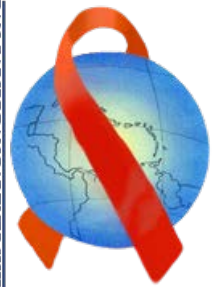




PAN CARIBBEAN PARTNERSHIP



AGAINST HIV & AIDS

DIALOGUE BETWEEN FAITH LEADERS AND KEY POPULATION LEADERS

**7-9 FEBRUARY 2018
PARAMARIBO
SURINAME**

**CONCEPT NOTE AND DRAFT
AGENDA**



Introduction

The Declaration of the PANCAP Consultation of Caribbean Religious Leaders held in Trinidad and Tobago, 1-2 February, 2017 made 15 actionable recommendations. Among them was to hold a joint forum between representatives of the Religious Leaders Network and the LGBTI. The joint Forum to discuss ways of collaborating to reduce AIDS-related stigma and discrimination is scheduled to be held in Suriname on 7-9 February 2018.

Underlying Perspectives

Valuing every human life is important from a religious perspective and is a useful point of departure for a holistic response to the HIV and AIDS epidemic. Around the world, Human Immune Deficiency Virus (HIV) prevalence rates for commercial sex workers (CSW), people who inject drugs (PWID), and men who have sex with men (MSM) outpace prevalence rates for the general population as a whole. In addition, people in these three groups and transgender person (TGP) often face social stigma, punitive legal systems, and judgment from care providers that create barriers to effective prevention, treatment, and support programs to address their particular needs and priorities. Globally, the HIV prevalence data for these key populations are glaringly incomplete and further research into their epidemiological profiles are urgently needed. While targeted prevention initiatives for CSW, PWID, MSM and TGP have been developed, they do not reach most members of these communities.

Religion has a complex effect for people in key populations in relation to HIV risk or HIV services. On the one hand, it contributes to stigma and judgment that contribute to risky behaviors and create barriers to care; on the other hand, it has been a strong motivating factor for compassionate programs and courageous advocacy. Religions can offer theological perspectives that support effective HIV prevention, treatment, and support services. These perspectives may be developed not only by religious leaders but by people of faith working at the grassroots level. There are a number of effective faith-based programs that provide essential services to members of key populations. These programs offer a set of best practices for faith-based work with key populations.¹

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https://www.google.com/search?source=hp&ei=GfwuWu7bHorejwSlwqTQDg&q=FBOs+and+key+populations&oq=FBOs+and+key+populations&gs_l=psy-ab.3...2090.13911.0.15911.41.29.3.0.0.0.463.4170.3j0j7j2j3.15.0.ernk_dmh...0...1.1.64.psy-ab..25.15.3171...0j0i131k1j0i10k1j0i22i30k1j0i22i10i30k1j33i160k1.0.5Su0fGvToCl

Father Richard Rohr, a Franciscan priest, founder of the Center for Action Contemplation in New Mexico and a member of the Order of the Holy Cross, in a recent reflection on the value of human life, says:

“The three monotheistic religions (Judaism, Christianity, and Islam) teach that one Creator formed all things. There is thus a radical unity at the heart of the universe’s pluriformity, resolving any conflict between diversity and the shared “divine DNA” found in creation. This *theo-logic* allows us to see “the hidden wholeness” in all things and to confidently assert that “everything belongs.” The distinction between natural and supernatural, sacred and profane exists only as a mental construct...”

Only a contemplative, nondual consciousness is capable of seeing things like this without also being negative or self-righteous. Once you can clear away the web of illusion you will be able to see that every created thing is still made in the image of God; every being has the divine DNA or essence. There is no profane place, person, or creature. We can even find the sacred in seemingly secular human endeavors like sex, food, work, economics, and politics...”²

In support of this view of the need to value every human life, the United Nations Population Fund (UNFPA) has been sponsoring dialogue with religious leaders and members of civil society as a means of achieving the Sustainable Development Goals by 2030. Six recommendations to foster ongoing dialogue are as follows:³

- ♣ Serving the most vulnerable in humanitarian settings;
- ♣ Upholding and expanding the significant humanitarian response of FBOs;
- ♣ Overcoming the manipulative and abusive attempts to link religion with violence, terrorism, or exclusion of others;
- ♣ Keeping affected persons at the center of all assistance planned and provided; maintaining robust beneficiary feedback mechanisms;
- ♣ Ensuring that women’s and girls’ rights are protected, their needs are met, and their ability to engage in decision making is enhanced;
- ♣ Continuing to play an active role in coordinating the humanitarian response.

Also, a joint United Nations statement on ending all forms of violence against members of Key Populations notes that the United Nations (UN) and Member States have committed to uphold the fundamental values enshrined in the United Nations Charter, the Universal Declaration of Human Rights (UDHR, 1948) and other treaties. The commitment focuses on the following:

- Everyone – regardless of their sexual orientation and gender identity – is entitled to enjoy the same rights, free from violence and discrimination. This is fully

² <https://cac.org/category/daily-meditations/>

³ <https://www.prismaweb.org/nl/wp-content/uploads/2017/07/Engaging-religion-and-faith-based-actors%E2%94%82UNFPA%E2%94%82-2015-2016.pdf>

illustrated in Article 3 of the Universal Declaration of Human Rights (UDHR, 1948) which states that everyone has the right to life, liberty and security of person. Article 5 states that no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment, and Article 12 focuses on protecting the right to privacy.

The universal protections enshrined in international law indicated that States have an obligation to uphold evidence which shows that LGBTI people face widespread abuses including violence, torture, criminalization, discrimination and stigma because of who they are, how they look, whom they love and whom they have sexual relations with. It is noted that these abuses violate UN human rights standards, and negatively affect individuals, communities, societies and the achievement of sustainable development goals. As part of the UN mandate to uphold the rights of all and to support the development of inclusive, just, safe, free and equitable societies, the signatory UN entities are expressing their common commitment to advancing the protection of LGBTI people from violence and discrimination.⁴ It is also important to note that the UN High Level Political Declaration (June 2016) reinforced the need special attention to foster prevention, treatment and reduction of stigma and discrimination for key populations.

The joint UN Declaration and the UN HLM Political Declaration find support among regional religious leaders who, at their PANCAP-UNAIDS sponsored consultation in February 2017 in Port of Spain, committed to:

- Paying particular attention to actions that address the reduction of violence against women, girls and adolescents and the inclusion of men and boys in this venture;
- Seeking to secure sustainable technical, technological and financial resources for programmes led by religious groups through shared responsibility and collaboration with government and non-governmental stakeholders and development partners;
- Exploring the short and medium actionable recommendations of the PANCAP Justice For All (JFA) Roadmap, especially in so far as they enable religious groups and organisations to effectively address the gaps in prevention and treatment interventions and continuing the dialogue on how to proceed with those elements yet to be resolved;
- Establishing the foundations of a Network of Religious Leaders interconnected with national focal groups, including young people, to achieve a more consolidated approach to ending AIDS with a mechanism for effective communication and dissemination of information;
- Seeking to engage representatives of key populations including men who have sex with men, sex workers, injecting drug users and others in programmes aimed at identifying respective rights and responsibilities involved in the process toward the elimination of AIDS-related stigma and discrimination;
- Noting areas of litigation that may challenge religious values and the responses required to harmonies, principles and practices around human rights, human sexuality and human dignity.

⁴ http://www.searo.who.int/entity/gender/faq_lgbti_un_joint_statement_19oct.pdf?ua=1

The situation of HIV in the Caribbean

According to the UNAIDS 2017 Global AIDS Update there were an estimated 310 000 [280 000–350 000] people living with HIV in the Caribbean at the end of 2016 with five countries accounting for 92%: Haiti (48%), The Dominican Republic (22%), Jamaica (10%), Cuba (8%) and Trinidad and Tobago (4%). The annual number of new infections among adults across the Caribbean has remained static for the last six years at an estimated 17 000 [15 000–22 000] as reported in 2016. In Cuba, estimated numbers of new HIV infections more than doubled between 2010 and 2016 from 1,600 [1,400–1,800] to 3,200 [2,600–3,600]. In the Caribbean there was a 55% reduction of AIDS-related deaths from 2000 to 2016. Deaths declined from an estimated 21 000 [16 000–26 000] in 2000 to an estimated 9400 [7300–12 000] in 2016. From 2000 to 2016 the number of people accessing antiretroviral treatment more than doubled. Eight countries in the Caribbean have adopted the World Health Organization recommendation that antiretroviral therapy should be initiated in every person living with HIV at any CD4 cell count. New infections among children (aged 0–14 years) in the Caribbean decreased by 44% between 2010 and 2016: from an estimated 1800 [1500–2200] in 2010 to fewer than 1000 [<1000–1000] in 2016. Of all people living with HIV in the Caribbean, 36% were unaware of their HIV status in 2016. Late diagnosis is a challenge, particularly for men. In 2016 more than half (52%) of Caribbean people living with HIV were on treatment as compared to 24% in 2010. Retaining people on treatment has proven challenging for most countries in the region. Only Haiti has >89% of diagnosed people living with HIV on treatment. One-third (33%) of Caribbean people living with HIV on treatment were not virally suppressed in 2016. In 2016 at least three of four people on treatment achieved viral suppression in Barbados, Dominica, Guyana, St. Lucia, Suriname and Trinidad and Tobago.

The Caribbean is on track to be the first region in the world to eliminate MTCT and congenital syphilis. Cuba was the first country in the world to do so in 2016. Six other Caribbean countries—Antigua and Barbuda, British Virgin Island, Bermuda, The Cayman Islands, Montserrat and St Kitts Nevis were certified by WHO in December 2017 as having achieved this landmark while six other Caribbean Countries are in close range of being certified. This means that of the 11 countries that have achieved the WHO target, seven are in the Caribbean.

In addition, many Caribbean countries still criminalize same sex relations and in those countries key populations such as men who have sex with men, sex workers and transgender persons are subjected to pervasive stigma, discrimination and violence.

Focus of the Consultation

Areas to be addressed:

1. Gaps in Treatment and Prevention of HIV.
 - Access to data in order to address the prospects and requirements for achieving 90-90-90 targets by 2020

- Prevention gaps with special reference to public education.
2. Stigma and discrimination, especially in relation to key populations.
 - Establish mechanism for enhancing partnerships between the key population and religious groups.
 - Articulate clearly the major determinants of stigma and discrimination and what is required by the partnership to break down these barriers.
 3. Promote a viable legislative environment, especially as it affectively deals with human rights, human sexuality and human dignity.
 - Explore the nature of partnerships required among Religious Leaders, representatives of LGBTI and parliamentarians that would foster a positive legislative environment.
 4. The relationship between faith and governance with particular reference to understanding the following:
 - a) How secular and faith governance overlap or diverge from each other?
 - b) Why sacredness and wholeness of each person is to be identified?
 - c) What Social action to promote dignity and wholeness is required?
 - Need for clarity on the issue of governance; governance not only by government but by religious groups and the religious sector.
 - Need for commitment to jointly speed up the response to HIV through partnership.

Activities to be undertaken

1. A public session to be addressed by a government official and to which the media will be invited. The session will be streamed live.
2. Worship will be held at the beginning and end of each day. Reflections on the experience of worship will be used to start each day's activities.
3. Selected religious leaders and representatives of key population will share testimonies of their experiences in working with each other
 - Allow for each group to have separate discussions.
 - Allow for time to be spent together.

Outcomes expected:

Religious leaders and key population to discuss gaps – identify specific gaps and solicit commitment from both groups to pursue steps towards addressing the gaps

1. Address stigma and discrimination by answering the question what can religious leaders and key populations leaders/members do to improve the environment for testing and treatment to enable increased access and reduce stigma and discrimination?
2. Both groups commit to support PANCAP's Model Anti-discrimination Legislation that promotes human rights and human dignity

3. Forging a regional partnership between religious leaders and key populations, especially in relation advocating/lobbying /monitoring regional governments to ensure they adhere to all international agreements to which they are signatories, such as CEDAW, The Paris Agreement, and the UN 2016 High level Political Declarations
4. Encourage FBOs to include members of key populations in their administrative and programmatic structures.
5. Provide contexts in which members of key populations who are also people of faith to describe their own religious and spiritual perspectives.
6. Religious Leaders and key populations to create networks that allow them to partner with CSOs to provide services to key populations.
7. Leadership of Key populations to demonstrate an appreciation of the religions basis of disagreements and to continue to engage in constructive dialogue with Religious Leaders as a prerequisite for increasing access of key populations to public health.

CARIBBEAN

COMMUNITY

SECRETARIAT

**DIALOGUE BETWEEN FAITH LEADERS
AND KEY POPULATION LEADERS**

RESTRICTED

**Paramaribo, Suriname
7-9 February 2018**

HIV/PCP/FL/KPL/2018/1/1

29 January 2018

DRAFT AGENDA

SESSION		PRESENTERS AND FACILITATORS
PRAYER, WORSHIP AND DISCUSSION		
9:00am–9:50am	Prayer and Worship	Rev. Marjorie Slagtand Evangelical Lutheran Church in Suriname (ELKS)
	Discussion	Pastor Danielle Dokman, Evangelical Lutheran Church in Suriname (ELKS)
OPENING		
10:00am–11:00am	Welcome including aims and expected results	Canon Garth Minott, Jamaica Council of Churches and Chair of the Regional Consultative Steering Committee
	Greetings	Mr. Dereck Springer, Director, PANCAP Religious Leaders Network LGBTI Dr. Yitades Gebre, PAHO/WHO Representative, Suriname
	Cultural Item	
	Address	Hon. Patrick Pengel, Minister of Public Health, Suriname
	Vote of Thanks	Mr. Colin Robinson, Director, CAISO: Sex and Gender Justice
	Photographs	

SESSION		PRESENTERS AND FACILITATORS
11:00am-11:30am	COFFEE BREAK	
11:30am–1:00pm	Three Perspectives from Faith Based Leaders in the Field interacting with LGBTI and comments from three representatives of LGBTI	The Very Rev. Fr Sean Major Campbell and a Key Population member
1:00pm–2:00pm	LUNCH	
2:00pm–3:30pm	Three Perspectives of LGBTI confronting the challenges of stigma and discrimination and comments by Faith Leaders: Pastor Winston Mansingh, Ms. Lorna McPherson, and one other (responders)	Ms. Lorna McPherson, Member of the Bahá'í and a Key Population Leader
3:30pm – 4:45pm	<p>Four Working Groups each focusing on an issue</p> <p>Questions for discussion; each group will discuss one question.</p> <ol style="list-style-type: none"> 1. What are the gaps that you have encountered in your work in the treatment and prevention of HIV and what are your recommendations for addressing these gaps? 2. What are the determinants of stigma and discrimination in your territory and what is required by the partnership between religious leaders and key populations to break down these barriers? 3. What is the nature of the partnership required between Religious Leaders, representatives of LGBTI and parliamentarians that would foster a positive legislative 	Pastor Winston Mansingh, President, Faith Based Network of Trinidad and Tobago and a Key Population Leader

SESSION		PRESENTERS AND FACILITATORS
	<p>environment in the Caribbean addressing human dignity and social justice?</p> <p>4. In what ways can members of the key population and religious leaders demonstrate an appreciation of each other's position and yet continue to engage in constructive dialogue with each other as a prerequisite for increasing access to public health?</p>	
4:45pm-5:00pm	B R E A K	
5:00pm – 5:30pm	Prayer and Worship	Mr Iwan Wijngaarde, Afro-centric religion
5:30pm – 5:45pm	Discussion	Canon Garth Minott
END OF DAY ONE		

DAY TWO – THURSDAY, 8 FEBRUARY, 2018

SESSION		PRESENTERS AND FACILITATORS
9:00am–9:45am	Prayer and Worship Discussion	Ms Mary Ghafoerkhan – Muslim Pastor Danielle Dokman
9:45am–10:45am	Plenary 3. Reports and Discussion of Working Groups	Bishop Roosevelt Papouloute, President, Belize Council of Churches and a Key Population Leader
10:45am–11:00am	Facilitator: Outline of the process for the interactive discussions	Pastor Danielle Dokman and Mr. Lucien Govaard, Chair, CariFLAGS
11:00am–11:30am	B R E A K	
11:30am–1:30pm	Two (2) simultaneous FBO and LGTI workshops/Caucuses: Reflections and Recommendations for Communiqué:- programmes, special projects/activities, contributions to achieving outcomes and prospects for collaboration	
1:30pm–2:30pm	L U N C H	
2:30pm–3:30pm	Plenary 5: Report from Working Groups	Pastor Danielle Dokman and Mr. Lucien Govaard
3:30pm–3:45pm	B R E A K	
3:45pm–4:30pm	Worship	Steering Committee Reports
4:30pm–5:00pm	Discussion	Canon Garth Minott
5:00pm–6:00 pm	Meeting of Communiqué Drafting committee	
END OF DAY TWO		

DAY THREE – FRIDAY, 9 FEBRUARY, 2018

SESSION		PRESENTERS AND FACILITATORS
9:00am–9:35am	Worship Discussion	Pastor Danielle Dokman
9:35am–10:00 am	Placing the GFATM in Context Policies and Programmes that affect the Caribbean and the role of PANCAP	Mr. Dereck Springer
10:00am–12:00am	Draft Terms of Reference - multicountry proposal to GFATM presentation, discussion and recommendations on four priority areas	
12:00pm–1:30pm	LUNCH	
1:30pm–2:30pm	Plenary 8: Presentation, Discussion and Ratification of Conference Communiqué/Declaration	Pastor Danielle Dokman
2:30pm–2:45pm	Vote of Thanks	
2:45pm–3:15pm	Worship	
END OF DAY THREE		

