The One-stop Clinic and key responses to AIDS of the United Nations system:

Case study and brief institutional analysis

This is an executive summary of the UN Plus advocacy paper entitled *The One-stop Clinic and key responses to AIDS of the United Nations system: Case study and brief institutional analysis*. The full document is available online at www.unplus.org.

This case study and corresponding institutional analysis is the result of a peer-led study of people living with HIV that was commissioned by UN Plus in September 2015. Martin Choo, the principal researcher, who designed the study and produced this paper is trained in sociology and medical science research in public health, a board member of the Global Network of People Living with HIV (GNP+), and a community representative on three WHO Guidelines Development Groups: the 2015 antiretroviral clinical guidelines group, the 2015 consolidated guidelines for HIV testing services group, and the 2016 HIV self-testing guidelines group. Jackline Okinyi, the research associate, who coordinated the study and interviewed participants is a Kenyan national who used to work with the United Nations Educational, Scientific and Cultural Organization (UNESCO). She is currently pursuing her Master of Business Administration at the University of Nairobi. Both researcher and associate are living openly with HIV. The research team acknowledges Jane Sinyei (UN Plus in Kenya) for her invaluable logistical and coordination support, and Yoshiyuki "John" Oshima (Global Coordinator, UN Plus) for his guidance throughout the project.

For more information, please contact:
Yoshiyuki "John" Oshima
Global Coordinator UN Plus

UNAIDS
20 Avenue Appia, Geneva 1211, Switzerland
OshimaY@unaids.org
Office: +41 22 791 1048
Mobile: +41 79 103 6720
Skype: UNAIDS.oshimay

The One-stop Clinic and key responses to AIDS by the United Nations System

Overview of background and methods

In 2003, the UN Country Team for Kenya agreed to provide local United Nations (UN) staff living with HIV with 100% insurance coverage for antiretroviral therapy. That multi-agency response to AIDS in the workplace—which is called the One-stop Clinic intervention—is contextually specific, and it directly addressed the issue of stigma at the UN in Kenya: fear of HIV- and AIDS-related stigma had kept local staff from accessing HIV testing, treatment and care, resulting in 32 deaths from AIDS-related causes between 1997 and 2003.

This document recounts the case of the One-stop Clinic and the lessons learned from implementing the intervention, and provides brief institutional analyses that situate the One-stop Clinic among key interventions on AIDS by the UN, a synthesis of institutional analyses that assess the well-being of UN staff living with HIV, and an explication of an institutional mechanism for building strategic alliances within the UN system.

Closing the gaps as prerequisite for equitable access to treatment

The cornerstone of any AIDS response is access to HIV treatment. Antiretroviral therapy has revolutionised the AIDS response by changing HIV infection from a fatal disease to a chronic illness, thus allowing people living with HIV to lead productive lives. Despite this—and the fact that UN staff can access antiretroviral therapy through their existing health insurance plans—there are gaps in insurance coverage that have been hampering access and adherence to antiretroviral therapy. These required urgent attention.

UN Kenya sets precedent for universal access in the UN system

To this day, the One-stop Clinic remains the only service where local UN staff can walk into a first-class HIV treatment facility and be offered HIV treatment and services anonymously, and free of personal expense. The idea of giving local staff the best HIV care paid for by a common inter-agency fund indicates the view that antiretroviral therapy is a common good that is deserved by all. The courage and foresight of the UN Kenya senior management team, the UN Joint Medical Service (JMS) Chief, and the Resident Coordinator in making this service a reality at UN Kenya deserve special mention—future generations now have a precedent on which to base equitable and fair AIDS responses.

Unity as the key lesson of the UN Kenya AIDS response

The five lessons learned from the One-stop Clinic, as derived from the case study, are as follows:

1. As the united response by the majority of UN agencies at the Kenya duty station shows, leading by example increases the credibility of leaders. In contrast, the situation of non-participating agencies has forced UN staff living with HIV in these agencies to meet the full costs of HIV treatment on their own (prior to an eventual 80% reimbursement at a later date). This burdens staff who receive lower salaries and those with dependents who also require health care. As such, leaders who decided not to participate in the UN Kenya institutional arrangement may have eroded their credibility with their staff.

2. The UN Kenya experience indicated the importance of contextually specific interventions in the AIDS response. Stigma was a major deterrent to accessing antiretroviral therapy in Kenya in 2003, which led to the One-stop Clinic providing anonymous access to treatment. It is therefore important to resist replicating the service in its entirety elsewhere in the UN system in an uncritical manner; rather, it is better to emulate the service and its sensitivity to context.

3. Centred on prioritising confidentiality and the right of UN Plus members to the privacy of their HIV status, the lesson learned comes in the form of a challenge from a case study participant. The goal for UN Plus Kenya is to find an effective solution for the provision of psychosocial support, both for members who have disclosed their status to members of the staff association and for those who have not done so, while managing the privacy of all members.

4. The management of UN Kenya has learned that empowering staff is key to creating an enabling environment in the workplace. A beneficiary of the One-stop Clinic recalls how management leadership has been pivotal to finally enabling the individual to access care.

5. The overwhelming support for the UN Kenya response substantiates the concept of Delivering as One. This is reflected in the concept's capacity to unite agencies to face situations that affect staff, and to deliver a viable and just solution. Furthermore, adding HIV treatment to common service delivery also reverses the social process of stigmatisation by reversing how people living with HIV are differentiated and distanced from non-HIV infected individuals, and it enables people living with HIV to access material resources.

Innovation is central to an effective institutional AIDS response

The research explores the bigger picture of the UN response to AIDS, particularly the institutional elements that have been deployed against the epidemic. Five brief institutional analyses at different levels attempt to situate the One-stop Clinic within the broader context by elucidating key examples of institutional responses to AIDS that originated in the UN:

1. Level one focuses on the World Health Organization (WHO) and how its guidance on access to treatment from a public health perspective helped institutionalise access to antiretroviral therapy by simplifying the treatment strategy. Given that it also has been adapted to the constraints of resource-limited settings, this process has been key in the widespread adoption of the highly active antiretroviral therapy (HAART) regime.

2. Level two highlights the institutional arrangement initiated by United Nations Office at Nairobi (UNON) that not only ensures full coverage of antiretroviral therapy costs for local staff at the Kenya duty station, but that also provides anonymous access to care throughout the treatment process. The arrangement therefore addresses HIV stigma by removing patient identification, and it reverses the stigmatising process by incorporating antiretroviral therapy as a common service paid for by agencies, thus indicating that it is an essential service similar to utilities and security.

3. Level three underscores the UNAIDS strategy to galvanise the AIDS response through the institutional innovation by treating AIDS as exceptional. The strategy was rolled out by Peter Piot, Executive Director at the time, with two lectures that occurred before and after the strategy's launch: the first when he was

Presidential Fellow of the World Bank Group in 2003, and the second at the London School of Economics and Political Science in 2005. Besides the record funding obtained by UNAIDS with the deployment of the strategy, it also led to the adoption of country coordinating and reporting mechanisms in 103 countries, which have been crucial to scaling up the global response.

4. Level four situates the logic of providing access to HIV treatment expressed in the UN General Assembly declarations by tracing the commitments of Member States in five meetings that spanned 11 years (2005 to 2015). Following the development of institutional logic, it shows the lack of enthusiasm among Member States for universal coverage within a year of its announcement at the 2005 World Summit. That lack of support persists through the economic crisis of 2008, but it changes to overwhelming support in 2011, leading to the achievement of getting 15 million people on treatment by 2015. Since then, there has been a perceptible shift in institutional logic, moving from rights-centred universal access to the outcome-oriented goal of ending the AIDS epidemic by 2030.

5. Level five focuses on the institutional prospects of UN Plus. Since the organisation lacks legal status and institutional rights within the UN system, its actions are invisible to the system itself; this makes it difficult for UN Plus to advocate within the UN system for the rights of UN staff who are living with HIV. Its non-agency status, however, also makes UN Plus capable of independent actions, which it can operationalise by cultivating strategic alliances within the UN system for its advocacy goals.

The well-being of UN staff living with HIV has to be a key concern

Synthesising the five levels of institutional analyses brings the focus on the systemic level back to the group level, allowing for a more meaningful interpretation of the institutional analyses and their applicability to UN staff living with HIV. By adapting the capability approach framework developed by Professor Amartya Sen[1], the collective well-being of UN staff living with HIV is assessed in the synthesis of analyses.

The outcome of the synthesis shows that the collective well-being of UN staff has benefitted from the institutional responses on levels, 1, 3 and 4. At level 2, which concerns the UNON institutional arrangement, the lack of expansion of the service since its introduction 10 years earlier returned an indeterminate finding on improving collective well-being of people living with HIV. The analysis of level 5, which concerns the UN Plus institutional entrepreneurial response, could not be completed because the final outcome would always depend on the subsequent actions of UN Plus members in mounting strategic responses; as such, the synthesis entailed an indeterminate result.

Building strategic alliances for UN Plus within the UN system

Based on the results of the case study and brief institutional analyses, the study provides concrete and actionable suggestions in the form of an (informal) institutional mechanism for building strategic alliances that will be crucial to attempts by UN Plus and staff living with HIV to initiate any response to AIDS within the UN. From the UN

1 See Sen, A. (1985). Comodities and Capabilities, Amsterdam: North-Holland; also (1993/2003). Capability and Well-Being, chapter in The Quality of Life. Nussbaum, M. & Sen, A. (Eds.). Oxford: Oxford University Press. Published to Oxford Scholarship Online. DOI: 10.1093/0198287976.001.0001.

Kenya experience in mounting an effective AIDS response, four distinct phases of the informal institutional mechanism have been identified:

1. contextualising actual needs;
2. engendering a collective vision among members of UN Plus (in particular) and UN staff living with HIV (more generally);
3. concentrating the mobilisation on shared perspectives between staff living with HIV and UN agencies located in duty stations; and
4. generating political will for policy change within duty stations of the UN system through a cost–benefit analysis that includes indirect and direct benefits.

Steps 2 through 4 are non-sequential. Once elucidated, the mechanism will become formalised and operationalised.

Realising noble aims centred on the collective right to health

At systemic levels, institutions matter because they are extensions of collective human will. UN institutions, in particular, not only reflect collectives of people, but they also create the spaces where collectives can coordinate and facilitate intergroup functioning. In other words, institutions are not only instrumental to human realities, but they are intrinsic to the human experience of the collective and our collective social actions. In this respect, UN institutions hold particular importance to humanity, originating at the intersection of "untold sorrow of war," and the "dignity and worth of the human person."[2]

The institutions of the UN remind humanity of its determination and the resolve to combine its efforts to achieve noble aims. Reflecting on humanity's determination and resolve as the UN General Assembly prepares to meet for the High-Level Meeting on HIV/AIDS in June 2016 offers a reality that is laden with expectation: although the focus will be on Member States and their collective will to bring forth the reality of an AIDS-free generation, it is crucial that the vision be rooted in the human rights, solidarity and equanimity of all people living with HIV.

Enterprising advocacy for improved terms of recognition

As Member States of the UN General Assembly contemplate their collective commitment in response to the AIDS epidemic, so should collectives of people living with HIV in the UN system. They should reflect on UN staff infected with HIV who have not been reached with HIV testing, treatment and care. The institutional mechanism for building strategic alliances can help UN Plus improve the politics of recognition of people living with HIV in the UN system: it can propel the organisation to connect strategically in order to forge new polities around the right to health and equitable access to treatment, while also building social value for UN staff living with HIV in the UN system.

The full report is available online at www.unplus.org.

2 Cited from the preamble of The Charter of the United Nations (1945).

UN Plus is a global group of United Nations staff who are living with HIV.

If you are working in the United Nations system, living with HIV and would like to join UN Plus, please send an e-mail to unplus@unaids.org or visit www.unplus.org. All communication will be treated confidentially.


UNPLUS
UN SYSTEM HIV POSITIVE STAFF GROUP