

3 Live

STAY
HEALTHY





TO LIVE HEALTHILY WITH HIV, WE AND OUR FAMILIES SHOULD:

- seek help, information and support
- take care of our own health
- take care of our financial situation
- carefully adhere to our treatment schedule when treatment is needed
- plan for the future
- take care of people depending on us
- contribute to a safe, fair and productive workplace by talking openly about HIV and respecting the rights of all personnel, including ourselves and others who are living with HIV

We should all know
our HIV status.

Being tested can help to reduce
anxiety and allows us to create
a personal HIV prevention plan
with a trained counsellor.



“ To be honest,
if I hadn’t had the test,
if I didn’t know [my HIV status],
it wouldn’t make me negative;
it would just make me ignorant.”

Staff member living with HIV
(from DPKO DVD “Hidden Risk,
HIV and Peacekeeping.” 2007,
on having tested positive)

Should I get tested for HIV?

Yes. In a world with HIV, it is important to get tested, as this is the only way to know your status. If you test positive for HIV, you can take the necessary measures to adapt your lifestyle while your doctor monitors your health so that you begin therapy when it will be most effective. If you test negative, the result might help to reduce anxiety and provide an opportunity to personalize your own HIV prevention plan with a trained counsellor. Remember that HIV prevention is a life-long undertaking and that you should get tested regularly for HIV if there is any possibility you may have been exposed.

The UN system does not require you to be tested for HIV, although the UN Medical Services encourage all staff members to know their HIV status. It is highly recommended that all family members who are sexually active or who may have been exposed to HIV in other ways get tested as well. As UN system personnel, you are not required to disclose your HIV status to a supervisor or any other co-worker.

The online UN Cares Services Directory on HIV provides a list of reliable sources of HIV counselling and testing at your duty station; you might also ask the UN Medical Services or any UN designated physician at your duty station. Going to one of these recommended testing facilities will ensure that you receive the appropriate counselling and information. Self-testing is not recommended.

I really don’t think I’m at risk of being infected with HIV. If I’m not at risk, why should I get tested?

Only you can assess your risk of infection. Studies among people living with HIV, however, consistently show that a large share of people living with HIV were unaware of their risk prior to their diagnosis. Knowing your HIV status is an important way of protecting and maintaining your health.

I’m afraid to be tested for HIV. I know that if I test positive, I’ll be upset.

Getting tested for HIV can be scary. Whenever possible, choose a testing facility where a trained counsellor is available to provide you with support and to answer any questions before the test and when you receive your results.

We have learned a lot from UN colleagues who found out they are living with HIV. They say that when they were tested they were scared, and were upset upon learning that they had HIV. However,

they also tell us that they have learned to live with the results and are able to thrive, because now they have the information they need to protect their families and to care for themselves. It is often useful for couples to go to HIV counselling and testing together.

Depending on the level of your anxiety about receiving your test results, you might consider having a friend or loved one on standby to talk. While your post-test counsellor will be available to calm your fears and offer you relevant information, it also helps to have a support network to help you work through your emotions.

How long after possible exposure should I wait to be tested for HIV?

It is recommended that you get tested for HIV immediately after potential exposure. This first test will serve as a baseline. If you knew you were negative before the possible exposure, a positive result will be an indication that you have been exposed since your last test. If the test is negative, it does not mean that you have not been exposed. You will need to wait three months for a second test for HIV.

Although HIV antibody tests are very sensitive, there is a ‘window period’ of 3 to 12 weeks, which is the period between infection with HIV and the appearance of detectable antibodies to the virus. In the case of the most sensitive HIV tests currently recommended, the window period is about three weeks. This period may be longer if less-sensitive tests are used.

During the window period, people infected with HIV have no antibodies in their blood that can be detected by an HIV test. However, the person does have very high levels of HIV in body fluids such as blood, semen, vaginal fluids and breast milk. HIV can be passed on to another person much more readily during the window period even though an HIV test may not show that you are infected with HIV.

I’m afraid that if I test HIV-positive, I’ll be alone. Is that true?

No. None of us needs to be alone if we test HIV-positive. Millions of people throughout the world are living with HIV. HIV infection does, though, present some important challenges. If you test HIV-positive you should think about contacting a local AIDS service organization or the UN HIV focal point in your country to obtain information about a support group to join. You may also consider referring to the UN Cares Services Directory on HIV at www.uncares.org for information. An increasing





UN Plus: A Network of UN Employees Living with HIV

UN Plus is the UN System HIV-Positive Staff Group. It brings together HIV-positive staff working in the UN system from across the regions and agencies. Its mission statement is as follows: 'Uniting for solidarity, equality and acceptance for people living with HIV within the UN system through awareness raising, policy change and advocacy.' UN Plus provides peer advice, support and advice on issues related to HIV in the workplace to UN staff and external partners. If you would like more information, or to join, visit www.unplus.org.

number of workplaces have their own support groups. By sharing our experiences with other people living with the virus, we can reduce our anxieties, learn new strategies for coping with HIV infection, and build new friendships with people who are facing similar challenges. Information about UN Plus, the UN System HIV-Positive Staff Group, can be found online at www.unplus.org.

If you would like to speak confidentially to a UN HIV counsellor outside your duty station, you may contact the UN staff counsellor's office in New York at +1-212-963-4782 or send an email with your phone number to HIVadvice@uncares.org and a counsellor can call you back.

If I test positive for HIV, what should I do?

First of all, try to listen carefully to what the counsellor from the testing centre is telling you. He or she will provide you with important information about the next steps, where to get medical care and where to seek support. If you forget something or are simply overwhelmed, call and ask to talk to the counsellor again. Many people find it difficult to retain the information the first time around because they cannot concentrate.

See a medical doctor who specializes in HIV to obtain a second HIV test in order to confirm the result of the first and, if the result is confirmed positive, start your medical care plan. If you are worried that you may have exposed someone to HIV through unprotected sex, your counsellor or doctor can help you with approaches you may take to encourage them to get tested for HIV. You should always practise safer sex. If you familiarize yourself with various issues around HIV you will become a more competent partner to your medical doctor with regard to maintaining your health.

If I test HIV-positive, do I have to tell anyone at work? I'm afraid I might be discriminated against or mistreated. Who do I tell, and how?

No one living with HIV is required to disclose his or her status. For those of us living with HIV, it can be difficult to decide if, or when, to tell another person, especially a colleague or supervisor. It is natural to worry about being rejected by family, friends, neighbours or colleagues. Discrimination against people living with HIV remains all too common, so those of us who are HIV-positive should think about who we can trust with this information.

Although as personnel of the UN system we will never be made to disclose our HIV status, there may be advantages in sharing this information with a trusted supervisor or other colleagues, such as human resource professionals or the UN system physicians. There are also things that you should keep in mind as a UN employee, such as the fact that your contract and terms of employment should be the same as they would be if you were not living with HIV, and that you ought to have the same opportunities for advancement and mobility. Disclosing your status may make it easier to be open and honest about why you may need to take time off for medical care, or why you may need to work on a flexible schedule. Should you decide to disclose your status to your managers and/or colleagues, they will be better able to address the matter if it comes up. Some people find that in the long run keeping their HIV status a secret can cause stress and anxiety. In the end, though, whether or not you disclose your status is your decision.

Will the UN continue to allow me to work if I test HIV-positive?

Yes. UN staff members cannot be fired, demoted, or denied a promotion or assignment solely on the basis of HIV infection. Most people living with HIV are fully capable of continuing to work—whether within or outside the UN system. In the UN system, fitness to perform the required duties is the sole medical requirement for employment.

When you are placed in a new position in the UN or sent on mission, the UN Medical Services conduct a medical exam to determine your physical fitness for the assignment. Keep in mind that the UN Medical Services do not automatically test for HIV, either for medical clearance or for periodic medical check-ups. Depending on the nature of the assignment, its location, and the state of your own health, the UN Medical Services might decline to certify you as being fit for a particular job. In all such cases, qualified medical staff will make this determination only after an individualized assessment of your health situation; no blanket exclusion of people with HIV is allowed for jobs in the UN. It may be in your own interest to reveal your status to the medical services if you are being transferred to a duty station that may not have good medical services or a good supply of the medicines necessary for treating HIV. If a medical clearance is withheld for a new assignment, the UN Medical Services will not disclose to your supervisor or your colleagues the nature of any health condition revealed or detected during a medical examination, or reveal why you are not being cleared for a specific duty station or



Disclosure of HIV status...

can be one of the most difficult challenges a person living with HIV may face. If someone decides they trust you enough to share this information, offer your support and reassure the person that he or she can count on you to keep it to yourself. It is important that you treat the information confidentially, as you do with any other personal information someone entrusts you with.

The UN encourages all personnel to take care of their health, but this is especially important for those of us who are HIV-positive.



No staff member who works in the UN system can be fired, demoted, or denied a promotion or assignment solely on the basis of being HIV-positive.

assignment. Should you decide to disclose your HIV status to them, the UN Medical Services will closely guard the confidentiality of this information, as it does all personal medical information.

If, at any time, you have difficulties in performing your job as a result of HIV infection, the UN system will work with you to adjust your work situation so that you can continue to be employed by the UN system as long as your health situation allows you to actively contribute to the organization's mandate.

If I test HIV-positive, does this mean that I'm going to get sick soon?

You will not necessarily get sick soon if you test HIV-positive. Even in the absence of treatment there is normally a long period after infection before any symptoms of HIV-related diseases appear. As a result of medical advances, people living with HIV are now able to live healthily and productively with the virus. In addition, an extraordinary amount of research is under way to identify treatments to build on those that already exist. HIV infection is a major medical condition that must be taken seriously, but it is not a death sentence.

What should I do to protect my health?

The UN encourages all personnel to take care of their health, but this is especially important for those of us who are HIV-positive. It would be good practice for everyone to follow the following principles of healthy living.

- **Nutrition:** eat appropriate amounts of food and consume healthy foods from the different food groups, which are:
 - Proteins—meat, fish, soya beans and nuts help to build and maintain muscles.
 - Carbohydrates—they supply energy and can be found in grains, cereals, vegetables and nuts.
 - Vitamins—found in fresh fruits and vegetables. Vitamins strengthen the immune system and help fight infections.
 - Fats—they should be consumed modestly. Put emphasis on monounsaturated fats found in nuts, seeds, vegetable oils and pulses while avoiding saturated fats, including butter and animal products such as lard and suet.

- **Clean water:** drink plenty of liquids. If you are not sure about the purity of your public water supply, boil your drinking water or, if possible, use bottled water.
- **Food hygiene**
 - Wash your hands carefully before food preparation.
 - Keep raw and cooked food separate.
 - Choose foods that are safe (avoid unpasteurized milk and wash fresh fruits and vegetables well).
 - Cook foods thoroughly.
 - Eat foods soon after they are cooked.
- **Stress and anxiety:** minimize stress and anxiety. Having a social support network helps. Get regular exercise and adequate sleep.
- **Avoid smoking:** smoking damages the lungs and other organs and increases susceptibility to infection.
- **Medical care:** have regular medical follow-ups.
- **Medicines:** avoid unnecessary medicines and if you are on other medications not related to HIV, discuss them with your physician.

If I test HIV-positive, does this mean that I need to start on medication immediately?

No, but you should immediately find a physician who is experienced in HIV for follow-up tests and consultation. *Your physician will monitor your health status regularly and will decide if and when you need to start taking antiretroviral/other medication, which will depend on various factors, including blood results.* He or she will evaluate your past medical history, check your clinical status, physically examine you and perform additional tests to assess the stage of your HIV infection.

One of the things your doctor will look at is your CD4 cell count. The immune system is made up of different white blood cells that protect us from diseases. When the immune system is functioning normally, the CD4 cells (also known as T-helper cells or T-cells) protect the body by recognizing and destroying viruses and bacteria. These are also the cells that HIV attacks and destroys. A high viral

I was diagnosed with HIV more [than] 22 years ago...

and almost immediately became involved in AIDS activism—firstly in the UK, where I was involved in setting up the first positive women’s organization—and then on an international basis through work with the international PLHIV [people living with HIV] conferences, the Global Network of PLHIV and the International Community of Women Living with HIV.

More than 20 years later, I am still alive and kicking and working with the UN, having survived when most of my peer group from the 80’s died long ago. Thanks to being born in a country with free health care I was able to access antiretroviral therapy, which became available when I needed it most. When I first began therapy I had a CD4 count in single figures and had [pretty] much resigned myself to not being around much longer. Strange though it may sound, although my physical recovery was remarkable, it took a while to adjust mentally to being healthy again and to actually having the luxury of being able to contemplate a future that stretches into years rather than months.

– KATE THOMSON, co-founder of UN Plus

load means that HIV has crippled a large number of CD4 cells, making the immune system weaker and more susceptible to diseases.

Ask for a referral or use the UN Cares Services Directory on HIV at www.uncares.org to find a physician in your area.

If I'm HIV-positive and my physician prescribes medication for my condition, can I begin antiretroviral treatment slowly—say, by taking only one pill at a time?

Because HIV is constantly mutating, it quickly becomes resistant to any single medicine. When resistance develops, the medicines are not as effective and the viral load level in the blood begins to rebound. To prevent or slow down the development of such resistance, your doctor will prescribe three different antiretroviral medicines (combination therapy), although many combination therapies are now available in a single pill. By attacking HIV in different ways, combination therapy achieves maximum impact and reduces the likelihood that drug resistance will develop.

Combination therapy sounds complicated. How can I make sure I am able to adhere and take my medication as prescribed?

Combination HIV therapy is not simple. However, with single pill dosing, incorporating as many as three medicines in a single pill, it is getting easier. Those of us who are HIV-positive and on therapy might need to take multiple drugs, especially if our HIV infection is advanced and we also need treatment for other opportunistic infections. Taking medication as prescribed is often referred to as 'treatment adherence'. Because treatment adherence is so critically important in the case of HIV, extra care must be taken to make sure that HIV medicines are taken exactly as prescribed. If you miss doses, fail to take them on time, or otherwise vary your treatment regimen, the medicines will not be as effective and resistance will develop more quickly. Depending on your regimen, you may have certain eating restrictions (such as the need to take medicines with food) and may have to refrigerate one or more of your medicines.

It is a good idea for those of us who are living with HIV and who are prescribed a combination medication regimen to create a personal treatment adherence plan. The nature of this plan will depend on your individual treatment regimen and on the dynamics of your life. Before you leave your doctor's

Those who test HIV-positive should immediately find a physician who is experienced in HIV-related medicine for follow-up tests and consultation. Those of us who are living with HIV are now able to live healthily and productively.



Combination therapy achieves maximum impact and reduces the likelihood that drug resistance will develop.

office with your new treatment regimen, discuss your treatment adherence plan with a doctor, nurse or counsellor in order to determine how you can make it work in your life.

The following are some ideas for treatment adherence.

- Create a daily calendar to work treatment into your daily routine.
- Use a daily or weekly planner to keep up with the treatment schedule.
- Use a beeper or alarm clock to remind you when it is time to take a dose.
- Count on friends, family members, or roommates to help you remember.

Developing a treatment adherence plan requires that you make a commitment and stick to it. It requires you to look at your life honestly and identify things that might interfere with your ability to take your medicines on time. Even if at times your life becomes disordered, as everybody's does, it is important to maintain some routine to keep to your treatment adherence goals. If you travel, be sure to make note of time differences so that you are able to maintain taking your medicines on time. If you forget to take a dose, take it as soon afterwards as you remember, unless it coincides with the next dose, in which case only take the one dose.

Those of us who are HIV-positive should remember that we are not the only ones facing these challenges, and that others can help. A lot of other people living with HIV or other chronic illnesses are in the same situation. It is important to believe that the treatment is of benefit rather than seeing it as a part of "being sick". One HIV specialist has referred to antiretroviral therapy as "carrying around a million dollar check" because we know that when started at the right time, antiretroviral treatment does prolong people's lives and gives people living with HIV a chance at a normal life expectancy. Discussing treatment with other people facing similar situations may also be helpful, in order to share ideas and find workable solutions for treatment adherence and other issues.

I understand that having HIV can make you susceptible to other infections. If I'm HIV-positive, how can I protect myself from them?

For those of us who are living with HIV, we are most prone to infections once the virus has seriously damaged our immune system. For most individuals, combination HIV therapy significantly strength-





ens the immune system and reduces susceptibility to opportunistic infections. If you are living with HIV, regularly see a doctor qualified to treat HIV-related illness, so that your immune system can be monitored. Routine monitoring of your immune system will enable your doctor to prescribe treatments to prevent some of the opportunistic infections that can affect people living with HIV.

The susceptibility of people with HIV to opportunistic infections underscores the importance of knowing one's HIV status. Many people with HIV who delay testing only learn that they are positive when they experience a serious, sometimes life-threatening, illness. By knowing your HIV status, you can take better care of your health and ensure that you are monitored periodically. If you are living with HIV, your doctor can prescribe medication that can prevent opportunistic infections from developing.

Preventing, diagnosing and treating tuberculosis

Tuberculosis (TB) is a common and often deadly infectious disease that can affect us all. One third of the world's population is infected with the tuberculosis germ. Not everyone who is infected will develop tuberculosis (only about one in ten in their lifetime), but around 9 million people worldwide who have been infected develop tuberculosis each year.

People living with HIV are much more likely to develop tuberculosis once they are infected (about one in ten per year), even when taking appropriate treatment for HIV. In fact, tuberculosis is the most common cause of illness and death among people living with HIV in many parts of the world, despite being preventable and curable. In many countries, tuberculosis is often the first sign that someone is infected with HIV, as it occurs early in the course of HIV infection.

We must all be aware of the symptoms of tuberculosis and take prompt action if we suspect tuberculosis in ourselves or our colleagues, friends and family. Early diagnosis and treatment of tuberculosis improves the outcome and reduces the risk of spreading it to others. The most common symptoms of tuberculosis are a persistent cough for more than two to three weeks, unexplained weight loss, fever, and night sweats. If you think you might have tuberculosis, visit your nearest clinic immediately.

All of us who are living with HIV should be screened to see if we have been infected with tuberculosis, as this can be treated to prevent tuberculosis disease developing (isoniazid preventive therapy).

People living with HIV should also be screened regularly for tuberculosis disease each time they go to the clinic. Remember, tuberculosis is preventable and curable.

If I am living with HIV, what protection should I follow?

People living with HIV play an important role in health promotion, for themselves and their partners, families and communities. The concept of “Positive Health, Dignity and Prevention” emphasizes the role of positive people in all aspects of health promotion and HIV prevention.

If you are diagnosed with HIV, there are some prevention steps that you should follow. You should prevent:

- becoming infected with other sexually transmitted infections by having protected/safer sex;
- becoming infected with hepatitis B and hepatitis C by having protected/safer sex, using safe injection practices and getting appropriate vaccinations;
- complications of HIV by ensuring that you get good medical care;
- HIV resistance by adhering to your treatment protocol;
- transmitting HIV to your partner by:
 - disclosing your status to your partner
 - encouraging your partner to get tested for HIV
 - using male or female condoms during sex
 - using single-use sterile syringes (no reuse)
 - not sharing sex toys, etc.

If your partner is HIV-negative and is accidentally exposed to HIV, encourage him or her access post-exposure prophylaxis within 2 to 72 hours after the accident.

Take greater control of your life. You have the right to make healthy choices and you have the responsibility—personal, practical and ethical—to protect your partner.



“ Staff members do not have to feel sidelined or alone—there is a lot that they can achieve on their own and in partnership with others in similar situations to make sure their working environments are conducive. Each and every organization, no matter how small, can take small steps towards supporting this ‘movement.’ ”

– BHATUPE MHANGO,
UN Plus Coordinator



What about reproductive health and planning for the future?

If you are in a relationship and one of you is HIV-positive, it is possible for you to enjoy a healthy relationship and sex life. If one partner is HIV-negative and the other HIV-positive, it is important to use condoms correctly and consistently. If you are living with HIV, maintain a healthy lifestyle and follow all measures so as to not infect your partner. Discuss concerns and planning for the future with your partner. If you are considering having a child, talk with your doctor about whether this would be a healthy option. If you do decide to have a child, you may want to inquire about assisted reproductive health options such as insemination or checking to make sure that the viral load is undetectable and ensuring that unprotected sex occurs in the fertile period only. Lastly, know that if you are living with HIV you can enjoy the same quality of life, including your sex life, as any other person.

MOTHER-TO-CHILD TRANSMISSION

Is it okay for me to have a baby if I'm living with HIV?

For many HIV-positive people, deciding whether to have a child can be extremely difficult. An important first step is to consult your doctor to obtain the latest information and to get advice and counselling in order to make healthy decisions. If you are a male living with HIV, consider the potential impact on your female partner's health. If she is HIV-negative it is important that she remain HIV-free, because becoming infected during pregnancy increases the risk of HIV transmission to the foetus. If she is HIV-positive too, the baby could contract HIV during pregnancy, birth or breastfeeding.

Every year, hundreds of thousands of children become infected with HIV during pregnancy, delivery, or as a result of breastfeeding. Fortunately, some of the antiretroviral drugs that have proven so effective for the treatment of HIV infection itself are also effective in significantly reducing the risk of HIV transmission from mother to child.

Effective prevention of mother-to-child transmission includes several components. If you are pregnant, you should receive antenatal care from a qualified health-care provider. Most antenatal doctors

will offer you an HIV test; if yours does not, you should request one. If you test HIV-positive in the antenatal setting, you will be counselled about your reproductive options.

Reducing the risk of mother-to-child transmission

A pregnant woman who is HIV-positive can pass the virus on to her baby in the womb or during childbirth, or postnatally through breastfeeding. Studies in industrialized countries indicate that the entire prevention package—voluntary counselling and testing, comprehensive antenatal care and associated counselling, adequate antiretroviral therapy with the most effective regimen, and counselling on breastfeeding alternatives—can reduce the risk of mother-to-child transmission to a rare event. With these measures, the risk of mother-to-child transmission can be reduced to as low as 2%. When it comes to postnatal transmission, if possible a woman living with HIV should avoid breastfeeding and use only breast-milk replacements if these are safe and available. In no case—whether the woman is living with HIV or not—should a woman mix breastfeeding with formula feeding or other foods, as this can weaken the baby’s own ability to fight infections. If a woman living with HIV must breastfeed, she should do so exclusively for the first six months and then switch to replacement feeding.

Ultimately, only you can decide whether to have a child if you are living with HIV. This can be a particularly difficult choice if you are pregnant because you have been raped. If you receive care through a UN-affiliated medical provider, you can rest assured that you will receive the information, counselling and support you need to make an informed choice. Having children remains an option for people living with HIV. For many people, children provide great joy and a sense of purpose in their lives, and it is important that we support the right of people living with HIV to be parents.

It is important that we support the right of people living with HIV to be parents.



If you are living with HIV and decide to have a child, your doctor will provide you with information about the most appropriate treatment regimen that can reduce your risk of passing the virus on to your newborn.

Living in a world with HIV



Where can you go for voluntary counselling and testing for HIV?

What would be the possible 'pros' and 'cons' of disclosing your status to your supervisor, human resources officer and/or colleagues if you are HIV-positive? How might you do this?

How and where can HIV-positive staff members and their families obtain medication for treatment locally?



If you are living with HIV, where can you go for support services and medical care?

How can we all support colleagues who may be living with, or affected by, HIV?

