indicated that many UN staff in Yemen were misinformed about HIV and were not aware of how to best protect themselves from infection.

Planning for a Response

To help the UN in Yemen develop the competence of its staff on HIV and AIDS, a plan for implementing the UN Learning Strategy on HIV/AIDS was developed. In April 2005, the Learning Team designed a Learning Strategy that sought to ensure that at least 80% of UN staff understands HIV transmission and prevention and the UN Personnel Policy on HIV/AIDS. The Learning Team also felt that it was important to extend learning beyond

immediate staff, and sought to include at least 50% of staff dependants in HIV/AIDS awareness events. To prepare UN staff members to contribute to the national response to HIV/AIDS, the Learning Team required 90% of professional staff to have at least four hours of training on mainstreaming HIV programs and supporting the national response. In addition, to ensure competence among senior and specialized staff, the Learning Strategy required 95% of UN Theme Group on HIV/AIDS members to receive at least eight hours of training in one or more core competencies, and 95% of HIV/AIDS officers to complete five learning days on related HIV issues.

The Learning Team planned to conduct 45 workshops on HIV and AIDS in the UN workplace to target 300 staff members in Yemen between June and December 2005. Each workshop was planned to last at least three hours and to include lectures and interactive activities. The Learning Team also planned to conduct two workshops lasting two hours each for 105 professional UN staff members, concerning the national response to HIV/AIDS. Learning events were also planned for the UN Theme Group on HIV/AIDS to fulfill the eight-hour annual learning requirement. The Learning Team also identified external opportunities for continued learning on HIV and AIDS for Theme Group officers to attend to keep staff abreast with local, regional, and global HIV initiatives. A total of US $13,500 was allocated to implement the UN Learning Strategy in Yemen.

Key Actors

The UN Resident Coordinator was responsible for implementing the UN Learning Strategy on HIV/AIDS in Yemen and for working directly with the two Learning Facilitators to ensure synergy between UN agencies in organizing the educational programs. In March 2004, UNAIDS sponsored a training workshop for all Learning Facilitators the region in Hurghada, Egypt that was attended by delegates from the Yemeni UN Team. The Learning Facilitators were responsible for working with the country teams to develop an efficient and cost-effective plan of action for the UN Learning Strategy and to assist in implementing this plan.

In February 2005, each UN agency in Yemen nominated one staff member to be a part of the Learning Team. Inviting one person from each agency to participate in the Learning Team created a sense of partnership, and ensured that all UN bodies had a stake in the successful realization of the HIV/AIDS Learning Strategy. The Learning Team was responsible for drafting the Learning Strategy proposal and for organizing the workshops and activities defined in the proposal. Other key actors included the UN Theme Group on HIV/AIDS, the Technical Working Group on HIV/AIDS, UNAIDS Country Coordinator, and the Interagency Administrative Working Group.

Advocacy and Promotion

The Learning Team encouraged staff participation in the Learning Strategy activities in a variety ways. E-mails announcing the HIV education workshops were sent to all department heads and agency representatives within the UN. These individuals were asked to send a list of names of personnel in their department who wished to take part in the HIV learning sessions. In an effort to accommodate all staff interested in attending the workshops, no restrictions were placed on the number of staff a department could nominate. In particular, department heads were asked to explain to staff the importance of attending the learning workshops. Flyers and posters were also hung in and around the UN buildings to further advertise the educational sessions.

Implementation

In August 2005, the Learning Team and members of the World Food Programme (WFP) conducted three workshops on HIV and AIDS in the workplace. Two of the workshops were held in English, and one was

conducted in Arabic. Seventy-four staff members from the UN attended these workshops, held at a local hotel conference center in Sana'a. In December 2005, two more workshops were organized to cater to staff that had been unable to attend the previous HIV workshops. One workshop was conducted in English, while the other was conducted in Arabic. The participants represented various UN agencies, including WFP, UNICEF, WHO, UNFPA, FAO, and UNHCR. Eighty-six UN staff members attended the sessions. The workshops were divided into six sub-sessions, each lasting approximately 45 minutes to an hour. Two to three members of the UN Learning Team facilitated discussions and made presentations at all sessions. In addition, members of the National AIDS Programme in Yemen helped to organize and made presentations at the various sessions.

The workshops opened with a brief overview of the purpose and goals of the UN HIV/AIDS Learning Strategy. A pre-learning questionnaire was administered to all participating staff to ascertain their level of understanding about HIV prior to the educational seminars. Subsequent sessions highlighted basic facts about and the epidemiology of HIV both globally and locally. The sessions also concentrated on HIV in the UN work environment. Information regarding employment policies, available health services, self-perception of risk, and discrimination in the workplace were discussed. A film entitled *Living in a World with HIV and AIDS* was shown, and afterwards, all staff members were asked to participate in a roundtable discussion of issues raised in the film. All staff members participated in two interactive group activities that addressed modes of HIV transmission and confronting the death of a close friend or family member. Talks were also conducted on HIV prevention techniques and VCCT services. The UNAIDS handbook on HIV was distributed to all attending staff.

To raise public awareness about HIV and AIDS in Yemen, the Learning Team organized HIV educational training sessions for journalists and media professionals. The Learning Team was also responsible for coordinating the participation of Yemen's National AIDS Programme in three regional workshops in Egypt and Algeria. The Learning Team also planned specific activities throughout Sana'a to promote the prevention, treatment, and de-stigmatization of HIV and AIDS on World AIDS Day.
In November 2006, the UN Theme Group on HIV/AIDS and Joint UN Teams on AIDS in Yemen participated in a pilot exercise with the following objectives:

- To ensure that the UN Theme Group on HIV/AIDS and the Joint UN Team on AIDS are fully aware of global commitments, policies and guidance relating to the UN response to HIV and AIDS and have discussed adaptation to country-level reality, especially in the context of lower-prevalence countries;
- To ensure that the Theme Group and Joint Team are apprised of the specific issues related to HIV and AIDS for their country, including the extent of the epidemic and the current working environment and response;
- To ensure appropriate resource allocation to HIV and AIDS (human, financial, time) both for the UN country team's support for national responses as well as support on issues related to HIV/AIDS in the UN workplace.

In Yemen, learning sessions were implemented with both the Theme Group and Joint Team with facilitation from the UNAIDS Regional Support Team and the global Learning Strategy Advisor. As a result, the Joint UN Team and Theme Group members were able to have a better understanding about global and UN commitments on HIV and AIDS as well as working arrangements within the UN at country-level and the importance of looking at work on HIV and AIDS in the context of UN reform was made clearer.

Monitoring and Evaluation

Of 300 UN staff members in Yemen, 53% attended at least one of the workshops organized by the Learning Team in either August or December 2005. To evaluate the success of the workshops from the perspective of attending staff members, participants completed a post-learning questionnaire regarding their knowledge of HIV and a workshop evaluation form. The surveys asked questions related to basic knowledge and socio-cultural aspects of HIV, and the evaluation forms solicited the participants' assessment of the organization, promotion, and effectiveness of the workshops. The results of these evaluations were extremely positive and attendees requested more HIV information sessions for the future.

In evaluating their own achievement in applying the UN Learning Strategy on HIV/AIDS, members of the Learning Team felt that they had successfully raised awareness and knowledge about HIV in the UN workplace. The team indicated that one of the main challenges was difficulty in transferring funds between UN agencies to facilitate workshop implementation, which caused delays in starting the workshops according to schedule. Members of the Learning Team felt that they had successfully raised awareness and knowledge about HIV in the UN workplace. The team indicated that one of the main challenges was difficulty in transferring funds between UN agencies to facilitate workshop implementation, which caused delays in starting the workshops according to schedule.

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS secretariat works on the ground in more than 75 countries worldwide.

UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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