



UN Plus Evaluation

Full Report 2014

Executive Summary

UN Plus, the HIV-Positive UN Staff Group, has become many things to many people. This is both its greatest strength as well as its greatest weakness.

It is a strength in that the network has successfully managed to reach out to countless staff around the globe, directly or in-directly, and has made a real difference in keeping the United Nations (UN) system a responsible employer and has most certainly enhanced and even extended the lives of staff members on a very real, day-to-day basis. Although few see the tangible impact of UN Plus, credit should be given to the extraordinary impact the network has had in behind-the-scenes ways. It should be noted, for example, that having met with UN Plus members early on in his tenure, the response of Ban Ki-moon to the HIV epidemic, far beyond the reaches of his personnel, has been heartfelt and proactive. It is the opinion of many that this stems directly from his having had the chance to meet with HIV-positive staff and understand the issues from his staff and colleagues rather than simply from technical documents or briefing notes. It should also be noted that it was repeatedly mentioned that UN Cares could not be thriving as it is without UN Plus. The two organizations work well together, but UN Cares would not be as useful if UN Plus did not exist. As one person said, UN Plus is for individuals whereas UN Cares is for the system. And on a more practical note, there is evidence from Kenya that the cases of mother-to-child-transmission among HIV-positive staff have been virtually eliminated and credit has been given to the years of work behind UN Plus in that country. Indeed, it can be said that the existence of UN Plus has directly and indirectly had a beneficial impact on how the UN responds to staff well-being in many ways beyond HIV.

The weakness in this, however, is that the mandate of network is now spread too thinly and has become less focused by trying to do too many things. Just as the needs of an individual change from first diagnosis to managing life with HIV, so too do the needs of UN Plus. It seems, that unlike the individual, however, UN Plus has not been able to evolve, but rather has simply expanded the mandate to meet all needs on this spectrum and, in doing so, has a weakened momentum. There is a strong perception that UN Plus does not disseminate information effectively to the members regularly enough and that discussions seem to bottle neck at the level of the Advisory Group, in part because they are not able to meet regularly in person but also because there is little budget. Consequently, there is a disconnect from the global to country levels and some at the country level feel they are on their own to push the UN Plus agenda forward. The bigger issue, however, would appear to be the lack of structure and support for the coordinator – no longer a full-time position – to be able to meet the growing and increasingly disparate needs of the network. This should be seen as a positive growing pain of the network, but, nonetheless, a warning sign that as UN Plus moves forward, it needs to be restructured and pulled back into an alignment that will function within existing parameters of existing staffing as well as within the ever shifting UN system and global response to the AIDS pandemic.

The belief that UN Plus needs to continue as was articulated repeatedly in the remarks of nearly all interviewees, but it needs to do so with a clearer vision and concrete steps for the short, medium and long term. Clearly, as long as UN personnel continue to die of AIDS-related causes, UN Plus must remain but it must be revamped to fit the current

climate of the UN. By narrowing the focus in the short-term, UN Plus can then be better prepared to position itself within the UN response to HIV as the medium and long-term, post 2015, plans unfold.

For the next 6-12 months, the recommendation for where to house UN Plus would be to keep it within UNAIDS simply because moving the network at this particular moment, risks losing all momentum as the network coordinator would also be struggling to establish the role within another structure. For the long term, however, UN Plus should consider the various arguments listed below in the section "Location of UN Plus" and weigh each option in the context of broader UN changes and only then decide if the network should be situated elsewhere.

As such, the overall recommendation from this report is that UN Plus focus on three targets over the next twelve months:

- 1) **COMMUNICATIONS:** Build and rollout a clear communications strategy. Revitalize the push at the global level for advocacy to continue to ensure that the needs of staff are being met across all agencies, funds and programmes. This would involve disseminating a summarized update to current members of UN Plus on activities, membership levels and achievements over the past year, with a highlight on the current situation of UN Plus. Concurrently, seek input from as many members as possible on the current status of the four pillars (stigma and discrimination, travel and mobility, confidentiality and health insurance) to see where gaps must still be closed. Furthermore, it is key that UN Plus generate specific materials around the successes of UN Plus. Four examples could include:
 - Case Study of the success of the Kenya Chapter showing improved overall wellness of staff benefiting from UN Plus, and decreased rates of mother-to-child-transmission among the children born to UN staff living with HIV.
 - Promotional materials that can be used in induction trainings or other HR trainings where UN Plus should be covered.
 - Treatment literacy documents for staff to better understand both the options and implications of treatment and the life-saving, and career-extending, benefits of seeking and adhering to treatment in a timely manner.
 - A series of "Raise Your HIV IQ" materials could be devised including social media style quizzes, short videos or short narratives on issues most critical for UN staff living with HIV, including but not limited to the four pillars.

It is important to note that the learning element of UN Cares was lost a few years ago so we need to ensure that up-to-date materials are still being developed regularly and disseminated that keep up with the evolution of the epidemic and how it impacts staff.

- 2) **PARTNERSHIPS:** Strengthen alliances with other existing structures within the UN to share the responsibility of supporting staff living with HIV. For example, a stronger partnership with UN Globe could

ensure that the issues surrounding same-sex partnerships be met for all staff, regardless of HIV-status, so that UN Plus can remain focused on the areas that affect all HIV-Positive staff and their dependents. Another important link would be to work through the HR Network to ensure that each and every staff induction package and/or training include information on UN Plus, both to be sure that HIV-Positive staff know there is a support mechanism for them already in place, but also to raise awareness among untested or HIV-negative staff that the need both exists in the UN and is being addressed. This will help to make the issues real for those who already know they have HIV and might need support, as well as for those who are untested or HIV-negative but may need to consider these issues later, or at the very least, to understand that the UN does have staff living with HIV and takes the issue seriously. Additional suggested linkages are listed below in the section titled Next Steps.

- 3) **GRASS-ROOTS:** Strengthen the linkages at country level with UN Cares to ensure that staff living with HIV understand that the UN Cares' mandate is not simply to educate staff about HIV, but also to support staff already living with HIV through UN Plus. In places where UN Plus has functioning chapters, the impact is tremendous, particularly in Malawi and Kenya. In most other countries, however, staff simply do not feel safe to come forward but perhaps they can seek support through UN Cares where they can remain more anonymous. This notion was raised repeatedly as another way to strengthen not just UN Plus or UN Cares, but rather that UN system-wide efforts to support all staff and be a more proactive employer that encourages and embraces well-being. It is clear that when HIV is addressed, the overall well-being of HIV-Positive staff increases. In some cases, more so than staff dealing with other chronic illnesses so there is a strong lesson to be learned here for all UN personnel, regardless of HIV¹.

Clearly, it is ideal when a staff member can feel free to be open about their HIV-status but in a world where, fortunately, treatment is becoming more and more available and effective, there are also very good reasons for staff to keep their HIV-status to themselves. As people are living longer, healthier lives with HIV, they have more to lose than was the case at the start of the epidemic. UN Plus should remain cognizant of this fact and in no way shame any staff for not coming forward and being open about their HIV-status. Rather, the focus should be on showing the benefits of seeking support and starting treatment when medically indicated. Showing the extraordinary results from Kenya, for example, would put into focus the value of UN Plus both for other staff living with, or at risk of, HIV, but also for managers who will then see that this is not simply a "nice" staff initiative, but rather a life-changing network that keeps UN personnel functioning and productive. For without our staff, the UN really has little to offer the world.

¹ This comment came from Kenyan respondents and underscores the importance of doing a Case Study on Kenya to show the key elements on the case of the Kenya Chapter of UN Plus to show that UN Plus really does improve and in some cases save lives.

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Introduction

History of UN Plus

Although the UN has most certainly always employed people living with HIV (PLHIV), as early as 1995, UNAIDS began actively recruiting staff living with HIV, first through the PCB and then with the first full-time PLHIV joining the global staff in March 1996. As the numbers rapidly increased, from one at HQ to dozens around the globe, the need became increasingly clear that these same staff who were being encouraged to be open about their HIV status, were not in an environment that was either prepared to support them or clear to navigate. Indeed, as the mandate of the UN as a whole is to serve others, it is not a workplace that inherently places priority on its own staff. And yet we cannot serve others if we don't first care for ourselves. And so it was that the shift towards positive recruitment mirrored the world at large and necessitated an in-house movement of staff advocating for their own needs as PLHIV and out of this, UN Plus was born. Formalized in 2005, UN Plus serves over 200 staff from over 30 UN entities around the globe. As we round this first decade of the network, it is timely that we look at where the group excels and where work needs to be increased or begun.

Background of Evaluation

UN Plus was established in March 2005 with a view to creating an enabling environment for UN staff living with HIV. During the 9 years of its existence, the group has grown geographically and in terms of members at a steady pace.

Since its beginning, the primary emphasis of UN Plus has been placed on advocacy. With a view to bringing about positive change within the system, the group set four main issues of concern to staff living with HIV as its core advocacy foci: health insurance, stigma and discrimination, confidentiality, and travel restrictions. The group's advocacy efforts have met progress over the past years, but also have been hampered by various obstacles and challenges.

In the meantime, UN Plus has recognized increasing needs of support among staff living with HIV. While at the country level some organized support and care are provided by the respective country chapters and "Friends of UN Plus," UN Plus at the global level has started to offer more individualized peer support to those who are in locations where there are no UN Plus local structures.

In short, UN Plus has come to a point where the group recognizes the need for revitalized advocacy efforts with new approaches, but also increasing needs for providing support through innovative and culturally sensitive outreach strategies to staff living with HIV around the globe.

At the same time, it is also obvious for UN Plus that political, economic and social environments that have significant influence over its strategies and programmes have also changed dramatically since 2005.

In view of the above, UN Plus is attempting to assess its own position, including achievements and challenges to date, and envision the most viable future direction and this evaluation is the first step in actualizing this goal.

Rationale of Evaluation Process

This evaluation, by necessity, has been undertaken in a less traditional manner. In order to maintain the confidentiality of those interviewed, no names shall be included or quotes attributed. In short, nearly forty personnel (39 to be exact) – past and present – were selected in conjunction with suggestions from the UN Plus Global Coordinator as well as the inclusion of individuals known to the evaluator or recommended by other interviewees as the process moved forward. Personnel from all levels were included (G to P to D, as well as varying functions from support to clerical to management) and covered all regions except the Caribbean, as we were unable to identify anyone available to be interviewed within the timeframe. Also, the individual who spoke regarding EECA is no longer based there so information was slightly out of date, although it would seem not a great deal is happening in that region, despite epidemiological data that would suggest a growing need. Over the course of two months, these individuals participated in interviews primarily by Skype or telephone and supplemented through email correspondence.

It can also be noted that the interviewer is a former UN staff member and was the first openly HIV-positive staff member hired by UNAIDS at the beginning of the programme and, as such, brings a personal and professional background to the writing of this report. All answers and discussions were then compiled and the highlights have been extracted to build this report.

No individual interview transcripts will be made available to UN Plus or UNAIDS but the combined findings are attached as annexes.

Methodology

Due to the confidential nature of the network being evaluated, the methodology of in-depth interviews as selected as a means of qualitative data collection. The interviewer took extensive detailed notes, which were then transferred to issue specific documents and then summarized with repeating issues being highlighted.

By using open-ended questions, the interviewer was able to both find answers to the initial questions, but also allow the interviewees the opportunity to elaborate and discuss other issues as they arose. This approach resulted in a far more in-depth gathering of information than the initial questions (listed below) could have provided with only written responses or a yes/no questionnaire.

In turn, those data have been used to highlight new issues that have come up since the original design of UN Plus was developed. For example, as mobility issues have improved and more staff living with HIV are being assigned to duty stations away from HQ offices, the new – or rather more frequently found – issue of ensuring sustainable access to medications has come to the forefront and, as such, must be urgently addressed.

Additionally, by using this methodology which usually also involved a video link, the interviewer was able to ascertain the feelings of those interviewed, beyond purely pragmatic responses, which is critical as the purpose of UN Plus is to support and improve the lives of UN personnel living with HIV on as many levels as possible.

An hour was allocated for each interview although there were only six official questions. All questions were shared with respondents well before the interviews took place to allow them time to prepare and/or consider their responses at their convenience. Many of the interviews took slightly less time, but several took significantly more and the interviewer always encouraged those answering to take their time and even submit more information at a later date, should they wish, so that nobody felt pressured to answer in a limited amount of time.

Finally, as the interviewer is also a person living with HIV and a former UN staff member, and, as such, profoundly familiar with the issues at hand, all attempts were made to ensure that all issues were handled with care and compassion with nothing being omitted from the note taking or consideration for this evaluation.

Recommendations

Key Issues

The recommendations put forward stem directly from the responses of those interviewed to the specific questions asked. Below, the answers followed by the percentages of respondents asserting similar concerns-are broadly summarized in order of frequency to give a snapshot of issues raised.

Question 1: *What is the greatest added value of UN Plus?*

- UN Plus makes HIV real and visible as an issue for UN personnel and brings HIV into a more realistic perspective for all staff, not just those living with HIV. 75%
- Helps to break down the stigma and discrimination surrounding HIV. 50%
- Provides a safe space for HIV-Positive staff to find/give support to one another. 50%
- Provides an in-house advocacy mechanism for issues relating to staff living with HIV, which, in turn, makes the UN more aware of issues externally as we are a sub-sample of the population we serve. 50%
- Shows that the UN is a responsive employer and practices in-house what it advocates for the world. 30%

Question 2: *What is the greatest weakness of UN Plus?*

- Stigma and discrimination were raised repeatedly both in terms of external societal stigma but also self-stigma. For example, many staff are still not comfortable taking their meds in front of colleagues. Directly relating to this is a strong sense that members need to be empowered to advocate better for their own needs and raise their own HIV IQ. *It should be clear that stigma is not inherently a weakness of UN Plus but rather an obstacle that makes it extremely difficult for UN Plus to reach clear achievements.* 90%
 - Communication issues were raised repeatedly both in terms of within the network but also in terms of raising awareness beyond the members (from UN Plus also from SG and other champions) to help continue breaking down the stigma and discrimination that persists. Because there are fewer live meetings of
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members, regionally or globally, new communication channels need to be utilized, such as virtual meetings and other mechanisms. Similarly, it was specifically raised by about 35% of respondents that by necessity, UN Plus remains largely in the background, so is not visible or known, and there are too few “faces” representing the many members. 80%

- Not supported enough either institutionally (e.g. HR network or high level champions) or in terms of funding. 50%
- Confidentiality remains keys but in part for new reasons. It should be noted that many who may have been “open” in the past no longer feel safe to do so because they now foresee a long career ahead and do not want to jeopardize their futures – particularly in a climate when more staff are vying for the same jobs – by being seen just as HIV-positive, rather than simply a “professional” member of staff. This is a double-edged sword in that staff are living longer and remaining productive but, as such, now have more to lose by being “open” than individuals did before effective treatment options become available. In short, confidentiality needs to be respected for any and all reasons and should not negate an individual’s right or need to seek support. 25%

Question 3: *How does UN Plus differ from any other Staff Well Being initiatives or programs?*

- It is staff led, a grassroots initiative and staff feel it is a trusted entry point because the members walk the talk. 50%
- UN Plus is specific to HIV (vs. other staff issues) and can address individual needs which are informed by real issues that exist regardless of the UN and are not driven by management objectives, but rather staff needs. 50%

Question 4: *Do you believe we still need UN Plus and, if so, why?*

- Yes – 90% As long as new HIV infections occur, we need UN Plus because there is nothing else like it and no other place as safe for staff to turn for support. That said, 30% of respondents qualified that UN Plus needs to be revamped if it is to continue successfully. Stronger links should be made to other entities to strengthen the UN system as a whole and move away from HQ heavy focus to the needs of country duty stations.
- No – only two respondents stated that they didn’t feel UN Plus needed to continue as it is currently functioning but still commented that they hoped the environment would shift within the UN so that groups such as UN Plus could thrive rather than simply survive.

Question 5: *Where do you feel UN Plus should sit?*

- UNAIDS – Overwhelmingly, (75%) respondents seemed to feel that at least for the short-term, UN Plus should remain under the umbrella of UNAIDS so as to avoid having to reestablish a home for an already struggling network. It was, however, supported that stronger ties should be made with ILO for programmatic support as well as with other networks such as staff unions and UN Globe.
- UN Cares – Approximately 15% felt UN Plus could align directly with UN Cares and 10% felt UN Plus could be moved to the UN Secretariat in OHRM.

It should also be noted that all felt this issue should be revisited when broader decisions have been made in the UN post-2015 as to where and how HIV and AIDS will be addressed overall.

Question 6: *From your perspective, how does senior management view UN Plus?*

- The majority (80%) of respondents felt that both the UN Secretary-General (BAN Ki-Moon and Kofi Annan before him) and Michel Sidibé of UNAIDS are extremely supportive of UN Plus, with some noting that this support while genuine is not voiced often enough.
- Approximately 50% felt that Heads of Agencies were supportive early on, but have either lost interest or confidence in UN Plus and, as such, support is waning.
- The biggest problem, however, seems to be at the level of senior and middle management who either do not know about UN Plus, do not care about UN Plus or simply do not feel it is their mandate to support the network. This was raised by 90% of the respondents with statements that often combined all of those issues. For example one respondent said they had had a Res Rep who arrived and didn't know about UN Plus, but then was trained and became supportive. But once that person left, they had to repeat the scenario with the new Res Rep who had not previously worked on HIV and was unknowingly stigmatizing staff living with HIV. Similarly, when projects for other issues compete for funding, UN Plus often loses out and the struggle for support starts all over again.

It is with all of this in mind that these recommendations have been considered, shaped and put forward.

In moving forward, it seems key to explore the fact that UN Plus clearly breaks off into two directions namely individual and as a global network. Both are of equal importance and should continue, but they may be perceived as conflicting by some members when, in fact, it could be more productive to view them as tiers of response varying based on the needs of individuals. More specifically, these are the tiers observed:

Individual support: on a one-on-one direct basis, particularly for staff who have just found out they are living with HIV, indeed, UN Plus can become a lifeline. For many UN personnel, the fear of seeking support outside of the organization is overwhelming as they sense that if they are seen at local support networks they will somehow lose their credibility as working professionals. As such, it is doubly important that the UN continue to support interventions such as UN Plus and UN Cares to ensure that newly diagnosed staff do not fall between the cracks and fall sick due to lack of safe places to discuss their needs and issues, particularly in high-prevalence countries. Similarly, in low prevalence countries, the issue remains relevant but from the other side in that local services may either be scarce or hard to find or navigate, or might only be available in languages in which staff – particularly international staff – may not feel comfortable enough to discuss something as personal as HIV.

Organization-wide advocacy: this is a more systemic, strategic, level of activity for UN Plus and, again, remains equally important today in 2014 as it was in 2005 when UN Plus was created. Although much has happened in the four key areas outlined in the Position Papers (Health Insurance, Travel Restrictions, Stigma and Discrimination, and Confidentiality) much still needs to be accomplished. A mapping of progress to date on the four pillars would be most useful in planning steps for the next years.

Specific Recommendations

Specific recommendations which have been identified as most important to those interviewed and seem to be in the best interest of the broad membership are listed below and organized by both Programmatic and Operational areas for Short, Medium and Long term planning.

SHORT TERM [1-6 MONTHS]

PROGRAMMATIC

- UN Plus Coordinator to share this report with the Advisory Group by November 15th with a deadline of December 1st for feedback.
- Disseminate a succinct informational update through at least two channels (email, website) from UN Plus Coordinator to all members and partners, including information on the undertaking of this assessment, to ensure UN Plus members are up-to-speed and feel included. To be sent by the end of December 2014. Linked to this, once approved by the Advisory Group, this evaluation should be made available, at minimum, to the Executive Office of UNAIDS, the office of the Secretary-General and all who were interviewed to collect this data.
- In conjunction with the above, UN Plus coordinator to set up a simple feedback survey (via online site and/or email) to gather answers from members and partners (e.g. UN Cares coordinators) with questions related specifically to the issues of the Position Papers as well as a question asking what new specific issue(s) need be addressed that didn't exist when the papers were developed. For example, as mobility improves, are mechanisms adequate to ensure treatment reaches staff away from HQ duty stations. Questionnaire should be sent by the end of January 2015 with a deadline for responses of February 15th, 2015. Answers can be collected and assessed by February 28th, 2015 with general summaries shared with UN Plus member by March 15th, 2015. This, in conjunction with data gathered through this evaluation and other methods of collecting qualitative feedback, will provide the UN Plus coordinator and the Advisory Group a better sense of engagement of members and facilitate a more thorough mapping of UN Plus membership and related issues.

OPERATIONAL

- Advisory Group to be reminded of their roles and responsibilities toward the network and asked to consider their responses to the evaluation not only in their own context, but also as to how their suggestions will best impact the larger group; this can be done simply by having the UN Plus Coordinator share their Terms of Reference at the time of sharing this evaluation (by December 1st, 2014).
- Chief of Community Mobilization to allow UN Plus coordinator adequate time to undertake increased communication functions with membership and partners. To be designated in the workplan of UN Plus coordinator for the remainder of 2014 and first half of 2015.
- IT, Communications and UN Cares to work with UN Plus coordinator, as needed, to disseminate information above in a timely manner to support stipulated deadlines.

MEDIUM TERM [6-12 MONTHS]

PROGRAMMATIC

- Communications
 - Establish Learning Working Group by April 2015 to develop 3-4 specific activities to raise awareness for UN Plus around World AIDS Day for 2015. These activities could include:

- Case Study of Kenya Chapter
- Development of Treatment Literacy Document integrating experiences of UN Plus members to show the validity of the messaging around seeking treatment in a timely manner and how staying healthy also directly impacts staying gainfully employed and productive.
- Development of at least one Power Point slide and at least one handout summarizing UN Plus (what it does, contact information, and the need for its existence) to be integrated into all new staff induction programmes and added to continuing staff awareness/education programmes. Upload these documents to all HR/Staff Association intranets for all UN programmes, funds and agencies.
- Development of World AIDS Day messages for the Secretary-General and all Heads of Agencies on how UN Plus has changed the way the UN responds to staff issues, far beyond HIV, and should be valued as a key piece in making the UN a more responsible employer.
- Establish Communications Working Group by April 2015 to revitalize information flow from HQ to country level, and between levels, taking into consideration any new platforms that may be available. Group should develop a both a strategy to streamline communication flow as well as provide easy feed-back mechanisms to ensure that information sharing can happen in many directions as needed.
- By April 2015, look into mechanisms needed to provide backup for the HIV Hotline as it was raised by several respondents that the current suggestion of leaving the hotline to be manned only in NY UN Medical risks leave the line unanswered when UN Counselors are on duty travel.
- Partnerships
 - Develop, strengthen and/or revise Memorandums of Understanding by June 2015 with Key Partners such as:
 - UN Cares
 - UN Globe
 - FICSA/Staff Unions
 - UN Medical
 - UN Staff Counselors
 - HR Network
- Grassroots
 - By June 2015, following mapping through survey in the first quarter of 2015, designate regional focal points either directly through UN Plus or through UN Cares to strengthen network based on real needs.
 - In February 2015 (adjust as appropriate) at the UN Cares Global Meeting, recommend that UN Plus begin convening small regional meetings as a 1-2 day add on to UN Cares Regional Training Workshops.

- By end of 2015, enter into discussions with HR Network and Operations Networks/Common Services, to develop terms of reference for development of tool kits to assist country level staff to create UN Plus and/or Friends of UN Plus Chapters.
- By end of 2015, enter into discussions within UNAIDS Country Support to design clear guidelines for UNAIDS Country Directors to support the creation or strengthening of UN Plus chapters or, when necessary, to work with UN Cares to fill the gap.

LONG TERM [1-5 YEARS]

PROGRAMMATIC

- HIV IQ Raising Materials: develop a package of materials to improve the HIV IQ of staff living with HIV as well as those who are untested or HIV-negative. These could include:
 - Suggestions on how and when to disclose your HIV Status
 - Expand and disseminate succinct documentation on how HIV treatment not only saves lives, but prolongs our years of being able to work.
 - Tips for managers when supporting staff living with, or perceived to be living with HIV or other chronic illness.
 - Draw clear messaging from and further disseminate the Case Study on the success of the Kenya Chapter and how staff lives have been changed for the better.
- Integrate broader issues: Sexual assault, emerging epidemics (e.g. Ebola), SWB, other chronic illnesses.
- Strengthen link to HR Network to ensure issues remain on the agenda.
- Reaffirm clear mandate to support the implementation of UN Cares Minimum Standards and ensure that everyone understands that this supports all staff, including those already living with HIV.
- Review possibility of conducting a full “stigma index” style mapping of the UN system.

OPERATIONAL

- Positioning: Look at UN post-2015 and assess where HIV is mostly likely to be addressed and, within that context determine where UN Plus should sit.
- UN Plus Coordinator should present several options to the Advisory Group for the future functionality of the coordinator position to be studied and a recommendation put forward for the next workplan. Three examples could include:
 - Continuing with the UN Plus coordinator situated in UNAIDS as is currently the case, or situated within another agency.
 - Return to having various functions taken on by Advisory Group members, as was the original structure, therefore sharing responsibility and accountability beyond one individual.

- Consider creating a rotating function as is common with Staff Union representatives which could alternate each year, for example, and the individual would remain in the employ of their organization but be allocated 50% of their time to coordinate UN Plus from their current duty station.
 - Terms of Reference for future UN Plus coordinators should be updated and, if deemed appropriate, include a demonstrated background in HR.
 - Develop scenarios for UN Plus based on the options of:
 - Fully funded
 - Partially funded
 - Unfunded and returning to initial “volunteer” functioning
 - Work with UN Cares and the HR Management to develop a strategy to train/retrain senior and mid-level management.
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Annex 1 - Suggested Key Areas of Focus

- Stigma needs to remain front and center of all initiatives. Be sure, however, that it is addressed in ways that relates to the maximum number of staff. For example, looking at shame around sexuality could be a broader approach, which can include same-sex relationships without alienating those who feel excluded from that agenda.
 - Specifically around stigma is the issue that being “open” about HIV changes how others perceive PLHIV and can make them seem less “professional” or credible as colleagues. We need HIV-Positive leadership from within to counter this – e.g. D1s (but at least Ps and international staff) who are open about living with HIV.
 - “Professionalization” of UN Plus should be high on the agenda. By this, respondents suggested activities that would help empower UN Plus members to become stronger advocates for themselves and raise the overall HIV IQ of membership and, in turn, those closest to them. In short, to shift UN Plus from a simple support group to a stronger lobby for effecting change in the system.
 - Similarly, empower members to intervene and find mechanisms to provide basic skills in counseling as often staff living with, or at risk of, HIV only feel safe speaking to a UN Plus member or person known to be living with HIV who may or may not be adequately training to provide guidance to others.
 - Focus should shift from HQ towards regional guidance so as to best address issues specific to countries by region. While HQ advocacy needs to continue at the highest levels, as with UN Cares, the time has come to shift fine-tuning towards regional and, ultimately country (or at least sub-regional) scenarios.
 - Similarly, regional advisory groups should be established to feed into the global Advisory Group. These regional groups should work closely with the regional UN Cares teams. Meetings, global and regional, could be conducted virtually via Skype or other conferencing tools if/when limited funds prohibit live meetings.
 - Prioritize work towards 100% coverage of medication for chronic illness, particularly HIV, as many households have more than one person dependent on UN insurance to cover their medications for HIV.
 - For all future planning, clear consideration must be given to the fact that UN Plus is not a one-size-fits-all, one-stop source for all PLHIV. The needs vary tremendously so UN Plus must be strategic in focusing on a specific number of key areas and clearly indicating what it can – and cannot be – for members.
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Annex 2 - Suggested Specific “Asks”

- Ensure that any projects already started by UN Plus, such as the evaluation in DRC, have been both completed and shared with membership.
 - Systematize inclusion of UN Plus in all induction packages including printed materials and trainings. This will ensure both that the staff know of the existence of UN Plus, should they or a colleague need it, but also raise awareness about why there is a need for UN Plus to exist. Every induction presentation (e.g. power point) should have a slide on UN Plus and, ideally, one that is standardized for all inductions. Ensure that UN Plus is linked on all intranets, with all counselors and medical services, as a standard service available to all staff, both to get the word out as well as to normalize the issues.
 - Create a simple booklet for newly tested staff within the UN system about services and rights as many serve in countries where their first language is not spoken and may feel shy to seek information. Something that could, ultimately, be titled, for example, “Living with HIV and working for the UN: What are my rights and options?” It could be available on all intranets for discrete reading and sharing.
 - Similarly, create a simple guidance note with suggestions on how, to whom, and when to disclose which individuals can read at their convenience.
 - UN Plus has set up expectations over the years that are not necessarily being met under the current structure and, as such, it is critical that the UN Plus coordinator be allocated a travel budget to provide hands on support for country/regional activities in lieu of regional coordinators or until such point that those roles can be established and filled.
 - Develop materials with clear messaging about how treatment keeps staff alive, productive and gainfully employed so that staff who are hesitant to come forward see a clear advantage to seeking proper care and treatment in a timely manner.
 - Ensure that all UN Counselors and UN Medical, including UNVs, and HR staff are properly trained to support staff living with HIV, even if that means knowing the proper referral channels. This may become increasingly important as more “consultations” begin happening virtually via Skype as travel budgets are tight and increasing numbers of staff are being sent to remote and hardship duty stations.
 - And, with regards to remote and hardship duty stations, ensure that strategies are thought through to ensure that staff serving in such places are not left behind. This would apply to Somalia and Sudan, in particular, but also conflict zones like Syria, Iraq, CAR and DRC. Liberia, Sierra Leone and Guinea also need a strategy as the focus shifts necessarily to Ebola and our staff living with HIV may be particularly vulnerable to either being exposed to new problems or simply falling through the cracks as priorities turn away from their needs.
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Annex 3 - Summary of Survey Responses by Question

Question 1: What is the greatest added value of UN Plus?

- UN Plus provides a forum for individuals to express their issues around having HIV and working in the United Nations.
 - The chance to learn what is happening in other countries is invaluable.
 - We are a model element in a responsible HIV in the Workplace programme and we lead by example for other international employers.
 - UN Plus brings a face to the epidemic, and ends the “us and them” discussion for those who think HIV is only a programme issue for our beneficiaries.
 - This extends to staff and their dependents.
 - A key component of UN Cares and its success.
 - Makes the UN more credible.
 - UN Plus has had a positive impact in serving as a personal reference point on how the most senior managers – Secretary General and Heads of Agencies, included, respond to HIV far beyond within the system, but globally.
 - Strong partner to country level, regional and other international networks of PLHIV.
 - Peer support and activism.
 - A chance for HIV-Positive staff to come together and share their specific needs, sharing and not feeling alone is often half the battle to finding solutions.
 - Beyond the support that HIV-Positive staff receive, the testimonials of UN personnel living with HIV have had a strong impact on other staff on reducing stigma and discrimination so that not only is it a better workplace, we deliver more effective programming.
 - Mutual support without fear and in confidence.
 - Advocacy for policy and social change.
 - Also a place where individuals can discuss with others living with HIV on how to disclose to colleagues and even their own families.
 - UN Plus starts the discussion from a personal perspective and cuts through the bureaucratic discourse that often surrounds our programmatic areas of work.
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- It is a grassroots organization, driven by the needs of staff rather than what management thinks we might need.
- One country reports zero HIV-related deaths among UN Plus members since 2012.
- It is not aligned with HR or UN Medical which gives it a special kind of credibility.
- Another country reports zero MTCT among children being born to HIV-Positive staff because of the comprehensive nature of UN Plus and the links to other existing programs, like UN Plus, and in conjunction with UN Medical in that country.
- Gives a good place to test the “wellness” approach to health care for staff, which will benefit all and minimize stigma.
- Peer support, primarily for newly diagnosed staff, and advocacy for all.
- Can now shift to a longer-term look at professional lives with HIV as people are now living longer because of treatment and may fear their careers.
- UN Plus can create an even stronger “safe place” for staff.
- We couldn’t do UN Cares without UN Plus - when visible, it is incredibly powerful but we need more individuals to be visible.
- What UN Plus does is beyond any job description – people forget how diverse our workforce is and as we put real needs into action because it is not hypothetical and what we do can influence the member states, as well and their workplaces and future programs.
- *Conversations for Change* is excellent and should be used more widely - it brings hope that one can live a healthy life with HIV.
- The actual members cover the length and breadth of the UN system.
- Management focused more on in-house issues for all staff because of UN Plus, it has helped wellness across the board.
- Provides for PLHIV in the UN system to make sure their workplace is a safe environment – whether they are open or not.

Question 2: What is the greatest weakness of UN Plus?

- By default and necessity, the work is largely quiet and in the background to protect the members it serves but, as such, the work being done is not visible so there is a perception that nothing is happening.
 - UN Plus is simply not well known, or at least not well enough known.
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- UN Plus doesn't either have the "pull" it needs to change reimbursement schemes for ARV or other medical expenses.
 - UN Plus is not strongly enough linked to other networks like GNP+, ICW, IPPF+, etc.
 - Stigma and discrimination are still present and ever-changing and UN Plus is not able to change that on its own.
 - Not enough people are open and willing to speak about their experiences.
 - Staff still don't trust the system (UN Plus or not).
 - Staff are still embarrassed and/or afraid to take their meds in front of colleagues.
 - The needs vary dramatically for members for a variety of reasons (location, how long they've been diagnosed, the support systems they've built beyond the UN and so on) and so it tries to be too many things to too many people and has lost focus and power.
 - UN personnel, perhaps more than other workforces, suffer tremendously from self-stigma because they may feel they should have known better or feel they should already have the information at hand and rather than focusing on moving forward, they stay stuck in fear and ultimately hinder themselves from fully accessing the right information, care and addressing issues that affect them.
 - Lack of funding or clear structure.
 - Stigma fuels the challenges of UN Plus. In many countries, UN Plus is not much more than an internal support group and so the opportunities to bring about change are missed.
 - Not focused enough on advocacy or on long-term changes systemically at the country level.
 - As a whole, the UN workforce is fragmented and both diverse and dispersed and, as such, it is nearly impossible to have a collective sense of belonging to something so geographically, culturally and logistically disparate.
 - The needs are very different for different people and UN Plus cannot serve everyone individually.
 - The UN, overall, has a very low HIV IQ and UN Plus suffers because of this. It must be taken up more seriously across the system to enforce the Minimum Standards of UN Cares, which will make it easier for UN Plus to function effectively.
 - Global level advocacy is key and yet the function at HQ is not being supported.
 - Country level needs guidance to function effectively so the two must work together.
 - Communication – information flow – has fallen apart and country level members aren't aware of what happens with the AG or at HQ.
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- Not addressing the evolving needs of staff who are now on ARV who wish to maintain their professional credibility and chose not to be public about their HIV-status.
- The four pillars have not been followed up on, systematically, or if they have, people are not aware of where we stand on those issues, currently.
- Even within UN Plus, there can be an “us and them” mentality so that staff living with HIV who do not become “member” of UN Plus feel marginalized and do not seek proper care and treatment and, as a result, are still dying.
- This must stop so that all staff living with HIV can benefit from the greater efforts and not be forced into being open or “joining” UN Plus.
- UN Plus needs high-level advocates or champions – at the CEB level and above.
- Too personal – not systemic in focus.
- Many of those who were active at the beginning are tired yet nobody else is stepping up.
- When open as UN Plus we are no longer viewed as professional staff, only as PLHIV.
- Being open can actually diminish our authority when open as HIV-Positive.
- Weak funding and staff structure.
- Very few public faces of UN Plus.
- Low interest in HIV overall, some people wonder if HIV is still relevant and, as such, why does the UN support UN Plus.
- Why for HIV when not for cancer, not for diabetes, etc.
- Association with UNAIDS can be a weakness because it is seen as a UNAIDS program and not system wide.
- People don’t see any incentive to join – if UN Plus members got 100% insurance it could be an incentive.
- There isn’t enough advocacy in HR for staff – needs a stronger link to HR systematically
- Needs a high-level advocate [vs. the coordinator – very different roles] lacks \$ or financial clout to lobby for itself – not a unique or strong voice.
- No “official” links to HR or UN medical.
- Needs more advocates – members are so afraid of losing their jobs that they don’t speak out.
- Living in the shadow now of UN Cares – UN Cares needs to be more clear on its role in supporting staff living with HIV and give more platform to UN Plus to carve out its role and function more proactively.
- UN Plus is viewed by some as a support group primarily for African staff while others perceive it to be serving the needs primarily of gay men in the north. This divide is damaging and needs to be broken down, once and

for all, to see that UN Plus is there to serve all UN personnel living with HIV, regardless of gender, location or sexual orientation.

- There is also a perception by some that UN Cares is only for education and awareness and does not actually support staff already living with HIV.
- Lack of dialogue among members – HIV IQ is very low and inconsistent in the UN, even among members. The level of the conversation is too low – too personal – and not political.
- Many “members” do not have enough training to advocate effectively – need peer training to strengthen their capacities to change the system and speak effectively.
- Based largely on volunteer efforts – no open UN Plus in EE/CA so the reach is difficult – add to induction courses/docs so people know about UN Plus. Even UN Cares sessions don’t cover UN Plus in their sessions.
- Lack of regional structure – focal points, if not staff, at regional level would help.
- Such a diverse personnel is both good and bad – in MENA many have never seen a PLHIV – not having a test for HIV doesn’t make you HIV-negative, it just makes you ignorant (quote from Hidden Risk – DPKO video)
- Not enough on family issues is included. A parent with sick children does not perform well at work so we must consider the needs of families of PLHIV as well as those of the staff member(s).
- Women’s issues need to be pushed more as often the burden of care falls disproportionately on women, including our female staff living with HIV.
- Concurrent issues – mental illness, substance abuse, etc.
- Find out why the current thing isn’t working before replacing it with something new to “fix” it, such as replacing UN Plus with a broader wellness approach which risks diluting results for everyone.

Question 3: How does UN Plus differ from other staff well-being initiatives or programmes?

- UN Plus is the one UN organization that truly understands HIV and what it means for staff.
 - Neither UN Medical nor the staff counselors know enough to be of any real help to staff living with HIV.
 - UN Plus members have personal experience to draw from.
 - It is by and for PLHIV. UN Plus is HIV specific.
 - UN Plus was built from the ground up according to the needs of PLHIV, not what management thinks we need.
 - It was built by individuals who volunteered their time as a labor of love.
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- Although many of the original members have since moved on, the sense of ownership and practical needs remains and gives the network an organic sense of purpose which is unparalleled in other UN groups.
- UN Plus is built around real issues, not hypothetical scenarios.
- UN Plus offers the greatest HIV IQ – others fail to create a safety net for staff that counselors are not able to help – same for UN medical as they are not always knowledgeable about HIV.
- It is very specific and can influence others. It “walks the talk” we have the “watchdog” role and we have credibility.
- UN Plus is more advocacy and support group – staff group – not as systemic as UN Cares
- Different because it involves people who discuss issues directly vs. UN Cares which disseminates information
- Advocacy and Peer support – it set the bar for other illness and mirrors what happens outside in AIDS activism.
- It is unique in the UN system.
- UN Plus is a staff initiative vs. a paid function. UN Cares is a program – UN Plus is a network of colleagues.
- UN Plus members need to stand to see HIV as manageable and get over the drama. Stigma issues set it apart as well.
- It is a model of activism and community leadership driven by “hidden” nature of stigma around HIV vs. a job mandated. Health related concerns. Informed by outside activities (activism in the world).
- UN Plus is a mirror of the broader epidemic in the countries where we work.
- It is life and death versus “nice”
- UN Plus has the potential to be a strong activist advocacy movement within the UN system. UN Plus has the potential to support and serve UN staff living with HIV.
- It also has the potential to change the culture of the system.
- HIV specific – views workplace issues – through the lens of marginalized populations – for all who don’t fit the system – for those we are uncomfortable to talk about.
- UN Plus is a more trusted entry point

Question 4: Do we still need UN Plus and, if so, why?

- Overwhelmingly, the response was YES, we still need UN Plus.
- It does, however, need to evolve into something that reflects the current needs of staff which have changed since

- UN Plus was created a decade ago.
- UN Plus needs to evolve beyond being a network of country level support groups. It should be autonomous with a separate budget but working in close conjunction with UN Cares to maximize impact.
- As long as there new infections, no cure and stigma and discrimination are still real problems so UN Plus is still required.
- UN Plus plays a vital role in an effective workplace programme for the UN, and in keeping the UN accountable and “honest” as an employer.
- If we still need UNAIDS – and to respond to the global pandemic as the UN system – then we still need UN Plus.
- We need to reach zero deaths within the UN family. UN Plus should also link more strongly to other networks such as with the IPPF+, Red Cross/Red Crescent but also with ICW, GNP+ and other national and regional networks of PLHIV.
- There is nothing else that will fill the role of UN Plus so we still need it.
- Senior management need to be held accountable for supporting both UN Plus and UN Cares to ensure that the UN is a safe place for PLHIV to work.
- UN Plus needs also a stronger link to the HR Network.
- UN Plus is a key channel for information for staff around HIV and could be viewed more like a staff union to be more systemic in functionality.
- Until we can answer: “Who do I address if we don’t have UN Plus?” we need it. Sick staff can’t work and we need staff – UN needs to do more for SWB overall – especially in emergency duty stations (people often have 2nd family...very risky behavior – emergency sex).
- Yes – UN Cares needs UN Plus.
- We should tap into SG/HoA trips for other reasons to have them meet with UN Plus reps and/or staff living with HIV.
- Until each and every UN employee knows his or her HIV-status, we need UN Plus.
- It cannot be a box that senior management ticks off, it has to be owned by managers at the highest levels and taken seriously.
- UN Plus also serves a key role in educating HIV-negative or untested staff about the realities of living with HIV and the fact that one can live a good quality life with HIV.
- UN Plus plays a key role in keeping the UN in check, the system has not kept up with the epidemic and our policies are antiquated, particularly in terms of 100% coverage for ARVs and for other chronic illness treatment regimes.

Question 5: Where do you feel UN Plus should sit?

- Overwhelmingly, the sense is that UN Plus should stay with UNAIDS so as to minimize the risk of losing momentum simply by moving.
- UNAIDS is, at the very least, supportive to the mandate and will provide a safe place for UN Plus to function.
- It was felt, however, that it should be given more support than it currently enjoys because it has become an orphan and needs to be revitalized.
- People felt that it would only make sense to move UN Plus if it was to become a much larger entity but as is, or even revitalized but with a similar function, it would only lose momentum by moving.
- A number of respondents did suggest that UN Plus sit directly in the office of the SG, or at least at the UN Secretariat, so as to ensure the highest level of support and accountability.
- Another suggestion was to place it within FICSA to give it a stronger voice among the staff unions.
- The general sense was that although ILO at the HQ level does focus more on the workplace issues than any other UN entity, it does not have the presence or credibility at the country level to provide support to staff outside of Geneva.
- It was also mentioned that ILO is not perceived to be proactive in caring for its own staff and that should be taken into consideration. In that vein, UNICEF and UNFPA were singled out by some as being the most proactive agencies for caring for staff.
- There was also a strong sense that UN Plus should, ultimately, be situated with UN Cares as a partner with a separate budget but in close proximity to ensure a strong collaboration at all levels and entry points for advocacy.
- People would like to see a stronger link to HR at the highest level and while a very few people suggested
- UN Plus be situated in the UN Secretariat in OHRM, overwhelmingly respondents felt that UN Plus needs to stay clear of an official link to HR, or to UN Medical, because staff do not trust either function.
- At the country level, respondents felt overwhelmingly that UN Plus should be situated with UN Cares and that both need to have a strong link to the Resident Coordinator's office and the UNAIDS Country Director.
- UN Plus at the country level, further, needs to have direct access to Operations Management and Programme Management teams and their regular meetings.
- It was also mentioned, explicitly, that UN Cares needs to have more openly HIV-Positive people involved.
- Link to UN-Globe – UN Cares country team need to provide structures. Learn from other groups like UN Globe.
- Link to UN Response at country level.

- Stronger links to staff unions is critical.
- Depends on what is happening with UNAIDS.
- It needs to evolve but needs to sit wherever HIV is addressed and sit with management, not programs to make managers responsible to care for their staff.

Question 6: From your perspective, how does senior management view UN Plus?

- At the highest levels, UN Plus is viewed with respect, particularly by the current Secretary-General.
 - Sadly, it seems to lose visibility and strength rapidly as we go down the chain of command.
 - Some Heads of Agencies support UN Plus in real terms, but many are not on-board and do not take it seriously.
 - Another round of briefing systems of Heads of Agencies would not be unwarranted.
 - At the country level, things are very inconsistent.
 - Even in the hardest hit countries, new managers rotating in often have no experience with HIV and can be the worst perpetrators of stigma and discrimination, often unknowingly but sometimes knowingly.
 - Frequently any managerial support feels like lip-service and that they simply support UN Plus to tick a box and get it off their “to-do” list.
 - Sadly, some managers still do not know what UN Plus is or even that it exists.
 - They may know of UN Cares but even that is not always a given.
 - There are, of course, exceptions to the rule where managers are extremely knowledgeable and supportive, but they seem to be the exception.
 - Michel Sidibé is seen to be supportive but increasingly only in the sense of photo opportunities. Neither the SG or Sidibé (or other Heads of Agencies) take time to meet with UN Plus members during their country visits – or at least not often – and this should change to send a message to other senior management that this is an important issue worthy of their time.
 - Across the board, the UN is not perceived to care about their staff and HIV is no different.
 - We exist to serve others and staff needs come last.
 - This is an organizational flaw that negatively impacts the lives of staff with or without HIV.
 - Also, there is a perception that staff in NYHQ don’t need support.
 - One respondent reported being shocked when a senior member of management that seemed supportive of HIV and AIDS work made a statement that “we are all supposed to be clean”.
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- Like other areas of the response, there is a sense of AIDS-fatigue and many managers are tired of hearing about UN Plus (or UN Cares) and do feel it is relevant to their staff or themselves.
 - There is a shocking gap between UN SG and line management. Even within UNAIDS at the country level, managers are not always aware or supportive of UN Plus.
 - Several people singled out Donna Maxfield Caulfield as being very supportive.
 - Helen Clark was also singled out as being very supportive in real terms.
 - Some managers are supportive simply because they see it as a feather in their cap so they may be doing it for the wrong reasons (personal advancement vs. keeping staff healthy and working) but they are at least on board consistently. They see it as a win-win.
 - Few medical professionals or staff counselors are proactive and on-board.
 - This is also not necessarily an area where UN Plus should focus because we don't want to risk having HIV seen as only a health issue or one that implies all staff living with HIV need psychological support to function.
 - Managers need tangible issues to work on and UN Plus may feel too vague for them to know exactly *how* to support it.
 - Funding is only provided when there are clear "asks" put forward.
 - Meetings for staff to discuss personal issues are not enough to justify a line item in the budget. In countries where HIV is not high on the agenda, UN Plus (and even UN Cares) remains nearly invisible. These managers, in particular, need to see a benefit to their staff for spending time or energy on workplace programming.
 - For most it is a matter of being politically correct but not sure they really care. They say nice words but it is a fairy tale in reality. UN Plus does not bring or attract spectators and audience under their perspective so I guess it has fallen into the ditch of oblivion. It is not sexy to the outside world so they don't care because it won't make them look good.
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Annex 4 - Summary of Recommended “Next Steps”

- Talk to the membership
 - Be clear on what the “asks” are – insurance is still a problem – hardship %s are changing
 - Define what it wants to achieve
 - Peer support and Empowerment are key
 - AG and Members should read this report – as well as all interviewed and senior management and SG’s office
 - UNAIDS, SG, discussions and with UN Cares
 - Limited \$ for outreach and visibility – everyone in the UN should know about the existence of UN Plus - mass campaign (include in induction packages/trainings)
 - Better identifying of the key issues – stick to the ones that are universal, like stigma, vs. agency specific like insurance. Fear of discrimination vs. actual discrimination
 - Develop a clear plan of action – are we a support group or do we provide services? Should we have dues? E.g. the bank retains a lawyer to help staff
 - Increase visibility esp. in country offices – if there isn’t \$ then come up with a back-up plan...if no \$ put it in UN Cares
 - Be sure we’ve closed out any old projects or activities that are no longer relevant before adding anything new to the mandate or workplan.
 - Re-engage aggressively, the members and revitalize the discussions – represent a few scenarios for taking the work forward – in the absence of global meetings we need a new strategy for advocacy
 - Stigma – do a mapping and find out what is happening in our countries
 - Get some more global committees going to cover topics and have people from around the world to give input
 - Pick 2-3 short term activities (health insurance) and longer term – where do go post-2015 architecture
 - Put 100% ARV coverage in place for all with a timeline
 - Look at relationship with UN Cares. How does UN Plus relate to other organizations – staff association, staff counseling, UN medical, etc.
 - Reach out to UN staff – rights info sharing
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- Strengthen conduit for information to reach staff beyond “UN Plus members” – the work of UN Plus benefits all regardless of membership
 - Link to staff associations. UNAIDS staff association, for example, is not linked to UN Plus.
 - Provide more to UN Plus Coordinator as we move forward.
 - Next UN Plus coordinator could have a strong HR background – that might help – or train the current one as HR issues seem to dominate the agenda
 - Need more Friends of UN Plus chapters – where the work is focused specifically it is more effective
 - Follow up always: don’t just launch but follow up – don’t just launch and forget it
 - UN Plus needs to do more advocacy and raise visibility
 - Send even one email a month to let people know what exists, esp. UN Plus (maybe with other staff initiatives)
 - Share that when people are linked to UN Plus it makes a huge difference – they’re hopeless when alone but feel supported and hopeful with UN Plus network support
 - Keep the support going between UN Cares work without “outing” anyone.
 - Re-launch UN Plus now with evidence of how much it helps
 - Utilize stigma index study – use those results to UN Plus advantage – could be very helpful
 - Do a strategic mapping to see where UN Plus can add value to existing groups (UN Globe, SWB initiatives, etc.)
 - UN Plus UN Cares Staff Counselors UN Medical HR – do a brainstorming on how to move forward
 - Advocacy – make people see that it is everyone’s issue
 - Talk to HR – make sure HR tells new staff about UN Plus through induction process
 - Get a high-level (SG with Sidibé) message to country level reminding UN system of the importance of UN Plus and how our staff reflects the epidemic – prevent new infections and HIV deaths – advances the state of the art care and prevention like PREP – PEP and successes of T₃ as prevention
 - Roll out messages – HofAs to country reps to managers to staff
 - Organize meetings to discuss these messages so it is not just another memo – conversations are key – create more learning opportunities
 - Continue to advocate at global level on behalf of all members
 - UN Plus and UN Cares need to be included in orientation for new staff with a contact name and email given [consider including hotline with UN Plus number as back up since counselors travel]
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- Allow for UN Plus to enjoy some anonymity within UN Cares umbrella
 - Keep message clear that we need to keep staff alive
 - Medical services – UNV medical officers – also need training esp. on HIV including UN Plus/UN Cares
 - Creating UN Plus regional coordinator positions would help
 - Share info re ARV for staff (+ or prog) to see how it changes lives – make this real for people – present it for everyday understanding vs. scientific data
 - Continue to cover the basics because workplace transmission is still a fear
 - Normalize HIV
 - Agree to learn from UN Globe – change mindset
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Annex 5 - General Comments and Suggestions

- Global level advocacy needs to not only involve senior management; it needs to *target* senior management. They need to remember that we are staff first, PLHIV second, and as such we should never be tokenized or belittled for being open.
 - Look at linking to staff well-being, as well as occupational health, but do not propose taking over, only to fill in where UN Plus can add value as other initiatives move forward.
 - It is not just about HIV but how to help people function within the context of a workplace where everything is due yesterday and that it is our mandate to serve others first.
 - *Conversations for Change* is a valuable tool that should be better and more widely utilized.
 - Recognize countries and individuals (ideally by the SG) who are making things change, for example Kenya and Jane Sinyei, specifically, who was mentioned by many as warranting recognition for her contributions over the years. Certainly there are also others who could be recognized and it could be away for staff to see that their contributions are appreciated.
 - The value of PLHIV in UN Cares sessions cannot be underestimated – it is so important – doubly so when sessions are live. But more people need to be willing/able to speak, as it is exhausting for the few who currently do.
 - If we can't have faces of staff living with HIV, at least we need voices through quotes (initials or anonymous) to give credibility to issues raised.
 - A Phase Two stigma campaign would be terrific. The first one had great impact and more of the same would be useful. The "stigma free zone" poster, for example, helped some individuals feel more confident to be themselves in the workplace.
 - By working with UN Cares, whenever regional or sub-regional trainings are planned, UN Plus can easily add one or two days for UN Plus members to meet face to face with little added cost. This will also strengthen their linkages to UN Cares teams and work.
 - Similarly, another option suggested would be to create a buddy system for conferences (IAS, ICASA, etc.) pairing a UN Plus representative with a UN Cares learning facilitator to attend conferences (national, regional, global) with the specific intention of building their in-house response at their duty station or regional hub.
 - In countries where HIV is still basis for deportation, Res Reps can use this as an opportunity to speak to governments and see what is the rational behind their laws and push the agenda. In places where the government policies clearly will never change, not even for UN personnel, a list should be made available to all staff – and publicized within the UN – so individuals can avoid applying to posts in such countries. Furthermore, by raising awareness of such laws, we will also be raising awareness of all staff as to the on-going human rights violations still in place against PLHIV in the world.
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- Family issues are not being systematically included in the UN Plus agenda and should be. Staff who are worried about their dependents are often less productive workers.
- Drug use is not being addressed adequately and yet is a growing issue in many regions for staff with, or at risk of, HIV.
- The members of UN Plus live what UN Cares is there to support.
- PLHIV still need and want to work. They don't all want to be put on disability. In the case that someone does apply for disability and it is denied, how do they then reenter the workforce without that being held against them?
- UNAIDS and the UN across the board should capitalize more on UN Plus (and UN Cares) to show partners that it responded to a need and created a best practice that has shifted the entire UN system.
- Each UN agency, programme and fund could have a UN Plus focal point to make sure information is shared across the system. Similarly, the UN Secretariat should have a point person within the SG's office and HQs of DPKO, DSS, etc. to disseminate information to all attached to the UN system.
- Integrate issues around sexual violence throughout as this was raised repeatedly from nearly every region as an issue that is not only critical for staff living with HIV, but also for UN personnel across the board. Sexual violence is already well entrenched in many cultures and is increasingly being used as a tool of war in conflict settings, including refugee camps and places where UN personnel serve. The shame surrounding this keeps many UN personnel from speaking openly and they may either put themselves at risk or already have been the victim of such assault and unable to seek proper physical or psychological support to move on from that/those experience(s).
- Consider a "dues" based network so that should UN Plus ever wish to engage the services of legal counsel, funding could be used that would be taken from an impartial source, vs. legal counsel UN payrolls.
- Many miss the e-group and the extensive sharing of information that took place there. Perhaps an alternate HIV Education forum could be identified (Project Inform or Body Positive) and UN Plus members could be encouraged to join their list-serves with anonymous Gmail accounts, if the UN Plus e-group is not to be revived.
- Advocacy is often lip service by HoAs because its mandatory – they do it only because it is mandatory...they don't really care, esp. senior management
- Management needs to take it seriously – understand that we're supporting staff quietly in the background to keep the work going – don't take staff for granted – yes they can hire new staff but they lose institutional memory and the investment they made into training staff Plus it makes us look bad as an employer if we don't support our staff living with HIV or other chronic illness
- Health insurance – different coverage makes it difficult
- Driver – GS2 on ARV + wife and kids – they need 100% coverage for all in the family

- Silent discrimination
- *UN Plus saves lives.*

For any comments or suggestions, please send an email to unplus@unaids.org
