



PANCAP JUSTICE FOR ALL ROADMAP

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PANCAP JUSTICE FOR ALL ROADMAP FOR GETTING TO ZERO DISCRIMINATION

1. INTRODUCTION

This roadmap is a key deliverable in phase 2 of the PANCAP Justice for All project. The Justice for All Project was initiated at the request of the Rt. Honorable Dr. Denzil Douglas, Prime Minister of St. Kitts and Nevis, in his capacity as CARICOM Lead Head for Human Resources, Health and HIV and Chair of the Pan Caribbean Partnership against HIV (PANCAP). The concept and implementation are in keeping with its remit of the PACNAP 10th Anniversary Declaration (2010) to reduce and eliminate stigma and discrimination in the context of HIV in the Caribbean by 2015. It also accords with the UNAIDS Global Goal of Zero discrimination by 2015. The Project is mainly funded as part of PANCAP's Global Fund Grant and also partly funded by UNAIDS, whose seven (7) key programs to reduce stigma and discrimination aim to increase access to justice for all. The Justice for All Project is endorsed by the UN Special Envoy on HIV and AIDS to the Caribbean, Dr. Edward Greene, implemented by the PANCAP network and coordinated by the PANCAP Coordinating Unit in collaboration with UNAIDS Regional and Country Offices, other UN agencies, governments and the University of the West Indies. It builds on previous work done by several national, regional and international agencies as well as by PANCAP.

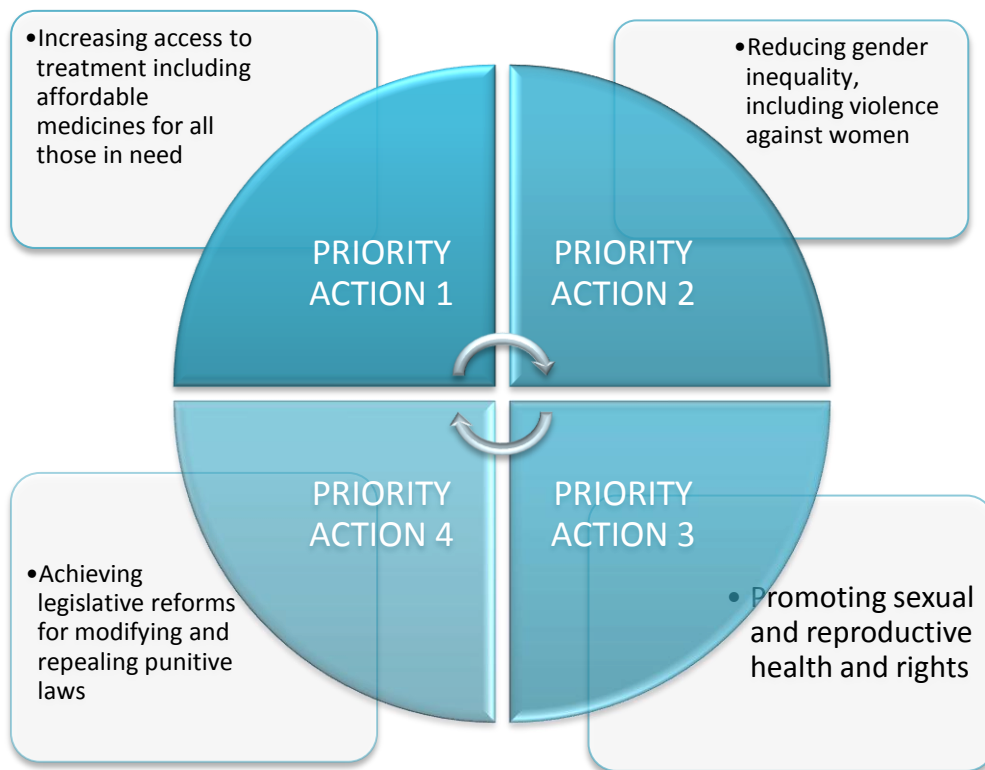
Caribbean countries have signed key international human rights treaties towards equality and dignity for all. They have also undertaken a number of initiatives to galvanize support for advocacy efforts at national and regional levels towards legislative reform that would provide a facilitating environment to end HIV related stigma and discrimination throughout the Caribbean. PANCAP has played a major role in supporting and coordinating these efforts. As part of this Project, PANCAP's Secretariat has undertaken to complete a desk review of recent reports, studies and assessments related to Stigma and Discrimination, Human Rights and Legislation in the Caribbean and to analyze National AIDS Strategic Plans to determine how countries are dealing with the issue through legislative and other means what action is required to advance the goal of "getting to Zero". In addition, PANCAP with support from the Global Fund and other UN agencies conducted 5 country level consultations between November 2013 and March 2014 and a Regional Consultation in April 2014 in Kingston, Jamaica at which 42 recommendations collated from various studies including the Global Commission on HIV and the Law were presented and discussed. Proposed activities were developed from these recommendations and timelines as well as opportunities and constraints were indicated. While the ideal timeline for these achievements is 2015 in keeping with the UN High Level Political Declaration (2010), this review realistically aligns its deadline with the new period new Caribbean Strategic Framework (CRSF) 2014 -2018. What has emerged is an optimistic but realism constrained Roadmap developed by key interest groups in the region (parliamentarians, Faith Leaders, Civil Society, Business, Youth and PHWA's).

2. Following the Roadmap

The roadmap tracks 4 key priority areas identified in the literature review and from consultations held. They also synchronize with areas identified by the LANCET Commission, UNAIDS and the Global Fund. These 4 priority areas are:

1. Increasing access to Treatment including affordable medicines
2. Reducing gender inequality including violence against women, girls and children
3. Promoting sexual and reproductive health and rights, in the context of self-worth
4. Achieving legislative reforms for modifying and repealing discriminatory laws that infringe human rights

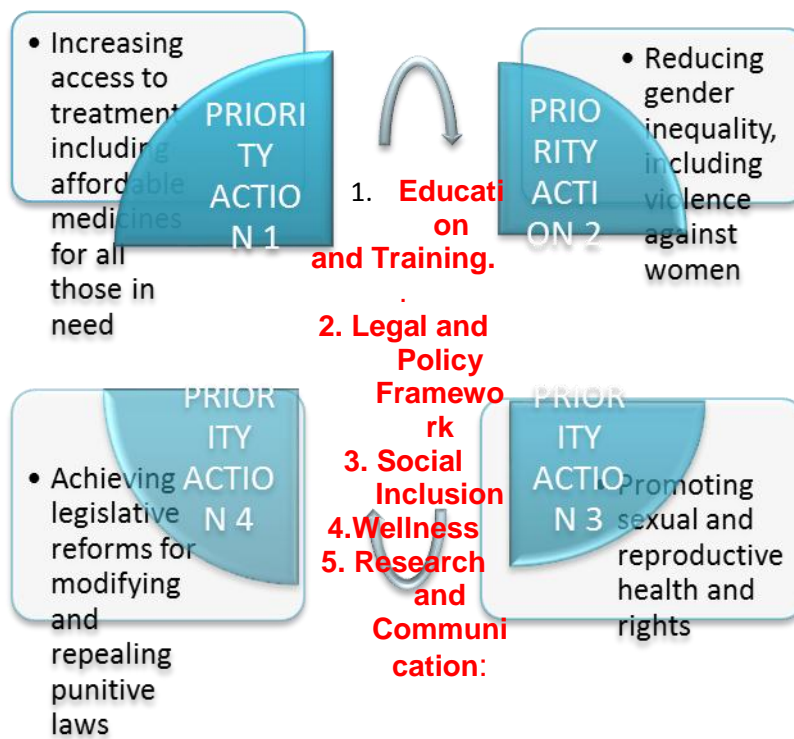
Figure 1: Justice for ALL Priority Areas



The country and regional consultations held threw up a series of recommended activities under these 4 priorities which could be grouped in 5 cross cutting activity areas as follow:

1. **Education and Training:** Parenting, protective services, PLWHA's, Health workers
2. **Legal and Policy Framework:** *Adopt/ Adapt PANCAP Anti Discrimination Policy and Model Legislation; Faith Based Organizations; Issues Regarding Minors Workplace Rights; TRIPS.*
3. **Social Inclusion:** *community integration; create support spaces; Special Populations*
4. **Wellness: Counseling, Care and Treatment:** *Establish wellness programs and holistic care*
5. **Research and Communication:** *Dialogue; Sensitization and Communication; research.*

Figure 2: Justice for All Priorities Mapped Unto Cross Cutting Activity Areas



In addition the items mapped in figure 2 above, 7 general concerns were repeatedly raised by interest groups during the consultations. These have been articulated into guiding principles for implementation of every The Justice for All roadmap activity.

3. Guiding Principles for Implementation

Inclusiveness – all activities must show evidence of meaningful inclusion of CSO's , MARPS , PLHIV and other key populations.

Robust Monitoring and Evaluation: reports of all activities programmes and projects should include HR indicators .

Standard client feedback mechanisms must be a part of all client deliver and service activities and these must form a substantial section of reporting documents.

Coordination and Synchronization: There must be close coordination between implementing agencies to avoid unintentional duplication, to share experiences and resources and to support each other in other ways such as identifying and filling gaps in programming.

Evidence Based Planning: As far as possible all activities must be guided by evidence of the problems to be solved, and possibilities based on lessons learned of how proposed activities will help to solve the problem.

Transparency and Accountability: Leadership, governance and accounting of all projects must meet highest standards of transparency and accountability.

Impactful on the ground: All project activities proposed must indicate how the impact on the ground will be achieved and measured. These indicators must be reported on in all activity reports.

General Understanding: The term Gender includes LGBT in this document.

4. ORGANIZATION

All of the required elements and information derived from the consultations have been placed in a three column table which indicates the programmatic priority areas (1-4) and the Activity area (A-E) and the Indicators for each activity. For ease of reference each priority is dealt with separately. Each activity is numbered first by priority area, then by activity area and then by the number of the activity under the particular area itself. For example 1:A:1 means priority area 1, activity area 1 (Education and Training) and it's the first activity in the set.

5. IMPLEMENTATION OF THE ROADMAP

This roadmap contains a series of suggested activities some of which may be implemented at a regional level but the majority are expected to be implemented at the country and community levels. Countries may choose to implement activities from this menu based on their national realities and priorities. It

would however be impactful if each Caribbean country implemented at least 60% of the activities by the end of 2018.

6. THE ROADMAP

	PANCAP JUSTICE FOR ALL ROADMAP 2015-2018	DRAFT FOR REVIEW ONLY
Priority Programme Area	Activities	Indicators
Priority 1: Increasing access to treatment including affordable medicines for all those in need		
1:A:1 Activity Area A: Education and Training	a) Strengthen counseling programmes within secondary schools. b) Retrain school counselors especially around issues such as confidentiality, dealing with vulnerable and young persons as well as treating persons with dignity and respect.	a) At least 3 schools in at least 7 countries country have functioning HIV and Human Rights Counseling programmes by 2015. b) At least 15 persons in at least 7 countries trained as school counselors in HIV/Human Rights counseling for schools by 2015.
1:A:2 Activity Area A: Education and Training	a) Conduct desk review to ascertain which countries (regionally) already have training curricula in HIV, ethics, human rights and the law and whether training is focused on key-populations.	a) Desk review report produced for at least 7 countries by 2015.
1:A:3 Activity Area A: Education and Training	a) Accelerate and create programmes to sensitize the protective services to the human rights agenda through national mechanisms available.	a) At least 10 % persons in at least 7 countries from protective services trained in HIV/Human Rights approach to protective services by 2015. b) Another 20% trained in at least 7 other countries by 2018.
1:A:4 Activity Area A: Education and Training	a) Conduct structured and ongoing workshops for Parliamentarians,	a) At least 10 % persons in each of the sectors indicated in at least 7

	Judges, Lawyers, Health care and auxiliary health care workers as well as Media.	countries in HIV/Human Rights approach by 2015. b) Another 20% trained in at least 7 other countries by 2018.
1:A:5 Activity Area A: Education and Training	a) Infuse Human Rights curricula from nursery to tertiary education.	a) Model Human Rights infused Curricula developed by 2015. b) Adoption of curricula by at least 3 schools in 5 countries by 2018.
1:A:6 Activity Area A: Education and Training	a) Review HFLE curricula to strengthen health rights content.	a) HFLE Curriculum review report produced by 2015. b) Response to findings infused in model curricula.
1:B:1 Priority 1: Increasing Access Activity Area B: Legal and Policy	a) Adopt, Adapt and Implement National Health Clients (patients) Rights Charters and ensure these charters specifically provide for the rights of all citizens to health services without discrimination and that they also include the standards for delivery of service .	a) Patients Rights Charters including non – discrimination and standards for delivery measures adapted and adopted in 7 countries by 2015. b) Patients Rights Charters including non – discrimination and standards for delivery measures adapted and adopted in an additional 7 countries by 2018.
1:B:2 Activity Area B: Legal and Policy	a) Continue to negotiate low cost drugs in the Caribbean.	a) CARICOM regional negotiating position document on TRIPS by 2015 regarding the 2 nd generation drugs. b) Maintenance of low cost supplied for 1 generation drugs as well as 2 nd generation drugs for HIV treatment and prevention.

<p>1:B:3 Activity Area B: Legal and Policy</p>	<p>a) Review health legislations to ensure there is no provision that limit access to health</p>	<p>a) All health legislation in the Caribbean reviewed by 2015.</p> <p>b) All needed amendments to bring those needed in accord with non-discrimination agenda made by 2018.</p>
<p>1:C:1 Priority 1: Increasing Access Activity Area C. Social Inclusion</p>	<p>Already Indicated in 1:B:1 above</p>	<p>Already Indicated in 1:B:1 above</p>
<p>1:D:1 Priority 1: Activity Area D. Wellness</p>	<p>a) Create Faith based groups with HIV/HR mission to minister, care for and refer MARPS</p>	<p>a) At least 4 HIV Ministering groups in at least 6 countries created and working by 2015.</p> <p>b) An additional 15 groups in 7 other countries created and working by 2018.</p>
<p>1:D:2 Activity Area D. Wellness</p>	<p>a) Create and adopt Faith based protocols with a focus on holistic aspects of healing and care.</p>	<p>a) A faith based protocol and manual created by interfaith groups by 2015.</p> <p>b) Protocol adopted by at least 6 groups in 7 countries by 2015 and an additional 15 groups in 7 other countries by 2018.</p>
<p>1:E:1 Priority 1: Increasing Access Activity Area E. Research and Communication</p>	<p>a) Review wellness programmes which exist and re-focus them using human rights principles.</p>	<p>a) At least 2 programmes in 5 countries reviewed and refocused by 2015.</p> <p>b) An additional 10 programmes reviewed and refocused by 2018.</p>
<p>1:E:2 Activity Area E. Research and Communication</p>	<p>a) Support a Regional Conference on research, practice and effects of Stigma and Discrimination on society, economy etc.</p>	<p>a) Conference held by 2015.</p> <p>b) Papers published by 2018.</p>
<p>1:E:3 Activity Area E. Research and Communication</p>	<p>a) FBOs conduct community-based surveys to ascertain the needs of their congregation especially the vulnerable to determine ways in which they could reduce their</p>	<p>a) Reports on 6 Faith based congregation surveys conducted in at least 3 countries by 2015 and an additional 10 from 7 other countries by 2018.</p>

	vulnerability.	
1:E:4	a) Increase knowledge of human and patient rights, care and treatment through targeted information dissemination for MARPS ensuring that the form, channel and language are appropriate .	a) At least 1 targeted HR and patient rights campaign to a MARP in at least 6 countries by 2015. Evidence of use of new media and or edutainment must be reported. Another 2 MARPs Rights campaigns in 5 countries completed by 2018.
1:E:5	a) Embark on a general awareness campaigns by engaging constituents at group and community level on patients rights, mutual respect and the effects of health related stigma and discrimination.	a) At least 1 public education campaign on patient and human rights in least 6 countries by 2015. Evidence of research drivers and use of new media , sports and or edutainment must be reported. Campaigns in 5 other countries completed by 2018.
Priority Area 2: Reducing gender inequality, including violence against women and children	Activities	Indicators
2:A:1 Activity Area A: Education and Training	a) Integrate Gender and non-violence into curriculum of all teaching and learning institutions.	a) Model Gender and Violence sensitive infused Curricula developed by 2015. b) Adoption of curricula by at least 5 schools in 7 countries by 2018.
2:A:2 Activity Area A: Education and Training	a) Institutionalize HFLE Curriculum and ensure it has a gender sensitive and non- violent focus within a human rights framework.	a) Adoption of HFLE curricula by at least 5 schools in 7 countries by 2015 and another 7 schools in 7 countries by 2018.
2:A:3 Activity Area A: Education and Training	a) Accelerate and create programmes to sensitize the protective services to the human rights , gender and non-violent agenda through national training mechanisms available.	a) At least 1 model programmed created and adopted by 5 countries by 2015. b) 5 % persons in each of the sectors indicated in at least 5 countries in trained in model curricula

		<p>by 2015.</p> <p>c) Another 20% trained in at least 7 other countries by 2018.</p>
<p>2:B:1</p> <p>Priority Area 2: Reducing gender inequality,</p> <p>Activity Area B: Legal and Policy</p>	<p>a) Re-examine Abortion Laws.</p>	<p>a) Laws reviewed in at least 3 countries by 2015.</p>
<p>2:B:2</p> <p>Priority Area 2: Reducing gender inequality,</p> <p>Activity Area B: Legal and Policy</p>	<p>a) Create a more efficacious environment for enforcing sexual and domestic violence acts.</p> <p>b) Ministers of Education, Health, Legal Affairs and Social Services to ensure that National policies are human rights based and synchronize and support each other as a single agenda.</p>	<p>a) Create Regional Model Domestic Violence Legislation for adoption by governments by 2015.</p> <p>b) Ministries of Health, Social Services, Education, Legal and Gender Affairs in at least 7 countries have integrated polices by 2018.</p>
<p>2:B:3</p> <p>Priority Area 2: Reducing gender inequality,</p> <p>Activity Area B: Legal and Policy</p>	<p>a) Support Faith based groups to collate, create and broadly adopt a Declaration of Commitment for a better response HIV and AIDS which would factor gender and human rights from faith-based perspective.</p>	<p>a) Faith based groups create and adopt a Universal Declaration of Commitment to ending GBV and HIV related Stigma and Discrimination by 2015.</p> <p>b) At least 4 faith based organizations in 7 countries adopt this Declaration of Commitment by 2015 and another 20 in 10 countries by 2018.</p>
<p>2:C:1</p> <p>Priority Area 2: Reducing gender inequality</p> <p>Activity Area C: Social Inclusion</p>	<p>a) Establish international governance polices for FBO's in advocating for elimination violence against women and children.</p>	<p>a) Faith based groups create and adopt governance policy for ending GBV and Health related Stigma and Discrimination by 2015.</p> <p>b) At least 4 faith based</p>

		organizations in 7 countries adopt this policy by 2015 and another 20 in 10 countries by 2018.
2:C:2 Activity Area C: Social Inclusion	a) Adopt / adapt existing Regional Anti-Discrimination Charters for HIV and Employment. Include Gender Based Violence in these charters.	a) Charters reviewed and adopted by 6 workplaces in 7 countries by 2015 and another 15 workplaces in 7 other countries by 2018.
2:C:3 Activity Area C: Social Inclusion	a) Support existing programmes which work for inclusion of key populations to advocate on their own behalf. b) Create new ones where needed.	a) At least 3 existing programmes supported in 7 countries by 2015. b) At least 2 new programmes supported in 7 countries by 2018. c) Project reports may be used as indicators.
2:D:1 Priority Area 2: Reducing gender inequality Activity Area D: Wellness	a) Create empowerment programmes for MARPS and youth. b) Special consideration should be given to treatment, care and support for those in the hinterland communities due to the expressed difficulties they face in accessing services in hard to reach locations.	a) At least 2 empowerment programmes supported or created in 5 countries by 2015 and another 3 in seven countries by 2018. b) At least 1 programme per country to cater to MARPS in hinterland or protective custody. Programme reports may be used as indicators.
2:E:1 Priority Area 2: Reducing Gender Inequality Activity Area E: Research and Communication	b) Increase knowledge of rights, care and treatment through targeted information dissemination for MARPS ensuring that the form, channel and language are appropriate .	b) At least 1 targeted campaign to a MARP in at least 6 countries by 2015. Evidence of use of new media and or edutainment must be reported. Another 2 MARPs campaigns in 5 countries completed by 2018.
2:E:2 Priority Area 2: Reducing Gender Inequality Activity Area E: Research and	a) Embark on a general awareness campaigns by engaging constituents at group and community level on gender sensitivity, mediation, non-violence and universal respect.	a) At least 1 public education campaign on Gender and Health in least 6 countries by 2015. Evidence of research drivers and use of new media , sports and or

Communication		edutainment must be reported. Campaigns in 5 other countries completed by 2018.
2:E:3 Priority Area 2: Reducing Gender Inequality Activity Area E: Research and Communication	a) Establish a Domestic Violence Index Data Base .	a) Domestic Violence Index established in 7 countries by 2015. b) Domestic Violence Index surveillance reports produced by 7 countries by 2018.
2:E:4 Priority Area 2: Reducing Gender Inequality Activity Area E: Research and Communication	a) Regional conference on Gender Based Violence - research, experience and practice.	a) Conference held by 2015. b) Proceedings published and disseminated by 2018.
Priority 3: Promoting sexual and reproductive health and rights	Activities	Indicators
3:A:1 Activity Area A : Education and Training	a) Support established general Parenting programmes with a focus on Sexual and Reproductive Rights (SRR). b) Create where necessary general Parenting programmes with a focus on Sexual and Reproductive Rights.	a) Existing parenting programmes in at least 6 countries supported to include SRR and deliver changes by 2015. b) A least 3 new SRR focused parenting programmes in at least 6 more countries implemented by 2018.
3:A:2 Activity Area A : Education and Training	a) Integrate Human Rights into curriculum of all teaching and learning institutions.	a) This will be incorporated at 2:A:1 above.
3:A:3 Activity Area A : Education and Training	a) Institutionalize HFLE Curriculum and ensure it has a rights based focus.	a) This has been incorporated at 2:A:2 above.
3:B:1 Priority 3: Promoting sexual and reproductive health and rights	a) Adopt and or Adapt PANCAP Anti Discrimination Policy and Model Legislation.	a) 6 countries adopt and adapt by 2015. b) 5 Other countries adopt and adapt by 2018

Activity Area B: Legal and Policy		
3:B:2 Activity Area B: Legal and Policy	a) Revise definition of rape to include rape of boys.	a) 6 countries revise and enact by 2015. b) 4 Other countries revise and enact by 2018.
3:B:3 Activity Area B: Legal and Policy	a) Grant special consent for specific health services to minors.	a) 4 countries revise and enact by 2015. b) 6 Other countries revise and enact by 2018.
3:B:4 Activity Area B: Legal and Policy	a) Align existing legislation with UN instruments such as Convention on the Rights of the Child and CEDAW.	a) 6 countries align by 2015. b) 4 other countries revise and enact by 2018.
3:B:5 Activity Area B: Legal and Policy	a) Equalize age of consent of minors in sexual unions.	a) 3 countries revise and enact by 2015. b) 5 Other countries revise and enact by 2018.
3:B:6 Activity Area B: Legal and Policy	a) Strengthen the Stigma Index and the Human Rights Count. b) Strengthening the Human Rights Desks in CARIFORUM countries ensuring that the review recommendations made by Veronica Cenac and others are adopted. c) Create community level Human Rights desks either run by community groups, churches or other such organizations.	a) Stigma Index and HR Counts strengthened in 5 countries by 2015. Reports produced. b) Human Rights desks in 5 countries resuscitated by 2015. Annual Reports produced. c) Human Rights desks in 5 communities in at least 2 countries created and run by 2018. Annual Reports produced.
3:B:7 Activity Area B: Legal and Policy	a) Enable Trade Unions to continue anti-discrimination conversation in the context of work.	a) Regional Trades Union Congress on Gender Violence and Anti – Discrimination in the Workplace by 2015. b) Policy document from trades union produced from conference by 2015. c) Policy implemented nationally in at least 3

		<p>countries by 2018.</p> <p>d) At least 5 trade union's activities in at least 3 countries supported by 2018. Reports of projected presented.</p>
<p>3:B:8 Activity Area B: Legal and Policy</p>	<p>a) Declaration of Commitment for a better response HIV and AIDS which would factor gender and human rights from faith-based perspective.</p>	<p>a) Incorporated at 2:B:3 above.</p>
<p>3:C:1 Priority 3: Promoting sexual and reproductive health and rights Activity Area C: Social Inclusion</p>	<p>a) Incorporated at 2:E:1 and 2:E:2 above.</p>	<p>a) Incorporated at 2:E:1 and 2:E:2 above.</p>
<p>3:D:1 Priority 3: Promoting sexual and reproductive health and rights Activity Area D: Wellness</p>	<p>a) Special attention should also be given to the issues regarding SRH of youth and special populations such as sex workers , migrants and those in the protective services including those incarcerated.</p>	<p>a) At least 2 youth centered SRR programmes supported or created in 5 countries by 2015 and another 3 in seven countries by 2018.</p> <p>b) At least 1 SRR programme per country to cater to sex workers, migrants and those protective custody. Programme reports may be used as indicators.</p>
<p>3:E:1 Priority Programme Area 3: Promoting sexual and reproductive health and rights Activity Area E: Communication and Research</p>	<p>a) Increase knowledge of rights, care and treatment through targeted information dissemination for MARPS ensuring that the form, channel and language are appropriate .</p>	<p>a) At least 1 targeted campaign to youth, Sex or migrant worker or those incarcerated on SRR in at least 5 countries by 2015. Evidence of use of new media and or edutainment must be reported. Another 2 campaigns in 5 countries completed by 2018.</p>
<p>3:E:2 Activity Area E: Communication and Research</p>	<p>a) Embark on a general awareness campaigns by engaging constituents at group and community level on sexual and reproductive rights. The use of edutainment and culture is</p>	<p>a) At least 1 public education campaign on SRR in least 6 countries by 2015. Evidence of research drivers and use</p>

	recommended as a potent vehicle. However all programmes should be guided by research.	of new media , sports and or edutainment must be reported. Campaigns in 5 other countries completed by 2018.
3:E:3 Activity Area E: Communication and Research	<p>a) Champions for Change speaking out against stigma and discrimination in HIV.</p> <p>b) Community level advocates from key populations should also be identified and trained to speak on behalf of their interest groups and should be included in all discussions and decision making.</p>	<p>a) At least 1 celebrity, opinion leader or high profile advocate in 4 countries speaking out as part of a regional advocacy campaign by 2015. Another 3 in 7 countries by 2018.</p> <p>b) At least 3 key population advocates in 4 countries speaking out as part of a regional advocacy campaign by 2015. Another 15 in 7 countries by 2018.</p>
3:E:4 Activity Area E: Communication and Research	<p>a) Implement a consistent process and feedback mechanism at service access points (These could be simple survey cards after each visit, mail out feedback cards or randomized telephone surveys of service delivery).</p> <p>b) PANCAP and Universities' repositories for studies and other information to be strengthened, disseminated and easily accessible and user friendly to persons and organizations seeking evidence for planning and outreach communication activities.</p>	<p>a) Reports of all 50% of HIV service delivery programmes include client feedback based on simple but structured and continuous methods by 2015 and 100% by 2018.</p> <p>b) Report indicating : # of Citations of studies from these sites.# hits on these sites. # Hits on particular items on these sites.# of requests for articles and additional information. Length of time spent on site and particular pages. Direction and flow of traffic to and from the sites. Reports should show an increase in all areas between 2015 and 2018.</p>
Priority 4: Achieving legislative reforms for modifying and repealing punitive laws	Activities	Indicators

<p>4:A:1 Activity Area A: Education and Training</p>	<p>a) Include HIV, Ethics, Human Rights and the Law in Curricula for medical school, other health curricula, law school and in disciplined services training programs.</p>	<p>a) At least 3 professional health higher educational institutions in 2 countries including HIV, Ethics, Human Rights and the Law in curriculum by 2015. All others join by 2018.</p>
<p>4:A:2 Activity Area A: Education and Training</p>	<p>a) Ministers of Health and Education to be lobbied to be key advocates for this process since they can best make and demonstrate the cost to health and health systems.</p>	<p>a) At least 4 Ministers of Health and Education in 2 including JFA content in public speeches by 2015. b) Another 8 in 5 countries doing the same by 2018.</p>
<p>4:B:1 Activity Area B: Legal and Policy</p>	<p>a) Adopt/ Adapt PANCAP Anti Discrimination Policy and Model Legislation.</p>	<p>a) Already incorporated in 3:B:1 above</p>
<p>4:B:2 Activity Area B: Legal and Policy</p>	<p>a) Establishing a Law Reform Unit or project to address the revisions of laws indicated in country reports with the assistance of law students from the region's law programmes and schools.</p>	<p>a) A regional and fully functional law reform unit established by 2015. b) All 6 law programmes in the region implementing the country specific revision projects to be concluded by 2018.</p>
<p>4:B:3 Activity Area B: Legal and Policy</p>	<p>a) Strengthen national redress systems to include sanctions for breaches in client confidentiality and proven discrimination.</p>	<p>a) Policies implemented in at least 3 countries by 2015. b) Policies implemented in 6 other countries by 2018. c) Annual reports on sanctions applied presented.</p>
<p>4:B:5 Activity Area B: Legal and Policy</p>	<p>a) Develop a PAN CARIBBEAN DECLARATION for adoption by Heads of Government which will provide the high level policy framework for activities in this area.</p>	<p>a) Declaration developed and adopted by 2015.</p>
<p>4:B:6 Activity Area B: Legal and Policy</p>	<p>a) Regional conference for the legal fraternity on HIV, Health, Human Rights and the Law with a focus on the impact of stigma and discrimination.</p>	<p>a) Regional conference held by 2015. b) Proceedings published and disseminated by 2018.</p>
<p>4:B:7 Activity Area B: Legal and Policy</p>	<p>a) Joint advocacy and collaboration among all human rights groups,</p>	<p>a) Meeting held between these groups and Justice</p>

	<p>organizations and networks to promote the universal application of human rights.</p> <p>b) Ministers of Health and Legal Affairs should be especially lobbied to lead.</p>	<p>For All agenda adopted by 50% of them by 2015. 100% by 2018.</p> <p>b) At least 4 Ministers of Health and Legal Affairs in 2 countries speaking on the JFA Agenda by 2015. Ten more in six countries do the same by 2018.</p>
<p>4:B:8 Activity Area B: Legal and Policy</p>	<p>a) Re-establish a regional (OECS) mechanism to deal with Health and Human Rights issues. Include a community based mechanism.</p>	<p>a) OECS Mechanism functioning by 2015. 2 Annual reports including full descriptions and statistics of cases recorded and their outcomes as well as the functioning of the community based mechanisms produced by 2018.</p>
<p>4:B:9 Activity Area B: Legal and Policy</p>	<p>a) Adopt/ Adapt PANCAP Anti Discrimination Policy and Model Legislation.</p>	<p>a) Already indicated in 3:B: 1 above.</p>
<p>4:B:10 Activity Area B: Legal and Policy</p>	<p>a) Establish a Justice for All Faith Coalition to work through existing groupings and coalitions of faith. This could work as a mechanism for systematized co-operation between governments and FBO's and create formal forum for FBO's to be part of discussions on policy development.</p>	<p>a) This is already indicated at 2:B:3 above.</p>
<p>4:C:1 Activity Area C: Social Inclusion</p>	<p>a) Mobilize networks of people living with HIV and vulnerable populations.</p>	<p>a) 5 Networks of PLWHA's and MARPs mobilized and advocating for JFA agenda by 2015.</p> <p>b) Another 7 joining the effort by 2018.</p>
<p>4:D:1 Activity Area D: Wellness</p>	<p>a) Already indicated at 4:C:2 above.</p>	<p>a) Already indicated at 4:C:2 above.</p>
<p>4:E:1 Activity Area E: Research and</p>	<p>a) Create and implement a bold regional advocacy and communication campaign to support</p>	<p>a) Already indicated at 3:E:3 and 4:B:7 above.</p>

Communication	inclusion efforts.	
4:E:2 Activity Area E: Research and Communication	a) Ensure National HIV Plans are Human Rights driven.	a) National HIV Plans in all Caricom countries are framed in Human rights terms and incorporated at least 3 of the 4 Justice for All Priority areas by 2016.
4:E:3 Activity Area E: Research and Communication	a) Champions for Change speaking out against stigma and discrimination in HIV Disseminate international human rights norms, standards, and mechanisms that relate to people living with HIV and vulnerable populations such as LGBTI.	a) Already indicated at 3:E:3 above
4:E:4 Activity Area E: Research and Communication	a) Conference on HIV, Human Rights and Faith	a) Conference held by 2015. b) Proceedings published and disseminated by 2018.
4:E:5 Activity Area E: Research and Communication	a) Disseminate compendium of court judgments and cases relating to HIV, Ethics, Human Rights and the Law.	a) Dissemination to all countries completed by 2015. Evidence of receipt provided.