



1 December 2003

Secretary-General's bulletin

Policy on HIV/AIDS in the workplace

1. The global HIV/AIDS epidemic killed more than 3 million people in 2003 and an estimated 5 million acquired the human immunodeficiency virus (HIV), bringing to 40 million the number of people living with the virus around the world. There is neither a vaccine nor a cure for the disease. In our work as United Nations employees, we see at first hand the ravages of this epidemic, particularly in the developing world, and almost all of us know a friend, family member or co-worker who has been affected.

2. The United Nations is committed to providing a supportive workplace for its employees, regardless of their HIV status. To achieve this, we must have an environment that promotes compassion and understanding and rejects discrimination and fear. In order for us to attain this objective, I wish to restate the Organization's commitment to the United Nations Personnel Policy on HIV/AIDS (see annex). This policy will continue to guide our efforts in the development and implementation of programmes concerning HIV/AIDS in our workplace. The programmes will continue to ensure that:

(a) United Nations staff and their families will have access to information about treatment and support, including how and where to obtain voluntary confidential counselling and testing, and antiretroviral drugs. The costs of these services and drugs will continue to be met to the maximum amount provided for by the medical insurance schemes in which staff are enrolled;

(b) Staff members will not be required to undergo HIV testing as a condition for obtaining health insurance coverage;

(c) Every effort will be made to ensure that staff affected by, or perceived to be affected by, HIV/AIDS do not suffer stigmatization or discrimination;

(d) United Nations staff and their families will have access to information and education about HIV/AIDS to enable them to protect themselves from HIV infection and to cope with the presence of HIV/AIDS;

(e) Candidates for recruitment will not be screened for HIV prior to their employment, nor will staff be screened during the course of their service.



3. I urge you, as managers, staff and co-workers, to play an active part in strengthening our response to the HIV/AIDS epidemic, both within the workplace and in the wider community.

(Signed) Kofi A. **Annan**
Secretary-General

Annex

United Nations Personnel Policy on HIV/AIDS*

A. Information, education and other preventive health measures

1. United Nations staff and their families should be provided with sufficient, updated information to enable them to protect themselves from HIV infection and to cope with the presence of AIDS. To this end all United Nations bodies are encouraged to develop and implement an active staff education strategy for HIV/AIDS by using the handbook, *AIDS and HIV Infection: Information for United Nations Employees and Their Families*, which was issued by the Joint United Nations Programme on HIV/AIDS (UNAIDS), and by identifying local sources in the field that are experienced in HIV/AIDS counselling and can provide confidential follow-up. The staff of the United Nations Medical Service should be fully involved in such staff education programmes. They should receive any additional professional education that may be required, and all pertinent information material on HIV/AIDS, supplied and updated by UNAIDS, should be made available to them at all duty stations.

2. All United Nations staff members and their families should be made aware of locations where safe blood supplies may be obtained. To accomplish this task, the World Health Organization (WHO) Blood Safety Unit, in cooperation with the Medical Service, should establish and regularly update a list of reliable and operational blood transfusion centres for circulation to United Nations Headquarters, regional offices and duty stations. The Medical Service and local, linked medical facilities should also make efforts to ensure that blood transfusions are performed only when absolutely necessary.

3. United Nations resident coordinators must exercise their responsibility to adopt measures that reduce the frequency of motor vehicle accidents, not only because of the attendant incidence of high mortality and morbidity, but also because they represent a particular risk for HIV infection in those localities where safe blood supplies are lacking. United Nations resident coordinators are therefore encouraged to consider the following measures for reinforcement or for general adoption if not already applied, and to circulate them to all personnel at the duty station, together with instructions on the use of public transport:

- Installation of and compulsory use of seat belts in all United Nations vehicles.
- Proper training in off-road use of four-wheel-drive vehicles.
- Prohibition against the personal use of vehicles when official drivers are available.
- Compulsory use of helmets for all riders of motorbikes.
- Prohibition against substance abuse by drivers.
- Organization of first-aid training sessions.
- Equipping of United Nations vehicles with first-aid kits containing macromolecular solutions (plasma expanders).

* Based on the Joint United Nations Programme on HIV/AIDS, *AIDS and HIV Infection: Information for United Nations Employees and Their Families* (Geneva, 2000).

4. All United Nations staff and their families should have access to disposable syringes and needles. The Medical Service should provide disposable syringes and needles to staff on duty travel to areas where there is no guarantee that such materials can be properly sterilized. They should be accompanied by a certificate in the six official languages of the United Nations, explaining the reasons why the materials are being carried. Regional offices and other duty stations should stock disposable injection materials for use by United Nations staff and their families. Such stock should be made available at United Nations dispensaries, where they exist, or at the WHO duty station in the country.

5. All United Nations staff members and their families should have access to condoms. Condoms should be made available through the United Nations Population Fund (UNFPA) and/or WHO at duty stations where there is not a reliable and consistent supply of high-quality condoms in the private sector. Access should be free, straightforward and discreet.

B. Voluntary testing, counselling and confidentiality

6. Voluntary testing with pre- and post-counselling and assured confidentiality should be made available to all United Nations staff members and their families. Adequate and confidential facilities for voluntary and confirmatory testing and counselling should be made available locally to United Nations staff members and their families, with United Nations bodies acting in close collaboration with the United Nations Medical Service and WHO. Specific procedures must be developed by United Nations bodies to maintain confidentiality with respect to negative as well as positive results from an HIV test, including whether such a test has been taken. Only the person tested has the right to release information concerning his or her HIV status.

C. Terms of appointment and service

Pre-recruitment and employment prospects

7. Under this heading, the following provisions apply:
- The only medical criterion for recruitment is fitness to work.
 - HIV infection does not, in itself, constitute a lack of fitness to work.
 - There will be no HIV screening of candidates for recruitment.
 - AIDS will be treated in the same manner as any other medical condition in considering medical classification.
 - HIV testing with the specific and informed consent of the candidate may be requested if AIDS is clinically suspected.
 - Nothing in the pre-employment examination should be considered as obliging any candidate to declare his or her HIV status.
 - For any assignment in a country that requires HIV testing for residence, the requirement must appear in the vacancy notice.

Continuity of employment

8. Under this heading, the following provisions apply:
- HIV infection or AIDS should not be considered as a basis for termination of employment.
 - If fitness to work is impaired by HIV-related illness, reasonable alternative working arrangements should be made.
 - United Nations staff members with AIDS should enjoy the same health and social protection as that afforded to United Nations employees suffering from other serious illnesses.
 - HIV/AIDS screening, whether direct (HIV testing), indirect (assessment of risk behaviours) and/or questioning about tests undertaken, should not be required.
 - Confidentiality regarding all medical information, including HIV/AIDS status, must be maintained.
 - There should be no obligation on the part of the employee to inform the employer regarding his or her HIV/AIDS status.
 - Persons in the workplace affected by, or perceived to be affected by HIV/AIDS, must be protected from stigmatization and discrimination by co-workers, unions, employers or clients.
 - HIV-infected employees, and those with AIDS, should not be discriminated against, including with regard to their access to and receipt of benefits from statutory social security programmes and occupationally-related schemes.
 - The administrative, personnel and financial implications of these principles under terms of appointment and service should be monitored and periodically reviewed.

D. Health-insurance benefits and programmes

9. Health insurance coverage should be available for all United Nations employees regardless of HIV status. There should be no pre- or post-employment testing for HIV infection.

10. Health insurance premiums for United Nations employees should not be affected by HIV status. No testing for HIV infection should be permitted with respect to any health insurance scheme.
