

2 Protect Yourself and Others

MAKE HEALTHY
DECISIONS





TO PROTECT YOURSELF, YOUR FAMILY AND FRIENDS, YOU SHOULD:

- prepare in advance to protect yourself from HIV
- know your HIV status by going for voluntary counselling and testing
- seek treatment at once if you have a sexually transmitted infection
- avoid penetrative sex or use condoms correctly and consistently every time you have sex, unless you know for certain that you and your partner(s) are not infected with HIV
- use only new needles and syringes
- take the necessary precautions if you are living with HIV and want to have a baby
- talk about HIV prevention with your partner(s), children and colleagues

Isn't HIV prevention a simple matter of avoiding exposure to the virus, especially since there are only a limited number of ways that HIV can be transmitted?

It is true that HIV is not particularly easy to transmit and that infection can be averted. But the primary mode of HIV transmission—sexual intercourse—involves intimate and established personal behaviours that are often difficult to change and maintain in the long run.

Effective prevention relies on several proven principles.

Effective HIV prevention



- **Accurate information.** Avoiding acquiring the virus and avoiding transmitting it to others requires that all of us know how HIV is—and is not—transmitted. This booklet, along with information at www.uncares.org, provides the basic facts about HIV, as well as information about sources for more detailed information. In addition, as UN system personnel, you are required to participate in a learning session on HIV (if you have not already) in which you have the opportunity to get answers to any questions you might have.
- **Personal plan.** If you are not living with HIV, it is useful to think in advance about ways you might come into contact with the virus and how you can plan to avoid exposure to it. If you are living with HIV, your personal protection plan has two objectives: protect yourself and protect others, as a new infection can cause additional health issues you should avoid (see Chapter 3). Because everyone is unique, you will need to tailor your prevention plan to your own personal circumstances. For some of us, especially women in heterosexual relationships, our prevention plan may need to take account of interpersonal power dynamics that can sometimes make it difficult for us to protect ourselves. As this chapter explains, we all have the right as UN system personnel to essential means of prevention, including access to information, male and female condoms, first-aid kits, new syringes and sterilized equipment for medical care, and safe blood supplies.
- **Communication.** Because it takes at least two people for HIV transmission to occur sexually, it is important that we all talk about HIV prevention—with our partner(s), our families, our colleagues and our health-care providers. The UN system requires that all agencies offer opportunities for UN system employees to discuss HIV prevention and provide referrals to community-based HIV-related counselling.

- **Reinforcement.** HIV prevention involves more than just information. Because changing behaviours that increase the risk of HIV transmission and maintaining those positive changes over time can sometimes be difficult, we must be motivated to use effective HIV prevention methods and develop the skills needed to remain safe. The emergence in recent years of effective treatments for HIV has caused some people to become complacent about the risk of transmission. Because HIV prevention is a life-long undertaking, the *United Nations HIV/AIDS Personnel Policy* provides for ongoing HIV prevention efforts that allow for prevention messages to be reinforced over time.

● SEXUAL TRANSMISSION

How can I avoid sexual transmission of HIV?

- **Abstain from sex:** the safest way to avoid being exposed to HIV infection sexually is to abstain from having penetrative sex. This can mean delaying sexual initiation or, once sexually active, refraining from having penetrative sex.
- **Be faithful with another HIV-negative partner*:** some of us may be in a relationship where we can discuss the need either to be mutually faithful (*if both partners know they are HIV-negative) or to practise safer sex within or outside of the relationship (avoiding penetrative sex, and using male or female condoms consistently and correctly). This approach is not without risks. For example, a significant proportion of women living with HIV were infected by their husbands/partners, whom they trusted and to whom they were sexually faithful. To find specific information on condom negotiation and condom misconceptions, visit www.uncares.org.
- **Engage only in non-penetrative sex:** another prevention approach is to engage only in non-penetrative sex. Because such activities involve no vaginal or anal penetration, they present no risk of HIV transmission. Oral sex presents an extremely low risk of transmission, although the risk is likely to be greater if ejaculate is taken into the mouth during penile oral sex or if there are genital sores on the partner receiving oral sex, and if the mouth has cuts and/or sores.

Avoiding transmission of the virus requires that all of us know how HIV is—and is not—transmitted.



The primary mode of HIV transmission—sexual intercourse—involves intimate and established personal behaviours.

It is important
that we talk about HIV
prevention with our families,
our colleagues and
our health-care providers.



Condoms
are highly effective
in preventing
transmission of HIV.

- **Use condoms:** Please refer to the next question, “How effective are condoms at preventing HIV transmission?”

How effective are condoms at preventing HIV transmission?

When correctly and consistently used, the female condom and the male latex condom are the most effective available tools to reduce the sexual transmission of HIV and other sexually transmitted infections (see table on pages 32 and 33) for people having sexual intercourse. At the same time condoms are a very safe means of contraception.

Condoms are most likely to fail when they are not used as directed. Opening a condom packet with your teeth, a knife or scissors, for example, can cause the condom to puncture or tear. It is important to use condoms from the beginning of a sexual act, rather than immediately before ejaculation, to prevent exposure to potentially infectious pre-ejaculate or vaginal fluids. The more often you use condoms, the easier it will be and the more comfortable it will feel for you and your partner. Because sexual intercourse is often unplanned, it is a good idea to always have a condom with you.

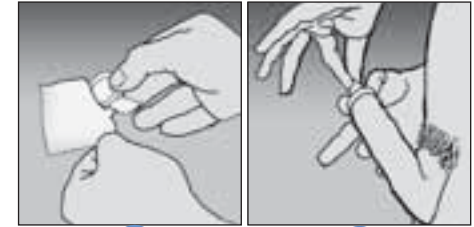
Condoms that are out of date, poorly manufactured, or inappropriately stored at high temperatures are especially susceptible to breakage. Oil-based products (such as hand lotion or petroleum jelly) will damage male latex condoms, so use only water-based lubricants with a latex condom. Condoms do occasionally slip or break.

If you have a steady partner, discuss how you as a couple intend to avoid the risk of HIV transmission. Ideally, a couple’s decision to use a male or female condom results from a process of negotiation. The couple discusses the benefits of using a condom, addresses any concerns or resistance, and agrees on a mutually satisfactory approach. Sometimes one member of the couple may lack the power to negotiate condom use. Many women, for example, report having difficulty asking their husbands or partners to use a condom. Therefore, it is important that men advocate for consistent condom use among their (male) peers, become proactive models for their sons, nephews, etc., and advocate for condom use in their community. Tips on condom negotiation can be found at www.uncares.org. As a member of the UN system that has in its mandate the reduction of HIV transmission, it is important that we act accordingly when it comes to our own lives and those we come into contact with professionally and socially.

How to use a male condom

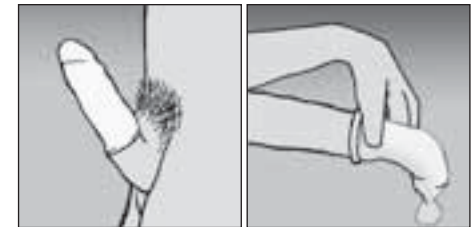
- First, always check the expiry date on the package. Don't use an expired condom.
- Handle condoms gently. Open the package carefully, but never use scissors, a knife, or your teeth! ❶
- Remove the condom from the packet, being particularly careful if you are wearing rings and/or have long or jagged fingernails so as not to rip the condom. ❶
- Check that you have the condom with the correct side facing up, so that it can easily be rolled down. If you accidentally put the condom on upside down, you need to throw it away and use a new one to avoid transferring any pre-ejaculatory fluid (semen) to your partner.
- Pinch the air from the tip of the condom (this makes room for the semen and is key to avoiding breakage) and place the condom on the end of the penis. Some people like to put one or two drops of water-based lubricant inside the tip of the condom to increase sensitivity. ❷
- Carefully roll the condom down over the ERECT penis until it is completely unrolled and/or the entire penis is covered. Ensure that there is no air in the condom (the tip of the condom should be 'slack' or 'empty-looking'). If additional lubrication is desired, lubricate the outside of the condom using a water-based lubricant. ❸
- Put on the condom BEFORE any penile contact is made with the vagina or anus. (As far as infection is concerned, any unprotected penetration increases risk.)
- Wear the condom from the beginning of penetration through the climax to withdrawal after sexual relations, while the penis is still hard.
- Once the sexual act has ended, remove the condom by holding the base of the condom and sliding it off, being very careful not to allow the semen to leak onto your hands. ❹
- Wrap the used condom and dispose of it in an appropriate manner—for example, in a rubbish bin. Never flush a condom down the toilet, as it will block the plumbing system! Think of the '3 Bs': Bin, Burn or Bury. ❺
- Always use one condom per sexual act.

Using a male condom



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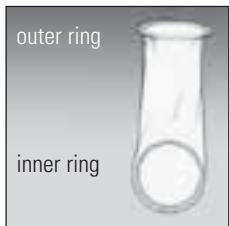


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Using a female condom



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3

Continued on next page

What is a female condom?

Whereas the male condom is placed on the penis, the female condom is positioned inside the vagina. The female condom is a loose-fitting sheath, made of either nitrile or polyurethane, with a flexible ring at either end. The inner ring at the closed end of the female condom is positioned inside the vagina, while the outer ring at the open end of the condom covers the area around the opening of the vagina. The female condom can be inserted up to eight hours before sex, including immediately before sex. Both oil-based and water-based lubricants can be used with the female condom.

The most commonly available female condom is the FC2 made of nitrile polymer, a synthetic latex. FC2 has the same physical design, specifications, safety and efficacy profile as the earlier female condom and was developed to make female condoms more available, as nitrile polymer is less expensive than polyurethane. The nitrile polymer is also a more comfortable material and more user-friendly. The female condom will not be damaged by high temperature or humidity, while the male condom can be. The use of a female condom is ideal for those allergic to latex. Note that the female condom is intended for vaginal intercourse and has not been clinically tested for use in anal intercourse.

Use of the female condom is increasing, with studies showing that it is acceptable to both male and female partners. Like the male condom, the female condom prevents HIV transmission by helping avoid exposure to semen or vaginal fluids. The female condom is more expensive than the male condom and is not as readily available for purchase in many parts of the world, although UN system organizations are encouraged to make them available to personnel at low or no cost.

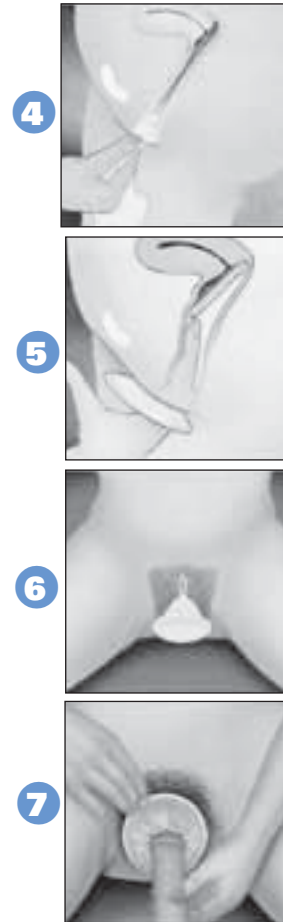
How to use a female condom

- Always check the expiry date on the packet; if the date marked has passed, the condom should not be used. The female condom comes pre-lubricated with a non-spermicidal silicone-based lubricant. While the female condom is still in the unopened packet, spread the lubrication around with your fingers by squeezing or rubbing the packet to ensure even coverage. Tear open the packet carefully with clean hands, and avoid the use of sharp objects. 1

- The female condom (pictured) has a ring at each end. Pinch the inner ring (at the closed end of the condom) with your thumb and middle finger so that it becomes long and narrow in order for you to insert it, a bit like one does with a diaphragm. **2 3**
- You should find a comfortable position for insertion, such as squatting or sitting with one leg raised or lying down. Next, insert the female condom into the vagina. The vaginal opening should be relaxed. **4**
- Then, place your finger inside the female condom and push the inner ring as far as it will go up into the vagina, ensuring that the pouch does not get twisted during insertion. The inner ring should be at the cervix, and the outer ring (at the open end of the condom) should remain on the outside of the vagina, covering part of the external genitalia. The female condom will line the inside of the vagina, whose natural shape, along with the inner ring which sits against the cervix when inserted properly, holds the condom in place. **5 6**
- It is now safe to have penetrative sex. Note that the man's penis need not be fully erect for penetration with use of the female condom. Be sure that the penis goes inside the female condom in order that the surface of the genitals of the male and the female are protected. You are not protected if the penis goes between the outside of the female condom and the wall of the vagina. **7**
- After sexual intercourse, squeeze and twist the outer ring and gently pull the condom out to remove (you don't have to remove it immediately after the act).
- Do this before standing up, to prevent ejaculate from leaking out. Like the male condom, the female condom is a one-time use only product; it should not be reused. Wrap the used condom in a tissue and dispose of it in a responsible and appropriate manner, remembering the '3 Bs': Bin, Burn or Bury. Never flush it down the toilet, as it will block the plumbing system.

Where can I get condoms and see a condom demonstration at my duty station?

Condom demonstrations are usually a part of the HIV learning sessions. Ask your agency focal point how you can attend one of these learning sessions. Condoms are available at many UN duty stations in discreet locations, such as the toilets. Some other places you may be able to get condoms are govern-



Be sure to use exclusively a water-based lubricant when using latex condoms.



Condom demonstrations are usually a part of the HIV learning sessions. Many UN duty stations are making condoms available in discreet locations.

ment clinics, the UN clinic, and some clinics run by nongovernmental organizations. UN Cares will work with the UN system in countries where condoms are not readily available to provide personnel with easy and discreet access to condoms within the workplace, either free or at low cost.

What about male circumcision?

In combination with safer sex practices, male circumcision reduces the possibility of transmission of HIV infection from female to male.

The evidence is compelling: a remarkably consistent, partially protective effect (approximately 60% reduction in risk of heterosexually acquired HIV infection for men) has been found across observational studies and in controlled trials conducted in diverse settings.

It is emphasized that male circumcision does not provide complete protection against HIV infection. It should never replace other known effective prevention methods but should be considered as part of a comprehensive prevention package, which includes abstaining from penetrative sex, correct and consistent use of male or female condoms, reduction in the number of sexual partners, delaying the onset of sexual relations, and HIV testing and counselling. Given that male circumcision partially reduces HIV risk for men, WHO, UNAIDS and their partners have developed specific policy recommendations for expanding and promoting male circumcision as a method of HIV prevention in countries with high HIV prevalence and low rates of male circumcision, along with operational guidance and tools.

Male circumcision is one of the oldest and most common surgical procedures known. It is undertaken for cultural, religious, social and medical reasons. For more information, please refer to www.uncares.org or www.malecircumcision.org.

Is it safe for my partner and I to have unprotected sex if we are both living with HIV?

No. It is possible that unprotected sex between two HIV-infected people will result in transmission of a more virulent or drug-resistant strain of the virus.

Are there other sexually transmitted infections that I should be concerned about?

Yes. In addition to HIV, there are more than a dozen other sexually transmitted infections. They are the main cause of infertility in women and, when left untreated, can lead to complications during pregnancy, for both the mother and the newborn child. (Mother-to-child transmission of HIV will be

discussed in the next chapter.) In addition, having an untreated sexually transmitted infection increases your vulnerability to HIV. The sexually transmissible human papillomavirus (HPV) can also cause penile and cervical cancer.

Condoms significantly reduce the risk of infection for most sexually transmitted infections. Some infections, however, especially those that cause genital ulcers, may not be prevented if the condom does not cover the infected area. It is therefore very important to be screened regularly for sexually transmitted infections if you have been at risk of acquiring one.

Signs of a sexually transmitted infection can include an unusual discharge from the penis or vagina, burning or pain during urination, and sores or blisters in or around the genitals or mouth. In women, sexually transmitted infections can also cause unusual bleeding (distinct from the menstrual cycle), as well as vaginal pain during sex.

Unlike HIV, which has no cure, most sexually transmitted infections can be cured with relatively simple treatments, which not only eliminate the disease but also ensure that the individual can no longer infect others. The fact that sexually transmitted infections significantly increase the risk of HIV transmission is an important additional reason why it is crucial to obtain immediate treatment for any kind of sexually transmitted infection.

In the event that you have a sexually transmitted infection, you might initially feel ashamed and want to avoid seeing a nurse or doctor. You might even be tempted to try dubious home remedies, take an over-the-counter medication that may not be correct for the infection you have, or even ask your friends for antibiotics. Do not take this approach. Improperly treated sexually transmitted infections will only worsen and may become resistant to available medication. Going for treatment when you have a sexually transmitted infection is not only a sign of self-respect, but also a reflection of your respect for your sexual partner(s). If you have a sexually transmitted infection, alert your partner and advise her/him to seek treatment.

Sexual partners
both living with HIV
should always have
protected sex.



Untreated sexually transmitted
infections significantly increase
the risk of HIV transmission.
If you think you may have
an infection, you should
be diagnosed and receive
immediate treatment.

Information on Common Sexually Transmitted Infections

	MALE SYMPTOMS	FEMALE SYMPTOMS	TREATMENT	PREVENTION	COMMENTS
GONORRHOEA	Burning sensation when urinating and yellowish white discharge from penis, rectum	Can occur without symptoms. Burning sensation when urinating and yellowish white discharge from vagina	Antibiotics	Safer sex including correct condom use	Can result in long-term complications such as infertility, urethral stricture, etc.
CHLAMYDIA	Can occur without symptoms. Discharge from the penis, burning sensation when urinating	Can occur without symptoms. Vaginal discharge, burning sensation when urinating, and lower abdominal pain	Antibiotics	Safer sex, including correct condom use, periodic screening	Can result in long-term complications such as infertility, etc.
SYPHILIS	Genital ulcer	Genital ulcer	Antibiotics	Safer sex, including correct condom use, screening during pregnancy	Can lead to second and third degree syphilis, which can damage other organs, such as the brain, heart, etc.
CHANCROID	Genital ulcer	Genital ulcer	Antibiotics	Safer sex, including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.

Symptoms of STIs

Ulcer, sore, rash or swelling around the vagina, penis or anus

Discharge from the vagina or penis

Pain or burning on passing urine

Pain or bleeding during or after sexual intercourse

Pain and swelling in the groin, testicles or lower abdomen

Information on Common Sexually Transmitted Infections

	MALE SYMPTOMS	FEMALE SYMPTOMS	TREATMENT	PREVENTION	COMMENTS
HERPES	Genital ulcer	Genital ulcer	Antiviral medicines	Safer sex, including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.
HUMAN PAPILLOMAVIRUS (HPV)	Genital wart	Genital wart, cervical cancer	Local treatment	Vaccination (for young women), safer sex including correct condom use	Note that if ulcers are not fully covered by condoms transmission can still occur.
TRICHOMONIASIS	Can occur without symptoms. Temporary irritation inside the penis, mild discharge, or slight burning after urination or ejaculation	Frothy, yellow-green vaginal discharge with strong odour; discomfort during intercourse/urination; and irritation/itching of the female genital area. Symptoms appear within 5 to 28 days of exposure.	Antibiotics	Safer sex, including correct condom use, screening during pregnancy	More common in women. The genital inflammation can increase a woman's susceptibility to HIV infection. May also increase the chance that an HIV-infected woman passes HIV to her sexual partner(s). May have babies who are born early or with low birth weight.



Common sexually transmitted infections and HIV transmission

There are several different kinds of sexually transmitted infections. Some, such as gonorrhoea, chlamydia and trichomoniasis are, like HIV, transmitted through semen or vaginal fluids, among other ways. Genital ulcer disease (such as syphilis, genital herpes and chancroid) and human papillomavirus, which is the main cause of cervical and penile cancer, are transmitted primarily through contact with infected genital skin, sores/ulcers, or membranous areas. A vaccine for the prevention of the four types of human papillomavirus that cause most cervical cancers and genital warts is currently available. If a family member is a female between the ages of 9 and 26, and has not yet received the human papillomavirus vaccine, the vaccine should be discussed with her doctor. Because some sexually transmitted infections can occur without causing symptoms, sexually active women should be periodically screened for infections by a nurse or doctor. Please visit www.uncares.org for more information.

● TALKING ABOUT HIV

How should I talk to my children about HIV?

In a world with HIV, young people need accurate information about the risks associated with sex. They need to be equipped with the values and skills, including negotiating safer sex, that prepare them to make healthy choices in difficult situations.

Contrary to the fears of many parents, studies show that sound sex education at home or at school does not cause young people to have sex at an earlier age or more frequently. When based on sound scientific evidence, comprehensive school-based education on human sexuality and HIV provides young people with potentially life-saving information and offers opportunities for them to clarify their values about sex. If you are the parent of a school-age child, you should ask about the sex-education policies at your child's school and work to ensure that the school offers a high-quality programme.

Parents should also talk to their children about HIV. Those of us who are parents may, in fact, be in the best position to counterbalance the misinformation or distorted images about sex that children may

glean from the media or their peers. The home is the best place to instil values of sexual responsibility and self-respect.

Discussing sex with our children is often a challenge. As a parent, if you are worried about your ability to raise the topic of sex with your child, you might seek advice from trusted friends, relatives, teachers or health workers. Getting tested for HIV gives you a chance to open a conversation at home with your partner and child, and to be a role model for both them and your community. Some service organizations specializing in issues related to HIV or family planning may offer education for children. The UN system also recommends that discussions be organized at the duty station among parents to discuss strategies for speaking to our children. In some countries, the UN system has organized special sessions for children to learn more about HIV. In whatever way you decide to address sexual issues with your child, be prepared to be frank, to admit to any uncertainties, and to respect your child's privacy.

How do I discuss protection from HIV with my partner?

There is no one 'correct' way to initiate a discussion with a partner about HIV prevention. How we approach this topic may depend on the nature of the relationship, as well as the personalities involved. Many people find it difficult to talk about sex. When we are discussing HIV prevention with a long-term partner, such as a spouse, a girlfriend, or a boyfriend, it can sometimes be hard to talk about protection, including condom use, without touching on sensitive topics such as commitment, trust and emotional intimacy.

Although it can be challenging to discuss mutual protection from HIV with a partner, it is important that we all talk about it. Avoiding the topic does not make HIV go away. You might want to think in advance about how you will raise the topic with your partner. If you are having difficulty deciding how you might do that, consider seeking counselling through a local organization specialized in HIV and/or family planning, or through a women's organization.

For long-term couples, going together for HIV counselling and testing is a good way to work through any HIV-related issues. The presence of an untreated sexually transmitted infection increases a person's vulnerability to HIV infection. For this reason, each partner should also be taking measures

A number of excellent resources on how to address sex and HIV with children and your partners are available at www.uncares.org.



It is important that we talk about HIV prevention with our partners. Avoiding the topic does not make HIV go away.

The UN Medical Services make every effort to ensure that safe blood supplies are available globally.

Nevertheless, in some parts of the world blood supplies are not always screened.



Because HIV cannot be transmitted through intact skin, our first defence is to avoid accidents that might lead to blood exposure.

to protect themselves from sexually transmitted infections and should seek immediate diagnosis and treatment if they think they may have one. Testing clarifies each partner's HIV status, which can help couples come up with their own informed HIV prevention plan. In addition, a trained counsellor can provide information, answer questions, and promote discussion about sex between partners.

● EXPOSURE TO BLOOD

How do I avoid receiving an HIV-infected blood transfusion?

Blood supplies in most parts of the world are now screened for HIV antibodies. Where blood screening takes place, units of blood infected with HIV are removed from the blood supply, virtually eliminating the risk of transmission. Blood that has not been obtained from appropriately selected donors and that has not been screened for transfusion-transmissible infectious agents such as HIV in accordance with national requirements should not be issued for transfusion, other than in the most exceptional life-threatening situations. As personnel of the UN system, we are entitled to information from UN Medical Services about local sources of safe blood. If we receive a blood transfusion through the UN Medical Services or from a UN-affiliated health-care provider, we can be confident that every effort has been made to ensure that the blood is safe.

Unfortunately, in some parts of the world blood is not always screened. In such places, especially when a blood transfusion is administered by a health-care provider not affiliated with the UN, there can be a risk of exposure to HIV or other blood-borne diseases. If you have any concerns relating to the safety of blood available at your duty station or country, please contact the designated UN Official for Security or check the UN Cares Service Directory on HIV at www.uncares.org.

How can I avoid being exposed to HIV-infected blood in the course of my work or in daily life?

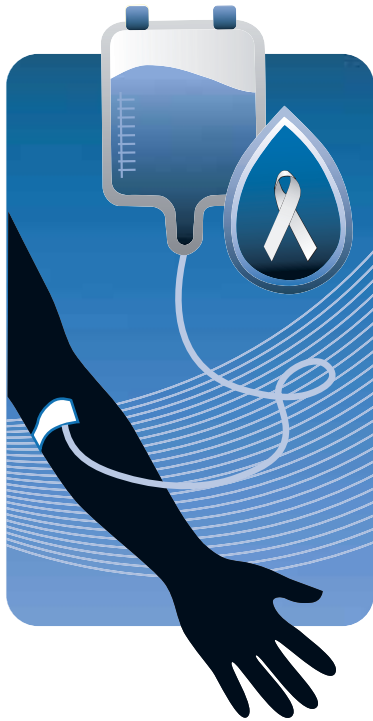
Many people engage in activities that could conceivably lead to exposure to another person's blood. Accidents on the road, at home, or at work are not only health risks in their own right, but might conceivably result in blood exposures.

Because HIV cannot be transmitted through intact skin, our first defence is to avoid accidents that might lead to blood exposure. The *United Nations HIV/AIDS Personnel Policy* emphasizes prevention of road accidents. It is a requirement that all UN personnel and others in UN vehicles wear seat belts at all times. Those of us who are drivers or supervise drivers have an extra responsibility to make sure that seat belts are worn by passengers at all times—whether sitting in the front of the vehicle or in back seats. Outside of UN vehicles, it is recommended that all passengers wear seat belts at all times, regardless of whether or not it is the law.

When accidents do occur, the best approach is to follow what are known as standard precautions. This strategy assumes that everyone is potentially infectious—either with HIV or with another disease, such as hepatitis. Under the standard precautions approach, no blood exposure is regarded as safe. It is recommended that everyone—not only UN personnel—know and follow standard precautions during first aid and at other times of possible contact with blood.

Following standard precautions requires advance planning and preparation. Because accidents can occur at home as well as at work, be sure that you have ready access to first-aid kits in both locations. According to the standard UN recommendation for first-aid kits, all kits should include latex gloves, to be worn before touching another person's blood or open wound. To clean up spills of blood or other body fluids, use a solution of bleach mixed with water. Bleach is widely available in local markets.





Safe health care

In several regions, unsafe blood collection and transfusion practices, and the use of contaminated syringes, account for a small but significant share of new infections. When using UN-run or UN-designated facilities, you and your families are able to receive medical services in safe health-care settings where only sterile syringes and medical equipment are used, virtually eliminating any risk of HIV transmission as a result of health care. (The special circumstances involved when personnel are on mission or for some other reason may not have access to UN Medical Services are addressed in the next chapter.) We also have the right to be informed of sources of screened blood in case we ever need a blood transfusion; screening blood can virtually eliminate the risk of transmission as a result of a transfusion.

Standard precautions

Standard precautions are based on the assumption that all body fluids can carry blood-borne diseases; it is important to protect yourself against any infections via bacteria or viruses. Here are some rules everyone should follow:

- **Cover cuts.** If you have cuts or open sores on the skin, they should be covered with a plastic bandage.
- **Wash your hands.** Hands should be washed with soap and hot water after contact with blood or other body fluids, after going to the bathroom, before preparing or eating food, and after removing latex gloves.
- **Clean up.** Spills of blood or other body fluids should be cleaned up with a fresh mixture of household bleach (1 part) and water (9 parts). Paper towels should be used and disposed of in a plastic garbage bag. Remember to wear latex gloves when cleaning up.
- **Wear latex gloves.** Gloves should be worn once and disposed of in a plastic garbage bag. Small plastic bags may be used instead of gloves if necessary. While gloves are highly recommended, keep in mind that intact skin is an excellent barrier against HIV, as the virus cannot penetrate the

skin in the absence of an open wound. If the skin is exposed to blood, wash it as soon as possible with soap and hot water.

- **Wash clothes.** Soiled items should be stored in sealed plastic bags. Wash soiled clothing separately in hot soapy water and dry it in a hot dryer, or have it dry-cleaned.
- **Dispose of garbage.** Use caution when disposing of waste that may contain infected materials or used needles. Discard materials soiled with blood or other body fluids in a sealed plastic bag.

● IN THE EVENT OF POSSIBLE EXPOSURE TO HIV

What should I do if I may have been exposed to HIV?

In countries where you cannot be reasonably assured of the necessary emergency medication in emergency rooms of hospitals, the UN system, through the UN Cares programme, ensures that post-exposure prophylaxis (PEP) starter kits are available in UN system offices and are made available to all UN personnel and their family members.

Post-exposure prophylaxis starter kits comprise: the first five days of a 28-day emergency medical treatment of antiretroviral therapy that can be used for an HIV-negative person following an accidental exposure to HIV (continue reading for reasons the antiretroviral medication of the starter kit might be harmful for a person living with HIV); emergency contraception; a pregnancy test; instructions for use; and a consent form. Taking antiretroviral medicines as post-exposure prophylaxis should be viewed very seriously; antiretroviral medicines should not be considered as an alternative to practising safer sex.

If you believe you may have been exposed to HIV—for example in the event of a sexual assault; as the result of an accident, a criminal assault, or a security incident; or while giving first aid to an injured person who might be infected⁴—and you know you were HIV-negative before the incident, you should contact the post-exposure prophylaxis starter kit custodian at your duty station. If you don't know who has been appointed to this important task, here are ways you can find out:



The standard precautions approach assumes that any blood that a person may come into contact with is potentially infectious. For additional information on standard precautions, refer to www.uncares.org.

4 Staff members are expected to use all precautionary measures to avoid any possible exposure to HIV. Post-exposure prophylaxis starter kits are intended for use by HIV-negative persons in the event of an emergency such as a sexual assault, occupational exposure or where other methods of prevention have failed. Antiretroviral medications are a serious treatment taken under the supervision of a physician for an entire month and may cause various side-effects.



- Refer to the UN Cares Services Directory on HIV at www.uncares.org to find out the post-exposure prophylaxis starter kit manager and custodians for your country and duty station.
- Contact the local office of the UN Designated Official for Security (usually the Resident Coordinator's Office).
- Contact the UN Medical Services if one exists at your duty station.
- Contact your human resources officer.
- Ask one of the UN Cares/Learning Strategy Facilitators (find a list at www.uncares.org/facilitators).

The post-exposure prophylaxis starter kit comprises medication for five days, which should give you and the doctor treating you enough time to make sure that you get the necessary medication for the remaining 23 days.

If you are living with HIV you should not take the antiretroviral medication in the post-exposure prophylaxis starter kit, as it might harm you by increasing the risk of developing resistance towards these medications and thereby reduce future therapeutic options when you need them. If you were the victim of a sexual assault, you might want to follow the procedures for emergency contraception.

Ideally, prophylaxis (taking the antiretroviral medication) should be started within 1 to 2 hours—but certainly no later than 72 hours—after possible HIV exposure. Data suggest that the earlier the treatment is commenced, the greater the likelihood of success. It is a good idea to enquire how post-exposure prophylaxis starter kits may be accessed and to note the name of the starter kit holder/custodian before a potential exposure occurs. We suggest that you write the name of the custodian on the card inserted in this booklet and that you carry the card with you at all times. In some countries, such as in North America and parts of Europe, post-exposure prophylaxis is not available through the UN system, since it can be obtained in the emergency room of any hospital.

In some cases there is neither access to a post-exposure prophylaxis starter kit nor a facility to provide one within your particular country. The Designated Official for Security (usually the Resident Coordinator) is required to ensure the establishment of a Post-exposure Prophylaxis Emergency Protocol, which will identify the nearest regional medical evacuation centre where comprehensive follow-up can take place, including the quickest evacuation route(s) and method(s) for achieving this. Please contact your Designated Official if you find yourself in such a situation. If you do not know who your Designated Official or starter kit custodian is, you will find a listing in the UN Cares Services Directory on HIV at www.uncares.org.

To access the UN Cares Services Directory on HIV:

- visit www.uncares.org
- click “UN Cares Services Directory on HIV”
- log in by selecting your agency from the drop-down menu and entering your password (password is your continent in lower case, i.e. africa, asia, central america, eurasia, europe, north america or south america)
- click “Login”
- select the country you want to query from the drop-down menu above the banner
- access the information you need from the general or technical directory

To protect the contact information of the persons listed in it, use of the Services Directory on HIV is restricted to UN personnel and their families. For more information on the UN Cares Services Directory on HIV, contact servicesdirectory@uncares.org. For general information about UN Cares, contact info@uncares.org.

PEP (post-exposure prophylaxis treatment) must be administered within 72 hours.



If you are the victim of a sexual assault, you could possibly be exposed to HIV. As a UN employee, you are entitled to post-exposure prophylaxis treatment.



If you do not know who your Designated Official or starter kit custodian is, you may find a listing in the UN Cares Services Directory on HIV at www.uncares.org

What if I am in an accident?

Accidents can happen at any time, so always carry a card bearing your name and blood type, a contact name and phone number, and the phone number of your health insurance company. This card should also include the phone number of the UN security service. (An awareness card is included in this booklet. Detach it from the booklet, fill it out, and carry it with you at all times.) In case you need to call someone for help, always carry a mobile phone, a telephone card, or change for a public telephone.

What if I am sexually assaulted?

The risk of sexual assault is an unfortunate reality in every part of the world. If you are the victim of a sexual assault, you could possibly be exposed to HIV. You should be aware of the local protocol for the use of the post-exposure prophylaxis starter kit and should contact the custodian immediately in the event of a sexual assault, who will refer you for appropriate treatment, including emergency contraception. It is strongly advised that you seek medical attention and a physical examination in order to detect possible exposure to HIV or a sexually transmitted infection, and to obtain counselling to help you cope with trauma related to the assault.

Can I get infected with HIV while engaging in sports or other activities?

No cases of HIV being transmitted during sports activities have ever been documented. In the case of an open wound or bleeding, follow standard precautions, clean the wound, apply antiseptic, and cover the wound. When you, or any members of your family, choose to undergo non-medical procedures that will penetrate skin or membranes, such as body piercing and tattooing, ensure that the equipment used is sterile.

HIV is difficult to transmit, but instruments used in these procedures may pose some degree of risk if they are used on more than one person and not sterilized. For best protection, single-use needles should be used. The standard precautions can be found at www.uncares.org as well as on page 38 of this booklet.

● SAFE INJECTION PRACTICES

Is it safe for me to have an injection?

Nobody (including injecting drug users) should ever re-use a needle, syringe, or equipment used for injecting of any kind that has already been used by another person. If you receive medical care from the UN Medical Services or from a UN-affiliated health-care provider, you can be confident that every effort has been made to ensure that injecting devices have not been used before and will not expose you to HIV. If you need to give yourself an injection outside a UN health-care setting, only use single-use disposable needles and syringes. Since safe injection practices are not followed in all health-care settings and since it may not always be possible to purchase sterile injection devices, all medical kits given to travellers in all UN agencies include disposable syringes and needles.

How can injecting drug users protect themselves from HIV?

Unprotected sexual intercourse and the use of contaminated needles or syringes for the purpose of injecting drugs account for the top two sources of new HIV infections. Individuals who use drugs should take steps to prevent their exposure to HIV, in particular by ensuring that if drugs are injected a clean needle/ syringe is used every time. In many parts of the world where injecting drug use is known to be prevalent, needle/syringe-exchange programmes are available for injecting drug users to ensure access to sterile injecting equipment. Studies show that such programmes reduce the risk of HIV transmission without contributing to an increase in drug use.

Drug treatment is also an important means of reducing the harm associated with drug use. Opioid substitution therapy, with the use of prescribed methadone or buprenorphine, is available in many countries and has been shown to successfully reduce the harm caused by drug injecting, including the risk of becoming infected with HIV.

Undergoing a successful drug rehabilitation programme can also contribute to avoiding HIV infection through injecting drugs. UN medical insurance plans cover the costs of such treatment programmes. To find out about possible treatment plans, speak to the UN Medical Services or to a UN-affiliated health-care provider.



Alcohol and non-injected drugs can impair your judgment and cause you to take risks (especially during sex) that you might not otherwise take.



Unprotected sexual intercourse and the use of contaminated needles or syringes for the purpose of injecting drugs account for the top two sources of new HIV infections.

Can non-injected substances, such as alcohol or drugs that are inhaled, contribute to HIV transmission?

Yes. Although alcohol and non-injected drugs do not directly expose you to another person's blood, they can impair your judgement and cause you to take risks (especially during sex) that you might not otherwise take.

OTHER TYPES OF PREVENTION

What about prevention for women specifically?

Women often experience the impact of HIV more severely than men, due to a combination of social, economic, and biological factors. Young women have a slightly higher risk of being infected with HIV because the opening of the womb (cervix) has not acquired sufficient maturity and thickness to act as an effective barrier. Women comprise about half of all people living with HIV worldwide.

If you are a woman, you should be aware of your right to protect yourself against HIV and know how to do so. Gender-based abuse and violence and discrimination against women make them more vulnerable to HIV. Gender norms in your country, for example, may dictate that as a woman you should be uninformed and passive about sex. This may leave you less able to negotiate safer sex or to access appropriate services. Many women are infected with HIV by their long-time trusted partners or husbands, so it is important to negotiate safer sex in an established relationship as well as with a new partner. To protect yourself against HIV, it is essential to learn the appropriate skills you need to negotiate safer sex if you choose to have sexual relations, to be able to access support services such as women's refuges in the event of gender-based violence and to be able to rely on police and justice processes to provide protection if necessary.

Reversing the underlying socioeconomic factors that contribute to women’s increased HIV risk—gender inequality, poverty, lack of economic and educational opportunity, lack of legal and human rights protections—is critical. Each individual has a responsibility to protect themselves and others from exposure to HIV, especially men who have the social power to influence (other) men to protect themselves and their sexual partners.

● MOTHER-TO-CHILD TRANSMISSION

See the next chapter of this booklet for information on preventing mother-to-child transmission of HIV.



Women comprise about half of all people living with HIV worldwide due to the effects of gender inequality and an increased vulnerability to HIV infection biologically and socially.



Protecting ourselves and others from HIV



How do you protect yourself and others from HIV?

*Where can you expect the UN to provide condom demonstrations—
for both male and female condoms?*

Where can you get condoms (both male and female) locally?

Who are the post-exposure prophylaxis starter kit custodians at your duty station?

What are some of your ideas for your personal HIV prevention plan?

How do you plan to communicate with your partner(s), children, other family members and friends about HIV and HIV prevention?

