Negotiating positive living within the United Nations system

A draft white paper

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HIV stigma continues to fuel the AIDS epidemic by depriving people of equitable access to treatment and work—especially individuals on the margins of society. Policies that are evidence-informed and contextually relevant are key tools for reversing the social inequities that have come to define the experiences of many people living with HIV. That is why, under the dedication and visionary stewardship of two successive Secretaries-General, the United Nations (UN) has adopted exemplary minimum standards of care for staff living with HIV.

This document is the result of a rapid assessment of how the UN system is meeting the current needs of staff living with HIV. The assessment, which was conducted between November 2014 and March 2015, was guided by two research questions:

1. What is the experience of working in the UN for people living with HIV?

2. How do people living with HIV negotiate positive living within the UN system?

Positive living is a lifestyle based on the right to health for everyone, and it enables holistic health by empowering an individual's physical, mental, emotional and social well-being. It is a way of life that recognizes the limits of individual choice and conceives of health as a negotiated process that is co-determined by individual choice and a myriad of social and structural factors.

Thirteen UN staff living with HIV were interviewed on particular aspects of their working lives within the UN system by a peer researcher who also was living with HIV. A confidentiality assurance protocol was developed and implemented, and interviews were audio recorded, thematically analyzed and presented as case studies with the identifying information redacted. Situational analysis explored the beliefs of UN policy-makers about the welfare of UN staff, particularly staff living with HIV, and synthesis of the information obtained was accomplished through systematic questioning of data and the development of plausible explanations for the situation under consideration. UN staff living with HIV contributed to writing the final paper, and UN Plus members peer-reviewed the content for community validation prior to publication.

A review of published literature elucidates three key concepts and their importance in the AIDS response: 1) structural stigma and its effects on both HIV-positive and HIV-negative people; 2) community mobilization as a critical enabler and the need for communal will on HIV prevention and treatment; and 3) positive living and its effectiveness as a personal HIV intervention strategy. An overview of the policy context showed that the UN has been at the forefront of AIDS response since its first workplace policy in 1991; in the years that have followed, UN policies have set the tone and direction of the global AIDS response, culminating with UNAIDS targeting the end of the AIDS epidemic by 2030.

Case studies recount aspects of working life within the UN system. They are divided thematically into five cases, which can be summarized as follows:

Case 1: **Working life** looks at work stress in relation to HIV status, and it explores how position and roles within the UN system have an effect on participants in negotiating positive living. Among the key areas of interest explored were the fear of HIV disclosure, the viability of treatment access, care and support within the UN system, and HIV awareness among colleagues.

Case 2: **Losing more** explores how participants view their jobs with the UN. This study provides vignettes that explore how employment with the UN system means more to staff than just routine work, how working with the UN has come to define their lives, and how the emotional and psychological strain that can ensue from work situations can become untenable.

Case 3: **Stigmatizing silence** presents the effect of HIV stigma on study participants. A particular area of interest unearthed by the study is the effect of the lack of privacy within the UN system on the information staff had shared within it. Case 3 depicts how this lack of confidentiality can have an impact on staff welfare.

Case 4: **Relocating responsibilities** depicts the difficulties that staff living with HIV have faced when they are relocated to other duty stations within the UN system. It also highlights the lack of responsibility within the UN system when it comes to ensuring that the welfare of staff living with HIV is protected.

Case 5: **Career Prospects** sums up the values of the UN system in relation to its fiduciary duties regarding staff welfare, and it spotlights the plight of a study participant who faced HIV infection, social isolation and despair.

A subsequent situational analysis of the case studies uncovered a system-wide policy gap governing the confidentiality of sensitive personnel information (including HIV status). Although some policies regarding privacy exist through medical services, staff and stress counsellors—as well as the human resources departments within a few UN organizations—the system-wide gap exposed staff to potential breaches of confidentiality regarding their HIV status. This in turn created conditions that made possible the abuse of power.

The situational analysis found the policy gap to be strangely out of place given the UN's role in pursuing a global policy context that recognizes both the importance of confidentiality in the AIDS response and the vulnerability to stigma of people living with HIV. It called into question the beliefs of UN policy-makers about the welfare of UN staff who were living with HIV and the importance they placed on protecting UN staff from stigma. The effects of the policy gap included increasing

the opportunities for structural stigma and the replication of HIV stigma; this resulted in diminished communal will (which is necessary for community mobilization) among people infected and affected by HIV, complicating the negotiation of positive living among staff living with HIV in the UN system.

The policy gap also places all UN staff, regardless of their HIV status, at a strategic disadvantage. The corresponding access to protective safeguards within existing grievance and whistle-blowing policies and procedures (including protection from retaliation as a result of these actions) is unclear or complex, and the lack of clarity about these protective safeguards increases the vulnerability of UN staff. Available data and analyses point to the need to learn more about UN policy-makers, leading to the conclusion that it would be more effective for UN Plus and UN Cares to reprioritize their resources for advocacy with this cohort.

This draft white paper therefore calls for an unambiguous, standardized and equitable policy on the confidentiality and protection of sensitive personal information about all UN staff that is harmonized throughout the UN system and in keeping with the spirit of Delivering as One United Nations. While deliberations are ongoing, this paper recommends three policy options to address the current unmet needs of UN staff living with HIV that were identified by the case studies:

1. Provision of HIV treatment is crucial for staff well-being and productivity. The current health insurance scheme, however, provides inadequate treatment coverage, and it disproportionately disadvantages staff who have fewer economic resources. The system's failure to prioritize access to treatment for staff who are being relocated also negates staff welfare. In order to reduce the financial burden and inequity that is inherent in the current scheme, this paper proposes the creation of resource pools at any level of the UN system that will provide staff

with means-tested financial support to offset the economic challenges that arise from the access to (and cost of) treatment. An example of such a resource pool is the Staff Emergency Fund (SEF) administered by the United Nations Staff Counsellor's Office (SCO).

2. The uncertainty and unpredictability of chronic illness has been addressed with reasonable accommodation for HIV-related issues. The tacit requirement of disclosing HIV status in order to access reasonable accommodation policies, however, prevents many staff who are living with HIV from enjoying those policies because of the potential for stigma (including self-stigma). Given that HIV non-disclosure is prevented by potential social vulnerability, adequate measures must be established to ensure that staff can obtain adequate social support with minimal loss of confidentiality. This paper seeks to strengthen the community network of HIV-positive staff by increasing the capacity, sustainability and reach of UN Plus' peer-to-peer system-wide support program with inter-agency contributions to core funding that are linked to measurable health outcomes.

3. The lack of respect and understanding about the disclosure of HIV status among UN staff—as made apparent by the unauthorized disclosure of confidential HIV status among staff—has created a trust deficit in the current system, which has a harmful effect on social cohesion and communal will (both of which are forms of social capital). To ameliorate distrust between colleagues, this paper calls for decisive action by the UN system to clarify the grievance and whistle-blowing policies and procedures in order to make reporting discrimination and harassment (including breaches of confidentiality) more accessible and easier for staff living with HIV. Policies and procedures for protection from retaliation also should be updated. This commission recommends setting up an online portal dedicated to receiving reports from staff about breaches of confidentiality. This, in turn, will allow the strategic channeling of available resources to proactively target problematic locations within the UN system with UN Cares and UN Plus advocacy programmes.

The three recommendations proposed here have been designed to meet the most pressing needs of staff living with HIV, helping them negotiate positive living as wider policy decisions are being made. This draft policy has been a community-centred effort, and it has been peer-reviewed. The actionable HIV intervention proposed represents a step-by-step roadmap towards realizing the model workplace for people living with HIV in the UN system. It corresponds with the intentions and wishes of UN Plus and its members in response to the vision set forth by the Secretary-General.

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

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