

1 Be Aware

KNOW
THE FACTS
ABOUT
HIV AND AIDS





WE KNOW THAT:

- HIV is a virus that destroys the body's immune system
- HIV transmission can be prevented
- HIV can be passed from one person to another
- there is no cure for HIV infection, but treatment exists to help people live healthily with HIV for many years
- the UN is committed to providing us with the information and support we need to live and work in a world with HIV
- the UN is committed to ensuring that our workplace is one in which people living with HIV are treated fairly and with respect
- we all have rights and responsibilities concerning HIV

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HIV
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HIV attacks the body's immune system.

By weakening the body's defences against disease, it becomes vulnerable to a number of potentially life-threatening infections and cancers.

What is HIV?

Human immunodeficiency virus, or HIV, is the virus that causes AIDS. It attacks the body's immune system. By weakening the body's defences against disease, HIV makes the body vulnerable to a number of potentially life-threatening infections and cancers. HIV is infectious, which means it can be transmitted from one person to another.

How is HIV transmitted?

HIV is transmitted through:

- **unprotected sexual contact**, primarily through unprotected vaginal or anal intercourse with someone living with HIV. Worldwide, sexual intercourse is the leading mode of HIV transmission. Oral sex is very unlikely to result in the transmission of HIV, but risk increases if the mouth or genitals have cuts and/or sores;
- **exposure to infected blood**. The most efficient means of HIV transmission is the introduction of HIV-infected blood into the bloodstream, particularly through transfusion of infected blood. Most blood-to-blood transmission now occurs as a result of multiple use of contaminated injection equipment during injecting drug use. Use of improperly sterilized syringes and other medical equipment in health-care settings can also result in HIV transmission. The UN Medical Services are required to take all the necessary precautions and use only new or sterilized equipment. We in the UN system are unlikely to become infected this way if using UN system medical facilities and facilities approved by the UN system. Extra precautions should be taken, however, when using medical facilities not approved by the UN, as the UN cannot ensure the safety of blood supplies or injection equipment obtained elsewhere. It is always a good idea to avoid direct exposure to another person's blood—to avoid not only HIV but also hepatitis and other blood-borne infections;
- **transmission from a mother living with HIV to her child**, during pregnancy, during delivery, or as a result of breastfeeding.

Are you sure that these are the only ways that HIV can be transmitted?

Yes. HIV is the most carefully studied virus in history. Overwhelming evidence indicates that *you cannot become infected or infect others in any of the following ways:*

- shaking hands, hugging or kissing
- coughing or sneezing
- coming into contact with saliva
- using a public telephone
- visiting a hospital
- opening a door
- sharing food or sharing eating or drinking utensils
- sharing toothbrushes
- using drinking fountains
- using toilets or showers
- using swimming pools
- being bitten by a mosquito or any other insect
- working, socializing or living side by side with people living with HIV.

Is HIV preventable?

Yes, HIV infection is preventable. As personnel of the UN system, we are entitled to information on HIV prevention, access to male and female condoms, and referrals to sources of counselling and testing. The next chapter of this booklet, 'Protect Yourself and Others', outlines how we can avoid exposure to HIV through any of the three modes of transmission, as well as how we can obtain HIV-prevention information in the workplace.



People living with HIV
look and act
just like people
without HIV infection.



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of HIV infection,
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If HIV infection is preventable, why is the HIV epidemic still progressing?

Changing sexual or other risk behaviours is not easy. Factors such as emotions, perceived risk, knowledge and attitudes, social influence, norms, power dynamics, religion, cultural practices and socioeconomic status all influence the individual's behaviour.

What is AIDS?

If left untreated, HIV will almost always deplete the immune system, leaving the body vulnerable to one or more life-threatening diseases that normally do not affect healthy people. This stage of HIV infection is called AIDS, or acquired immunodeficiency syndrome. The more the immune system has been damaged, the greater the risk of death from opportunistic infections (infections that take advantage of weaknesses in the immune defences).

Experts agreed on the term AIDS in the early 1980s, before the discovery of HIV, to describe the then new syndrome of profound immune suppression. Today, AIDS is understood as the latter stage along a continuum of HIV infection and disease.

Without treatment, HIV generally takes 8 to 10 years to progress to AIDS. A few weeks or months after infection a person may experience a 'flu-like illness' (seroconversion illness) and then feel well again. The interval between initial infection and the appearance of symptoms indicating advanced HIV-related disease (AIDS) varies, however, and appears to be shorter for persons infected through blood transfusion and for children.

What treatments exist for HIV infection and what are their impacts?

Several different types of medicines exist to treat HIV infection. These medicines attack various aspects of the process by which the virus replicates itself. Because HIV quickly mutates to become resistant to any single drug, patients must take a combination of medicines to achieve maximum suppression of HIV.

The combination of medicines is known as *antiretroviral therapy*; some people use the term ARV (antiretroviral) treatment. Antiretroviral medications or drugs are used to treat children and adults

infected with HIV, to prevent transmission of HIV from mother to child, and as a preventive therapy after exposure to HIV infection (also called post-exposure prophylaxis). Starting antiretroviral therapy early in the course of HIV infection in infants and children has also led to significant positive changes in the survival of children living with HIV.

Antiretroviral therapy changes the natural course of HIV infection, significantly extending the period between initial infection and the development of symptoms. To achieve this, it is important to diagnose HIV infection before AIDS symptoms develop, in order to initiate therapy at the most effective point before the immune system is damaged. However, patients who start on therapy even after being diagnosed with AIDS often receive major and long-lasting health benefits.

Although antiretroviral therapy is effective in slowing the progression of HIV-related disease and can prolong one's life to a normal life expectancy, it is not a cure, and a person may still develop AIDS one day. Antiretroviral therapy should not be disrupted and needs to be taken for life. Any exception to this should be carried out in consultation with a specialized medical doctor on a case-by-case basis. In addition to treatments for HIV infection itself, therapies exist to prevent and/or treat many HIV-related opportunistic infections.

As staff of the UN, we (and those in our families who are also covered by UN-related insurance) are entitled to appropriate medical care, including HIV-related care. Chapter 3 of this booklet, 'Live', provides detailed information about how you can protect your health, whether or not you are living with HIV. If you are living with HIV, please note that it is helpful to become aware of the variety of existing treatments before you get treatment. Each treatment needs to be adapted to your personal health situation. It is helpful for you to become an educated partner with your medical doctor when discussing what kind of antiretroviral therapy would be best for you.





My Life with HIV

Adaptation of a poem by a colleague living with HIV in the Economic Commission for Africa

*When I learned about my status,
When I had to come to terms face to face with my own self,
When I felt sad, hurt and lonely...*

*When the solid reality began to sink in, deeper and deeper,
Reality, which I can do nothing about.
Life began to feel worthless, useless, tasteless, meaningless and hopeless...*

*I am not going to let this bad feeling walk all over me,
Nor will I let it wholly possess me.
Because there is still tomorrow ahead of me,
Tomorrow, which is, after all, another day...*

*Encouraged to keep on going despite my burden.
The burden that is still around and lasting.
Helped to see the positive side in a negative situation.
Reminded now and then that I was better off than those before me.
And truly better off, believe me.
Helped to accept my status and go on from there.
Helped to make use of the resources on hand.
Helped to face my worst fear and fear no more.
Because now I know my status and where I stand...*

*Deep down I have regained my freedom
The freedom of getting it over with,
Freedom from the burden of unfulfilled responsibility.
The freedom of fearing no more,
Because now I know what not to do or do for sure.
So, my friend, learn from my story and ensure your own freedom.*

The global effect of antiretroviral therapy

Antiretroviral therapy generally leads to significant improvements in the health and well-being of people living with HIV. The number of people receiving antiretroviral drugs in low- and middle-income countries has increased tenfold in only five years, reaching almost four million people by the end of 2008. In addition, the number of AIDS-related deaths has started to decline, partly as a result of improved access to treatment.

The impact of antiretroviral drugs on the management of HIV has been startling. Improvements in health are significantly more marked and enduring than those that were anticipated when combination antiretroviral therapy first emerged in the mid-1990s.

The availability of antiretroviral therapy

Although UN staff members have access to HIV-related care through medical insurance, it is important to keep in mind that antiretroviral drugs are still expensive for most people. The majority of the world's infected individuals do not have access to medications and treatments for HIV. According to the most recent available data, from 2007, an estimated 9.7 million people living with HIV in low- and middle-income countries urgently need life-saving antiretroviral medication. Only three million of these people, however, were estimated to have access to the appropriate medicines, leaving 6.7 million without.

How do I know if I have HIV?

The only way to know if you are living with HIV is by being tested. Antibodies to HIV can be detected through a simple test that is available in most places around the world. UN Cares Minimum Standard number 5 specifies that such a test should be available to you, as a UN employee, and to your family.

What happens in the body when HIV infection occurs?

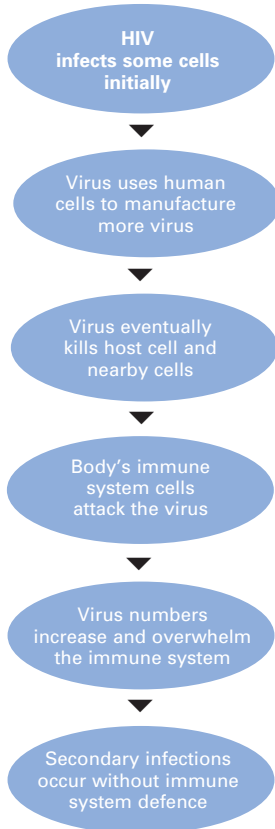
HIV infects white blood cells, which are part of the body's immune system. A strong immune system is needed to fight off a range of infections. When a person is infected with HIV, the virus infects cells and, over time, the immune system becomes progressively less able to fight off disease.

There are treatments that slow the progression of HIV infection and allow people living with the virus to remain healthy and productive for many years.



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How HIV progresses



Soon after HIV infection occurs, the body's immune system mounts an attack against the virus by means of specialized killer cells and antibodies that usually succeed in temporarily lowering the amount of virus in the blood. But HIV still remains active, continuing to infect and kill vital cells of the immune system. HIV also establishes reservoirs within the body that cannot be destroyed by available antiretroviral medicines. Without treatment, viral activity significantly increases over time, eventually overwhelming the body's ability to fight off disease.

Is HIV infection always fatal?

HIV infection is not necessarily fatal. Today, there are treatments that can greatly slow the progression of HIV infection and allow people living with the virus to remain healthy and productive for many years. Without treatment, however, HIV infection almost invariably leads to AIDS, which almost always leads to death.

I hear that HIV is not visible and that you cannot feel it either. So how can I tell if I have HIV, or if someone else has it?

It is impossible to tell if someone has the virus just by looking at or talking to the person. The only way for someone to know his or her status is by getting tested 3–6 months after any possible exposure. Even if the test result is negative, if there has been a recent exposure it should be repeated three months later. Today, because tests are more precise, it is possible for some tests to detect the antibodies earlier on. It is important to get tested for your own well-being and the well-being of others, as well as to know the ways to prevent infection and to encourage others to do the same.

Are women more vulnerable to HIV infection than men?

Yes. Approximately half of the people living with HIV are women. The highest HIV prevalence found among women is in countries where the epidemic has become generalized; women living with HIV have mainly become infected in heterosexual relationships and often in a marriage context. A number of biological, social, cultural and economic factors contribute to women's vulnerability to HIV.

- **Biological factors:** the female genital tract has a greater exposed surface area than the male genital tract; therefore, women may be prone to greater risk of infection with every exposure. Younger women are even more vulnerable to HIV infection due to immaturity of the opening of the womb.
- **Economic disempowerment:** pressure to provide income for themselves or their families leads some women to engage in “transactional” sex with men who give them money, school fees or gifts in exchange for sex. In some regions this is particularly true for younger women who engage in sex with older men. Women who are economically dependant may not be able to insist on condom use.
- **Migrant husbands:** many women, especially those in rural areas, are infected by their husbands who work away from home for long periods, for example, as miners, truckers, or soldiers, and who engage in unprotected sex while away. These men may become infected with HIV and, upon returning home, can transmit it to their wives.
- **Child marriage:** it is still common in many parts of the world for young girls to marry before they are 18 years old. Most often, they marry older, sexually experienced men who may already be infected with HIV and transmit it to their young wives.
- **Violence:** one in three women worldwide will be raped, beaten, coerced into sex, or otherwise abused in her lifetime. Sexual violence increases the risk of infection as it can damage the vaginal wall, allowing infected semen to come into direct contact with underlying tissue. Coerced sex can also deny women the ability to insist on condom use.

Is HIV a serious problem in the region where I live and work?

Yes, HIV is a serious problem everywhere. Despite declines in new HIV infections in some countries and regions, the AIDS epidemic is far from over and the numbers of new HIV infections are rising in many countries. In sub-Saharan Africa, the most affected region, women account for up to 61% of infections and HIV remains the leading cause of death. Most of the epidemics in the Caribbean appear to have stabilized, while a few have declined in urban areas. In Asia, HIV prevalence is high-

Due to the combination of biological differences, gender inequalities, severe poverty and cultural factors, women are more susceptible to HIV infection than men.



As staff of the UN, we are entitled to HIV-related care if we are living with the virus.

It is perfectly safe
for those living with HIV
and those not living with HIV
to work and live together.



People living with HIV
should be treated with respect
and should not be
discriminated against
because of their HIV status.

est in South-East Asia, with wide variation in epidemic trends between countries. In the Eastern Europe, Central Asia, Middle East and North Africa regions, injecting drug use is a major means of HIV transmission. Latin America's epidemic remains generally stable but stigma and discrimination hamper the achievement of universal access to HIV prevention, treatment, care and support. Based on the most recent available information, AIDS-related illness is the sixth most common cause of death in the world.

Is it safe for an uninfected person to work with people who are living with HIV, and vice versa?

Yes. HIV cannot be transmitted as a result of casual contact. It is perfectly safe to work with people living with HIV or with people whose HIV has progressed to AIDS. UN personnel policies strictly prohibit discrimination against personnel living with HIV. The *United Nations HIV/AIDS Personnel Policy* (see Annex 2) ensures a safe workplace while protecting the dignity and human rights of all personnel. The importance of a fair, equitable and non-discriminatory workplace is addressed in greater depth in Chapter 4.

Is it safe to hire people living with HIV to work in homes or offices?

Yes. As HIV can only be transmitted through unprotected sex and blood transfusion or use of contaminated injection equipment or from mother to child, there is no reason why a person living with HIV should not be hired, just as there is no reason why a person living with HIV should feel that they are unemployable in someone's home. Remember that HIV cannot be transmitted through hugging, kissing, playing with your children, using a common toilet, sharing drinking or eating utensils, preparing food for your family or other household work.

UN policy is very clear that HIV should not be a factor in recruitment or determining employment. Screening for HIV is not mandatory for employment and no one living with HIV is required to disclose his or her status. The International Labour Organization (ILO) encourages this standard for all employers worldwide. UN personnel who hire people to work in their homes should also follow the same policy.

The UN recommends that all personnel working in UN staff members' homes have access to prevention, as well as care and treatment, services. If your home is also a workplace please make information about HIV readily available to employees that you hire either directly or through local organizations. You can share what you know with your household employees and encourage them to get tested and learn more about HIV.

How can I support colleagues who are living with HIV?

By treating all your colleagues, regardless of their HIV status, as you would want to be treated—with dignity, respect and professionalism. The last chapter of this booklet, entitled 'Contribute to a UN that Cares', provides guidance on how best to address HIV in the UN system workplace.

What might we expect for the future with regard to HIV research?

- **Vaccine:** at present an effective HIV vaccine is not available. Despite the fact that many research projects are underway and experts are working hard to develop a vaccine for HIV, it is likely to be a long time before one is available for widespread use. While there has been major progress in learning about possible approaches to a vaccine against HIV, developing an effective vaccine presents enormous challenges.
- **Microbicides:** also sometimes referred to as antiviral gels, microbicides are intended to protect against sexually transmitted infections, including HIV. Some products would be for vaginal sex and some for anal sex. Some products may be contraceptive, while others would not be. Some may include antiretroviral drugs, while others that are being tested do not. Different formulations such as gels, creams, films, vaginal rings or suppositories are being tested. At present, an effective microbicide is not available. It is important to support the development of microbicides in global HIV prevention research, as they represent a potential method of protection that does not require a partner's cooperation.

Each year, UNAIDS provides updated information on its web site (www.unaids.org) about HIV trends around the world.



This information includes the annual AIDS Epidemic Update, country fact sheets, and the biennial Report on the Global AIDS Epidemic, which includes extensive information on each country.



3 The Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

- **Pre-exposure prophylaxis (PrEP):** clinical trials are currently planned or under way to look at the safety and efficacy of pre-exposure prophylaxis, an unproven strategy in which HIV-negative people could take an antiretroviral medicine, or a combination of medicines, on a regular basis with the aim of reducing their risk of acquiring HIV. At present, an effective pre-exposure prophylaxis is not available.

In the meantime, male and female condom use, male circumcision, and other existing HIV prevention strategies (see Chapter 2) offer the only feasible measures for avoiding HIV transmission. There is no cure for AIDS in sight, but if people living with HIV seek professional care and appropriate treatment, they can enjoy improved health and well-being for many years.

UN efforts to respond to the AIDS epidemic

The UN system is actively engaged in the response to AIDS. UN system leadership on AIDS is spearheaded by the Joint United Nations Programme on HIV/AIDS (UNAIDS), which consists of a Secretariat and 10 cosponsoring agencies from within the system.³ Halting and beginning to reverse HIV is a Millennium Development Goal, and progress in responding to the epidemic will also be required to ensure achievement of other Millennium Development Goals.

The UN system monitors the epidemic to alert the world to the magnitude and nature of the situation, to detect important new trends, and to help countries determine whether their efforts are succeeding in bringing the epidemic under control. These activities have taken on particular importance following the 2001 global agreement at the UN General Assembly on the *Declaration of Commitment on HIV/AIDS* and the 2006 *Political Declaration on HIV/AIDS*, which require Member States to report periodically on progress made in the response to the epidemic. The 2008 High-level Meeting on AIDS reviewed progress made in implementing these declarations.

The UN system provides guidance on helping countries to achieve universal access to prevention, treatment, care and support for people living with or affected by HIV, a goal set in the 2006 Political Declaration. By collecting and disseminating best practices, the UN system helps to ensure that programmes and policies to achieve universal access to prevention, treatment, care and support are based

on the strongest available evidence of what is effective. The UN system encourages and often sponsors cutting-edge research to improve the ability of countries and communities to mount effective efforts to curb the epidemic. With respect to HIV in the workplace, for example, the *UN Cares 10 Minimum Standards* provide guidance for personnel in the UN system, and the *ILO Code of Practice on HIV/AIDS and the World of Work* provides guidance for employers throughout the world, including the UN system.

With a presence in almost all low- and middle-income countries, the UN system helps countries through joint programmes of support developed by Joint UN Teams on AIDS to develop and implement effective AIDS strategies. The UN system works with governments, civil society, including people living with HIV, the private sector, faith-based organizations and external donors to strengthen national responses under a framework called the “Three Ones”. The “Three Ones” is a set of principles that advise that all countries have ONE national AIDS coordinating authority, ONE agreed framework to address the epidemic, and ONE national monitoring and evaluation system. Above all, the UN system advocates an extraordinary response to the unprecedented challenge posed by AIDS.

In addition to this booklet, how will the UN system help me learn everything I should know about HIV?

Following a survey of more than 8000 UN system employees in 2002, a Learning Strategy was developed to ensure that all personnel have a basic understanding of HIV. Five years later, UN Cares, the UN system-wide workplace programme on HIV with 10 minimum standards, including standards related to learning about HIV, was agreed upon. UN Cares and the Learning Strategy require that all staff participate in HIV learning sessions at their duty stations. These sessions provide information on HIV, staff entitlements, locally available services, and all aspects of the *UN Cares 10 Minimum Standards*. The UN system is committed to ensuring that these learning sessions are culturally appropriate and, where possible, available in local languages and accessible to family members. In addition to learning sessions, UN country teams are encouraged to provide UN personnel with updated information and to organize annual events, for example, for World AIDS Day, commemorated each year on 1 December.

An effective common framework

“ Our common efforts would not have been as effective had it not been for the advocacy and convening work of UN Cares. This UN [system]-wide initiative serves as a model for the path towards UN reform. An incentive for the One UN ideal, the work of UN Cares demonstrates in a relatively easy way that we can work together on a common goal and through a common implementation framework. In its work, UN Cares helps to improve efficiency and coherence, building on existing workplace efforts of various agencies, and eliminating duplication of effort.”

– JAMES RAWLEY,
UN Resident Coordinator, Egypt

The UN Learning Strategy on HIV/AIDS and UN Cares aim to ensure that all staff members have a basic understanding of HIV infection and its impact.



If you are living with HIV you may wish to join UN Plus, unplus@unaids.org

I still have questions about HIV in the workplace. Where can I go for more information?

There are HIV focal points in most agencies, and HIV Learning Facilitators have been trained for the UN system in most countries (a list can be found at www.uncares.org/facilitators). In addition, you may consult your human resources officer or UN system workplace focal point, both of whom are knowledgeable about the UN system's HIV policies. You may also direct medical questions about HIV to the UN Medical Services or to any UN-affiliated health-care provider. Refer to the UN Cares Services Directory on HIV (www.uncares.org) or to your own UN system workplace to find the names of and contact information for local service organizations.

A special web site on HIV in the UN workplace features the information contained in this booklet, as well as additional resources. The UN Cares web site is available in English, French and Spanish at www.uncares.org. You can also send in any questions you have through this website.

If you are living with HIV you may wish to join UN Plus, the UN System HIV-Positive Staff Group. Write to them in confidence at: unplus@unaids.org.

Knowing about HIV

What new facts did you learn about HIV?



What are the most common ways that HIV is transmitted?

What questions remain unanswered for you about HIV?

Who might you turn to within the UN system locally to learn more about HIV?

Who might you turn to outside the UN system in your country to learn more about HIV?

What facts about HIV might you want to share with your partner(s), children, other family members and friends?

