

# *What's new with the Learning Strategy and UN Cares?*

Monday, September 6, 2010

## **Official launch of the UN Cares Progress Monitoring Tool**

After many months of work, we are proud to announce the launch of the UN Cares Progress Monitoring Tool.

UN Cares is designed to reduce the impact of HIV in the UN workplace by supporting universal access to a comprehensive range of benefits for all personnel and their families, known as the UN Cares 10 Minimum Standards. The overall objective of the on-line UN Cares Progress Monitoring Tool is to provide a global perspective on the extent to which the UN Cares 10 Minimum Standards as well as those of the UN Learning Strategy on HIV/AIDS are being met across the system and to make information available disaggregated by the level of **global, regional, country** or by **UN agency**.

The reports you can generate with the available data will be useful to the UN Cares Global and Regional Coordinators, the UN Cares Task Force, the HR network, donors and partners, UN organizations and UN country teams to:

- Fulfill accountability requirements for reporting
- Advocacy
- Internal learning and improvement

To analyze the effectiveness of this program, data from 3 different surveys are collected to compare against each Minimum Standard as namely:

- **All Personnel survey:** at two-year intervals  
This will be globally coordinated by the UN Cares Global Coordinator, but involves the advocacy of many people including the Learning Facilitators, Regional Coordinators, UN Cares Global Task force members.
- **UNAIDS Country Coordinator survey:** annually  
UCC reports will be the primary source of data at country level. Next UCC survey is due in Fall 2010. UN Cares Learning Facilitators will be asked to support the UCCs/UCOs in their country to gather accurate data.
- **HIV Headquarters focal point survey:** annually

The data from the above 3 surveys will be gathered over the years and allow for valuable comparison in order to monitor progress, and identify areas where

## **Country News**

### **UN Cares Latin America**

#### **Regional Workshop - New Dates**

The Regional Workshop needed to be postponed by 2 weeks to 12-15 October 2010. It will take place in Buenos Aires, Argentina.

Please select two participants per country until 13 September and inform Raul Boyle

at [BoyleR@unaids.org](mailto:BoyleR@unaids.org) at the RST UNAIDS about the nominees. Feel free to contact Raul or Diana Peters [Peterspeters@unfpa.org](mailto:Peterspeters@unfpa.org) regarding questions about the workshop. We look forward to see you in Buenos Aires.

**Myanmar** has published its second UN Cares newsletter The second installment of Myanmar's newsletter is in the e-workspace. This stunning 3 page newsletter brings us news on the latest developments about HIV prevention, insurance coverage for UN staff, availability of female condoms for staff, first aid training, and a little promotion of the e-course Building our Professional Capacity to Address HIV. Look at it and read it. Perhaps you can start something similar for UN employees in your country. It could be something in the local language to reach even more people!. [Visit the Myanmar forum](#)

attention may need to be focused.

The Progress Monitoring Tool is now available through a link located in the main UN Cares website [www.uncares.org](http://www.uncares.org) or under the following link: <http://uncares.unfpa.org/UNReports/>.

To access the tool, please create a user name and store your login information safely, play around with the tool and check how your country, region or agency is doing in implementing UN Cares.

For any further questions, please contact: Diana Peters at [peters@unfpa.org](mailto:peters@unfpa.org)

### **We are growing on Facebook**

So far UN Cares has 967 fans [on Facebook](#). Help us reach one thousand this week! Suggest your friends to join UN Cares on Facebook. We are happy to see that UN Cares Kenya has started a group as well and they have put lots of [great pictures of their activities](#). Let's use social media to disseminate our messages!

## **Good Read**

### **Workplace responses**

This short note comes from "[HIV This Week](#)", a regular compendium of information on HIV around the world. You can visit their website and subscribe if you want to stay on top of what is going on in the field of HIV.

Van der Borgh SF, Clevenbergh P, Rijckborst H, Nsalou P, Onyia N, Lange JM, de Wit TF, Van der Loeff MF. Mortality and morbidity among HIV type-1-infected patients during the first 5 years of a multicountry HIV workplace programme in Africa. *Antivir Ther.* 2009;14(1):63-74.

Van der Borgh and colleagues aimed to evaluate the effectiveness of an HIV workplace programme in sub-Saharan Africa. The international brewing company, Heineken, introduced an HIV workplace programme in its African subsidiaries in 2001. Beneficiaries from 16 sites in 5 countries were eligible. HIV type-1 (HIV-1)-infected individuals were assessed clinically and immunologically, and started highly active antiretroviral therapy if they had AIDS or had a CD4+ T-cell count. In this cohort, study patients were followed-up for vital status, new AIDS events, CD4+ T-cell count, and haemoglobin. Over the first 5 years of the programme, 431 adults were found to be HIV-1-infected. The mortality rate among those not yet taking highly active antiretroviral therapy was 2.6 per 100 person-years of observation. By October 2006, 249 patients had started highly active antiretroviral therapy at a median CD4+ T-cell count of 170 cells/microl; 59 (23.7%) patients were in CDC stage C. Among patients on highly active antiretroviral therapy, 25 died and 7 were lost to follow-up. The mortality rate was 3.7 per 100 person-years of observation overall, 14 per 100 person-years of observation in the first 16 weeks and 2.5 per 100 person-years of observation thereafter ( $P < 0.0001$ ). At 4 years after start of treatment, 89% of patients were known to be alive. The CD4+ T-cell count increased by a median of 153 and 238 cells/microl after 1 and 4 years of highly active antiretroviral therapy, respectively. In this HIV workplace programme in sub-Saharan Africa, long-term high survival was achieved.

[here](#).

### **Iran shares its brochure in English and Farsi about PEP starter kits**

Come take a look in the Iran forum. You will find an interesting and easy to replicate brochure explaining PEP starter kits in English and Farsi. Great idea!

[Visit the Iran forum here](#).

### **Key Contacts**

For global Learning Strategy issues:

For global UN Cares issues:

- Anne Gunning: [gunning@unfpa.org](mailto:gunning@unfpa.org)
- Xavier Orellana: [XOrellana@unaids.org](mailto:XOrellana@unaids.org)

For regional Learning Strategy issues:

- Geoff Manthey (Asia and the Pacific): [manthey@unaids.org](mailto:manthey@unaids.org)
- Roman Gailevich (Eastern Europe and Central Asia): [gailevichr@unaids.org](mailto:gailevichr@unaids.org)
- Marie-Odile Emond (West and Central Africa): [emondm@unaids.org](mailto:emondm@unaids.org)
- Nicole Massoud (Middle East and North Africa): [massoudn@unaids.org](mailto:massoudn@unaids.org)
- Raúl Boyle (Latin America): [boyler@unaids.org](mailto:boyler@unaids.org)

**Editors' note: Leading the way forward for private sector engagement in HIV in Africa, this private sector company began implementing an HIV workplace programme in May 2001 in Nigeria, Rwanda, Burundi, Republic of Congo, and Democratic Republic of Congo. Not only its own direct staff but also the African staffs of its subsidiaries, their spouses, and their children are entitled to free healthcare by the company. With voluntary and confidential HIV testing, assessment for treatment initiation, no drug stock-outs, and good treatment durability with low loss to follow-up, this small but well-managed and adequately funded programme achieved excellent treatment outcomes over 5 years. This is a good example of corporate social responsibility in action - cheers!**

[org](#)

- Cheryl O'Neil  
(Caribbean)[OneilC@unaidso.org](mailto:OneilC@unaidso.org)

For regional UN Cares issues:

- Dan Onyango-Maina  
(Eastern and Southern Africa) [maina@unfpa.org](mailto:maina@unfpa.org)
- Lazeena Muna (Asia and the Pacific) [muna-mcquay@unfpa.org](mailto:muna-mcquay@unfpa.org)
- Martina Clark (West and Central Africa)[maclark@unicef.org](mailto:maclark@unicef.org)
- Anastasia Kamlyk  
(Eastern Europe and Central Asia)[kamlyk@unfpa.org](mailto:kamlyk@unfpa.org)
- Martina Clark (Middle East and North Africa)[maclark@unicef.org](mailto:maclark@unicef.org)
- Diana Peters (the Caribbean and Latin America) [peters@unfpa.org](mailto:peters@unfpa.org)
- Mr. Xavier Orellana (UN Cares Officer)[orellanax@unaidso.org](mailto:orellanax@unaidso.org)