Challenging Stigma and Discrimination to Improve Accessibility and Quality of HIV Services

Regional advocacy plan
Challenging Stigma and Discrimination to Improve Accessibility and Quality of HIV Services

Regional advocacy plan

Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>3</td>
</tr>
<tr>
<td>REGIONAL SITUATIONAL ASSESSMENT</td>
<td>7</td>
</tr>
<tr>
<td>HIV AND THE HEALTH OF KEY POPULATIONS</td>
<td>7</td>
</tr>
<tr>
<td>ACCESSIBILITY AND QUALITY OF HIV-RELATED SERVICES</td>
<td>8</td>
</tr>
<tr>
<td>UNIVERSAL HEALTH COVERAGE (UHC) AND TAILORED HEALTH SERVICES FOR KEY POPULATIONS</td>
<td>9</td>
</tr>
<tr>
<td>POTENTIAL FOR INCREASED GOVERNMENT INVESTMENTS IN ACCESSIBLE QUALITY HIV-RELATED SERVICES</td>
<td>11</td>
</tr>
<tr>
<td>SOCIAL, ECONOMIC AND LEGAL CONTEXTS OF THE HIV RESPONSE IN THE CARIBBEAN</td>
<td>13</td>
</tr>
<tr>
<td>EQUAL PROTECTION IN LAWS</td>
<td>14</td>
</tr>
<tr>
<td>ACCESS TO JUSTICE</td>
<td>16</td>
</tr>
<tr>
<td>ACCOUNTABILITY AND ENFORCEMENT</td>
<td>17</td>
</tr>
<tr>
<td>ADVOCACY PLAN</td>
<td>18</td>
</tr>
<tr>
<td>PURPOSE: THIS PLAN ARTICULATES AN INITIAL SET OF PRIORITY ADVOCACY OBJECTIVES AND ACTIVITIES TO HASTEN THE END TO THE HIV EPIDEMIC IN THE CARIBBEAN AND ADVANCE HEALTH AND RIGHTS FOR ALL</td>
<td>18</td>
</tr>
<tr>
<td>THEORY OF CHANGE WITH OUTCOME AND IMPACT OBJECTIVES</td>
<td>18</td>
</tr>
<tr>
<td>CATEGORIES OF ADVOCACY ACTIVITIES</td>
<td>18</td>
</tr>
<tr>
<td>INTENDED IMPACT OF ADVOCACY</td>
<td>18</td>
</tr>
<tr>
<td>ADVOCACY IMPLEMENTATION MATRIX</td>
<td>19</td>
</tr>
</tbody>
</table>
Executive summary

According to the most recent data from UNAIDS, approximately 1.2% of people in the Caribbean are living with HIV, an estimated total of 310,000 people living with the virus as of the end of 2017.\(^1\) Approximately 15,000 people were newly infected with HIV in the Caribbean in 2017.

High rates of HIV are documented among key populations throughout the Caribbean. These key populations include gay men and other men who have sex with men (MSM), transgender and gender non-conforming people, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs. UNAIDS and PANCAP estimate that key populations and their sexual partners represent two thirds of all new HIV infections in the region each year.\(^2\)

The Caribbean is making progress toward the UNAIDS 90-90-90 targets for HIV testing, treatment and viral suppression, but much more work is needed. As of 2017, among the 310,000 people living with HIV in the Caribbean:

- 226,000 people (73%) were aware of their HIV status, meaning 84,000 HIV-positive people were as-yet undiagnosed.
- About 181,000 people in the region - 57% of all people living with HIV - had accessed HIV treatment.
- About 124,000 of those individuals, 40% of all people living with HIV, had achieved viral suppression.

All of the countries in the Caribbean have committed to increased coverage of essential health services, including basic hospital access, access to essential medicines, and universal access when needed to treatment for HIV, tuberculosis, malaria and viral hepatitis. However, key populations face barriers to accessing health services, including potential out of pocket costs, lack of confidentiality, exposure to stigma and discrimination, and limited service locations and hours of access.

Furthermore, key populations in most Caribbean countries report extensive social and economic exclusion, including rejections by family and local communities and barriers to employment and education, and experience of high rates of interpersonal violence, gender-based violence and sexual violence.

The discrimination and violence experienced by key populations is a central factor in dissuading people from seeking HIV and STI testing, treatment, care and prevention. Because of this, an effective HIV response requires that people have legal equality, legal protections, and access to mechanisms for lodging complaints in case of human rights violations and securing redress and equal access to legal justice.

Yet in most Caribbean countries, government-funded legal aid services are underfunded and overwhelmed by demand. This means that persons living with HIV and other key populations may be unable to access legal assistance to address discrimination issues, obtain assistance regarding health care, employment, and housing access, or meet basic legal needs.

This situation can be improved.

---

\(^1\) UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
What is advocacy? Advocacy is the active promotion and defence of an opinion, a cause, a policy and/or a group of people.

What is this advocacy plan? This document is an advocacy plan that articulates an initial set of priority advocacy objectives and activities, defined by advocates in Belize, to help end to the HIV epidemic in Belize and advance health and rights for all.

All Caribbean countries have committed to achieving the UNAIDS 90-90-90 targets for HIV testing, treatment and viral suppression, along with Sustainable Development Goals (SDGs) of increased coverage of essential health services, including basic hospital access, access to essential medicines, and universal access when needed to treatment for HIV, tuberculosis, malaria and viral hepatitis. National government HIV programs, along with HIV providers and the regional Pan Caribbean Partnership Against HIV and AIDS (PANCAP) are working hard to realize these commitments.

Civil society advocates are an important force for progress in the Caribbean. A range of organizations work together and within broader coalitions in each country to advocate for gender equality, sexual and reproductive health and rights, legal justice, and government accountability (see examples in Table 1). These advocates support HIV-related efforts by:

- Increasing awareness and support among the general public and among stakeholders such as faith-based organizations, media, universities, labour unions, charities, and local communities.
- Working directly with people in key populations to increase understanding about health and rights and increasing people’s access to services.
- Meeting with health facilities, schools, employers, law enforcement, prosecutors and police to build awareness about key laws and policies related to HIV and human rights.
- Intervening in cases where people experience barriers to care or other human rights violations.
- Working as important partners to government in collaborative program design and planning, service implementation and monitoring and evaluation.
- Serving as useful allies to public health officials in mobilizing visible vocal constituencies for health and rights and holding leaders accountable to government commitments to health and rights.

Further advocacy can help each country in the Caribbean to reach ambitious targets for HIV testing, treatment and viral suppression and broader national goals for health, economic opportunity, education, gender equality and human rights for all.

The Caribbean Vulnerable Communities Coalition (CVC) is a constituency-based regional advocacy coalition of diverse civil society actors, grouping over 40 community leaders and non-governmental organizations working with populations especially vulnerable to HIV/AIDS that are often forgotten by treatment and health care programme. CVC provides a platform for policy dialogue and comprehensive, coordinated responses that address vulnerability, human rights, and sexual health. The vision of CVC is to advocate for and participate in regional responses to HIV and other social conditions based on human rights, programme effectiveness, and the reduction of vulnerability within a framework of evidence, social justice and sustainable health and development systems.
Table 1. Examples of organizations involved in advocacy related to HIV

<table>
<thead>
<tr>
<th>Region</th>
<th>Organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize</td>
<td>NAC Belize, CNET+, EYBM, Our Circle</td>
</tr>
<tr>
<td></td>
<td>PETAL, POWA, Trans in Action (TIA), UNIBAM</td>
</tr>
<tr>
<td>Jamaica</td>
<td>Ashe, Children First, CVC, EFL, JASL</td>
</tr>
<tr>
<td></td>
<td>JCW+, JFJ, JFLAG, JN+</td>
</tr>
<tr>
<td>Guyana</td>
<td>NAPS Guyana, CRN+, Comforting Hearts, Guyana Equality Forum (GEF),</td>
</tr>
<tr>
<td></td>
<td>Guyana Sex Worker Coalition (GSWC), GuyBow, Guyana Trans United (GTU),</td>
</tr>
<tr>
<td></td>
<td>Grassroots Justice Movement, GRPA, G+ Network / Ultra Plus Support Group</td>
</tr>
<tr>
<td></td>
<td>Help and Shelter, Hope for All Foundation, Juncanta Juvant Friendly Society,</td>
</tr>
<tr>
<td></td>
<td>Justice Corp, LCF, SASOD Guyana, United Bricklayers, Youth Challenge,</td>
</tr>
<tr>
<td></td>
<td>Women Across Differences</td>
</tr>
<tr>
<td>Suriname</td>
<td>NACC, CariFLAGS, Chances for Life, Cocon, Double Positive, HE+HIV, The LGBT</td>
</tr>
<tr>
<td></td>
<td>Platform</td>
</tr>
<tr>
<td></td>
<td>Loving Hands, Parea, Suriname Men United, SUCOS, Trans in Action (TIA), Urban</td>
</tr>
<tr>
<td></td>
<td>House, YAM</td>
</tr>
<tr>
<td>Trinidad and</td>
<td>NACC, Alliance for Justice and Development (AJD), Caiso, ComTalk,</td>
</tr>
<tr>
<td>Tobago</td>
<td>Family Planning Association (FPATT), Fire Circle, Friends for Life (FFL)</td>
</tr>
<tr>
<td></td>
<td>Jabulous, Living Waters, Patient Advocate Mission (PAM), Positive People,</td>
</tr>
<tr>
<td></td>
<td>Red Initiatives, Trinidad and Tobago Trans Coalition (TTTC), YMCA Society for</td>
</tr>
<tr>
<td></td>
<td>Youth Empowerment</td>
</tr>
</tbody>
</table>

Through a grant from the Global Fund, the Caribbean Vulnerable Communities Coalition (CVC) and its partners El Centro de Orientación e Investigación Integral (COIN) are working with advocates in Belize, Cuba, Dominican Republic, Haiti, Jamaica, Guyana, Suriname, and Trinidad and Tobago to support activities to reduce or remove the barriers of stigma and discrimination, provide redress for rights violations, and fully integrate key populations into national HIV responses.
During 2017, CVC conducted in-country trainings in all target countries, helped in-country advocates to develop draft advocacy priorities and plans, and then hosted validation meetings in each country in 2018 and 2019 to confirm priorities and planned activities.

The following is a regional plan that articulates priority advocacy objectives and activities, defined by advocates in multiple countries in the Caribbean. Our collective aims: progress against HIV, improvements in health, and improvements in people’s rights and lives.

**CVC Regional Advocacy: Theory of change**

<table>
<thead>
<tr>
<th>Activities and outputs</th>
<th>Outcome areas</th>
<th>The impact we will have</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy work</td>
<td>Enactment and enforcement of new and relevant laws and policies</td>
<td>Progress against the HIV epidemic</td>
</tr>
<tr>
<td>Communications</td>
<td>Improved access to justice</td>
<td>Improvements in overall health</td>
</tr>
<tr>
<td>Organizing</td>
<td>Improved awareness and support among public and stakeholders</td>
<td>Improvements in people’s rights and lives</td>
</tr>
<tr>
<td>Advocacy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CVC Regional Advocacy: Intended impact**

<table>
<thead>
<tr>
<th>The impact</th>
<th>Examples of impact indicators for regional and national HIV advocacy</th>
</tr>
</thead>
</table>
| Progress against the HIV epidemic | • % of HIV diagnosed increased  
| | • % of HIV treated/suppressed increased  
| | • # of HIV PrEP use increased  
| | • HIV transmission reduced  
| | • HIV prevalence reduced |
| Improvements in overall health | • UHC index (coverage of 16 essential services) increased  
| | • Rates of STI reduced  
| | • Rates of substance use disorders reduced  
| | • Overall DALYs reduced  
| Improvements in people’s rights and lives | • Rates of interpersonal violence (IPV) and sexual violence reduced  
| | • Qualitative changes seen in reporting of human rights violations  
| | • Qualitative reporting of improved social inclusion and improved economic stability and opportunity |
Regional situational assessment

HIV and the health of key populations

According to the most recent data from UNAIDS, approximately 1.2% of people in the Caribbean are living with HIV, an estimated total of 310,000 people living with the virus as of the end of 2017.\(^3\)

Over 94% of Caribbean people living with HIV are in the five largest countries of the region by population: Haiti (150,000 PLHIV), Dominican Republic (67,000), Jamaica (34,000), Cuba (30,000), and Trinidad and Tobago (11,000). All of the remaining Caribbean countries and territories have smaller epidemics, totalling approximately 18,000 people living with HIV.

The annual number of new HIV infections in the Caribbean has declined by about 18% during the past decade. Approximately 15,000 people were newly infected with HIV in the Caribbean in 2017, down from 19,000 people newly infected with HIV each year in 2010. High rates of HIV are documented among key populations throughout the Caribbean. These key populations include gay men and other men who have sex with men (MSM), transgender and gender non-conforming people, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs.

UNAIDS and PANCAP estimate that key populations and their sexual partners represent two thirds of all new HIV infections in the region each year.\(^4\) UNAIDS states that gay men and other MSM accounted for nearly a quarter of the Caribbean’s new infections in 2017, and in Anglophone Caribbean countries such as Jamaica, Modes of Transmission studies have suggested that MSM account for as much as a third of all HIV infections.\(^5\)\(^6\)\(^7\)

Populations at high risk for HIV are also at high risk for other sexually transmitted infections (STIs) such as gonorrhoea, chlamydia, and syphilis. Approximately 150,000 cases of STIs other than HIV were reported in Caribbean countries in 2016, with a disproportionate burden falling on key populations.

Globally and in the Caribbean, populations at high risk for HIV have also been shown to have needs related to behavioural health, including anxiety, depression and substance use issues that correlate closely with minority stress and economic and social marginalization.

---

\(^3\) UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
\(^5\) UNAIDS. Miles to go.
\(^6\) Jamaica Modes of Transmission study 2012
\(^7\) CVC. Estimation of Key Population Size of Men Who Have Sex with Men (MSM), and Transgender Women in Belize. 2018
Accessibility and quality of HIV-related services

The Caribbean is making progress toward the UNAIDS 90-90-90 targets for HIV testing, treatment and viral suppression, but much more work is needed. As of 2017, among the 310,000 people living with HIV in the Caribbean:

- 226,000 people (73%) were aware of their HIV status, meaning 84,000 HIV-positive people were as-yet undiagnosed.
- About 181,000 people in the region - 57% of all people living with HIV - had accessed HIV treatment.
- About 124,000 of those individuals, 40% of all people living with HIV, had achieved viral suppression.

PrEP (use of antiretrovirals to prevent HIV) has become available through private providers in the Dominican Republic, Jamaica and Suriname, but PrEP is not yet provided by any Caribbean public health system except in the Bahamas and Barbados. Thus, fewer than 500 people at risk for HIV are likely accessing this intervention.8

Self-administered HIV test kits are generally not available in the Caribbean. To increase rates of early HIV diagnosis in communities where HIV is stigmatized, public health experts recommend the piloting of self-testing campaigns to key populations, but as yet no Caribbean country has assessed this intervention.

Table 2. Caribbean regional statistics for HIV diagnosis and treatment

---

8 PrEP Watch.
Table 3. Selected country HIV epidemics at a glance

<table>
<thead>
<tr>
<th>Countries</th>
<th>Total Population</th>
<th>Number of people living in multi-dimensional poverty 2017</th>
<th>Number of people living with HIV 2017</th>
<th>Number of people treated for HIV and virally suppressed 2017</th>
<th>Number of new HIV infections every year 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize</td>
<td>375,000</td>
<td>16,000</td>
<td>4500</td>
<td>1400</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Guyana</td>
<td>778,000</td>
<td>26,000</td>
<td>8200</td>
<td>5200</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Jamaica</td>
<td>2,890,000</td>
<td>135,000</td>
<td>34,000</td>
<td>5900</td>
<td>1900</td>
</tr>
<tr>
<td>Suriname</td>
<td>563,000</td>
<td>49,000</td>
<td>4900</td>
<td>2100</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>1,369,000</td>
<td>8000</td>
<td>11,000</td>
<td>6700</td>
<td>&lt;500</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>10,770,000</td>
<td>431,000</td>
<td>67,000</td>
<td>29,000</td>
<td>2400</td>
</tr>
<tr>
<td>Haiti</td>
<td>10,980,000</td>
<td>4,897,000</td>
<td>150,000</td>
<td>94,000</td>
<td>7600</td>
</tr>
</tbody>
</table>

Universal health coverage (UHC) and tailored health services for key populations

Universal health coverage (UHC) along with targeted health services for key populations would likely help to increase rates of HIV treatment and HIV viral suppression. All of the countries in the Caribbean have committed to increased coverage of essential health services, including basic hospital access, access to essential medicines, and universal access when needed to treatment for HIV, tuberculosis, malaria and viral hepatitis.

The Caribbean’s largest countries – such as Cuba, the Dominican Republic and Jamaica - and the region’s wealthiest countries – including Antigua, Bahamas, Barbados, Bermuda, Cayman, Curacao, and Trinidad and Tobago - are the most advanced in providing universal coverage of 16 essential health services. World Bank UHC service coverage index. Accessed online May 2019. KPMG. Islands of progress: the Caribbean’s journey to UHC. 2018. Global Burden of Disease Health Financing Collaborator Network. Past, present, and future of global health financing. The Lancet. April 2019.

Other countries, such as Belize and Guyana struggle with relatively small economies and health systems and limited government health budgets.

However, even in countries where health services are being expanded and health insurance schemes are being developed, individuals and households carry a heavy burden of out of pocket spending for health. Recent statistics show, for example, that out of pocket spending for health accounts for 44% of health spending in the Dominican Republic, 37% in Trinidad and Tobago, and 25% in Jamaica. This cost burden on people potentially seeking care is a barrier to health for people who are poor and a disincentive for people living with HIV or at risk for HIV to seek health care.
The health of key populations in the Caribbean also depends heavily on the availability, accessibility, affordability, and acceptability of services that are designed to meet specific needs and threats to health.

The World Health Organization has published guidelines and program implementation tools that define the package of services for each key population affected by HIV, including for gay men and other men who have sex with men (MSM), transgender and gender non-conforming people, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs.

For example, for sex workers or young gay men, the World Health Organization defines a combination of interventions that should be made available by health systems, which include comprehensive sex education, screening and services for mental health and addictions, STI screening and treatment, and access to HIV treatment, PrEP and PEP.\textsuperscript{12} The WHO also provides guidance for making services accessible, acceptable, and affordable, including involvement of clients in service design and peer-based implementation, provision of services in community settings, trainings of health service providers to reduce stigma and discrimination in health settings, and sensitization of law enforcement, social welfare agencies, and other public services to reduce barriers to care.

Reports from PANCAP and other organizations indicate that key populations in the Caribbean are not being reached with these combinations of interventions. For example:

- Despite ample evidence of key population experiences of stigma and discrimination from health providers, no Caribbean country or medical council currently mandates pre-qualification training for health providers about human rights and requirements for providing confidential and non-
discriminatory care, and nor are health providers mandated to receive human rights training as part of continuing professional education and as a condition of renewal of certification or licensure.\footnote{13} 

- Health and Family Life Education (HFLE) curricula in most Caribbean countries do not include education to young people about sexual orientation or gender identity or about rights to non-stigmatizing sexual health services.
- Although all Caribbean countries are working to expand the hours and locations of their health services, key populations typically have access to basic health services such as STI screening and treatment or mental health and addictions counselling only in centralized facilities where they face lack of confidentiality, potential for stigma and discrimination, and limited hours of access.
- Most Caribbean health authorities have established complaint and grievance mechanisms through which key populations can report and seek redress for human rights violations, but these mechanisms are generally not well publicized at health facilities and therefore not widely used.

**Potential for increased government investments in accessible quality HIV-related services**

Most Caribbean countries have acknowledged and endorsed goals to make health services more available, accessible and affordable, to improve targeted health services for key populations, but a recurring complaint is that government resources are insufficient to hire more health service providers, expand facility hours of operations, deliver mobile services, or funded community-led and community-based services.

However, published expert analyses of country health financing indicate that there is capacity to increase government investments in health, and also potential to increase government investments specifically on HIV and targeted HIV-related services for key populations. Two reports published in the Lancet in April 2019 by the Global Burden of Disease Health Financing Collaborator Network suggest that significant increases in health spending and HIV program spending are possible in all Caribbean countries (see Tables x and x).
Table 4. Potential for increased overall health spending in selected Caribbean countries

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize</td>
<td>48.6</td>
<td>7,166</td>
<td>5.6%</td>
<td>66%</td>
<td>3.5%</td>
<td>$511</td>
<td>$670</td>
</tr>
<tr>
<td>Guyana</td>
<td>39.5</td>
<td>7,447</td>
<td>4.5%</td>
<td>57%</td>
<td>4.8%</td>
<td>$377</td>
<td>$486</td>
</tr>
<tr>
<td>Jamaica</td>
<td>58.6</td>
<td>7,846</td>
<td>5.4%</td>
<td>60%</td>
<td>1.7%</td>
<td>$569</td>
<td>$513</td>
</tr>
<tr>
<td>Suriname</td>
<td>49.1</td>
<td>13,306</td>
<td>4.8%</td>
<td>61%</td>
<td>0.6%</td>
<td>$939</td>
<td>$879</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>53.8</td>
<td>28,622</td>
<td>5.1%</td>
<td>52%</td>
<td>0%</td>
<td>$2148</td>
<td>$2,725</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>60.1</td>
<td>13,921</td>
<td>5.1%</td>
<td>45%</td>
<td>1.5%</td>
<td>$995</td>
<td>$1,577</td>
</tr>
<tr>
<td>Haiti</td>
<td>21.1</td>
<td>1,665</td>
<td>5.4%</td>
<td>13%</td>
<td>47%</td>
<td>$113</td>
<td>$156</td>
</tr>
</tbody>
</table>

Table 5. Potential for increased HIV spending in selected Caribbean countries

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Belize</td>
<td>$511</td>
<td>$377</td>
<td>$2.1 m</td>
<td>$1.7 m</td>
<td>$670</td>
<td>$2.6 m</td>
</tr>
<tr>
<td>Guyana</td>
<td>$377</td>
<td>$488</td>
<td>$9.8 m</td>
<td>$4.0 m</td>
<td>$486</td>
<td>$8.1 m</td>
</tr>
<tr>
<td>Jamaica</td>
<td>$569</td>
<td>$285</td>
<td>$24.0 m</td>
<td>$9.7 m</td>
<td>$513</td>
<td>$37.6 m</td>
</tr>
<tr>
<td>Suriname</td>
<td>$939</td>
<td>$521</td>
<td>$2.5 m</td>
<td>$2.3 m</td>
<td>$879</td>
<td>$3.5 m</td>
</tr>
<tr>
<td>Trinidad &amp; Tobago</td>
<td>$2148</td>
<td>$2,918</td>
<td>$33.0 m</td>
<td>$32.1 m</td>
<td>$2,725</td>
<td>$47.6 m</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>$995</td>
<td>$366</td>
<td>$68.2 m</td>
<td>$24.5 m</td>
<td>$1,577</td>
<td>$144.7 m</td>
</tr>
<tr>
<td>Haiti</td>
<td>$113</td>
<td>$23</td>
<td>$98.6 m</td>
<td>$3.5m</td>
<td>$156</td>
<td>$8.1m</td>
</tr>
</tbody>
</table>

Social, economic and legal contexts of the HIV response in the Caribbean

Caribbean governments and PANCAP member states have signed on to international and regional commitments to protect and promote human rights and to ensure the rights of all in accessing health. These commitments include the 2016 United Nations Political Declarations to End the AIDS Epidemic by 2030 and the 2030 Sustainable Development Goals (SDGs).

As signatories to the Sustainable Development Goals, Caribbean countries have endorsed goals of reducing poverty and exclusion from work and housing (SDG1), reducing disparities in access to education (SDG4), reducing gender inequality and gender-based violence (SDG5 and SDG16), reducing political and social exclusion (SDG10), and increasing access to legal services and justice (SDG16). Within SDG3, the Sustainable Development Goal focused on health, countries have agreed to goals addressing epidemics of HIV, tuberculosis, malaria, viral hepatitis, sexual health needs, harm reduction services, access to and affordability of essential medicines, and inclusion in universal health coverage (UHC) plans and policies.

Countries in the Caribbean have made progress since 2000 on several of these human development issues. As examples:

- Guyana’s economy, on a per capita basis, nearly doubled since 2000 and there have been increases in indicators such as average numbers of schooling, life expectancy and the country’s overall human development index (HDI).
- In Suriname, there have been increases since 2005 in indicators such as average numbers of schooling, life expectancy and the country’s overall human development index (HDI). Suriname also has a relatively high index ratings for gender development and gender equality and has broad laws and policies in place to prohibit discrimination of all forms in work, education, housing, health care and legal services.
- The economy of Belize, on a per capita basis, has grown by 10% and there have been increases in indicators such as average numbers of schooling, life expectancy and the country’s overall human development index (HDI). Belize has a national gender policy (NGP), updated in 2013, which promotes gender empowerment and mainstreaming across all issues including HIV and sexual and reproductive (SRH) health.

However, many Caribbean countries also struggle in measures of overall human development and equality of income, education and life expectancy. As examples:

- Guyana had an inequality-adjusted HDI score of .53 in 2017, which was only 90% of the average for all Latin American and Caribbean countries. Approximately 26,000 people in the Guyana population are living in multi-dimensional poverty with another 45,000 people at risk, and thus over 70,000 people in Guyana may have limited resources for transportation and costs related to health services.
- Belize had an inequality-adjusted HDI score of .55 in 2017, which was only 93% of the average for all Latin American and Caribbean countries and 86% of the average for high-income countries. Approximately 16,000 people in the Belize population are living in multi-dimensional poverty with another 35,000 people at risk, and thus over 50,000 people in Belize may have limited resources for transportation and costs related to health services.
- Suriname, despite having an average per capita income that classifies it as an upper-middle-income country, has high income inequality and thus had an inequality-adjusted HDI score of .557 in 2017.

17 UNDP. Human Development Indices and Indicators: 2018 Statistical Update.
19 UNDP. The 2018 global multidimensional poverty index (MPI).
which was only 88% of the average for high-income countries. Approximately 49,000 people in the Suriname population are living in multi-dimensional poverty with another 23,000 people at risk, and thus over 72,000 people in Suriname may have limited resources for transportation and costs related to health services.

A robust public dialogue about human rights is happening in most Caribbean countries, played out in broadcast and print media as people discuss laws and societal obligations related to work, education, housing, health care, gender roles and gender equality, drug use, and legal justice.\(^{20}\) This public discussion is gradually changing public awareness and attitudes such that surveys occasionally show majorities of people supporting tolerance and non-discrimination related to issues such as sexuality and gender identity.\(^{21}\) \(^{22}\) \(^{23}\) \(^{24}\)

However, key populations throughout the Caribbean report barriers to health and welfare services that contravene these governmental commitments. Notably, key populations report extensive social and economic exclusion, including rejections by family and local communities and barriers to employment and education.\(^{25}\) \(^{26}\) \(^{27}\) \(^{28}\) \(^{29}\) \(^{30}\) Surveys of the public and of employers in many Caribbean countries document stigmatizing attitudes and a willingness to discriminate against people on the basis of sexual orientation, gender non-conformity, or history of sex work, drug use or incarceration.\(^{31}\) \(^{32}\)

Very high rates of interpersonal violence, gender-based violence and sexual violence are also reported by key populations.\(^{33}\) According to a 2018 UNAIDS report, about one in six adult women surveyed in Dominican Republic and Haiti said they had recently experienced intimate partner violence.\(^{34}\) Where surveys have been conducted in the Caribbean among gay men, transgender people, sex workers, and people who use drugs about violence, more than half typically say they have experienced physical violence as well as verbal abuse and threats.

**Equal protection in laws**

To access and benefit from HIV services, key populations need equal protection under the law. Several Caribbean countries also have laws and policies that impede efforts to prevent and treat HIV among key populations and violate international human rights agreements and standards. These include laws that criminalize sexual acts in private between consenting adults and impede or prevent provision of services without parental consent to adolescents younger than 16 years of age.

---

\(^{22}\) UNICEF. multiple indicator cluster survey (MICS). 2011.
\(^{23}\) UNAIDS, A Mandate to Act, 2013
\(^{24}\) UNAIDS (2014). Public Attitudes on Gender Inequality, Sexual and Reproductive Health and Discrimination: Trinidad and Tobago by CADRES. p. 22 - 25.
\(^{25}\) CVC. Estimation of Key Population Size of Men Who Have Sex with Men (MSM), and Transgender Women in Belize. 2018
\(^{27}\) Schoenholtz, Gómez-Lugo and Binetti, “TRAPPED - Cycles of Violence and Discrimination Against Lesbian, Gay, Bisexual, and Transgender Persons in Guyana” Georgetown Law Human Rights Institute, Georgetown University Law Center (May 2018)
\(^{29}\) Suriname Legal Environment Assessment, 2018.
\(^{30}\) HIV Investment Case Visit, 2018
\(^{31}\) UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
\(^{32}\) Human Rights Institute, 2018; Brown, 2018
\(^{34}\) Pemberton C and Joseph J. National Women’s Health Survey for Trinidad and Tobago. 2018
Momentum is now building to reform laws that unjustly criminalize consensual sex. In April 2016, the Belize Supreme Court ruled against the national sodomy law as contravening the Belize Constitution, setting a precedent for other countries. In April 2018, the Trinidad High Court ruled that the Sections 13 and 16 of the country’s Sexual Offenses Act were unconstitutional in prohibiting consensual sex in private between adults. In November 2018, the Caribbean Court of Justice struck down the criminalization of cross-dressing in sections of Guyana’s Offenses Act. And in Jamaica, two legal cases, initiated respectively by Maurice Tomlinson and Gareth Henry, are underway to challenge Jamaican laws related to consensual sexual behavior as discriminatory and unconstitutional.
However, despite this progress against sodomy and cross-dressing laws, all Caribbean countries except Suriname prohibit activities related to sex work, nine Caribbean countries still criminalize same-gender sex, and most countries have other discriminatory proscriptions related to gender and sexuality.\textsuperscript{35} Even when not enforced, these laws codify and reinforce discriminatory gender norms, and are cited by governments, health providers and law enforcement as justification for discrimination against and denial of services for key populations. Further work is needed to challenge and reform these laws.

Age of consent laws are also a barrier to HIV services for young people in most Caribbean countries. Adolescents who initiate sexual activity at age 16 or younger are not legally allowed to receive health care or health services without consent of a parent or guardian. This is a major barrier to HIV and STI testing, treatment and prevention among young men and women. Age of consent laws can be amended to allow health professionals to use a standardized competency test, such as a Gillick competency test, to assess adolescents’ ability to seek and consent to health care without consent of a parent or guardian.

PANCAP endorses and supports passage of enhanced national anti-discrimination laws and equal opportunity employment laws that encompass employment, housing, and benefits and services, using model legislation approved by the CARICOM Legal Affairs Committee in 2012.\textsuperscript{36} The Bahamas is the only Caribbean country where anti-discrimination provisions in the employment act make reference to HIV as a basis for non-discrimination, and no Caribbean country has national anti-discrimination laws that prohibit discrimination on the basis of protected classes of age, health status, disability, sexual orientation, gender identity, or histories of drug use or incarceration with inclusion of effective measures to identify, prevent, and respond to such discrimination.

\textbf{Access to justice}

The discrimination and violence experienced by key populations is a central factor in dissuading people from seeking HIV and STI testing, treatment, care and prevention. Because of this, an effective HIV response requires that people have access to mechanisms for lodging complaints in case of human rights violations and securing redress and equal access to legal justice.

In most Caribbean countries, government-funded legal aid services are underfunded and overwhelmed by demand. This means that persons living with HIV and other key populations may be unable to access legal assistance to address discrimination issues, obtain assistance regarding health care, employment, and housing access, or meet basic legal needs such as the drafting of a will.

Community-based organizations in the Caribbean have organized sensitization meetings between law enforcement and key populations, and related trainings of prosecutors and police, to build awareness and trust and improve the role of law enforcement and the legal justice system in helping key populations to report and seek redress for rights violations.\textsuperscript{37} However, these types of trainings are not mandatory or implemented routinely in any Caribbean country.

\textsuperscript{35} Flowers B. "Regional Prostitution Laws Challenged but Sex Work Already Legal in Belize," Apr. 22, 2016

\textsuperscript{36} PANCAP Declaration: Getting to Zero Discrimination through Justice For All 2017

\textsuperscript{37} Add cite; any baseline data about the extent of this work?
CVC is spearheading development of a human rights observatory and shared incident reporting database that invites participation from across the Caribbean through an online platform with software that can be used to document individual cases, aggregate and analyse reported violations, and then support individuals to seek redress and support systematic changes to prevent future human rights abuses.\(^{38}\) As of April 2019, over 2,600 incidents of human rights violations had been recorded in the Shared Incident Data since its inception. This complements the case-by-case support and referrals that national HIV and key population organizations do in each country.\(^{39}\)

CVC is also training lawyers and community-based paralegals to provide free consultations with people in key populations about legal and human rights complaints, to help people understand the law and legal justice system and to navigate potential claims and cases.\(^{40}\)

In summary, ongoing work is needed in every country to build awareness among key populations about human rights and potential to report stigma, discrimination and other human rights violations and to seek redress and systematic prevention of violations and protection of rights.

**Accountability and enforcement**

Advocacy is, at its essence, about communications and influence, aimed at not only creating and defining obligations but also holding those in power to be accountable to those obligations. The stakeholders who hold power generally include:

- Leaders, managers and representatives of organized government, including heads of government and government agencies, legislators, judges and magistrates, law enforcement, and military.
- Leaders of for-profit corporations and other private market interests (including organized crime)
- Leaders of major civil society sectors and institutions, including faith-based organizations, media, universities, labour unions, charities, and local communities.

Caribbean countries generally have politically open democratic contexts through which civil society can seek to influence governments. In the Caribbean, advocates can use media and public pressure to directly confront and challenge decision-makers with information, ideas, and priorities. In many of these contexts, advocates can work both as “outsider” protesters and visible vocal constituencies for change, and also as “insider” advocates helping in collaborative program design and planning, decision making, service implementation and monitoring and evaluation.

However, among the largest Caribbean countries, only Jamaica scores consistently well on global indices related to rule of law, perceived corruption and enforceability of contracts. Belize, Dominican Republic and Haiti score poorly in scores of perceived corruption and Belize, Dominican Republic, Suriname and Trinidad have relatively low scores related to enforceability of contracts.\(^{41}\)\(^{42}\) This means that advocates in those countries have additional needs to leverage accountability between stakeholders, such as accountability between branches of government, between government and large corporations and national economic interests, and between government and civil society.

---

\(^{38}\) Add cite; any baseline information about the extent of training and use?

\(^{39}\) Among the 40+ partners of CVC, nearly all are likely helping individuals with referrals and case management. Any reports or data about the extent of this work?

\(^{40}\) Add cite; any baseline data about the extent of this program now?

\(^{41}\) Transparency International. Corruption perceptions index 2018.

Advocacy plan

**Purpose:** This plan articulates an initial set of priority advocacy objectives and activities to hasten the end to the HIV epidemic in the Caribbean and advance health and rights for all.

**Theory of change with outcome and impact objectives**

**Categories of advocacy activities**

<table>
<thead>
<tr>
<th>Activities</th>
<th>Outcome areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Our work</strong></td>
<td><strong>Our results</strong></td>
</tr>
<tr>
<td>Policy work</td>
<td>Enactment and enforcement of new and relevant laws and policies</td>
</tr>
<tr>
<td>Communications</td>
<td>Improved access to justice</td>
</tr>
<tr>
<td>Organizing</td>
<td>Improved awareness and support among public and stakeholders</td>
</tr>
<tr>
<td>Advocacy</td>
<td></td>
</tr>
</tbody>
</table>

**Intended impact of advocacy**

- **Progress against the HIV epidemic**
  - % of HIV diagnosed increased
  - % of HIV treated/suppressed increased
  - # of HIV PrEP use increased
  - HIV transmission reduced
  - HIV prevalence reduced

- **Improvements in overall health**
  - UHC index (coverage of 16 essential services) increased
  - Rates of STI reduced
  - Rates of substance use disorders reduced
  - Overall DALYs reduced

- **Improvements in people’s rights and lives**
  - Rates of interpersonal violence (IPV) and sexual violence reduced
  - Qualitative changes seen in reporting of human rights violations
  - Qualitative reporting of improved social inclusion and improved economic stability and opportunity
## Advocacy Implementation Matrix

*(note: Further country-level detail supporting this advocacy implementation matrix has been developed and validated in each country, and is included in corresponding national advocacy plans.)*

<table>
<thead>
<tr>
<th>STRATEGIC OBJECTIVE</th>
<th>ACTIVITIES</th>
<th>RESPONSIBLE</th>
</tr>
</thead>
</table>
| **1. Advocate for enactment and enforcement of new and relevant laws, policies and other protocols to reduce stigma and discrimination and increase uptake of prevention and treatment services** | **Jamaica:**  
- Advocate for the Justice Reform Programme.  
- Advocate for reform of the Sexual Offense Act.  
- Advocate for a comprehensive and general anti-discrimination law.  
- Advocate for a Constitutional amendment to expressly guarantee certain rights.  
- Advocate for implementation of Health, Family and Life Education (HFLE) and adolescent access to sexual and reproductive health services.  
- Sensitize judicial and law enforcement services and other duty bearers to promote integration of rights-based approaches and appropriate codes of conduct.  

**Trinidad and Tobago**  
- Advocate for improved HFLE education.  
- Advocate for improved health service quality and competency.  

**Guyana**  
- Advocate for the repeal of offences related to sex work in Guyana.  
- Advocate for the improved quality of health services.  

**Suriname**  
- Work with law enforcement to improve standards and trainings to better address human rights violations against key populations.  
- Improve Suriname laws and policies related to gender identity.  
- Increase attention from Ministry of Education to prevent bullying in schools.  
- Increase attention from Ministry of Labour to prevent workplace discrimination and compulsory HIV testing.  

**Belize**  
- Advocate for enforcement of competency and quality standards in health services to achieve 95-95-95 HIV fast track targets for key populations.  
- Advocate for policies and funding to ensure accessible sexual and reproductive health and rights (SRHR) services for key populations in all regions of Belize.  
- Advocate for the enactment and enforcement of legislation and policies to achieve Universal Health Coverage (UHC) in all regions of Belize.  

**Jamaica:** EFL, JFLAG, JASL, VERJ, JFJ  
**Trinidad and Tobago:** FFL, Fire Circle, FPATT, NACC, PAM  
**Guyana:** CSWC, NCC  
**Suriname:** Suriname Network for Advocacy involving 8 NGOs  
**Belize:** BFLA, EYBM, TIA, PETAL | | |
| **2. Increase access to justice through strengthened legal networks, referrals and capacity among key populations** | **Jamaica:**  
- Advocate for expansion of legal aid services.  
- Increase key population legal literacy including regarding legal services.  
- Engage community paralegals to provide legal services.  
- Increase awareness about the National Human Rights Commission.  
- Increase key population awareness of health sector redress mechanisms such as NHDRRS and the MOH Client Complaint Mechanism.  
- Partner with lawyers in private law firms, human rights agencies and law institutions to provide legal support services to key populations.  

**Jamaica:** JASL, JFJ, JN+ | | |
### Strategic Objective

<table>
<thead>
<tr>
<th>Jakarta:</th>
<th>Develop a comprehensive communication and media plan.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jakarta:</td>
<td>Develop a three-tiered human rights and legal literacy campaign at community, national and institutional levels.</td>
</tr>
<tr>
<td>Jakarta:</td>
<td>Establish regular communication among all advocacy partners.</td>
</tr>
<tr>
<td>Trinidad and Tobago:</td>
<td>Improve public awareness, understanding and support for migrant and refugee health and rights.</td>
</tr>
<tr>
<td>Guyana:</td>
<td>Work with faith leaders and communities to improve awareness, understanding and support for health and rights of all.</td>
</tr>
<tr>
<td>Guyana:</td>
<td>Increase public awareness about importance of HIV treatment adherence and family support.</td>
</tr>
</tbody>
</table>

### Activities

<table>
<thead>
<tr>
<th>Jamaica:</th>
<th>AsH, JASL, JFLAG</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad and Tobago:</td>
<td>UNHC, Living Waters</td>
</tr>
<tr>
<td>Guyana:</td>
<td>Artistes, CRN+, G+ Network, UBL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jamaica:</th>
<th>Assess capacity of all advocacy implementing partners.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad and Tobago:</td>
<td>Strengthen in-country NGO advocacy network and advocacy capacity.</td>
</tr>
<tr>
<td>Guyana:</td>
<td>Support capacity development and provide resources for advocates to implement Advocacy Plan activities.</td>
</tr>
<tr>
<td>Suriname:</td>
<td>Set up an advocacy network – the Suriname Network for Advocacy involving 8 NGOs.</td>
</tr>
<tr>
<td>Suriname:</td>
<td>Support capacity of advocates to implement Advocacy Plan activities.</td>
</tr>
<tr>
<td>Belize:</td>
<td>Support capacity of advocates to implement Advocacy Plan activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jamaica:</th>
<th>CVC, JASL, MoH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad and Tobago:</td>
<td>NACC</td>
</tr>
<tr>
<td>Guyana:</td>
<td>NCC, GEF</td>
</tr>
<tr>
<td>Suriname:</td>
<td>Suriname Network for Advocacy</td>
</tr>
<tr>
<td>Belize:</td>
<td>UNIBAM</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jamaica:</th>
<th>Review and report on status of policies, programmes and laws across various sectors as it relates to HIV and SRH access.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad and Tobago:</td>
<td>Provide support to implementing partners for monitoring, evaluation and learning related to advocacy activities.</td>
</tr>
<tr>
<td>Guyana:</td>
<td>Monitor and document implementation of Advocacy Plan activities.</td>
</tr>
<tr>
<td>Suriname:</td>
<td>Monitor and document implementation of Advocacy Plan activities.</td>
</tr>
<tr>
<td>Belize:</td>
<td>Monitor and document implementation of Advocacy Plan activities.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Jamaica:</th>
<th>CVC, JASL, JFLAG, MoH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trinidad and Tobago:</td>
<td>NACC</td>
</tr>
<tr>
<td>Guyana:</td>
<td>NCC</td>
</tr>
<tr>
<td>Suriname:</td>
<td>Suriname Network for Advocacy</td>
</tr>
<tr>
<td>Belize:</td>
<td>UNIBAM</td>
</tr>
</tbody>
</table>