



BARBADOS NATIONAL HIV POLICY



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A FRAMEWORK
FOR ACTION



**BARBADOS NATIONAL
HIV POLICY:**
A FRAMEWORK FOR ACTION

**NATIONAL HIV/AIDS
COMMISSION'S MANDATE,
VISION & MISSION.**

MANDATE

To coordinate effectively the national expanded response to reduce the incidence and spread of the epidemic in Barbados.

VISION

The National HIV/AIDS Commission will strive to ensure that all Barbadians are empowered to respond effectively to the threat posed by HIV/AIDS to the sustainable development of our nation.

MISSION

Our Mission is to advise the government on plans and policies and to build strategic partnerships to effectively manage, control and reduce the spread of HIV in Barbados. We will also endeavor to mobilize widespread community participation and support their involvement in programmes of this nature.

CONCLUSION:

THE NEW WAVE

The following actions are being recommended to the Government and the Commission's Secretariat for consideration. They seek to consolidate the National AIDS Programme's achievements in preventing and controlling the epidemic⁶.

- ⌘ Include "Advocacy and Behaviour Change Communication" as a specific programme component to provide direct accountability for effecting changed behaviours: reducing HIV-related stigma and discrimination within the general population; encouraging individuals to maintain knowledge of their HIV status; increasing consistent HIV prevention behaviours for those at greatest HIV risk or vulnerability; encouraging gender and age appropriate behaviour patterns of HIV risk aversion on the part of all who are sexually-active.
- ⌘ Design a Behaviour Change Communication Strategy which provides the framework for development, implementation, monitoring and evaluation of interventions emanating from the BCC component of the Programme. The BCC intervention should be primarily for the reduction of risk behaviours among the key populations at higher risk. It should also be designed to target the general population. The strategy should be informed by behaviour change theories and empirical data that has been gathered on these populations and should guide the responses of the National AIDS

Programme.

- ⌘ Enact rights-based, anti-discrimination legislation which covers, inter alia, sexual orientation, employment, housing, education and access to public health services. Also seek to establish a regulatory unit and framework, thus encouraging the reduction of AIDS-related stigma and discrimination towards PLHIV and "at-risk" persons.
- ⌘ Develop and sustain a system for the effective collaboration, management and dissemination of data on HIV and AIDS, through strengthening partner capacities to monitor and evaluate programmes including the development and review of indicators. This will ensure that the programme activities continue to be guided by operational research to inform programme development and policy.

This Policy seeks to capture sectoral strategies in a comprehensive manner and is open to periodic review so as to address the changing dynamics of the epidemic and the National AIDS Programme.

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⁶ The first three recommendations were extracted from the Government of Barbados HIV/AIDS Prevention and Control Program: Mid Term Review – Focus on Sustainability, March 2005.

FOREWORD



There can be no doubt that for the past twenty-five years, HIV has emerged as the single greatest threat to human security. It is a sobering thought that over and above the social havoc that the AIDS pandemic has wrought, it is a greater threat to global economic

stability and development than market failures and political disturbances. There is now, therefore, a moral obligation for each of us to declare and respond to it for what it is - an insidious disease with no known cure.

Experience has shown that successful HIV programmes require widespread sectoral mobilization, and a deep transformation of norms, values and practices, guided by principles of multi-sectoral involvement, gender equality and human rights. These principles are part of the philosophy which undergirds this Government's approach to transforming Barbados for the benefit of all its citizens. The key to this transformation is prevention education in all its facets.

Our Framework for Action governing the prevention and control of HIV and AIDS, as encapsulated in this document, introduces holistic methodologies as a way of strengthening the national response to mitigate the impact of HIV on the Barbadian population. The formulation of this document represents an attempt to make HIV into an integral aspect of our national development, thereby, averting the reversal of the development gains made in the post-Independence era.

In capturing the collective wisdom and expectations of a wide cross-section of stakeholders, including persons living with HIV, we have sought to define the frame of reference within which our multi-sectoral expanded response will operate.

This Policy embraces the reality that the epidemic requires a huge shift in our attitudes and behaviours, in particular those displayed towards people living with HIV. Therefore, one of the key tasks of Government, in collaboration with all partners, will be to create the enabling environment necessary for effective implementation.

We have sought to demonstrate the Government's commitment to intensify the HIV response. Accordingly, key priority areas are highlighted incorporating, inter alia, the following cross-cutting themes: advocacy, culture, age, poverty, confidentiality, gender and stigma and discrimination.

The guidelines raised in this Policy document require urgent attention if the control of the HIV epidemic is to be meaningfully accomplished. The mandate of the National HIV/AIDS Commission will be to work closely with Barbadians from all walks of life to ensure that the policies as articulated are translated into concrete and viable programmes.

The real possibility of utter devastation stemming from the spread of this pandemic must remain a genuine concern of every Barbadian. It is, therefore, incumbent for Barbados to reaffirm its unswerving pledge of support for the realization of the 2001 United Nations Declaration of Commitment on HIV and AIDS which will help us achieve universal access to HIV prevention, care, treatment and support services for all.

Our response as a community must always be ahead of the changing face of this disease.

Dr. the Hon. Esther Byer-Suckoo, M.P.
MINISTER OF FAMILY, YOUTH, SPORTS &
ENVIRONMENT
April 7th, 2008

workers have access to relevant advice, information and health care.

NATIONAL SECURITY

The national security sector incorporates all the security forces, namely the Police Force, the Defence Force, the Fire Department and the Prison Service. These departments have to be aware of all of the factors affecting Barbados that have implications for national security. The Policy, therefore, seeks to:

⌘ Ensure public safety by providing access for prisoners and prison staff to the relevant HIV prevention education

and treatment and related issues.

⌘ Continue HIV prevention education for uniformed services including the provision of voluntary counselling and testing and to provide or advise on treatment and care where necessary.

⌘ Ensure, in keeping with the national policy on HIV testing, that it is not a mandatory part of the standard medical examination of the security forces and visitors or persons wishing to stay in Barbados.

the efforts focused upon men in general, thereby encouraging their acceptance within the spectrum of maleness or masculinity; however, as a sub-group, they also need specific opportunities for concentrated focus in order to avoid the impact of being a “minority.”

HOUSING

The Policy acknowledges the right of PLHIV to adequate shelter as one of the basic human rights that ensures that their dignity is upheld and their basic needs are met. It therefore involves:

- ⌘ Ensuring that people affected by HIV are not threatened with losing their existing housing due solely to HIV.
- ⌘ Supporting government’s policy on the provision of house spots for people living with HIV in future housing developments by the National Housing Corporation (NHC).
- ⌘ Ensuring that persons disadvantaged by HIV have access to affordable homes.

SOCIAL SERVICES

PLHIV have an inherent right to enjoy the services provided by the State and to be treated with respect in the receipt of these services. The Policy incorporates:

- ⌘ Promoting a supportive, non-judgmental and enabling environment for the delivery of social services to all PLHIV, irrespective of their sexuality.
- ⌘ Ensuring a coordinated approach to the provision of social services for PLHIV including OVC.

- ⌘ Facilitating a collaborative approach to the implementation of a Social Service Referral System.
- ⌘ Strengthening the capacity of families to protect and care for OVC.
- ⌘ Ensuring that all social services provided to PLHIV are governed by the strictest confidentiality.
- ⌘ Providing economic, psychosocial and other forms of social support to PLHIV including OVC.

TOURISM

Tourism is a major contributor to Barbados’ economy but brings with it a number of risk factors because of increased mobility, transient populations, higher risk sexual activity and the impact of tourism on the society’s culture. If our mitigation efforts are to be successful, then this sector’s local stakeholders will have to assume ownership of the response. The Policy, therefore, is seeking to:

- ⌘ Ensure that all tourism stakeholders receive the tools necessary to aid in preventing the transmission of HIV as well as to manage and diminish the impact of HIV.
- ⌘ Develop responsible attitudes towards sexual behaviour among visitors and residents working in the tourism sector.
- ⌘ Provide care and support for infected workers in the sector while also pursuing strategies to eliminate the effects of stigma and discrimination towards workers living with the disease.
- ⌘ Ensure that male and female sex

ACRONYMS & ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral (drugs)
CCC	Caribbean Conference of Churches
CRC	Convention on the Rights of the Child
CSME	CARICOM Single Market and Economy
GDP	Gross Domestic Product
HAART	Highly active antiretroviral therapy
HFLE	Health and Family Life Education
HIV	Human immunodeficiency virus
IEC	Information, education and communication
LRU	Ladymeade Reference Unit
MTCT	Mother-to-child transmission
MSM	Men who have sex with men
NGO	Non-governmental organisation
NHC	National Housing Corporation
NHAC	National HIV/AIDS Commission
OVC	Orphans and vulnerable children
PEP	Post-exposure prophylaxis
PLHIV	Persons living with HIV
STI	Sexually transmitted infection
UWI	University of the West Indies
VCT	Voluntary counselling and testing

PREAMBLE

HIV, the viral cause of AIDS, continues its rapid spread throughout the world, with the Caribbean region being second only to sub-Saharan Africa in terms of the proportion of HIV-infected persons per general population. An estimated 2% of the Caribbean adult population is already infected with HIV. In Barbados, with a population of approximately 277,000, it is estimated that 1.7% of the population is living with HIV. It is also estimated that there are approximately 244 orphans and vulnerable children as a result of AIDS.

The major feature of the epidemic is the growing number of people living with HIV (PLHIV) and affected families, all of whom require varying levels of care and support, the burden of which falls on women and girls. The changing profile of the epidemic has already begun to impact dramatically, not only on the health sector, but also on the economic resources of the country in terms of loss of human potential, productivity and expenditure. It has been estimated that the national expenditure on HIV and AIDS in 2004 was Bds\$10,323,170 representing 0.38% of Gross Domestic Product (GDP) and per capita expenditure of \$37.10¹.

A number of factors have contributed to the spread of HIV in Barbados. These include changes in societal and personal attitudes, behaviour and practices; community and family fragmentation; media/marketing messages that promote casual sex; cultural patterns of early sexual intercourse, short-term casual relationships, multiple and mixed age partnering and transactional sex; unequal power relations and gendered violence; considerable population movement both into and out of Barbados

for work, study, leisure and family reasons; a climate of fear and denial and stigma and discrimination towards PLHIV and lack of protection of the human rights of vulnerable and marginalised groups.

Since the 1990s data confirm that, in Barbados, AIDS is among the leading causes of death in persons aged 15 to 44. Although males carry a higher rate of HIV infection in the overall population, young women seem to bear the burden of the disease at an earlier age and reach a peak ahead of their same age male counterparts. It should be noted that in a recent KAPB² survey among young people, 24% of those who engaged in vaginal sex indicated that they were not concerned about contracting HIV.

The National AIDS Programme in Barbados has been in existence since 1984, when the first case of AIDS was reported and the Ministry of Health through successive National Advisory Committees developed programmes and plans to deal with the epidemic. In 2001, the Government of Barbados embarked on a Comprehensive Programme for the Management, Prevention and Control of HIV/AIDS 2001-2006 (the Expanded Response). Originally located within Prime Minister's Office until a more recent shift in Ministerial responsibility to the Ministry of Family, Youth, Sports and Environment, this comprehensive, multi-sectoral programme made a long-term commitment to equip Barbadians with the knowledge, options and resources to prevent transmission of HIV, to foster an environment free of stigma and discrimination for PLHIV and to provide treatment and care for all citizens of Barbados who become infected with HIV.

to enhance support for mothers and families, recognising the critical role they play in child well-being. The elimination of child sexual and physical abuse, especially against girls, violence against women, and family dysfunction are essential to reducing "at risk" social and sexual behaviour among children and adolescents.

- ⌘ Working to reduce the stigma and discrimination against young people living with HIV and AIDS and to increase support for those infected and affected by the epidemic.

GENDER-BASED APPROACHES

WOMEN

Gender inequality and violence against women in the public domain, the workplace in particular, and at home is a major human rights and public health problem, and also increases female vulnerability to HIV. Women are at risk of HIV because they lack the power to determine where, when and how sex takes place. Violence against women, which is a major human rights and public health problem, also increases female vulnerability to HIV.

It is important that programmes addressing the needs of this vulnerable group continue to be designed and implemented. In doing so the Policy will involve:

- ⌘ Advocating for the empowerment of women and the promotion of women rights in the context of HIV and AIDS.
- ⌘ Ensuring that prevention strategies, which address current unequal gender norms that reduce young women and girls' ability to make informed choices about their own sexuality, are developed and implemented.
- ⌘ Ensuring access to sexual and

reproductive health services for all women including those living with HIV. These services should include inter alia the promotion of the male and female condoms; the provision of prevention options for positive people and the provision of voluntary counselling and testing (VCT).

- ⌘ Expanding the evidence base highlighting the prevalence of violence against women, including economic, social and health costs, and its links to HIV and AIDS. This will include support for and expansion of ongoing initiatives at the community level.

MEN

Social traditions have encouraged men to pursue high-risk sexual choices, including multiple partners, unprotected sex and sexual dominance. The changing social dynamic relative to gender-based relationships has significant repercussions for men in every socio-cultural and economic group as it relates to their vulnerability for HIV.

Sexual practices of men who have sex with men (MSM) including bisexual men confer upon themselves even greater risk for HIV transmission than heterosexually-active men or women. The risk of men with this profile is worthy of heightened concern and action.

This Policy must address the concerns related to men in several ways:

- ⌘ Specific programmatic outreach geared toward men to emphasise their own social value is necessary, separate from efforts that emphasize the man's role in social protection of women and children; and
- ⌘ Men who have sex with men will benefit by being fully included within

¹ National HIV/AIDS Accounts Barbados, 2003-2004. Barbados National HIV/AIDS Commission and National AIDS Program, Joint UN Program on AIDS and Regional AIDS Initiative for Latin America and the Caribbean, Bridgetown, May 2005.

² 2005 KAPB survey conducted by the Division of Youth Affairs among youth.

- ⌘ Reviewing, monitoring and evaluating Health and Family Life Education (HFLE) and counselling programmes in primary and secondary schools;
- ⌘ Establishing facilities for children to be given appropriate counselling outside of the school system;
- ⌘ Intensifying strategic, gender sensitive programmes, including peer education programmes, designed to reinforce positive attitudes about abstinence, delayed sexual activity, faithful partnering, counselling and testing, and condom use - within and outside of the educational system including tertiary institutions;
- ⌘ Improvement in access to and use of operational research to inform policies and plans in the sector;
- ⌘ Making provisions to protect orphans and other vulnerable children/young people who have been affected by HIV and AIDS; and
- ⌘ Supporting training at the tertiary level including Erdiston Teachers' Training College to build additional capacity both nationally and regionally.

YOUTH

There is an urgent need to address the specific behaviours and vulnerabilities of young men and women as a key population at higher risk if the AIDS pandemic is to be brought under control. Young people represent the future of the country and there is, therefore, greater urgency in addressing this segment of the population. In doing so, the Policy involves:

- ⌘ Focusing on the United Nations Convention on the Rights of the Child (CRC), particularly the Youth Declaration, and the value of these

principles in providing a human rights framework for the protection and participation of children and adolescents, in particular within their own social environments including families, communities, schools and faith-based organisations.

- ⌘ Ensuring that there is ongoing commitment to the full participation of young men and women in the planning, design and implementation of HIV prevention policies and programmes through the creation of an enabling environment.
- ⌘ Ensuring commitment to behaviour change communication and advocacy programmes as a key feature in the response to HIV among young people.
- ⌘ Acknowledging that children and young people are not a homogeneous group and the need, therefore, to develop a variety of targeted messages and communication strategies, including those addressing young people with disabilities.
- ⌘ Continuing to recognise the importance of in and out of school programmes as a means of educating young people about issues relating to sexuality, STIs and HIV.
- ⌘ Establishing, strengthening and supporting peer-to-peer programmes, mentorship and positive role model programmes as tools in the AIDS response among young people.
- ⌘ Enabling collaboration between the relevant agencies towards establishment of youth friendly and confidential health services and information.
- ⌘ Collaborating with relevant agencies

RATIONALE

The provision of a comprehensive policy document on HIV, in the context of an expanded response, is seen as a priority by the Government. The Policy is genuinely multi-sectoral, developmental and human rights based. It serves as a benchmark in the principal related areas of governance, that is, within government ministries, the broadest civil society and the private sector.

The Policy is an evolving one and is open to periodic review so as to address the changing dynamics of the epidemic. As success is achieved in one area, it must be maintained as the emphasis shifts to other areas. To date, the Barbados HIV response has emphasised medical treatment and the care of PLHIV, the reduction of stigma and discrimination, and prevention including information, education and communication (IEC) programmes. With the advent of antiretroviral drugs (ARVs), there has been a significant reduction in morbidity and mortality associated with the disease. However, there is little evidence that the knowledge gained from IEC activities has triggered changes in sexual behaviour in the population. Unsafe sexual attitudes and practices persist and there continues to be only limited support for condom distribution and use. Therefore, to achieve the objectives of the National AIDS Programme during the new Strategic Plan period 2008-2013, past successes must be maintained, improvement made in efforts not yet demonstrating desired results and innovations introduced.

The emphasis now needs to be on

communication and advocacy for behaviour change within the society at large to reduce the incidence of HIV, and to encourage respect and tolerance towards PLHIV and persons "at risk". This necessitates changes in societal environmental factors, such as poverty and unemployment, gender inequality and violence, that support HIV transmission and AIDS morbidity/ mortality by supporting HIV risk behaviours and encouraging stigma and discrimination against people who should otherwise be encouraged to openly access HIV prevention or care and treatment services. With the advent of free ARV treatment for all PLHIV in need, Barbados entered into a social pact with its people that demands continuation from an ethical perspective. The improvement in the management of sexually transmitted infections (STIs) - including HIV - and IEC strategies are needed.

The context for the Policy is one of **human rights**. An effective rights-based response requires the implementation of all human rights - civil and political, economic, social and cultural - and ensures the individual human dignity and fundamental freedoms of all people in accordance with existing international standards³. Barbados is a member of a number of regional and international organisations and, therefore, a signatory to several charters, conventions and commitments which seek to uphold and defend basic human rights⁴, in general as well as in the context of HIV.

³ HIV/AIDS and Human Rights: International Guidelines.

⁴ The most important of these are the Pan Caribbean Partnership against HIV/AIDS (PANCAP), Articles 55 and 56 of the UN Charter and the UN Declaration of Commitment on HIV/AIDS.

This Policy advocates for the mitigation of the social and economic impact of HIV and AIDS on the population thereby reducing new cases (incidence) and ensuring the sustainable development of our nation.

The objective of the Policy is to achieve positive and sustained behavioural change, not only among the vulnerable and marginalized groups, but also across the entire population through evidence-based planning and targeted interventions guided by operational research. This Policy is supported by data collection, sound analysis, and monitoring and evaluation to ensure that the interventions are well informed and effective.

Within the overall framework for the Policy, consideration is being given to the following crosscutting themes:

- ⌘ Advocacy/communication;
- ⌘ Stigma and discrimination;
- ⌘ Confidentiality and support;
- ⌘ Gender;
- ⌘ Culture
- ⌘ Age; and
- ⌘ Poverty and social exclusion.

Recognising the importance of advocacy and communication for behavioural development and change to control the spread of HIV, the Policy emphasises the development of new and inclusive strategies directed towards the society at large and also designed specifically for key populations at higher risk such as men who have sex with men (MSM), sex workers, prisoners and youth.

Recognising that stigma and discrimination associated with HIV and AIDS are the greatest barriers to the effectiveness of the

Programme, the Policy seeks to promote responses in the way in which people live and interact with each other that are based on equality and human rights.

Realising the need to reduce the morbidity and mortality associated with the disease, the Policy supports the provision of care and treatment for persons infected with HIV and a supportive environment through which human development and social viability can be strengthened. This includes social securities that enable PLHIV to remain economically and socially productive to their fullest abilities throughout the courses of their lives. The Policy also seeks to ensure that the confidentiality of PLHIV and persons tested for HIV is respected.

Realising that addressing gender disparities in poverty and unemployment, cultural constructs of masculinity and femininity, and unequal power relations between men and women are critical for HIV prevention, the Policy takes account of issues such as the increasing vulnerability of young women to HIV infection and the “at risk” behaviours which increase the vulnerability of both men and women. To address this, it requires confronting socially-endorsed and policy-endorsed disparities contributing to the imbalances.

Recognising that HIV infection affects all age groups, the Policy seeks to ensure that plans and programmes are developed to respond to the varying challenges facing the different age groups and their different lifestyles as well as life cycle stages. Central to the success of this commitment is the inclusion of youth and young people in the design and implementation of policies and programmes directed to their age groups.

Recognising that Barbadian culture is greatly influenced by its religious traditions and faith communities, the Policy seeks

- ⌘ Ensuring confidentiality and supportive, non-judgmental attitudes to all, especially adolescent males and females, by health care professionals.

LABOUR/ WORKPLACE

The Policy seeks to address AIDS in the workplace, facilitating the development of a working environment that protects the rights of workers regardless of their HIV status. It applies to employers, employees and prospective employees, workplaces and contracts of employment in both the formal and informal workplaces.

It seeks to address stigma and discrimination and to ensure that there is a caring, supportive and responsible working environment for all workers. It includes:

- ⌘ Ensuring that employees or applicants for employment should not be required to be tested for HIV as a pre-condition for application, employment or as a condition for continued employment or advancement.
- ⌘ Ensuring that all employees and prospective employees should not be discriminated against in the workplace or contract of employment on the basis of their real or perceived HIV status.
- ⌘ Ensuring that all employees have access to information and education on the prevention of HIV, including access to voluntary counselling and testing and referrals for care and support.
- ⌘ Ensuring that an employee’s right to privacy is strictly protected and that any information volunteered by an

employee regarding his/her status is not disclosed.

- ⌘ Ensuring that, wherever possible, an employee with HIV is facilitated with work modifications to allow the employee to perform his/her job and remain economically and socially viable as long as possible.
- ⌘ Ensuring that employees are not dismissed on the basis of their real or perceived HIV status.
- ⌘ Ensuring that employees living with and affected by HIV are protected from stigmatisation and discrimination by co-workers, employers and clients.

Employers should seek to ensure the implementation of a health and safety workplace policy with specific guidelines to the issue of HIV following the principles outlined in the *Social Partners Code of Practice on HIV/AIDS and other Life Threatening Illnesses in the Work Place* and the *ILO Code of Practice on HIV/AIDS in the World of Work*.

EDUCATION

Recognising that information and education while necessary are not sufficient in themselves to effect behavioural development and change, the emphasis needs to shift to communication and advocacy for behaviour change. Different groups need to be targeted in different ways and with different messages. The Policy includes:

- ⌘ Ensuring sustainability of programmes and activities being undertaken in the school system including the integration into the curriculum and the widespread implementation of age-appropriate education and awareness modules;

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- ⌘ Enhance the commitment and participation of faith-based organisations in the national HIV/AIDS campaign, especially in IEC, care and support.
- ⌘ Emphasize the right of PLHIV, and those stigmatised and marginalised groups at high risk for contracting HIV, to a life free of stigma and discrimination in the society and adopt strategies that will reduce AIDS-related discrimination.
- ⌘ Emphasize the need to live wholesome lives in which abstinence is a viable option, but not the only choice that individuals will make.

Following their participation in a CARICOM/CCC HIV forum in 2004, Barbadian FBOs have endorsed and are using the document⁵ emanating from this activity as a catalyst for change scaling up their involvement in HIV prevention activities.

HEALTH

The provision of an environment in which prevention, treatment, care and support activities can be maximised whilst respecting the confidentiality and human rights of all individuals as well as seeking to reduce AIDS-related stigma and discrimination is paramount. This will be realised by:

- ⌘ Continuing to provide state-of-the-art medical care, including ARV and other treatments for PLHIV in need.
- ⌘ Developing policies that seek to proactively increase access to prevention, treatment, care and support services by all groups of

individuals, in particular the youth, and to ensure that all services meet an appropriate standard of delivery.

- ⌘ Promoting public acceptance and use of voluntary counselling and testing (VCT) facilities.
- ⌘ Enacting policies to ensure secure handling of antiretroviral drugs and to guard against the misappropriation of resources.
- ⌘ Supporting specific programme areas, including the management of non-occupational post-exposure prophylaxis (PEP), STIs, the prevention of Mother-to-Child Transmission (MTCT) and the social well-being of PLHIV in the family, community and within institutional care.
- ⌘ Promoting the appropriate use of contemporary technologies along with appropriate pre- and post- test counselling.
- ⌘ Developing policies which seek to promote the timely incorporation of appropriate new technologies (e.g. in diagnostics and therapeutics) for use in the HIV/AIDS prevention and control programme.
- ⌘ Developing policies to meet the special needs of people with disabilities who are also living with HIV/AIDS.
- ⌘ Developing policies to address issues of individual resistance to public health good practice, particularly in the area of contact tracing and partner notification.
- ⌘ Developing a policy to address the access to services by non-nationals with reference to CSME.

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to enlist them into the social partnership of compassion and democratic tolerance. This is fundamental to the establishment of social norms that reinforce human dignity, community service and respect for individual choices, all of which are important to reduce the contradictions between stated social mores and actual practices.

Realising the importance of understanding the relationship of HIV to poverty and unsafe environments, the Policy seeks to address both the issues of the impact of poverty upon increased HIV vulnerability as well as the increasing poverty caused by HIV at both individual and national levels. In this regard, the Policy addresses the greater risk of unsafe sexual practices and HIV exposure among those who are living below the poverty line.

⁵ Guidelines for Caribbean Faith Based Organisation in developing policies and action plans to deal with HIV/AIDS – Caribbean Conference of Churches – November 2004

SECTORS

GOVERNMENT, CIVIL SOCIETY AND PRIVATE SECTOR AGENCIES

A collaborative strategy among government, civil society and private sector agencies will provide an appropriate framework and a supportive context for all components of the Policy. It will involve:

- ⌘ Utilising the skills, experience and expertise of citizens appropriately to combat the social and economic effects arising from the existence of HIV and AIDS in the population.
- ⌘ Sensitising and training the personnel of civil society organisations and private sector agencies to increase the existing body of knowledge about HIV and AIDS as well as the socio-economic, cultural and gender impact of HIV on the population while using this knowledge to prevent and control the spread of the epidemic.
- ⌘ Providing information through Barbados' foreign missions to enable Barbadians living overseas to respond to the disease.
- ⌘ Supporting initiatives which seek to strengthen social and economic capacity-building in communities in an effort to break the link between poverty, gender inequalities and HIV transmission.
- ⌘ Creating continuing and deepening partnerships between government ministries, non-governmental organisations and the private sector,

particularly in the areas of education, training and financing.

- ⌘ Encouraging all sectors to develop and implement a comprehensive AIDS programme within the workplace using the Code of Practice document as a guide.
- ⌘ Enhancing the capacity of the family and community in the care and support of its members, those living with HIV and AIDS and those "at risk" of infection.
- ⌘ Supporting the improvement in the quality of life of PLHIV, focussing on assisting them in initiating or returning to healthy and productive lives.
- ⌘ Providing the foundation for improved quality and scope of research and information gathering regarding the HIV epidemic in Barbados, with respect to qualitative analysis of risk behaviours, risk situations and risk environments, and also more accurate and definitive seroprevalence studies.
- ⌘ Addressing the relationship of the national programme to the regional response and seeking to optimise the role that the Barbados programme can play at the regional level, whilst preventing the exploitation of national resources.

LEGISLATIVE FRAMEWORK

An appropriate legislative framework is needed to assist in reducing the spread of HIV, to encourage the elimination of the societal response of stigma and discrimination towards PLHIV and "at risk"

persons, and to provide sanctions for related deliberate criminal acts. This will include:

- ⌘ Ensuring that the laws protect the rights of all, particularly women, children, other vulnerable groups and the family.
- ⌘ Ensuring the protection of the rights of PLHIV to confidentiality.
- ⌘ Recording and eliminating discrimination against PLHIV and other key populations at higher risk.
- ⌘ Reviewing existing policy and legislation to ensure that they are compatible with a human rights framework with respect to AIDS.
- ⌘ Strengthening the legislative framework under which the health sector can respond through actions such as contact tracing, warning third parties and access to health care services for children and youth.

CULTURE

Recognising that Barbadian cultural patterns, as they relate to conjugal relationships include risky sexual practices such as early sexual activity, multiple and mixed age partners, short-term and serial relationships, transactional sex and inconsistent condom use, the Policy seeks to:

- ⌘ Promote attitudinal change through the coordinated implementation of public policy utilising the full range of print, electronic and other media, as well as cultural and other development programmes, in order to sensitise citizens to the dangers of unsafe sex and the threat of HIV.
- ⌘ Promote targeted research to guide policy and programming in this regard.

- ⌘ Promote realistic, culturally appropriate sexual and social behaviour change campaigns particularly targeting young men and women, - a highly vulnerable group
- ⌘ Create campaigns to address the risks and responsibilities of older persons, including parents.
- ⌘ Address the issues of sexuality, gender inequality, power dynamics particularly in relation to the acceptance of male high-risk behaviour and the vulnerabilities of women, especially young women.

FAITH-BASED ORGANISATIONS

The Policy acknowledges the central place of religion and faith in Barbados. Religious instruction and influence can serve to ensure the dignity, equality and human worth of each person regardless of race, class, religion, gender, sexual orientation or any other characteristic. Infection with HIV should not alter this status.

In a socio-cultural environment where hypocrisy, stigma and discrimination remain major challenges in the response to the epidemic, the religious principles of charity, compassion, understanding and forgiveness provide a solid base upon which we can build a humane response to PLHIV. A common cornerstone for the majority of faiths represented in Barbados is community service, here too, faith communities can play a central role in the national response to HIV. Faith-based organisations are particularly well placed to support this response which will seek to:

- ⌘ Intensify the efforts of faith-based organisations in strengthening the family unit.