# Contents

List of Tables, Figures, and Exhibits  ...  xiii
Foreword  ...  xvii
  Allan H. Church and Janine Waclawski
Preface and Acknowledgments  ...  xxi
  Bernardo M. Ferdman and Barbara R. Deane
The Editors  ...  xxxiii
The Authors  ...  xxxv

## Part One: Frameworks for Understanding Inclusion  1

1. **The Practice of Inclusion in Diverse Organizations: Toward a Systemic and Inclusive Framework** 3
   Bernardo M. Ferdman

## Part Two: Individual and Interpersonal Perspectives and Practices  91

2. **Communicating About Diversity and Inclusion** 55
   V. Robert Hayles

3. **Creating Inclusion for Oneself: Knowing, Accepting, and Expressing One’s Whole Self at Work** 93
   Bernardo M. Ferdman and Laura Morgan Roberts

4. **Strengthening Interpersonal Awareness and Fostering Relational Eloquence** 128
   Ilene C. Wasserman

5. **Intercultural Competence: Vital Perspectives for Diversity and Inclusion** 155
   Janet M. Bennett
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Authors</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>The Work of Inclusive Leadership: Fostering Authentic Relationships, Modeling Courage and Humility</td>
<td>Plácida V. Gallegos</td>
<td>177</td>
</tr>
<tr>
<td></td>
<td><strong>Part Three: Organizational and Societal Perspectives and Practices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>From Diversity to Inclusion: An Inclusion Equation</td>
<td>Mary-Frances Winters</td>
<td>205</td>
</tr>
<tr>
<td>8</td>
<td>Inclusive Human Resource Management: Best Practices and the Changing Role of Human Resources</td>
<td>Lynn R. Offermann and Tessa E. Basford</td>
<td>229</td>
</tr>
<tr>
<td>9</td>
<td>Inclusive Organization Development: An Integration of Two Disciplines</td>
<td>Allan H. Church, Christopher T. Rotolo, Amanda C. Shull, and Michael D. Tuller</td>
<td>260</td>
</tr>
<tr>
<td>10</td>
<td>The Development of Inclusive Leadership Practice and Processes</td>
<td>Lize Booysen</td>
<td>296</td>
</tr>
<tr>
<td>12</td>
<td>Models of Global Diversity Management</td>
<td>Karsten Jonsen and Mustafa Özbilgin</td>
<td>364</td>
</tr>
<tr>
<td>13</td>
<td>Fostering Inclusion from the Inside Out to Create an Inclusive Workplace: Corporate and Organizational Efforts in the Community and the Global Society</td>
<td>Michâlle E. Mor Barak and Preeya Daya</td>
<td>391</td>
</tr>
<tr>
<td></td>
<td><strong>Part Four: Key Application Issues and Domains</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Global Benchmarks for Diversity and Inclusion</td>
<td>Julie O’Mara</td>
<td>415</td>
</tr>
</tbody>
</table>
15 The Chief Diversity Officer’s View of the Diversity and Inclusion Journey at Weyerhaeuser 431
Effenus Henderson

16 Creating Diverse and Inclusive Colleges and Universities 451
Kumea Shorter-Gooden

17 Fostering Inclusion from the Outside In: Engaging Diverse Citizens in Dialogue and Decision Making 482
Carolyn J. Lukensmeyer, Margaret Yao, and Theo Brown

18 Building a Culture of Inclusion: The Case of UNAIDS 506
Alan Richter

19 Inclusion at Societal Fault Lines: Aboriginal Peoples of Australia 520
Charmine E. J. Härtel, Dennis Appo, and Bill Hart

Part Five: Moving Forward 547

20 Inclusion as a Transformational Diversity and Business Strategy 549
Michael L. Wheeler

21 An I/O Psychologist’s Perspective on Diversity and Inclusion in the Workplace 564
Angelo S. DeNisi

22 Inclusion: Old Wine in New Bottles? 580
Stella M. Nkomo

23 Practicing Inclusion: Looking Back and Looking Ahead 593
Bernardo M. Ferdman and Barbara R. Deane

Name Index 601
Subject Index 613
CHAPTER EIGHTEEN

Building a Culture of Inclusion: The Case of UNAIDS
Alan Richter

This chapter examines the ways in which a particular organization, UNAIDS, has worked on building a culture of inclusion in their workplace and in society at large wherever they operate. UNAIDS is a unique organization in many ways, but it is also part of the broad range of international public-sector organizations that by definition have international workforces and thereby have intercultural and diversity challenges.

I was the consultant hired by UNAIDS to assist in the creation of its new Diversity and Inclusion Policy, having previously delivered global diversity training and train-the-trainer sessions for the organization. I had been doing similar training work at both the United Nations and the World Health Organization (WHO).

The chapter has four parts: (1) an introduction of UNAIDS, (2) the model of inclusion that I used with UNAIDS, (3) the challenges that the organization faced and solutions it devised, and (4) the lessons that it learned.

Introducing UNAIDS

The agency, UNAIDS, is known as the Joint United Nations Programme on HIV/AIDS. It sees itself as “an innovative joint venture of the United Nations family, bringing together the efforts and resources of ten UN system organizations in the AIDS response
to help the world prevent new HIV infections, care for people living with HIV, and mitigate the impact of the epidemic” (United Nations Foundation, 2012). The UNAIDS Secretariat is headquartered in Geneva, Switzerland, and has active operations in more than eighty countries. A number of other international agencies cosponsor UNAIDS; these include UNHCR (UN High Commissioner for Refugees), UNICEF (UN Children’s Fund), WFP (World Food Program), UNDP (UN Development Program), UNFPA (UN Population Fund), UNODC (UN Office on Drugs and Crime), ILO (International Labour Organization), UNESCO (UN Educational, Scientific and Cultural Organization), WHO (World Health Organization), and the World Bank. UNAIDS works with many organizations, both from government and civil society, to “help mount and support an expanded response to AIDS” (United Nations Foundation, 2012).

Staff at UNAIDS are formally considered international civil servants and follow the International Civil Service Commission (ICSC) standards of conduct, which include the value of Respect for Diversity. What makes UNAIDS a uniquely interesting organization with regard to inclusion is that it works in a world in which people living with HIV are routinely stigmatized and excluded from society at large. So unlike other international organizations that focus on a specific field (such as ILO on work, WHO on health, UNICEF on children), UNAIDS is focused on a specific population or group whose members are very often the victims of discrimination and prejudice; thus the challenge of inclusion is paramount.

Model of Inclusion

My approach to inclusion is derived from the Global Diversity Survey® (GDS, 2003–2012), a self-administered, self-scoring tool that aims to help people enhance their competency to manage and value diversity and inclusion in the workplace. In use since 2003, this online tool prepares managers and employees, through a process of introspection, to:

- See beyond differences and work more successfully with people who are different from them.
- Make others feel they are valued members of a group or team.
- Act with openness, fairness, and a spirit of co-operation and generosity towards diverse colleagues.
- Adapt behaviors to better communicate and solve problems with diverse colleagues [Global Diversity Survey, 2003–2012].

The GDS was designed as a global self-assessment tool—global in two senses: it is usable worldwide across cultures, and it addresses the total range of diversity dimensions (age, ethnicity, gender, sexual orientation, culture, language, and so on). At the time it was launched (2003), to our knowledge, although a number of comparable diversity assessments existed, their approach was not usable globally because they were too U.S.-centric. Cultural assessments were available, but they focused solely on cultural dimensions, thereby excluding some of the important diversity dimensions (such as age, gender, sexual orientation, and religion).

One of the key assumptions behind the development of the GDS was to be systemic both psychologically and sociologically. Psychologically, this meant that the GDS, to be comprehensive, had to cover cognitive, emotional, and behavioral components of diversity and inclusion; sociologically, it had to cover individual, organizational, and societal levels.

Consequently, the GDS assesses three main constructs, namely insight (head), inclusion (heart), and adaptation (hands), using the H³ model (Hayles & Russell, 1997; see also Hayles, Chapter 2, this volume). Insight refers to the ability to see oneself, others, and the world around one in an unbiased way. Inclusion focuses on one’s actual efforts in making all people feel that they are included and part of a team. Finally, adaptation looks at one’s ability to change one’s own behavior so that it meets the needs of people from diverse backgrounds. Furthermore, the assessment measures three levels, namely the Self, Others, and the World, because everyone operates across these three levels—individual, interpersonal, and organizational/societal—and diversity and inclusion challenges are found at all levels. When we place the three constructs (verticals) across the three levels it generates the GDS model, with nine competencies (see Table 18.1). Focusing on the Heart or Inclusion column, we see three competencies—Sensitivity,
Building a Culture of Inclusion: The Case of UNAIDS

Openness, and Fairness—according to the Self, Others, and World levels, respectively.

The main focus of this chapter is on how UNAIDS builds inclusion as seen through the GDS lens (sensitivity, openness, and fairness). I also discuss another key competency, engagement, which has to do with behavioral adaptation on the part of the individual.

**Challenges and Solutions: Inclusion at UNAIDS**

Like any international organization, UNAIDS has a broad range of diversity and inclusion challenges. In addition to the standard “isms”—such as racism, sexism, and ageism—that most organizations often face, UNAIDS, because of its unique mission, also addresses the issue of HIV-positive status, which has typically been viewed in most of the world as a stigma and hence as a basis for exclusion. Goffman (1963) defined social stigma in terms of the characteristics or other aspects of individuals that serve to discredit them in the eyes of others, who see the stigmatized person as less than normal. The stigma associated with HIV/AIDS has led to discrimination, but in varied ways, shaped by culture and historical timing; like all forms of discrimination, it breaches fundamental human rights, especially the right to be treated equally and the right of human dignity. Discrimination based on stigma poses a substantial challenge with regard to inclusion: the challenge of how to create an organizational culture that is sensitive and open to people living with HIV as well as to people with same-sex orientation and people with a disability, and that, regardless, treats everyone fairly. UNAIDS has attempted to deal with these

<table>
<thead>
<tr>
<th>Head</th>
<th>Heart</th>
<th>Hands</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>Self-Awareness</td>
<td>Sensitivity</td>
</tr>
<tr>
<td>Others</td>
<td>Understanding Differences</td>
<td>Openness</td>
</tr>
<tr>
<td>World</td>
<td>Facts/Objectivity</td>
<td>Fairness</td>
</tr>
</tbody>
</table>

challenges in three key areas: its mission, policy, and training, each of which I describe in the following sections. Let’s start with the UNAIDS mission.

**Mission**

In January 2000, the UN Security Council made history when for the first time it debated a health issue—AIDS. By subsequently adopting Resolution 1308, it highlighted the growing impact of AIDS on social instability and emergency situations and the potentially damaging impact of HIV on the health of international peacekeeping personnel. The eight Millennium Development Goals (MDGs, http://www.un.org/millenniumgoals), which range from halving extreme poverty to halting the spread of HIV and providing universal primary education—all by the target date of 2015—form a target agreed to by all the world’s countries and all the world’s leading development institutions.

In 2001, heads of state and government representatives of 189 nations gathered at the first-ever Special Session of the United Nations General Assembly on HIV/AIDS. They unanimously adopted the Declaration of Commitment on HIV/AIDS (United Nations General Assembly, 2001), acknowledging that the AIDS epidemic constitutes a “global emergency and one of the most formidable challenges to human life and dignity” (United Nations General Assembly, 2001, p. 6). The Declaration of Commitment covers ten priorities, from prevention to treatment to funding. It provides a strong mandate to help move the AIDS response forward, with scaling up toward universal access to HIV prevention, treatment, care, and support. It also supports the particular MDG goal to halt and begin to reverse the spread of AIDS by 2015.

However, as much as the UN had previously addressed the issues of human rights, UNAIDS realized that the Declaration of Human Rights and the subsequent UN Conventions (including one on Persons with Disabilities) were not specific enough to handle the challenges that people with HIV/AIDS faced. So in 2008, the organization set out to write a Diversity and Inclusion Policy that addressed these new challenges to human life
Building a Culture of Inclusion: The Case of UNAIDS

and dignity. I was privileged to work with UNAIDS to help draft this policy.

Policy

UNAIDS has developed a Diversity and Inclusion Policy to apply to all its staff and partners. One of the key components of the policy is the application of the GIPA principle: GIPA stands for Greater Involvement of People Living with HIV and AIDS (“The Greater Involvement,” 2007). GIPA is an excellent example of the engagement competency in the GDS model. The engagement competency entails creating a basis for real relationships with those who are different from us. Engagement requires a commitment to move out of one’s comfort zone and create genuine relationships with others across differences.

The basis for GIPA is that people living with HIV understand each other’s situation better than anyone and are often best placed to counsel one another and to represent their needs in decision making and policy making forums. This was described by UNAIDS as follows: “The idea that the personal experiences of people living with HIV could and should be translated into helping to shape a response to the [AIDS] epidemic was first voiced in 1983 at a national AIDS conference in the USA. . . . It was formally adopted as a principle at the Paris AIDS Summit in 1994, where 42 countries declared the Greater Involvement of People Living with HIV and AIDS (GIPA) to be critical to ethical and effective national responses to the epidemic” (Joint United Nations Programme on HIV/AIDS, 2010b, p. 1).

The GIPA principle serves as the foundation of many interventions throughout the world: “People living with, or affected by HIV are involved in a wide variety of activities at all levels of the fight against AIDS; from appearing on posters, bearing personal testimony, and supporting and counseling others with HIV, to participating in major . . . policy-making activities” (GIPA Principle, formalized at the 1994 Paris AIDS Summit, quoted by Gooey, 2006, p. 9).

The UNAIDS Diversity and Inclusion Policy was released in March 2009 (as an internal document). In the following sections,
using extracts of the relevant documents, I highlight its purpose, rationale, and key elements.

**Purpose of the Policy**

“UNAIDS recognizes the importance of a diverse workforce. This diversity is a reflection of a changing world. Diverse work teams bring high value to our work on AIDS, in which we promote the rights of all to a work environment that encourages productivity, while respecting individual differences. We define diversity as acknowledging, seeking to understand, accepting, and valuing differences among people with respect to age, class, ethnicity, sex, physical and mental ability, sexual orientation, etc.” The UNAIDS Secretariat is committed to encouraging diversity in its workforce, with the goal of creating “a fair and safe environment where everyone has access to opportunities and benefits” (UNAIDS Diversity and Inclusion Policy, 2009).

The policy is not only a values statement but also the “operational basis for institutional and individual standards of behavior and performance” (UNAIDS Diversity and Inclusion Policy, 2009).

**Rationale for the Policy**

Respect for Diversity is a UN organizational core value, together with Integrity and Professionalism. These values are consonant with the UN Charter and Article 1 of the Staff Regulations. The Universal Declaration of Human Rights (United Nations, 1948) prohibits discrimination on multiple grounds, including race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status. UNAIDS has articulated “other status” to include sexual orientation; gender; disability; age; parental, marital, and family status; pregnancy; and health status, including HIV status.

In promoting and respecting diversity, UNAIDS upholds these values and rights, as well as key organizational principles including fairness, inclusiveness, and a healthy and productive work environment. Such an environment enables all members of the organization to maximize their contribution to UNAIDS’ core mandate and the global AIDS response. Managing and promoting the value of diversity therefore is relevant to all UNAIDS staff members. UNAIDS staff must demonstrate respect for and
understanding of diverse points of view and reflect this in all aspects of daily work and decision making. UNAIDS recognizes with this policy that an effective response to the AIDS epidemic necessitates that people from many different parts of society, with wide-ranging perspectives and experiences, collaborate to overcome the barriers to expanding HIV prevention, treatment, care, and support.

**Elements of the Policy**

This section covers values and behaviors, same-sex partnerships, HIV status, disability and life conditions, and gender parity. The policy is quoted verbatim:

1. **Promoting values and behaviors**: UNAIDS staff will promote the Respect for Diversity value throughout the UNAIDS family, with counterparts in the UN System, and with other partners. Staff members are expected to demonstrate the following behaviors (from the definition of the value of Diversity in the UN’s “Competencies for the Future”):
   - Works effectively with people from all backgrounds
   - Treats all people with dignity and respect
   - Treats men and women equally
   - Shows respect for and understanding of diverse points of view and demonstrates this understanding in daily work and decision making
   - Examines own biases and behaviors to avoid stereotypical responses
   - Does not discriminate against any individual or group

The UNAIDS Secretariat, within the framework of its administrative agencies staff rules and regulations, is committed to the principle of recognizing same sex partnership equality. UNAIDS is also committed to preventing any discrimination including that based on HIV status.

2. **Encouraging and attracting diversity**: UNAIDS upholds diversity as a key factor in all of its human resources practices and acts to promote an inclusive workplace culture.

*Continued*
**Same-sex partnerships:** Under the umbrella of the relevant staff rules, regulations and policies, UNAIDS recognizes same-sex domestic partnership entitlement equality and strives to promote expansion within the UN Common system to extend this recognition beyond current UN Human Resources Policies. UNAIDS has zero tolerance for discrimination toward any individual or group on any basis, and therefore supports all initiatives for the elimination of discrimination against same-sex partnerships by UN staff or by institutional policies at UN Common System level.

**HIV status:** UNAIDS follows the 1991 UN Personnel Policy on HIV/AIDS, the 2001 ILO Code of Conduct and the World of Work, and the 2008 UN Cares 10 minimum standards. It does not tolerate HIV-related stigma or discrimination based on real or perceived HIV status. To enable the active engagement of people living with HIV, UNAIDS urges all actors to ensure that people living with HIV have the space and the practical support for their greater and more meaningful involvement (GIPA). Also, UNAIDS hosts the UN-wide HIV-Positive Staff Group (UN Plus), which helps to inform both changes to workplace policies and wider UN Reform.

**Disability and life conditions:** UNAIDS supports the full inclusion of people with disabilities in the workplace. UNAIDS will seek appropriate ways of providing necessary adaptive technologies or reasonable physical adaptation of office space on UNAIDS premises to facilitate access and use.

**Gender parity:** UNAIDS strives to attain gender equality by creating a culture in which gender balance and diversity are valued as the core of a positive working environment, sensitive to the concerns of all staff, including the specific concerns of female staff. The goal set by the Secretary General is to achieve a 50/50 gender distribution at all levels, but in particular for posts at the P-5 level and above [UNAIDS Diversity and Inclusion Policy, 2009].
Note the special focus on same-sex partnerships, HIV status, and disability. These are issues at the core of the organization and therefore need to be highlighted lest they fade under the general umbrella of diversity. For inclusion to be effective, it cannot be diluted in too generic a context. For UNAIDS, focusing on these key aspects (same sex partnerships, HIV status, and disability) is central to the organization and its culture.

The purpose of the policy is to change the organization and its culture, but organizational change does not come about from simply writing a policy. That leads us to training.

Training

With the approval of the Diversity and Inclusion Policy, UNAIDS has committed resources to promulgate it through training and communication. A half-day diversity and inclusion workshop has been successfully piloted with senior management (buy-in from the top is critical) and with some headquarters staff; train-the-trainer sessions have been held with internal trainers to prepare them to run the workshops across all regions of the world and to enable leaders to communicate and explain the Diversity and Inclusion Policy in every country office in which UNAIDS operates.

The content of the training follows the diversity and inclusion model outlined at the beginning of the chapter: the head, heart, and hands model. Thus the content of the workshop includes “headwork,” “heartwork,” and “handswork.”

“Headwork” starts with the online self-assessment tool, the Global Diversity Survey, taken as prework, followed with coverage of the dimensions of diversity and culture as well as of the “business case” for diversity and inclusion.

“Heartwork” is tackled primarily through a simulation called Reincarnation (designed by Thiagarajan, 2002, but adapted for UNAIDS). This simulation has participants imagine being reincarnated into an alternate universe where one dimension of diversity is switched, allowing each person to explore the impact of that dimension on his or her professional and personal life. In light of UNAIDS’s key diversity issues, we chose the following four dimensions to explore: gender, sexual orientation, ethnicity, and
HIV status. The debrief of the exercise is designed to acknowledge the “unearned” advantages that exist in the world and the imperative to build an open, inclusive, and fair organization (UNAIDS) and larger world.

The “handswork” portion of the training addresses the adaptive skills needed to overcome biases (and stigma) and build engagement and inclusion. The workshop ends with a review of the results of each person’s preworkshop online self-assessment. This step provides a foundation for participants to improve their commitment to diversity and inclusion strategies and actions.

Training and communication alone will not be sufficient to enable organizational change and the broadening and deepening of inclusion, but they are a good start. Other conditions, such as leadership role models and performance management, are key. Compliance with the UNAIDS Diversity and Inclusion Policy is mandatory and must be seen as such. In addition, the policy has a segment on monitoring and evaluation, which states: “A variety of monitoring tools will be used to allow the comparison of data and to determine the type of culture we are promoting” (UNAIDS Diversity and Inclusion Policy, 2009). Such tools may include benchmarks, staff opinion surveys, staffing reviews, staff association surveys, grievances filed, and results-based tools such as scorecards and evaluation reports to measure achievements against set standards.

Human Resources Management is responsible for monitoring implementation and compliance with the diversity policy, and monitoring other policies and practices for their impact on diversity. These roles include monitoring and reporting on workplace composition; recruitment; impact of the mobility and rotation policy on diversity; implementation of the “UN Cares” HIV in the workplace program; and implementation of the work/life balance policy and related measures. Results of such monitoring and assessment will be used in the revision of policies. In addition, there will be a continuous monitoring of the number of complaints related to discrimination, with emphasis on those derived from diversity; for example, discrimination related to gender, sexual orientation, HIV status, and disability.

Following through on this, and keeping a steady eye on the data and measures, will be key to UNAIDS’ success in continuing
to build a culture of inclusion and being a pioneering organizational role model in the world.

**Lessons Learned**

Perhaps the most important lesson learned from working with UNAIDS was that inclusion sometimes needs to go beyond the usual dimensions of diversity. Most organizations worldwide deal with gender, ethnic, cultural, disability and generational dimensions, as well as perhaps language, religion, and sexual orientation. What made work with UNAIDS unique was the HIV status dimension, as an addition—not a replacement of—the other dimensions of diversity, and the consequent challenges for inclusion in that context.

A second, related lesson is the realization of intersectionality—meaning, in the UNAIDS context, that HIV status interacts with other components of identity, such as sexual orientation, gender, disability, age or generation, religion, and culture (to name the more obvious ones), and that no one dimension of identity stands alone; they all intersect, therefore each one of us is a unique human being (see Ferdman & Roberts, Chapter 3, in this volume).

Finally, the third lesson learned is the importance of listening to the client and then customizing diversity and inclusion work (consulting, training, communication, and so on) to the particularity of the organization. Just as human beings are all unique but have many things in common, so organizations are unique, despite their commonalities. It is inspiring that within the international public sector arena there is an enormous diversity of organizations addressing such varied topics as health, economic development, sustainability, international justice and human rights, food security, climate change, peacekeeping, and so on, and each must address inclusion in their workforce and workplace in their own unique way.

**Update**

The UNAIDS Diversity and Inclusion Policy is a few years old now, and much substantive progress has been made. The latest strategic update from the organization spells out its goals for 2015,
namely: Zero New Infections, Zero AIDS-Related Deaths, and Zero Discrimination. Under Zero Discrimination, the objectives are to:

- Reduce by half, the number of countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses;
- Eliminate by half, the number of countries that have HIV-related restrictions on entry and residence;
- Address in at least half of all national HIV responses, HIV-specific needs of women and girls; and

UNAIDS can rightly consider itself on the forefront of creating a more inclusive world.

The challenges of inclusion go on—how dignified the world would be if we could reach the lofty aim of zero exclusion worldwide!

References


