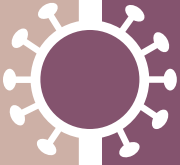


UN+

POSITION PAPERS



Stigma and Discrimination
Travel and Mobility
Confidentiality
Health Insurance
March 2007



A MESSAGE FROM THE UN+ COORDINATOR

Twenty-five years into the pandemic, HIV has made its way into workplaces across the world. The United Nations is no exception. With approximately 193 Member States and an almost equal number of country offices worldwide, United Nations system organizations and their workforces have been hugely affected by HIV: UNAIDS estimates that there is HIV prevalence of almost 5% among its nationally recruited staff. In 2000, member states endorsed the Millennium Development Goals, number six of which pledges to halt and begin to reverse the spread of HIV by 2015. Work towards achieving this goal has had effects on the work of the United Nations in both its programmatic and operational areas.

Today, in 2007, a group of HIV-positive staff members stand together under one umbrella known as UN+. Our mission statement reads: *‘Uniting for solidarity, equality and acceptance for people living with HIV within the UN system through awareness raising, policy change and advocacy’*. We come from a range of backgrounds and are living proof that HIV is a reality within United Nations workplaces. Our common employer recognizes this fact too. Several agency heads and the office of the Secretary-General have acknowledged the need to create an HIV-supportive environment for all staff regardless of their serostatus and have recognized that UN+ is an example of the principle of the Greater Involvement of People living with HIV/AIDS (GIPA) in action.

In the pages that follow we write about the challenges of **stigma** within our workplace and related **confidentiality** issues. We write also about the difficulty of **travel and entry restrictions** that exist in many countries where the United Nations operates — places we need to visit for work-related purposes. Although these restrictions do not affect our HIV-negative workmates, they pose a great challenge for us and can impede both our ability to do our jobs with maximum effectiveness, and limit our career options. In this era of scaling up towards Universal Access, we also express our fears and hopes surrounding the **health insurance** policies and procedures that are currently in place within United Nations system organizations.

UN+ recognizes that the United Nations has played a leading role in advocating for national governments to play their part in ensuring that treatment is available to all. We therefore ask our common employer to ‘practice what they preach’ by according to its staff members the same dignity that it asks member states to guarantee to their HIV-positive citizens. Some UN+ members are also parents of children living with HIV, or have spouses, partners or other family members who are HIV-positive. Some are in same sex partnerships where the partner has no entitlements, while others care for the orphaned children of family members who also lack adequate assistance. The papers here therefore address the realities and needs not only of United Nations staff members themselves but also those in their immediate families and households.

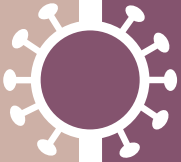
We plan to disseminate these papers widely; we hope that they will challenge current mind-sets and practices within United Nations system organizations and beyond. The personal experiences shared here are representative of common challenges experienced by our HIV-positive colleagues from across all regions and national boundaries.

Although UN+ brings together people living with HIV from hugely diverse backgrounds, its members have been able to transcend difference and agree on the basic principles and actions needed to enhance their quality of life within and beyond United Nations workplaces. This in itself gives these papers power and legitimacy.

We know that the involvement of people living with HIV must be a large part of the solution to the epidemic; by sharing our experience we are seeking to contribute to the fight against this epidemic. We hope that the ideas we lay out here inform programmes around the world and make life better for many of our colleagues living with the virus. I applaud each and every colleague within the United Nations system who is a member of UN+ and who has had the courage to voice fears, frustrations, and hopes.

We remain, united in the global response!

Bhatupe Mhango
Coordinator, UN+



INTRODUCTION

In March 2006, more than 30 members of the United Nations system HIV-Positive Staff Group (UN+) from 11 organizations based in duty stations around the world met in Amsterdam. UN+ had been formed the previous year as an internal advocacy and peer-support group; this meeting was the first opportunity for members to meet globally. During the meeting members agreed that the group should have an overarching goal of seeking policy change throughout the United Nations system. Participants agreed to focus on four key challenges where they believe United Nations organizations can strengthen AIDS responses by improving and sharing learning on how they deal with key issues related to HIV inside their organizations. These challenges are:

- protecting confidentiality.
- improving mobility and addressing travel restrictions for HIV-positive staff members.
- providing comprehensive and non-discriminatory health insurance for staff.
- reducing HIV-related stigma and discrimination.

UN+ commissioned position papers focusing on each of these four challenges. Most of the issues and concerns raised in the papers, as well as the recommendations responding to them, were first identified at the Amsterdam meeting. Participants discussed numerous instances of what they believe to be violations of HIV-positive employees' rights. They concluded that all HIV-positive UN employees should be guaranteed:

- appropriate and sustained health care.
- career opportunities commensurate with their abilities.
- privacy and confidentiality regarding their health status.
- freedom from discriminatory actions or policies.

Many HIV-positive staff members do not believe that United Nations agencies are committed to implementing or enforcing policies that safeguard their rights and take into account the realities faced by their employees who live with HIV. Moreover, a general consensus emerged that in many agencies, staff at all levels were not well-informed about HIV and issues of stigma and discrimination.

UN+ was formed to respond to these concerns. Its members hope that these position papers will initiate a dialogue for change across the UN system. This

dialogue will be promoted with increased energy since the appointment of a full-time UN+ Coordinator. Among the Coordinator's primary responsibilities are advocacy for changes identified by fellow UN+ members and representing all HIV-positive United Nations staff members in policy and workplace discussions.

United Nations Personnel Policy on HIV/AIDS

The cornerstone of existing internal United Nations responses to HIV is the *UN Personnel Policy on HIV/AIDS*. Adopted in 1991, this policy sets broad guidelines for agencies and offices to comply with — in the workplace as well as externally — and specifically addresses the issue of HIV-related confidentiality and discrimination. The policy states:

United Nations staff members with HIV or AIDS should enjoy health and social protection in the same manner as other United Nations employees suffering from serious illness. HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) or asking questions about tests already taken, should not be required. Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained. There should be no obligation on the part of the employee to inform the employer regarding his or her HIV/AIDS status. Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients. HIV-infected employees and those with AIDS should not be discriminated against, including access to and receipt of benefits from statutory social security programmes and occupationally-related, schemes.

The United Nations Secretary-General made a public commitment to this policy in a bulletin on World AIDS Day (1 December) 2003:

The United Nations is committed to providing a supportive workplace for its employees, regardless of their HIV status. To achieve this, we must have an environment that promotes compassion and understanding and rejects discrimination and fear. In order for us to attain this objective, I wish to restate the Organization's commitment to the United

*Nations Personnel Policy on HIV/AIDS. This policy will continue to guide our efforts in the development and implementation of programmes concerning HIV/AIDS in our workplace.*¹

Most United Nations agencies and offices have established and implemented supplemental policies designed to comply with the 1991 personnel policy. Yet, as noted by one HIV-positive employee, the core framework is "pleasingly vague". It lacks specifics about rights, guarantees, implementation and enforcement, and fails to provide extensive guidance to United Nations agencies. As a result, supplemental policies differ by agency and would benefit from standardization. HIV-positive individuals must be involved in helping set those standards and ensuring that they are understood and enforced in all countries, regions and environments in which United Nations employees are working. The 1991 policy can continue to serve as the baseline, but people living with HIV cannot rely solely on this framework — that has led to a range of different strategies, approaches and guarantees across the system — for the protection and promotion of their rights.

Recent steps toward greater awareness and standardization

Two relatively recent developments indicate that a growing number of people across the United Nations recognize the concerns outlined by UN+ members:

1. UNAIDS revision of the HIV information booklet for United Nations system employees

In July 2004, UNAIDS published a revised version of *Living in a World with HIV and AIDS*, a 56-page booklet subtitled "Information for employees of the UN system and their families."² The booklet provides information about HIV in four main chapters, which focus on 1) facts and information about HIV and AIDS; 2) how to reduce transmission risks; 3) how to "live positively" with HIV; and 4) how all employees can help ensure a "safe, fair and compassionate workplace." The fourth chapter discusses issues regarding HIV in the workplace and includes language stressing the debilitating impact of stigma and discrimination.

The booklet does not go into great depth as it is aimed at a diverse range of UN+ staff. HIV-positive employees who need detailed information may not find what they are looking for. For example, the booklet does not list exactly what is considered inappropriate behaviour or lay out any specific steps an individual might take to redress violations of confidentiality or rights.

The booklet states that in addition to the 1991 UN Personnel Policy on HIV/AIDS, the International Labour Organization's (ILO) *Code of Practice on HIV/AIDS and the world of work* is another framework "available for UN workplace programmes." It adds, "The ILO Code is the internationally recognized benchmark for HIV-related workplace policies."³ Yet like its 1991 counterpart, it does not mandate the adoption and enforcement of the Code.

2. Coordinator hired to implement UN Cares Task Force recommendations

In October 2006, a Coordinator was hired to oversee the recommendations of the UN Cares Task Force. UN Cares is a relatively new initiative — the seeds were sown for its formation in October 2005 — that "aims to ensure a comprehensive, gender-sensitive and rights-based approach to HIV in the UN system workplace."⁴ It is focusing on four key areas: policy; prevention; treatment; and elimination of stigma and discrimination. The Coordinator has said that her goal is to "bring together current agency-specific activities so that the standards and practices for all agencies are in line...The work on standards is less about updating what currently exists and more about getting agreement on a common set of standards which apply to all agencies."

The Coordinator's full-time position lasts until 31 December 2007. As noted in the job description, the Coordinator's primary tasks are to "harmonize existing workplace programmes into one UN Cares programme, and to develop a longer-term implementation plan, with budget, for review and approval by the relevant UN bodies (HR Network, HLCM, etc.)."

The UN Cares initiative dovetails quite closely with what UN+ is seeking to achieve. The new Coordinator noted, for example, that among the specific efforts she is undertaking are to have the 1991 UN policy "included in orientation packages and induction sessions for new staff" and "including a notice in vacancy announcements that HIV status need not be disclosed and that screening for HIV is not done for employment purposes." As the work of UN Cares moves forward it is vital that all agencies and offices demonstrate their commitment to this initiative by sharing expectations, problems and concerns in an open and constructive manner. Equally important will be collaboration between UN Cares and HIV-positive employees around the world to help shape the UN Cares' agenda.

As they collaborate with UN Cares, UN+ members will pursue complementary efforts to ensure policy reform that addresses their needs. These position papers pro-

¹ See [http://unworkplace.unaids.org/UNAIDS/common/docs/ST-SGB-2003-18\(HIV-AIDS\).pdf](http://unworkplace.unaids.org/UNAIDS/common/docs/ST-SGB-2003-18(HIV-AIDS).pdf).

² Available online in PDF format: http://data.unaids.org/Publications/IRC-pub06/JC975-LivingInWorldAIDS_en.pdf?preview=true.

³ Available online at www.ilo.org/public/english/support/publ/online.htm.

⁴ According to an October 2006 progress report from the task force, "The UN Cares programme is developed within the framework of the United Nations System HIV Personnel Policy and the ILO Code of Practice on HIV and the world of work, and is in keeping with the requirements of both."

vide an overview of those needs based on the specific issues raised in Amsterdam in March 2006 as well as subsequent discussions with HIV-positive employees.

Additional information about UN+ may be obtained by contacting its Coordinator, Bhatupe Mhango, at: unplus@unaids.org.

Acronyms

The position papers contain the following acronyms:

AIDS = acquired immunodeficiency syndrome
ART = antiretroviral treatment
ARV = antiretroviral (drug)
GIPA = greater involvement of people living with HIV and AIDS
HIV = human immunodeficiency virus
HR = human resources
ICSC = International Civil Service Commission
IDU = injecting drug user

ILO = International Labour Organization
MOU = memorandum of understanding
MSM = men who have sex with men
OI = opportunistic infection
PLHIV = people living with HIV and AIDS
SHI = Staff Health Insurance
UNAIDS = Joint United Nations Programme on HIV/AIDS
UN+ = UN System HIV-Positive Staff Group
VCT = voluntary counselling and testing



STIGMA & DISCRIMINATION

HIV-related stigma and discrimination are widespread and have proven remarkably enduring in almost every society, regardless of the characteristics of the local epidemic. Stigma is driven and exacerbated by fear and ignorance. Until relatively recently, HIV infection often resulted in quite rapid progression to serious illnesses and death no matter where one lived. Not only is death a fearful prospect to many, it is also a taboo subject in many cultures — as is sex, the most common mode of HIV transmission globally. Reluctance to speak about sex inhibits dissemination of accurate information about HIV and allows stigma and discrimination to flourish.

In many societies, HIV disproportionately affects marginalized population groups whose members already face social stigma, including men who have sex with men, injecting drug users and sex workers. Most people may know little about these individuals' lives, but all too frequently they do not hesitate to condemn their behaviours. Similarly, many opinion leaders such as the media, policy-makers, politicians and even health care providers have often tended to portray people living with HIV as undeserving of sympathy and resources. Regrettably, harmful stereotypes and misconceptions have rarely been countered effectively and in a sustained way, even in countries where HIV is found among all ages and social classes.

In the workplace any expression of HIV-related stigma and discrimination can make HIV-positive employees uncomfortable at a minimum or scared and traumatized at worst. Examples of discrimination in the workplace (regardless of the country, culture or employer) include mandatory testing prior to signing an employment contract; denial of promotion or termination of employment on the basis on HIV status; hurtful, disparaging or inappropriate remarks; and disregard for confidentiality and privacy.

United Nations organizations are no exception. As a global institution, employees work in countries with significant variations in employment policies and standards and in different cultural contexts. HIV-positive United Nations employees therefore have widely differing procedures to counter discriminatory action. Furthermore, laws and policies — or the absence of them — do not necessarily indicate if

an HIV-positive person will in fact face discrimination from colleagues or others with whom he or she works and lives.

UN+ members consider HIV-related stigma and discrimination to be unacceptable, regardless of where it occurs. UN+ urges the United Nations to address and respond to stigma and discrimination that takes place within the system as a matter of urgency. In addition, United Nations agencies are encouraged to actively support and advocate with their partners for measures that combat stigma and discrimination in broader social contexts.

Existing policies and strategies

Several important United Nations documents and policies discuss discrimination. For instance, the UN Personnel Policy on HIV/AIDS lays out some general obligations regarding stigma and discrimination:¹

- Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients.
- HIV-infected employees and those with AIDS should not be discriminated against, including access to and receipt of benefits from statutory social security programmes and occupationally-related schemes.

Another internal document, the Guidance Note for United Nations Resident Coordinators, gives the following instructions concerning discrimination:

Providing leadership in establishing a climate of trust and understanding free of fear for stigma, discrimination and loss of employment for all UN staff. In this context, referring to the responsibility of UN system organizations regarding their employees in the context of HIV/AIDS, as reflected in the UN Committee on Economic, Social and Cultural Rights General Comment on the Right to the Highest Attainable Standard of Health.

Anecdotal reports from across the United Nations system make it clear that neither the system-wide

¹ The policy is available online at <http://unworkplace.unaids.org/UNAIDS/workplace/policies.shtml>.

personnel policy (from 1991) nor many agency-specific policies are as effective as they could be in reducing HIV-related discrimination. Observers have noted that enforcement is lax and that filing grievances in response to discrimination in the workplace is particularly difficult. For one thing, there is often no guarantee of confidentiality because in most cases it is necessary for an aggrieved individual to declare himself or herself when pursuing a complaint. Filing a grievance often means revealing HIV status and the risk of further dissemination of this information. Also, many United Nations employees are on short-term contracts and need good performance appraisals from their supervisors to have their contract renewed. Employees' fears that complaining about discrimination could jeopardize future contract renewals or damage career prospects are real.²

UN+ members' examples of HIV-related stigma and discrimination

UN+ members have identified numerous examples of what they believe to be HIV-related stigma and discrimination in the United Nations system. Some of them refer to policies and procedures that may be discriminatory. Others are the result of a lack of policy. Still others refer to perceptions that need to be altered to create a climate where all employees understand that the UN system has zero tolerance for HIV-related discrimination — and will enforce that standard.

UN+ members have noted the following problems and concerns related to stigma and discrimination:

- Inappropriate language — this may include derogatory or stigmatizing terms for HIV-positive people or those at risk of HIV transmission.
- Lack of flexibility and reasonable accommodation in areas such as sick leave and working hours.
- The inability or unwillingness of some United Nations agencies and offices to acknowledge the difficulties that individuals may have when dealing with HIV-related opportunistic infections, stress, and psychosocial issues.
- The lack of mechanisms to counter or address stigma and discrimination (for instance, regarding retaliation against HIV-positive employees who seek redress from co-workers' discriminatory actions). Also lacking are effective mechanisms to ensure the implementation and monitoring of existing anti-discrimination policies (for instance, those regarding the filing of grievances).

- The lack of information among United Nations staff members regarding what constitutes discrimination, whether HIV-related or not.
- HIV-positive employees' unwillingness to access services because of fear of discrimination.
- Employees' concerns that disclosure of HIV status will lead to them being fired or limit their future career prospects.
- The persistence of discrimination based on gender and sexual orientation, both of which can compound HIV-related discrimination.
- The lack of commitment and support from senior management.
- The lack of an organized peer support mechanism (it should be noted that UN+ may fill this role, should it be provided with adequate resources and support).
- Few role models (individuals who are able to be open about their status).
- Lack of training and information about HIV among health workers at both United Nations and externally.
- Lack of confidentiality.

The relevance of several of these concerns is made clear in an account provided by an HIV-positive staff member at a United Nations agency. The individual found that ignorance about HIV, lack of understanding or consideration for confidentiality issues, and administrative barriers all contributed to discriminatory institutional behaviour:

My story involves being declared medically unfit, every time I have to have a UN medical, on the basis of very common side effects to ARV therapy. On both occasions the certificate has come back stating that the basis for my unfit status is "HIV". Each time the Joint Med office in New York then backtracked and said the decision was on the basis of not being able to access adequate medical services in my country of posting — despite multiple statements from the UN doctor here that I'm fit for duty and adequate services are indeed available. On both occasions it has taken intervention from on high to overturn and threats of loud and public legal action from me. I have always declared the medications I take as the paperwork requires and also because anyone trained in HIV medicine would recognize the side effects as ARV related and not other conditions. Of course this is tantamount to declaring one's HIV status despite not being required

² Retaliation in response to allegations of inappropriate behaviour is a serious problem in all workplace environments, yet it is often not addressed specifically. It should be noted that within the United Nations, for example, the World Health Organization has no policy regarding retaliation in the workplace. After years of delay, the agency is currently developing an anti-retaliation policy "with teeth in it" — in the words of one individual involved in the effort — that will include effective mechanisms to deal with instances of discrimination, including those regarding HIV. This draft policy should be reviewed carefully by all agencies and serve as the basis for the creation of a system-wide policy that lays out an explicit, thorough anti-retaliation policy with specific provisions related to HIV.

*to: How can you declare meds and still maintain confidentiality?*³

Other forms of institutional discrimination may be less obvious, but nevertheless have the potential to negatively affect HIV-positive employees and their families. For instance, some UN agencies, such as WHO, recognize same-sex partnerships in all countries where they are legally binding. Although UN+ welcomes this as a positive development it still, however, precludes the majority of staff in same-sex partnerships. All United Nations agencies should send an important message to all staff by declaring that they recognizes employees' same-sex relationships in all countries, and back up this message with equity in insurance and other employee benefits and rights.

Proposed action steps to address problems related to stigma and discrimination

Eliminating discrimination requires direct and forceful action. This may include changing policies, improving enforcement, and identifying and punishing those who engage in discriminatory behaviour.

Action steps for United Nations agencies identified by UN+ members include the following:

1. *Improve existing HIV sensitization programmes within United Nations agencies, preferably by creating one standard, high-quality programme mandated for use in all agencies.* The goal should be to more fully educate all employees about the realities of living with HIV/AIDS. The UN Learning Strategy on HIV/AIDS could be a useful way to achieve this goal.
2. *Review the anti-discrimination policies of all United Nations agencies, focusing particularly on issues relevant to HIV.* Initial objectives should be to identify gaps and limitations in individual policies and provide specific recommendations on how to remove them. The ultimate goal would be a standardized, system-wide policy ensuring that all United Nations staff members have the right and equal access to protection against all forms of discrimination. The UN+ Coordinator should be involved in these processes at all levels.
3. *Redress discrimination based on gender and sexual orientation.* Each United Nations agency and office should create a mechanism through which such forms of discrimination can be reported confidentially. Thorough investigation and appropriate punitive action should be undertaken if necessary.

Key areas for UN+ action include the following:

1. *Ensure that all heads of United Nations agencies*

and medical directors are aware of UN+ members' concerns. This should help ensure support for system-wide policy change and enforcement of antidiscrimination policies.

2. *Consider ways to assist HIV-positive staff members who are interested in sharing their experiences and insight.* Staff members who are open about their status could be asked to discuss their lives with colleagues, and supported if they agree to do so. This would help raise awareness among all employees and further humanize what may seem to some to be an abstract situation. Another important outcome would be greater capacity and confidence among people living with HIV to act as role models.
3. *Encourage the sharing of information and resources through the UN+ E-Workspace.* This password-protected, virtual community offers an important support system for HIV-positive employees, especially those who are unable or unwilling to be open about their status.
4. *Establish a mechanism to document violations of rights of people living with HIV.* The information collected would provide valuable insight into how best to improve policies and work cultures. The UN+ Coordinator could take the lead in devising such a mechanism in collaboration with other networks of people living with HIV.
5. *Create and distribute guidelines on what constitutes inappropriate and discriminatory language.* A review should be undertaken of policies and guidelines that currently exist in some United Nations agencies — including UNESCO, which was specifically mentioned by one UN+ member. The UN+ Coordinator and members could then identify and publicize those that they consider the most appropriate for inclusion in all United Nations agency guidelines.

The debilitating impact of stigma and discrimination on people living with HIV cannot be overestimated. It is therefore vital that all UN employees understand HIV-related discrimination. They should be informed of the consequences of discriminatory actions — and these consequences should be serious. At the UN+ meeting in Amsterdam, Executive-Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Peter Piot made clear his thoughts on this matter:

We should have zero tolerance for violations of confidentiality and stigma and discrimination in the workplace....People will only take it seriously if there are casualties; we thus must enforce [new] policies and procedures. It's important that senior management is on board so that when I am stigmatized, senior management supports me.

³ It should be noted that this individual's experience constitutes a clear violation of the UN Personnel Policy on HIV/AIDS, with which all individual agencies are expected to comply. The policy includes the following language regarding "fitness" to work.

- The only medical criterion for recruitment is fitness to work.
- HIV infection does not, in itself, constitute a lack of fitness to work.
- If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.



TRAVEL & MOBILITY

All people living with HIV face potential obstacles when seeking to travel. This can adversely affect many aspects of life, from employment prospects and economic well-being to personal relationships and access to health care. Many United Nations employees are required to travel in the course of their work; many may seek work and residence in countries other than their homeland, for short or long periods of time. In this way HIV-positive staff members regularly come face to face with one of the most high-profile obstacles to freedom of movement: official and de facto policies that bar people known to be living with HIV from entering countries.

Such restrictions are often justified on the grounds of 'protecting public health', but this makes little sense. HIV cannot be transmitted casually, and few people entering countries for business purposes intend to become burdens on the national health system. UN+ notes with disappointment that despite the issue of travel restrictions presenting a great opportunity for advocacy or campaigning to challenge a tangible example of discrimination the United Nations and key partners have failed to prioritize it. United Nations system organizations can play a more active role in urging member states to eliminate such restrictions and to adopt more appropriate policies that take into account public health realities and uphold internationally accepted human rights standards.

Key travel and mobility problem: national HIV-related entry restrictions

Some countries have no policies regarding the entry of HIV-positive people, as long as they meet eligibility requirements applicable to all individuals. On the other hand, a 1987 United States immigration law defined HIV as a "dangerous contagious disease" and states that all foreign nationals with HIV are "inadmissible" to the United States. In 1993, despite the contrary consensus of the public health community, the U.S. Congress further entrenched this law by specifically designated HIV as a "communicable disease of public health significance", for which foreign visitors, workers, refugees and immigrants should be excluded.

While, for the purposes of short-term visitation, an HIV test is not required, immigration officers have the right to detain or send back individuals if they suspect them of living with HIV. (Waivers — temporary exemptions from this law for up to 10 or to 30 days — can, on

occasion, be obtained, but it is neither always easy or comfortable to apply for one, nor will one necessarily be granted.) This law is particularly problematic given that the United Nations headquarters is located in the United States. Inability to visit and attend meetings at headquarters may not only be detrimental to the day-to-day work of positive staff members but also limit their long-term career prospects.

On World AIDS Day 2006 the United States President directed two branches of the U.S. administration to request and initiate a new rule that would expedite the process of people living with HIV entering the U.S. on short-term visas through the granting of a categorical waiver. However, at the time of publication, the specific implications of this announcement remained unclear and the details were still being discussed within the government. As the details of the waiver are worked out, UN+ strongly encourages the United States to adopt as flexible as possible an approach to the admission of foreign nationals living with HIV, particularly with respect to removing disclosure of HIV status as a specific requirement of obtaining a short-term visitor's visa or a visa "waiver".

At least 75 other countries have similar barriers. A handful of nations — now about 20 — have particularly rigid policies requiring proof of HIV-negative status before allowing anyone to enter for any reason. There are indications that such policies are becoming more common and are being enforced more aggressively. According to the U.S. State Department, "An increasing number of countries require that foreigners be tested for HIV prior to entry. It is usually required as part of a medical exam for long-term visitors, i.e., students and workers." If the test is positive, the student visa or work permit can be denied or the individual can be deported immediately, even if he or she has already been working or travelling in the country. The U.S. State Department's official website lists several examples of countries where HIV tests are required for at least some individuals:

- *Belgium*: Non-European Union nationals intending to study or obtain a work permit must undergo an HIV test by a Belgian-approved doctor in their country of origin. No visas are granted to people who are HIV-positive.
- *Russia*: No HIV-positive people are allowed entry into the country. Although proof of HIV status is not usually requested for tourist or

transit visas, an HIV test is required for stays of longer than three months. If the test is positive, the person is deported.

- *South Africa:* Tests are required for all mine workers, at all levels of employment in that sector. This often serves as a de facto barrier to entry to South Africa by migrant or other workers.
- *United Kingdom:* Anyone who does not appear to be in good health may be required to undergo a medical examination (including an HIV test) prior to being granted or denied entry.

Restrictions such as these can make it difficult for HIV-positive United Nations employees to attend conferences and meetings; visit friends and family abroad; rotate to other duty stations; and otherwise have the same travel opportunities, rights and responsibilities as their HIV-negative colleagues. HIV-positive spouses, partners and children face the same barriers. It should be noted that in some countries with official bans on HIV-positive individuals' entry and work, including the U.S., the restrictions have tended to be waived or not applied in the case of United Nations employees. In other countries, however, including China, the ability of HIV-positive United Nations employees to live and work in the country is limited because of mandatory testing with no waivers for United Nations employees.

As a result of this confusing and complicated web of policies, travel itineraries and agendas of staff living openly with HIV are often needlessly complex and time-consuming, a situation that can be potentially even more debilitating to people with compromised immune systems. The United Nations should encourage the removal of HIV-related work and travel restrictions in all countries, regardless of whether the laws are enforced in regard to United Nations employees.

Action to address travel and mobility problems and limitations

Two kinds of responses to mobility-related problems have been suggested by UN+ members: internal (changes involving United Nations policies and procedures) and external (changes outside the United Nations system that may occur as a result of United Nations advocacy).

A key issue related to the former is that of rotation policies. UN+ members feel that one-year deferment of the rotation (as allowed in UNAIDS) does not allow appropriate flexibility around HIV issues, such as the feasibility of identifying in the given time-frame a suitable post in a country without entry restrictions for people living with HIV and where their current antiretroviral therapy regimen is available. As one UNAIDS staff member concluded:

The rotation policy is meant to benefit the development of the organization and individuals, but

this should not be at such a high cost. If staff living with HIV or with partners/family members with HIV are valued by UNAIDS (as staff are led to believe), then senior management should recognize that the current policy threatens HIV-positive employees' long-term career development and relationship with the organization by limiting their options.

Moreover, it is essential for the United Nations system to address the fact that, according to several UN+ members, internalized discrimination is not uncommon — and it directly affects travel and mobility issues. One member, who has worked in hardship posts for several years (including after having been diagnosed as HIV-positive), related the following anecdote:

Recently I applied for reassignment. I had been told that a position was available in Africa and that I was welcome to submit my application. I was very enthusiastic about the prospect. My reassignment to that position was discussed at the reassignment committee. Following a request for reassignment by human resources, the UN medical services did not authorize my reassignment to that country. I asked medical services about the reasons for the refusal and was informed that a medical evacuation would be costly and that the agency could not take that risk. I do not understand the rationale behind weighing the risk of being involved in a car accident, for example, against that of an HIV-positive staff needing to be evacuated. If the agency is not in a position to take such a risk, it should consider not operating in any hardship duty stations.

The experience has been extremely frustrating and disheartening, especially for someone who has mostly worked in hardship duty stations. Despite having struggled for several years to prove I was fit to work, the message sent to me by senior managers (who did not want to push for obtaining a medical clearance for me) is that I cannot work in most places where the agency operates. So it will be a long time before I am offered positive career prospects by the agency, I fear. I feel let down. The experience psychologically undermines any efforts I have made and will continue to make at work.

This individual's experience represents a clear violation of the UN Personnel Policy on HIV/AIDS. The policy includes the following language regarding "fitness" to work:

- The only medical criterion for recruitment is fitness to work.
- HIV infection does not, in itself, constitute a lack of fitness to work.
- If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.

The above example is not unique and there is clear frus-

tration among UN+ members regarding the lack of transparency in how medical services make such decisions. There is an urgent need for clear and consistent information and rationale to be made available on which duty stations are considered acceptable for HIV-positive staff and how staff can challenge decisions made by medical services.

The following **internal changes** are suggested by UN+:

1. *Amend the UN Personnel Policy on HIV/AIDS to address travel and mobility issues of particular importance to HIV-positive employees.* Decisions about travel and assignment should not take into account HIV status unless specifically requested by the HIV-positive person. The policy should require that supervisors accommodate HIV-positive employees' specific needs whenever possible — for example, by creating travel itineraries that avoid countries with restrictive policies and ensuring that the individuals' health-related requests are met, including ensuring that appropriate treatment, care and support are available at all duty stations.
2. *Ensure that travel and mobility issues for HIV-positive staff are addressed in management training sessions and in the UN Learning Strategy on HIV/AIDS.* According to several UN+ members, many managers and supervisors continue to believe longstanding myths and misconceptions that a person is functionally disabled when he or she has HIV. They may therefore seek to place limits on the type of work and travel that an HIV-positive employee does. This often serves to reduce the employee's career prospects and is a form of discrimination. All UN staff must realize that being HIV-positive does not necessarily mean that an individual is incapacitated and cannot perform his or her duties. The only criteria for recruitment and job retention should be that the person is "fit for work". Conversely, UN+ urges HIV-positive staff not to take advantage of their status in order to request special treatment in instances where it is not necessary.
3. *Refuse to hold conferences, meetings, and other gatherings of United Nations staff members in countries where HIV-positive individuals' entry is prohibited or restricted to a greater extent than that of uninfected people.* United Nations agencies could also boycott AIDS conferences hosted by other organizations in such countries. Both of these policies should be applied across the United Nations system. Rare exceptions, such as meetings with the Secretary-General at headquarters in New York, should be discussed and justified in advance by UN+ members. These policies would set an example by upholding

the equal rights of HIV-positive people everywhere, including those working within the United Nations system, and draw attention to the restrictions by publicly stating the reason for the United Nations's position.

4. *Review rotation policies, if necessary, to ensure appropriate flexibility around HIV issues.* Some agencies' existing and proposed new policies, including those that include a possible one-year deferment of rotation, are too rigid in light of the barriers HIV-positive staff face. Because of travel and residence restrictions, stigma and discrimination, and the inequality in health provision in different locations, the policies may be difficult to implement fairly for United Nations staff members living with HIV and/or those with partners or family members with HIV. The United Nations should impose a more appropriate system-wide rotation policy that includes reasonable flexibility and provisions that take into account the complicated reality of HIV-positive employees' ability to move and travel for any reason, including work.
5. *Provide more extensive, easily accessible information about HIV treatment in every country where United Nations staff members are based.* Encouragingly, the United Nations system has actually anticipated the concerns of UN+ in this area. During the time that these papers were in development it transpires that the Medical Services Database was being created. The database will consist of two main parts. The first section will focus on HIV services in target countries including: focal point contact details; voluntary counselling and testing centres; organizations of people living with HIV; HIV treatment and care availability; and where to access PEP kits. The second section will concentrate on technical information on HIV services including: doctors; where and which antiretroviral treatment is available; other services offered; information on testing options; which drugs are available to treat opportunistic infections and where; support for people living with HIV, and HIV projects. Once launched, the database will be accessible on the UNAIDS workplace website at: <http://unworkplace.unaids.org/>.
6. *Establish a dedicated "medical pouch" system through which HIV-positive employees from across the UN system can order necessary supplies, including antiretroviral drugs.* This system would be of most benefit to individuals who are transferred regularly, so that they can avoid the inconvenience and potential health risks of treatment interruptions.¹

UN+ members identified the following potential **external action steps** to address travel and mobility concerns:

¹ The utility of this recommendation is illustrated by the following anecdote from a UN+ member: "The ARV combo I was using wasn't available [where I am now based]. So I had to find ways to deal with that. First of all, I carried one year's supply of meds with me. Since then, I have depended on friends and colleagues to get that particular combo from abroad because I don't want to change. If I had to take only what was available here, I would risk becoming resistant to some ARVs, and I don't want to take that chance. What I have to do now to get the drugs I want and need is complicated by the fact that getting meds from one country to other is not plain and simple. There are lots of customs regulations one has to follow or bypass somehow."

1. *Support the publication and distribution of regular reports by UN+ on issues for HIV-positive employees, including travel and mobility.* The UN+ Coordinator could take the lead in developing these reports. The reports could include anecdotes and updates of travel-related problems submitted directly by United Nations staff members. The reports could serve to note contradictions in various national policies — such as when a government preaches the importance of human rights yet still maintains laws barring entry to HIV-positive individuals. Such information and observations could help influence policy change.
2. *Local United Nations agencies and offices should be encouraged to raise the restrictions issue with government officials and policymakers.* They could play an important role in bringing together national networks of people living with HIV, local UN+ members and governments to discuss and give guidance on what changes are needed.
3. *Identify like-minded civil society organizations and collaborate with them in individual nations and globally.* Among the groups that have long sought to remove such restrictions are the Global Network of People Living with HIV/AIDS (GNP+) and the

International Community of Women with HIV/AIDS (ICW) and their national and regional counterparts. The UN+ Coordinator could help coordinate these kinds of coalitions and lead them when appropriate.

Travel and mobility restrictions have a negative impact on a positive HIV staff members' ability to do his or her job and advance a career through the system to the same extent as HIV-negative counterparts. While UN+ recognizes that some of the variables involved are outside the direct influence of the United Nations system and that each individual will have unique circumstances, UN+ urges the United Nations to focus on promoting and upholding the right of HIV-positive staff members to make the same choices as others with regards to travel and mobility. As one UN+ member remarked:

It is ironic that for many years the headquarters of the United Nations has been located in a country that does not allow people with HIV to enter. We need to hold the UN and its member states to higher standards than this - we are trying to serve these countries, not to burden them.



CONFIDENTIALITY

Whether or not they choose to be public about their HIV status in the workplace, most HIV-positive employees are concerned about confidentiality-related issues at work. Broadly speaking, there are two types of confidentiality:

- *institutional confidentiality* refers to the employer's direct responsibility as an institution (for instance, regarding medical records on file in human resources departments).
- *interpersonal confidentiality* refers to employees' relations with each other (for instance, through a mutually shared understanding that colleagues and friends will not divulge personal health information without consent).

Both kinds of confidentiality are important because HIV-positive United Nations employees live and work in a diverse range of settings and contexts. Some feel reasonably protected from confidentiality violations and their possible consequences, while others worry that confidentiality breaches could ruin their careers, destroy friendships and families, or cause them to be discriminated against socially, legally and economically. Such concerns are particularly worrying in workplaces and communities where HIV-related stigma remains strong and there are few if any ways to seek redress from privacy violations.

Existing relevant policies

The UN Personnel Policy on HIV/AIDS states that a person's HIV status is his or her own affair and must be treated by the United Nations and all its offices as confidential at all times. The policy specifically refers to the need to ensure confidentiality of all aspects of HIV testing (including whether an individual has actually been tested).¹

Policies at individual agencies and organizations should comply with the United Nations-system wide personnel policy. Presently, agencies interpret the broad policy in different ways, which means that

some have more comprehensive confidentiality policies than others. Some meet International Labour Organization standards, while others do not.² This inconsistency across the United Nations means that not all employees receive the same level of protection. A standardized confidentiality policy would address these concerns. It should strive to ensure the highest level of confidentiality protections possible. HIV-positive employees need to play a leading role in examining all existing confidentiality policies and participating in the development of a standardized policy that meets their main concerns.³

UN+ members' examples of confidentiality-related problems

UN+ members have raised the following concerns and questions about existing confidentiality policies and practices at agencies across the United Nations system. Many members were uncertain about the answers to the following questions:

- *Confidentiality related to administrative processes.* Do third parties have access to personal information within employees' medical and personnel files and in what circumstances? What processes are in place, if any, to ensure that unauthorized individuals do not have access to private personnel records and/or share them with others?
- *Confidentiality related to information-sharing among colleagues.* Do all employees recognize that they should not share personal information regarding co-workers, including any and all health issues? Are internal policies in place that explicitly forbid such disclosures? Are there specified disciplinary actions should such policies be violated?
- *Confidentiality violations related to ignorance and stigma.* Do all United Nations employees receive information and training about HIV on a regular basis? Do they recognize the stigma and discrimination that often accompany HIV

¹ The policy is available online at <http://unworkplace.unaids.org/UNAIDS/workplace/policies.shtml>.

² The International Labour Organization Code of Practice on HIV/AIDS and the world of work is available online at www.ilo.org/public/english/support/pub/online.htm.

³ It should be noted that World Health Organization, for example, has no policy regarding retaliation in the workplace. After years of delay, the agency is currently developing an anti-retaliation policy "with teeth in it" — in the words of one individual involved in the effort — that will include effective mechanisms to deal with instances of discrimination, including those regarding HIV. A policy of this sort has important ramifications for efforts to safeguard confidentiality and obtain redress (in a confidential manner) following violations. This draft policy will need to be reviewed carefully by all agencies and could serve as the basis for the creation of a system-wide policy that lays out an explicit, thorough anti-retaliation policy with appropriate provisions related to HIV.

and the reasons that personal information should be kept confidential?

- *Confidentiality of supervisor(s)*. Do supervisors need to know who is HIV-positive and for what reasons? If they are aware of this information, are they required to keep it to themselves or do they feel at liberty to disclose it to other staff members (even without the individual's consent)? What recourse does the HIV-positive employee have, if any, should he or she be discriminated against by a supervisor in terms of job tasks, promotion, etc.?

The ubiquity of such problems and their sometimes unforeseen consequences are evident in a comment from a UN+ member who attended the Amsterdam meeting. The participant accepted the invitation under the assumption that HIV-related confidentiality would be safeguarded. However, that did not prove to be the case. According to the member:

My authorization to travel to Amsterdam was sent directly to the travel unit in my office. The person responsible for travel concluded that I must be positive, and that person in turn decided to tell not only other people in the office, but people outside the office as well. This information eventually reached some members of my family, some of whom were not aware of my status.

The UN+ member decided to complain, but the initial response was far from reassuring:

I approached management and raised my concern about the way this was handled. But instead of blaming the person who revealed my status, management was more upset at the conference organizers for sending the authorization directly to the travel unit.

Ultimately, according to the UN+ member, it took direct intervention by a senior manager at the office to lay the blame where it belonged. The person who divulged the personal information apologized to the HIV-positive staff person, who accepted the apology but warned the offender that it was never appropriate to discuss confidential matters openly.

Proposed action steps to address confidentiality-related problems

Most of the action steps proposed by HIV-positive employees centre on educating colleagues about HIV and the reasons that confidentiality is so important. One key issue to stress in awareness-building initiatives is *personal choice*: an individual's decision regarding whether or not to disclose his or her HIV status must be respected. All employees, even if they themselves are HIV-positive, must accept others' personal choices regarding disclosure.

Among the proposed action steps to improve HIV-

related confidentiality in the United Nations system are the following:

1. *Training*, including awareness-raising workshops about HIV and confidentiality at all management levels. Workshops should, if possible, include the participation of at least one HIV-positive United Nations employee or other person living with HIV. For instance, it would be useful for all Human Resources staff members throughout the United Nations system to be given a refresher course on ethics and confidentiality, with particular attention to HIV issues. Such a course need not last longer than half a day and could be offered periodically throughout the year in the future. Alternatively, existing UN Learning Strategy on HIV/AIDS seminars could include information on confidentiality and disclosure.
2. *Review all existing guidelines and rules regarding confidentiality, and, to the extent possible, harmonize them across the United Nations system*. This process should be undertaken by an individual (such as the UN+ Coordinator) whose efforts are clearly supported by the United Nations Secretariat — so as to reduce resistance, meet a pre-determined deadline, and ensure compliance once mandated. Among the most important outcomes would be strict, clear rules regarding the processing of information within personnel and medical areas.
3. *Commitment to confidentiality from the top is needed*. Agency heads and senior managers must publicly express their acceptance of strict confidentiality policies and undertake to enforce them. There should be zero tolerance of unauthorized disclosure of an individual's HIV status by a third party. The channels for addressing involuntary disclosure and the disciplinary process for those who breach another's confidentiality should be emphasized in employee handbooks and training programmes.
4. *Increased access to confidential voluntary HIV counselling and testing*. Consistent with International Labour Organization guidelines, employers, employees and their representatives should encourage support for, and access to, voluntary confidential testing and counselling that is provided by qualified health services. From a practical standpoint, this would entail providing every employee with information on how and where to obtain HIV testing and counselling services anonymously. If appropriate anonymous services are not available in a duty station for any reason whatsoever, United Nations agencies should consider it a priority to identify solutions.

The newly appointed UN+ Coordinator will take on responsibility for working with the relevant people, including human resources personnel at UNAIDS, to ensure the above action steps are addressed. As one UN+ member has remarked:

Unless the UN makes a firm commitment to ensuring the confidentiality of its HIV-positive employees at all levels, it will continue to be a workplace where many living with HIV also live in fear.



HEALTH INSURANCE

At some time in their lives, nearly all people living with HIV need treatment. However, this is generally not just a matter of accessing antiretroviral drugs. Other components of comprehensive HIV care may include medicines to treat opportunistic infections and side effects; CD4 and viral load tests; sexual and reproductive health services; counselling; substitution therapies such as methadone; nutrition support and a variety of other services that can help people cope with and manage HIV and related conditions.

The full range of these services is not available in all countries. Even when available, they are relatively expensive and few HIV-positive people around the world can afford to cover the costs of HIV treatment from their own funds. Public-sector health care systems and not-for-profit care providers can meet some needs of people living with HIV directly. Others may be members of health insurance plans subsidized by employers or various private-sector entities.

United Nations staff members are covered by nearly 20 different insurance schemes.¹ In general, most existing plans help staff obtain access to a level of health care that they might otherwise be unable to afford — including antiretroviral treatment and other health costs related to HIV. However, UN+ members claim that many of the plans are far from satisfactory² and several have described their existing health insurance plans as confusing, cumbersome and inconsistent.

Some of the problems could be addressed fairly easily — such as simplifying and improving explanatory information so that staff can better understand their entitlements. More broadly, UN+ members would like health insurance benefits to be standardized across the United Nations system, similar to the system-wide pension scheme. This would guarantee that workers in every agency would have access to the highest level of coverage. Ideally, coverage across the system would guarantee comprehensive coverage to 1) a wider range of eligible family members, dependents, and partners; and 2) United Nations employees who are not currently eligible,

such as certain contract and part-time workers in many agencies.

UN+ members' examples of insurance-related challenges and problems

In discussions, UN+ members have highlighted two distinct yet linked issues: 1) broader challenges to comprehensive access to health care for HIV-positive employees; and 2) more specific problems with existing health insurance coverage. The issues identified as broad challenges to comprehensive HIV-related health insurance include the following:

- Scope of coverage (including how eligible dependents are defined).
- Complications related to direct billing and processing of claims, as well as delays in reimbursement.
- Continuation of coverage, especially when an employee leaves the United Nations system or moves to a different agency or office.
- Confidentiality, both within United Nations system personnel departments and external insurers.
- Discrepancies between duty stations in employees' ability to access antiretroviral drugs, even through their agency health insurance plan. For instance, several medicines have been approved and/or are readily available in some countries, but may not be in others. This can cause problems when HIV-positive employees travel and move, and constitutes an equity gap within the overall United Nations system in terms of medicine access.
- The type of United Nations employment contract often determines if and when an employee will have adequate insurance. These inconsistencies may not be appropriate or fair, the reasoning behind them may not be clear. In some cases, short-term contracts are used abusively to deny adequate benefits.
- Insufficient or poorly managed linkages between United Nations medical insurance

¹ One observer who has worked closely with UN employee groups counted 18 different insurance schemes as of September 2006.

² The quality and effectiveness of plans across the UN system vary greatly. Even within agencies, notable differences persist between national and international contracts, with the latter offering a more comprehensive level of services than the former. Some other agencies, notably UNDP and WFP, appear to have the ability to provide more extensive benefits to HIV-positive staff members. UNDP reportedly provides full coverage to all country staff, and WFP has been able to offer full coverage to a wider range of staff levels and positions (including certain types of contract workers) than other agencies.

and local health care services. For example, according to some United Nations personnel, doctors who are approved by the United Nations in individual countries may not actually follow United Nations policy and some of these doctors are thought to encourage staff to test for HIV in a coercive manner. Furthermore, medical officers in some United Nations dispensaries are reportedly not adequately trained to treat HIV and related conditions, such as opportunistic infections, or to offer appropriate harm-reduction or prevention services.

UN+ members have presented the challenges noted above as the starting point for discussions about policy change over the short and long-term. Some of the specific insurance-related problems that they have noted — and which they believe should be addressed — include the following:

- Under most insurance policies offered by United Nations agencies and offices, only 80% of health care costs are covered (except when total health expenses are deemed to be "catastrophic"). For many HIV-positive employees, however, the high cost of antiretrovirals — which are not considered 'catastrophic' costs until they amount to a high proportion of the individual's salary — means they are paying a significant sum out of pocket for their essential medicines. The expense can become overwhelming if spouses, partners or other family members also need antiretrovirals or other HIV services.
- While antiretrovirals are usually covered, United Nations insurance policies generally do not cover other important services that may be crucial to managing HIV — such as transportation and nutrition assistance. The personal cost of these items to employees can be significant, especially if spouses, partners or other family members also require them on a regular basis.
- Health care and medical policies are not consistent across the system. This creates equity gaps among United Nations employees, even when they reside in the same duty station but work for different agencies.
- Most insurance schemes, including WHO's Staff Health Insurance plan, seem complex and confusing to most employees. There is a lack of clarity in many agencies' personnel policies regarding eligibility, submitting claims, and obtaining feedback if there is a problem with a claim.
- For most employees, United Nations health insurance coverage ends or lapses after contract termination or pending renewal of contract. Such situations can have dire consequences should HIV-positive individuals and/or their dependents no longer be able to afford or otherwise have access to treatment.
- Staff briefings and information on health care

coverage and policies are often not provided.

- Memoranda of Understanding between United Nations agencies and medical service providers are often unclear. This can lead to unexpected denials of claims and other problems for employees.
- Reimbursement of medical costs by staff health insurance schemes is notoriously slow in some agencies; for example delays of up to four months have been reported at the African regional office of one major United Nations agency.

These challenges and problems can create substantial stress and financial hardship for United Nations employees and their family members. Many UN+ members are especially critical of the confusion and inconsistencies stemming from different insurance schemes and eligibility standards. One long-time employee noted the following:

From 1999 until 2001 I had a fixed term with [one UN agency] and had access to medical coverage, as did my dependents. But after joining [another agency] in 2001, I was not covered by any medical insurance because I did not have a fixed-term contract. Just recently, I was notified that I have in fact been eligible for health insurance since 2005, but since I'm on a service contract I'm the only one covered — not any of my dependents. This makes life very difficult since I have a child who is also on ARVs.

Proposed action steps to address insurance-related challenges and problems

The proposed action steps identified by UN+ members range from the highly specific to the more general. They include the following:

1. *The Secretary-General should create an internal task force comprising United Nations health care and insurance personnel and HIV-positive employees, as part of a process to address and resolve policy problems.* The task force should be charged with setting action steps to move from the current situation to pre-determined goals, with the emphasis on the concerns raised by UN+ members. The UN+ Coordinator should participate in the task force. The heads of all United Nations agencies should be asked to support recommendations made by the task force.
2. *The task force should review the medical insurance policies of all United Nations agencies, focusing particularly on benefits and coverage.* The goals should be to ensure that all United Nations staff members regardless of contract type or duty station have equitable access to a consistent, high-quality level of health care. This may require standardization across the United Nations system in terms of what is covered and offered by

insurance policies, although standardization should not entail the eroding of standards to a lowest common denominator. (The agencies that are considered by many observers to have the most comprehensive insurance plans for people living with HIV are United Nations Development Programme, World Food Programme and the World Bank. Their plans, policies and procedures should be examined closely to determine if successful elements could be applied across the United Nations system).

3. *The task force could also undertake a review of memoranda of understanding between United Nations agencies and insurance providers. The goal should be to improve service delivery and ensure consistency of coverage and health service quality across the United Nations system.*
4. *The task force should ensure that the criteria regarding eligible dependent(s) are consistent throughout the United Nations system. The 'gold standard' would be to expand the definition of dependents to include unmarried and/or same-sex partners; step/adopted children; children made orphans by AIDS who are being cared for by United Nations employees' families; and parents.*
5. *In performing its tasks, the task force may wish to undertake a comparative review of insurance policies, procedures and decision-making processes at other international organizations similar to the United Nations system. One organization cited by observers was the International Committee of the Red Cross and Red Crescent, the Geneva-based neighbour of several United Nations agencies. The Red Cross also has many HIV-positive staff members and employees around the world. According to one observer, Red Cross officials believed they would save money and obtain better policies if they contracted with a private insurer instead of setting up their own in-house system (as WHO has done, for example). Somewhat to their surprise, several private insurers were interested in bidding for a contract, even given non-negotiable provisions mandated by the Red Cross, including that there be no pre-coverage testing for HIV. That provision eliminated insurers' ability to consider pre-existing conditions in determining coverage. Several other provisions in the contract provide similar high levels of protection for HIV-positive Red Cross employees and their dependents.*
6. *United Nations agencies need to take direct action to eliminate delays in reimbursement of health insurance claims. This may require United Nations agencies and offices to allocate additional human resources to establish, manage and ensure compliance with strict reimbursement timelines and guidelines.*

7. *The task force could identify measures to ensure the efficiency and effectiveness of service providers in resource-limited countries. Achieving this objective may require new contracts with service providers and appropriate performance monitoring.*
8. *The task force could ensure that a system-wide death and disability policy is created that takes into account specific needs of HIV-positive employees and their dependents.*
9. *Each agency must provide a comprehensive orientation of all relevant policies to all new employees, with updates offered when policies or procedures change.*
10. *Each agency needs to distribute internationally recognized United Nations medical identity cards to all employees and their recognized dependents (currently only some have them). These cards would help eliminate delays and confusion among health care personnel who may demand or require evidence of insurance prior to providing services.*

UN+ is committed to working alongside senior management to address these issues. Meanwhile United Nations staff members living with HIV are forced to navigate a confusing and uneven range of health insurance schemes seldom tailored to or meeting their needs or those of their families and often with processes for making claims that risk breaching their confidentiality. To quote one HIV-positive colleague employed on a short term contract:

I wasn't eligible for any treatment in the first six months of my contract—I had to get a friend in the US to send me drugs during this time. I couldn't understand my entitlements; it was very stressful just trying to find out from human resources what my entitlements were. I basically had to disclose my status to them from day one. Sometimes it feels like the health insurance system has been set up to obstruct people living with HIV, not to care for them.



If you work in the United Nations,
are living with HIV and would like to
join UN+ please send an e-mail to
UNPLUS@unhcr.org.
All communication will be
treated confidentially.

Designed by Raffaele Teo: arteo71@hotmail.com
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UN+ PLUS
UN SYSTEM HIV POSITIVE STAFF GROUP