



The Pan Caribbean Partnership Against HIV (PANCAP)
Regional Advocacy Strategy

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CARICOM	Caribbean Community
CariFLAGS	Caribbean Forum for Liberation and Acceptance of Genders and Sexualities
CCH	Caribbean Cooperation in Health
CCM	Country Coordinating Mechanism
COHSOD	Council for Human and Social Development
CRN+	Caribbean Regional Network of People Living with HIV/AIDS
CRSF	Caribbean Regional Strategic Framework
CSO	Civil society organisation
CSE	Comprehensive sexuality education
CSW	Commercial sex work
CVC	Caribbean Vulnerable Coalition
FBO	Faith-based organisation
GNI	Gross National Income
HFLE	Health and family life education
HIV	Human Immunodeficiency Virus
HR	Human rights
HRV	Human rights violation
IACHR	Inter American Commission on Human Rights
ILO	International Labour Organization
KP	Key population
LGBT	Lesbian, gay, bisexual and transgender
M&E	Monitoring and evaluation
MSM	Men who have sex with men
NACC	National AIDS Coordinating Committee
NAP	National AIDS Program
NCPI	National Composite Policy Indicator
PACC	Priority Areas Coordinating Committee
PAHO	Pan American Health Organisation
PANCAP	Pan Caribbean Partnership Against HIV and AIDS

PCU	PANCAP Coordinating Unit
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PSWG	Policy and Strategy Working Group
RCM	Regional Coordinating Mechanism
SDG	Sustainable Development Goal
SOGI	Sexual orientation and gender issues
SRH	Sexual and reproductive health
SW	Sex worker
TB	Tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNSE	United Nations Special Envoy for HIV
WHO	World Health Organisation

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Advocacy by people living with and affected by HIV has been critical to the progress made the response to HIV since the beginning of the epidemic. Advocacy has sparked action in the face of denialism and indifference, mobilized unprecedented financial resources and enabled communities to participate in designing health services that meet their needs. When traditional policy- making processes stall due to bureaucracy, advocacy shines a light on the problem and leverages community power and political will to drive action and innovation. This is why AIDS advocates around the world remain a major force for an accelerated, more equitable scale-up of effective HIV and health programming. Advocacy is a defining feature of the response to the AIDS epidemic, and it is a crucial factor in the levels of investment and political commitment dedicated to responding to AIDS. Looking forward, advocacy remains crucial to driving sufficient resources, addressing the needs of the people most affected, and holding governments and funders accountable for the concrete results that will lead to ending AIDS as a public health threat.

- UNAIDS Invest in Advocacy

Section 1. Background

The Pan Caribbean Partnership against HIV and AIDS (PANCAP) was created by Caribbean Heads of Government in 2001 to facilitate a coordinated regional response to reduce the spread and mitigate the impact of HIV. The PANCAP strategic regional approach to HIV builds on a strong history of collaboration in public health and supports a deepening regional integration process of countries of varying population size, social and economic development, languages and culture. The collective efforts of PANCAP members seek to address common opportunities and challenges through action at the regional level that enables economies of scale and shared capacity. The success of the regional response is evident in the significant achievements of the Caribbean:¹

- Reduction in HIV incidence by 49% through 2014, and maintaining the annual number of new infections among adults at an estimated 17,000 [15,000–22,000] as reported in 2016.
- A decrease in new infections among children (aged 0–14 years) by 44% between 2010 and 2016, from an estimated 1,800 [1,500–2,200] in 2010 to fewer than 1,000 [<1,000–1,000] in 2016.
- A 55% reduction of AIDS-related deaths from 2000 to 2016, from an estimated 21,000 [16,000–26,000] in 2000 to an estimated 9,400 [7,300–12,000] in 2016.
- More than half (52%) of Caribbean people living with HIV were on treatment in 2016 up from 24% in 2010.
- At least three of four people on treatment achieving viral suppression in Barbados, Dominica, Guyana, Saint. Lucia, Suriname and Trinidad and Tobago (2016).
- In April 2015, Cuba became the first country in the world to achieve the target for elimination of mother-to-child transmission of HIV and congenital Syphilis. Six other Caribbean countries achieved this status in 2017.

With a membership of more than 65 countries, technical agencies, donors, civil society organizations and networks, PANCAP's mandate spans three main areas: coordination; provision of regional public goods and services; and resource mobilisation. Because of PANCAP's unique access to regional governance mechanisms, political advocacy, defined by UNAIDS as strategy to influence policy-makers to make a policy change,² has been a critical to the advancement of the regional HIV response. PANCAP partners have been instrumental in calling attention to structural drivers of the HIV epidemic, including stigma and discrimination directed towards people living with HIV, key populations and marginalized groups; poverty and inequality; punitive laws and policies.^{3,4,5} This has been particularly evident in the work of the Caribbean

¹ 2017 Global AIDS Update, pp. 140 – 148 http://www.unaids.org/sites/default/files/media_asset/Global_AIDS_update_2017_en.pdf

² ACT 2015 (UNAIDS)

³ UNAIDS (2014). Global AIDS Progress Report. Available at: http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf

⁴ PEPFAR. Caribbean Regional Operational Plan 2015, April 2015

⁵ PANCAP Coordinating Unit. *Analysis of 2012 Country Progress Reports*.

Regional Network for People Living with HIV (CRN+), a founding member of PANCAP, that has been instrumental in making access to treatment a political priority, and in bringing attention to the stigma and discrimination faced by PLHIV. Social and community advocacy around improving access to services and to affordable antiretroviral medication informed PANCAP's negotiations with pharmaceutical companies to drastically reduce the price of antiretroviral medications. Alongside UNAIDS, the United Nations Special Envoy for HIV (UNSE) and the Caribbean Vulnerable Communities Coalition (CVC), PANCAP has assiduously advocated for the mandates of the UN Political Declarations of 2011 and 2016, the 2016 UNAIDS Fast Track Initiative, and more recently, the 2030 Sustainable Development Goals. UNAIDS provides empirical evidence, technical guidance and global leadership; PANCAP, situated as it is within the CARICOM Secretariat, provides ready access to the highest levels of leadership within the CARICOM Community along with funding and logistical support for the activities of the UNSE. With support from international partners, most notably the Global Fund and PEPFAR, the Region has made progress in developing interventions to better understand and meet the needs of key populations.

Despite these efforts and in spite of the overall gains towards epidemic control, throughout the Region, prevalence continues to be higher in key populations, including MSM, transgenders, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs. The legal, social and cultural barriers that drive transmission and prevent key populations from accessing comprehensive and high-quality health services are deeply rooted in Caribbean societies. The need for law and policy reform is a challenge common to the vast majority of countries in the region, with 10 countries criminalizing consensual sex between adult men and many sharing laws against cross-dressing, constitutional bans on legal recognition of same-sex relationships and prohibition of entry for homosexuals. With the exception of Suriname, PANCAP member countries prohibit activities related to sex work and The Bahamas is the only CARICOM country where anti-discrimination provisions in the employment act make reference to HIV as a basis for non-discrimination. As the Region is faced with rapidly declining donor support to HIV programming, interventions targeted at key populations, including through community based organizations (CSOs), are likely to be most affected, especially as national programs are challenged to find the resources needed to scale-up treatment programs in line with the imperative to Treat All.

Within a rapidly evolving global and regional context, PANCAP partners have increasingly turned their attention to advocacy and social mobilization efforts in order to raise awareness and stimulate action to address both the enduring and emerging challenges described above. Partner efforts have been focused at multiple levels to influence the factors that determine individual health behavior, as well as to promote an enabling environment with the kind of supportive laws, policies, regulations and institutions that enable people to make good health-seeking choices. Moving forward, the partnership seeks to more effectively apply PANCAP's mandate of coordination and harmonization to advocacy strategies and interventions, in order to improve their effectiveness and to achieve desired results. A regional approach to advocacy would

foster stronger understanding of common priority issues, allow for identifying and leveraging skills and resources, and provide a common framework to support coherence across partners and countries. This will reduce the likelihood of parallel, uncoordinated initiatives working at counter-purposes and enable economies of scale and effective interdisciplinary approaches. The ability to make strategic choices based on a common framework will provide clarity with regard to the comparative advantages of partners, reduce wastage, promote economies of scale and increase effectiveness.

PANCAP is in a unique position to drive a regional approach to advocacy for several reasons: the demonstrated added value of regional public goods and services to support national-level efforts; a track record in developing and rolling out high quality pilot interventions; capacity to mobilize resources in ways unavailable to individual countries; the broad-based nature of the partnership and engagement of stakeholders across sectors; capacity for managing and coordinating multi-country initiatives; and evidence of the willingness of leaders and policymakers to participate in regional efforts that seek to address difficult issues. A regional approach can leverage demonstrated success in individual countries to catalyze efforts throughout the Region, and this is particularly valuable where it is difficult for national governments to address sensitive issues. Further, PANCAP's close relationship to the CARICOM Secretariat provides a good vantage point for aligning with other regional strategies, and for shared access to technical expertise and capacity building at the institutional as well as at the individual levels.

This document describes the 2017-2022 PANCAP Advocacy Strategy. Section Two describes PANCAP advocacy efforts to date, highlighting key achievements, challenges and gaps, and opportunities provided by current interventions aimed at promoting human rights and the enabling environment. Section Three presents an overview of the political, social, cultural and economic context, and highlights priority issues to be addressed by advocacy efforts. Section Four describes the objectives of the Regional Advocacy Strategy, the theory of change, strategies, messages and expected results. Section Five describes how the strategy will be implemented and evaluated.

Methodology for developing the regional strategy

The development of the PANCAP Regional Advocacy Strategy Regional builds on the outcomes of a number of regional consultations with a broad range of stakeholders, including:

- 55 faith leaders from 14 Caribbean countries in Trinidad and Tobago, February 1-2, 2017;
- Representatives of 20 National AIDS Programs in Trinidad and Tobago March 6-10, 2017;
- 60 youth leaders from 20 countries, including representatives of marginalized communities, in Trinidad and Tobago, April 20-21, 2017;
- 49 parliamentarians from 12 countries in Jamaica, May 30-31, 2017.

A consultation to finalize the Regional Advocacy Strategy and five-year implementation plan took place in Port-of-Spain, Trinidad and Tobago on October 25-26 2017, and was attended by 56 representatives of civil society, technical and government partners. The consultation identified core issues for advocacy including increased access to health care by People Living with HIV (PLHIV) without fear of stigma and discrimination, improving efficiency in the supply chain management through adequate forecasting and engaging with policymakers on developing anti-discrimination legislation. Participants engaged in highly interactive discussions around the thematic areas of systems and policy reform, access to justice and redress, community, social and health services and financing and sustainability. The list of participants is available at Annex 1.



Section 2. The PANCAP Advocacy Response

Since its inception, PANCAP has sought to mobilize a strong and coordinated multi-sectoral response to remove the legal, social and cultural obstacles that prevent access to prevention, treatment and care services. PANCAP has been engaging in high level advocacy with the COHSOD and the Community Council on issues for sustainability but with limited success. At their 37th Regular meeting in July 2016, Heads of Government committed to taking collective advocacy to fill remaining gaps in funding to support ending the AIDS epidemic in the Region.

Key initiatives have included:

- Establishment of a regional stigma and discrimination unit;
- A regional policy on HIV-related stigma and discrimination;
- Model anti-discrimination legislation;
- National human rights dialogues in several countries;
- Policies to ensure universal access to HIV services in eight countries;
- PANCAP has been particularly effective in engaging people living with HIV and key populations, and in supporting institutional capacity building for regional and national networks.

2014-2018 Caribbean Regional Strategic Framework

The consensus-building approach of the 2014-2018 Caribbean Regional Strategic Framework (CRSF) on HIV and AIDS establishes law and policy reform as a priority area endorsed by all PANCAP partners, creating the political space for more explicit and inclusive dialogue on the way forward towards law and policy reform. Strategic Priority 1 of the CRSF speaks to *An enabling environment that fosters universal access to HIV prevention, treatment, care and support*. Key objectives in this area are to increase access to justice for all in the Caribbean, and to promote the development and acceptance of positive social norms and behaviours that support healthy and equitable societies. This strategic priority describes the imperative to establish and sustain equal opportunities for health and well-being regardless of race, class, religion, gender, sexual orientation, age, disability or country of citizenship, and in line with the responsibilities of governments with respect to the rights enshrined in the constitutions of all Caribbean States and various other global and regional commitment. The CRSF calls for changing harmful social norms that sanction gender inequality and stereotypes, interpersonal and gender based violence, child abuse, discrimination and stigma associated with HIV and against homosexuals and other marginalised groups, including the differently abled. Effective countermeasures require widespread education, advocacy and a more open approach to human sexuality, pragmatic responses to overcoming every-day manifestations of stigma, discrimination and social exclusion, evidence-informed strategies to address gender-related risks and vulnerabilities, interventions targeted at multiple levels to mitigate risk behaviours and to promote

community engagement, including in advocacy, provision and monitoring of high quality services, and in governance and oversight of the regional response.

Other strategic priority areas encompass objectives that address social and cultural drivers of HIV transmission and to remove barriers to accessing services. These include the importance of good governance at all levels of the response, with active and sustained political leadership and people empowered to hold governments accountable; community systems strengthening to develop the capacity of key populations to engage as full partners in the regional response; sustaining and increasing investment to scale-up high-quality prevention and treatment services that are relevant and accessible to key populations; and promoting the principles of equitable access to quality health services for all people without the risk of financial hardship. The CRSF 2014-2018 Monitoring and Evaluation Framework also requires partners to report on progress towards the achievement of the following relevant indicators:

1. National Composite Policy Index
2. Percentage of women and men aged 15-49 who report discriminatory attitudes towards people living with HIV
3. Number of countries with established minimum package of SRH services for key populations
4. Percentage of countries that partner with civil society, PLHIV and key populations to plan, deliver and evaluate HIV programmes
5. Percentage of young people aged 15-24 reached with HIV prevention programs
6. Percentage of sex workers reached with HIV prevention programs
7. Percentage of men who have sex with men reached with HIV prevention programs
8. Number of national programmes implementing interventions to address the social determinants of HIV.

Policy and Strategy Working Group on Stigma and Discrimination (PSWG)

PANCAP has established a Policy and Strategy Working Group on Stigma and Discrimination (PSWG) to oversee and coordinate regional and local HIV-related human rights initiatives. The PSWG functions as an external HIV specialized advisory group for PANCAP partners, including national HIV programs, to generate recommendations for leveraging past and current initiatives, ensuring country ownership and sustainability, promoting documentation, monitoring, and analysis of the progress towards achieving the Zero Discrimination Targets; coordinating technical support to address identified needs, improving synergies and efficient use of available resources. Specific areas of focus are:

- Law and policy reform, including to facilitate social contracting;
- Access of adolescents to Sexual and Reproductive Health (SRH) services.
- Sustainability and scale-up through domestic investment in HIV at the national level, especially for absorbing donor-funded programs and for maintaining involvement of CSOs; integration.
- Transgender health rights and trans-inclusive procedures/processes;

- Violence prevention;
- Development of model anti-discrimination legislation.
- Standardization of data collection tools/instruments;
- International development partner engagement with CSOs.

PANCAP has also established an Advisory Group on Resource Mobilization to oversee the implementation of its Resource Mobilization Plan. The Advisory Group has taken steps to re-engage with the private sector and has been collaborating with its partners PAHO, PEPFAR and UNAIDS to address efficiency in the supply chain.

Justice for All Program

PANCAP's Justice for All program establishes human rights as a priority of the regional response through a Pan Caribbean Declaration and Roadmap aimed at reducing stigma, eliminating discrimination and strengthening rights-based legislative frameworks by reforming laws that are incompatible with countries' international obligations. Initiated in late 2013, the JFA promotes activities to eliminate stigma and discrimination against PLHIV and to uphold the human rights and dignity of all. Specific issues include:

- Increasing access to treatment including affordable medicines for all those in need;
- Reducing gender inequality, including violence against women;
- Promoting sexual and reproductive health and rights;
- Achieving legislative reforms for modifying and repealing punitive laws; and
- Providing targets and indicators for tracking progress.

Following a series of national consultations in nine countries that targeted parliamentarians, faith leaders, youth, civil society leaders and private sector and a regional consultation, a JFA Roadmap and Declaration with 15 elements emerged, but was not endorsed by CARICOM Heads of Government who instead requested that PANCAP consult further with stakeholders.

The current strategy for advancing the JFA program involves inclusion of the UNAIDS 90-90-90 treatment goals as part the roadmap in short, medium and long-term scenarios. This approach is an expedient response to the "push back" to JFA by the group of faith leaders focusing on the narrower issues of punitive laws rather than the broader principles of human rights and leaving no one behind. Faith Leaders have agreed on a 10-point declaration with a Regional Consultative Committee as a coordinating mechanism to harmonize programs and which includes a representative of the LGBTI community, to advance the discussion on reducing stigma and discrimination. The follow up also included the establishment of National Faith Leaders Networks linked by a PANCAP information and communication system designed to facilitate on-time sharing and dissemination of information. Based on a mapping of attitudes and values of faith

leaders by the Jamaica network, a number of strategic interfaith interventions have emerged for consideration by all national networks in charting the way forward. Faith leaders will join key population leaders at a regional meeting early 2018 to engage in respectful dialogue on how to end AIDS.

The recommendations from the JFA Parliamentarians Forum focused on legislative, operational and oversight arrangements which include the adoption and implementation of the PANCAP Anti-Discrimination Legislation and broadening the discussions on fast tracking the AIDS response. It is intended to catalyze discussions in National Parliamentary Fora, and a PANCAP Information and communications link will be the basis of information sharing among the national parliamentary groups.

Similarly, the Youth forum, with a core group of CARICOM Youth Ambassadors and key population youth leaders, has established a regional youth network with emphasis on HIV prevention to be driven by national peer group counselling utilizing social media and mobile technology to reach underserved communities. Youth also agreed to advocate for policy to enable youth to access SRH services, comprehensive sexuality education and transgender health.

Champions for Change⁶

Originally launched in 2004 and relaunched in 2017, this initiative identifies champions from civil society organizations, National AIDS Program managers, faith leaders, academia, the private sector, youth, regional parliamentarians and other advocates for HIV awareness. PANCAP intends to utilize the relaunched initiative to create achievable targets, goals and timelines that will guide the new champions in their advocacy and HIV awareness implementation with the overarching aim of significantly contributing to the end of AIDS by 2030.

PANCAP Global Fund grant

PANCAP's grant from the Global Fund, through September 2019, aims to contribute to the removal of barriers that impede access to HIV and sexual and reproductive health services for key populations. Objectives of the grant are to promote law and policy reform and to increase access to HIV and health services for key populations. In addition to the development of this regional advocacy strategy and 5-year plan of action, the grant supports the following activities:

- High-level advocacy directed at the Conference of Heads, Community Council, Council for Human and Social Development (COHSOD), the Conference of Ministers of Health, caucus of Chief Medical Officers (CMOs) and the CARICOM Legal Affairs Committee.
- Support the participation of CSO and key population advocates in the above meetings.
- Face-to-face advocacy meetings with high-level political and faith leaders.

⁶ <http://caricom.org/media-center/communications/press-releases/pancap-champions-for-change-relaunched>

- Mobilize regional youth leaders to actively engage in high-level advocacy and policy dialogues.
- A series of regional dialogues with faith leaders.
- Engage mainstream organizations and influential personalities to challenge discrimination.
- Engage with MPs to revise policies, allocate resources and hold governments accountable.
- Develop a regional rights-based framework to increase the access of migrants and mobile populations to HIV services.
- Development and implementation of Justice for All (JFA) action plans in three countries.⁷

CVC Global Fund Grant

Activities aim to improve legal and policy environments for access to health and justice services for key populations; to ensure stigma and discrimination-free services to key populations, improving access to and retention in care; to enable community systems and networks to obtain social accountability mechanisms and scale-up best practice interventions. Specific actions to be supported are:

- Legal and policy environment assessments.
- Develop action plans for legal and policy reform that address issues identified by the LEAs.
- Create capacity to document and report on human rights violations and to hold state systems accountable for breaches.
- Train duty-bearers in the health, social service, justice, and policing systems to increase awareness of rights issues and appropriate service provision.
- Link with broader human rights, women's or other movements by adapting and scaling a citizen engagement programme and HR training toolkit piloted in Haiti by Equitas.
- Train regional community leaders, including religious leaders, on sexuality, diversity and sexual health.
- Build institutional and operational capacity of regional and national networks, especially emerging KP youth and transgender regional networks (YurWorld and Trans in Action).
- Strengthen and scale-up health service monitoring programmes.
- Develop model programmes in four countries to address gender based violence.
- Support the development of commercial LGBT tourism enterprise in the Dominican Republic and extend the model to two more countries (e.g., Suriname and Belize).
- Provide legal advice and guidance to CSOs on redress and strategic litigation opportunities through a pro-bono lawyers' network, trained and supported by U-RAP.
- Establish an electronic human rights documentation database with CSOs.
- Targeted public awareness campaigns.
- Develop security and support plans and networks to protect Human Rights defenders.

⁷ PANCAP Concept Note, 2016.

Strategic litigation efforts to strengthen protection with respect to gender and sexual orientation.

The University Rights Action Project (URAP) is collaborating with national activists on the following efforts.

- **Guyana:** In 2010, four trans women and the Society Against Sexual Discrimination (SASOD), with support from URAP, challenged the constitutionality of an 1893 colonial vagrancy law that makes cross-dressing in public an offence. The appellants are appealing a February 2017 ruling to the Caribbean Court of Justice (CCJ).⁸
- **Belize:** Filed in 2010, with support from URAP, Orozco vs AG challenged the constitutionality of section 53 of the Criminal Code 1981 of Belize which states that ‘every person who has carnal intercourse against the order of nature with any person or animal shall be liable to imprisonment for ten years.’ A decision delivered in August 2016, held that S. 53 violates the Belizean constitution and should be read down to exclude consenting same-sex intimacy in private between adults.⁹

The USAID-funded Local Capacity Initiative (LCI) will strengthen capacity for policy advocacy in regional KP networks and CSOs in five countries: Jamaica, Trinidad & Tobago, Suriname, Barbados, and The Bahamas. The LCI is coordinated by PANCAP and the University of the West Indies Health Economics Unit (UWI-HEU) and provides training, including to develop advocacy plans, and small grants to implement these.

Box 1. Key messages emerging from PANCAP stakeholder consultations

PANCAP Declaration: Getting to Zero Discrimination through Justice For All

1. That we strongly encourage the efforts to ensure that the Caribbean is the first region in the world to achieve the elimination of mother-to-child transmission of HIV;
2. Our commitment to amend existing equal opportunity acts setting out the prohibited grounds of discrimination in employment practices including HIV status, disability and sexual orientation;
3. That as part of the anti-discrimination Act, HIV be treated as a pre-existing condition for the purposes of assessment for insurance;
4. Our endorsement of the need to strengthen the laws related to domestic violence and other forms of abuse against women and girls;
5. Our support for the revision and strengthening of the health and family life (HFLE) curriculum to include more relevant age appropriate information on stigma and discrimination with reference to youth and adolescents, and particularly information on sexuality, sexual and reproductive health including HIV and AIDS and other STIs;

⁸ <http://www.sasod.org.gy/sasod-blog-cross-dressing-case-likely-heading-ccj>

⁹ <http://www.u-rap.org/web2/index.php/2015-09-29-00-40-03/orozco-v-attorney-general-of-belize/item/2-caleb-orozco-v-attorney-general-of-belize-and-others>

6. Our support for developing standardized modules for the delivery of HIV and AIDS education activities with particular focus on appreciating and understanding vulnerabilities and demystifying cultural myths that reinforce stigma and discrimination;
7. That we encourage and support our institutions of higher learning and other agencies to build research and training capacity in medical, social and behavioral studies in health and development collaboration with other regional and international agencies, thereby providing policy makers and practitioners with the evidence based information to make appropriate decisions;
8. That we will support the principle of the enactment of laws to ensure universal coverage for treatment by 2018;
9. Our support for the enactment of an overarching anti-discrimination Act utilizing the Model Policy Legislation approved by the CARICOM Legal Affairs Committee (2012);
10. That we will develop and implement special programs and provide special facilities for the differently abled, especially those living with HIV and AIDS;
11. That we encourage and support our institutions of higher learning and other agencies to build research and training capacity in medical, social and behavioral studies in health and development, collaboration with other regional and international agencies, thereby providing policy makers and practitioners with the evidence based information to make appropriate decisions;
12. Our full support for the initiatives and mechanisms in the PANCAP Justice for All Roadmap aimed at increasing access to treatment including affordable medicines, reducing gender inequality including violence against women, promoting sexual and reproductive health and rights, achieving legislative rights for modifying and repealing discriminatory laws;
13. Our continuing support for PANCAP Coordinating Unit along with UNAIDS Joint Program and other members of PANCAP to accelerate the policies and programs toward the HIV related elimination of stigma and discrimination in keeping with the international principles of human rights.
14. That we will establish procedures to accelerate the process for the repeal of laws decriminalizing sexual acts in private between consenting male and female adults and replace with or retain the provision criminalizing sexual acts between any person in public, with the use of force, and acts of indecency committed against any person of less than 16 years;
15. Our full support for the initiatives and mechanisms in the PANCAP Justice for All Roadmap aimed at increasing access to treatment including affordable medicines, reducing gender inequality including violence against women, promoting sexual and reproductive health and rights, achieving legislative rights for modifying and repealing discriminatory laws.

Regional Faith Leaders Consultation, February 2017

1. Support the “Fast-Tract Targets” in the 2016 UN High Level Political Declaration.
2. Promote healthy living of people at all ages of the life cycle, placing emphasis on plugging the Prevention.
3. Facilitate best practices through leadership in the area of treatment and care.
4. Pay particular attention to the reduction of violence against women, girls and adolescents and the inclusion of men and boys in this venture.
5. Secure sustainable technical and financial resources for programs led by religious groups in collaboration among governments, NGOs and development partners.
6. Explore the short and medium actionable recommendations of the PANCAP Justice for All (JFA) to enable religious groups and organizations to effectively address the gaps in prevention and treatment interventions while continuing the dialogue on how to proceed with those elements yet to be resolved.
7. Establish a Network of Religious Leaders interconnected with national focal groups to achieve a more consolidated approach to ending AIDS.
8. Engage representatives of key populations including men who have sex with men, sex workers and injecting drug users and others in programs aimed at identifying respective rights and responsibilities involved in the process toward the elimination of AIDS-related stigma and discrimination.
9. Note areas of litigation that challenge religious values and harmonize principles and practices around human rights, human sexuality and human dignity.
10. Reach out to and briefing FBOs who were not included in the discussion at the consultation.

The Caribbean Regional Youth Advocacy Framework on Sexual and Reproductive Health and Rights

- Change the age of consent to access sexual and reproductive health care services-The age of consent needs to be aligned to permit access to appropriate, targeted and necessary services to address the sexual and reproductive health care needs of young people, in recognition of their SRHR. These services need be consistent with efforts to support universal access and the adoption of a combination prevention strategy to include adequate access to HIV prevention services (inclusive of risk perception and reduction interventions); access to condoms and lubricant; HIV testing; contraception and other family planning services; HIV care and treatment services;
- Comprehensive sex education should be implemented in schools across the Caribbean, where it is not a usual phenomenon- Education regarding sexual and reproductive health should be

more available and comprehensively constructed and instructed to address the growing understanding of sexual diversity, for both in and out of school young persons;

- Gender neutral laws: this involves policies that protect victims of sexual assault- Structural changes are urgently needed to ensure that they adequately support the diversity of our societies and do not perpetuate further discrimination and stigmatization of individuals based on gender, sexual orientation or identify.

Champions for Change Declaration, July 2017

- Test, treat and defeat AIDS in keeping with UNAIDS 90-90-90 targets by 2020;
- Access to affordable medicines and strengthening laboratory systems as a human right by 2020;
- Enactment of appropriate legislation, regulations and other measures to eliminate all forms of discrimination and to ensure the full enjoyment of human rights and fundamental freedoms of persons living with, at risk and affected by HIV by 2020;
- An enabling environment for all members of vulnerable communities including men who have sex with men, sex workers, persons who use drugs, girls and adolescents by 2020;
- The Caribbean to become the first region in the world to eliminate Mother-to-Child Transmission of HIV and syphilis by 2020;
- Taking AIDS out of isolation through an integrated health/multi-sectoral approach in keeping with SDG#3 by 2020;
- The implementation of Universal Health Access in keeping with the WHO/PAHO (2016) and World Health Assembly (2017) Declarations by 2020;
- Implement the PANCAP Justice for All Roadmap in short (2018), medium (2020) and long term (2030) phases;
- Support program complementarity between PANCAP and CARPHA to accelerate the Caribbean response to ending AIDS by 2018;
- Support the Regional Faith Leaders Consultative Committee and the National Faith Leaders Networks to intensify their efforts to provide spiritual, psychosocial, economic and physical care for persons living with HIV and in their respectful dialogue with LGBTI by 2018;
- Sustained allocation of resources for civil society and faith based organizations to participate in overall programs for testing, treating and reducing stigma and discrimination and particularly to reach underserved communities by 2018;
- Implement and sustain measures to empower adolescents and young adults to protect themselves and their peers from risks of infections by 2018;
- Include the elderly living with HIV who are particularly vulnerable to other infections by 2018;
- Include persons with disabilities, especially those living with and affected by HIV;

- Advocate for more rigorous collection, dissemination and analysis of data as effective sources for making informed policy decisions by 2018;
- Promote all efforts at increasing access to prevention, through age appropriate sexual and reproductive health education, including the implementation of recommendations for the revised Health and Family Life Education (HFLE) curriculum by 2018.
- Establish mechanisms to document, monitor and evaluate instances of violation of human rights and facilitate periodic reviews of implementation of the commitments to end the AIDS epidemic;
- Adequate budgetary allocations for ending AIDS.

Gaps and challenges

Advocacy efforts have, to date, been limited in their reach, effectiveness and strategic focus as they have been directed primarily at national political leaders. As the regional HIV response has evolved, PANCAP, and in particular, the PANCAP Coordinating Unit (PCU), has been challenged to shift the focus of its technical expertise and financial resources to provide leadership, strategic guidance and coordination for law and policy reform efforts. Addressing these new demands alongside resource reductions and competing priorities of a diverse range of government, donor and civil society partners has not been easy. There has been limited ability to dedicate the long-term, careful attention needed to follow up work on key areas such as country adoption of the PANCAP Model Anti-Discrimination Legislation, endorsement of the JFA Declaration and national-level implementation. Without routine monitoring or reporting on relevant aspects of the social and legal environment, it is difficult to hold government accountable for implementing human rights commitments. Furthermore, because advocacy and advocacy-related capacity building is typically not evaluated, the impact of PANCAP initiatives is unclear.

Key population voices are absent at the highest levels of regional advocacy efforts, both as a result of lack of access and because of the need to develop advocacy skills and capacity among regional and national KP leaders. PANCAP has worked over the years with key populations and their network to support capacity building, primarily in terms of organizational development and to ensure their inclusion in and access to PANCAP governance mechanisms and resources. The Caribbean Vulnerable Communities Coalition's (CVC) limited success to engage directly with government ministers has underscored the need to do more to facilitate constructive dialogue and opportunities for KPs to speak for themselves and to participate in decision-making about issues that directly affect them. PANCAP is well-positioned to provide this access and to support the inclusion of civil society and community voices on the agendas of regional governance meetings, including the Council for Human and Social Development (COHSOD).

PANCAP has also recognized that strengthening political will for law and policy reform and for implementation of human rights commitments requires engagement with a broader range of societal leaders. Efforts to move in this direction have seen the inclusion of faith based, youth and civil society in JFA consultations, the PANCAP Policy and Strategy Working Group on Stigma and Discrimination (PSWG) and face-to-face meetings with faith leaders initiated with the UNSE in the Caribbean. These initiatives need to be strengthened and built on in order to co-opt influential voices to support and advocate for the rights for KPs.

Section 3: Situational analysis

1.1 Global and regional commitments

Caribbean governments and PANCAP member states have signed on to international and regional commitments to protect and promote human rights. Many of the barriers that prevent key populations from accessing health and welfare services contravene their basic rights that are protected in commitments to which PANCAP member countries are signatory. These human rights commitments nevertheless provide a strong basis and rationale for holding governments accountable for upholding the right to health, and for increasing public awareness of the need to align the legal, policy and regulatory environment in the Region with global and regional standards.

The following global commitments address human rights as well as commitments specific to HIV:

- Universal Declaration of Human Rights (1948)
- International Covenant on Economic, Social and Cultural Rights (1966)
- International Covenant on Civil and Political Rights (1966)
- Yogyakarta Principles (2007)
- UNAIDS Action Framework on Universal Access for MSM and Transgender People (2009)
- Getting to Zero, UNAIDS 2011–2015 Strategy (2010)
- Political Declaration of HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS (2011)
- Global Commission on HIV and the Law – Risk, Rights and Health (2012)
- The 2030 Sustainable Development Goals. Of particular relevance are SDG 3: *Ensure healthy lives and promote well-being for all at all ages*; SDG 5: *Elimination of violence against women and children and the empowerment of women and girls*; and SDG 16: *Promoting peaceful and inclusive societies for sustainable development, providing access to justice for all and building effective, accountable and inclusive institutions at all levels*.

The 2016 Political Declaration on Ending AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 (2016).

The Declaration contains a number of historic firsts and is the result of extensive diplomatic and political efforts, including by Caribbean leaders:

- Targets include HIV/Tuberculosis, Hepatitis B and C, dual elimination of congenital HIV and syphilis, prevention services for all including Pre-exposure Prophylaxis (PrEP) and harm reduction.
- The Declaration adopted UNAIDS 90-90-90 treatment targets, committing the world to almost doubling the number of people on HIV treatment by 2020 as well as ensuring 1.6 million children living with HIV are on treatment by 2018.

- Prevention targets are equally ambitious, committing countries to eliminating new HIV infections among children and ensuring their mothers' health and well-being is sustained, and ensuring that all women and girls and key populations are reached by tailored combination prevention services.
- Key populations at higher risk of HIV are explicitly recognized, including men who have sex with men, people who inject drugs, sex workers, prisoners and transgender people. To accelerate progress, the Declaration places strong emphasis on acknowledging the vast diversity of epidemics and tailoring responses that focus on the locations and populations most affected.
- Member states recognized that human rights violations and gender inequality remain major obstacles in the AIDS response, and pledged to eliminate HIV-related stigma and discrimination and violence against women. They also highlighted the critical importance of universal access to sexual and reproductive health and reproductive rights.
- To ensure these targets can be achieved, leaders pledged to front-load investments and fully fund the AIDS response.

LAC Regional Zero Discrimination Targets and Indicators

In August 2015, the Second Latin American and Caribbean Forum for the Continuum of HIV Care was held in Rio de Janeiro, Brazil. The participants included over 150 representatives of the region's National HIV/AIDS Programs; civil society networks and organizations; key and most affected populations; people living with HIV; academic and scientific communities; international and bilateral organizations. The Zero Discrimination targets and indicators included in the 2015 "Rio Call to Action" are intended to support the region in achieving zero discrimination in the HIV response by 2020. These targets serve as a monitoring framework to allow tracking of regional progress in creating an enabling environment for fast tracking the HIV response. All countries of the region are expected to report on the following priority indicators, beginning in 2017:¹⁰

- Number of discriminatory laws and/or policies affecting PLHIV that have been repealed or favorably reformed, including laws that criminalize HIV transmission, exposure or non-disclosure
- Number of discriminatory laws and/or policies affecting key and vulnerable populations that have been repealed or favorably reformed
- Percentage of PLHIV who report discrimination in health services
- Percentage of people from key and vulnerable populations who report discrimination in health services
- Number of countries that have costed national plans that address the specific HIV-related needs of women and girls, in all their diversity
- Number of acts of violence, including killings, against LGBTI

¹⁰ <http://www.unaidsscaribbean.org/node/478>

- Number of sex workers who report having suffered violence by State institutions
- Percentage of the reported cases of human rights violations by PLHIV and key populations that have been resolved in the past year.

Third LAC Forum, November 2017: Road To Ending AIDS in LAC-Towards Sustainable Regional Fast Track Targets

The goal of this meeting was to facilitate a space for discussion and generate consensus on regional priorities and strategies to support the rapid expansion of a sustainable, efficient, effective, integrated and intersectoral HIV response for the achievement of the Fast Track targets in Latin America and the Caribbean. The Third Forum Call to Action seeks to achieve the goal of sustainability of the HIV response based on the principles of human rights and universal health, and adopting the core values of the right to health, equity, and solidarity beyond financial sustainability. Achieving the regional targets articulated by the two previous fora, and to sustain the response, requires the meaningful participation of people living with HIV, key populations (MSM, people who use drugs, people in prisons and other closed settings, sex workers and transgender) and most vulnerable populations (adolescents and youth, women and girls, orphans, people with disabilities, migrants and mobile workers and indigenous and African descendants). Sustainability challenges are beyond financial and the specific need to replace donor funding with national resources, and necessitate the development of a more multidimensional perspective, including addressing institutional and political characteristic of health systems. Countries transitioning out of the Global Fund and PEPFAR funding require an increased effort to significantly allocate additional domestic resources to guarantee the continuation and scale up of HIV/AIDS programs.

1.2 Social and cultural context

Norms and beliefs about gender roles pose significant obstacles to legislative and policy reform efforts, and are also recognized as key drivers of the HIV epidemic and higher prevalence among key populations.¹¹ Numerous other studies describe how gender inequality in the Caribbean is manifested in early sexual initiation, often through coercion, transactional sex with older partners, and high prevalence of intimate partner and gender based violence.^{12,13,14,15} Violence against LGBT persons has been extensively documented by PANCAP,¹⁶ and for sex workers, physical, sexual and psychological abuse, threats,

¹¹ Caribbean Regional Framework on HIV/AIDS 2014-2018

¹² UN WOMEN. *Addressing the Links Between Gender-Based Violence and HIV in the Caribbean: Summary of Recerca and Recommended Actions.*

¹³ J. Hasbun (2012), op. cit.

¹⁴ Le Franc, E., et al., *Interpersonal violence in three Caribbean countries - Barbados, Jamaica and Trinidad and Tobago.* Revista Panamericana de Salud Publica, 2008. 24(6): p. 409-21.

¹⁵ UNFPA, *ONUSIDA, Nuevas evidencias del vínculo entre violencia contra la mujer y VIH, República Dominicana,* Junio 2011

¹⁶ H. Royes (2007). *PANCAP Survey of HIV/AIDS Stigma and Discrimination in Six Caribbean Countries.* PANCAP

coercion and arbitrary deprivation of liberty, is common.¹⁷ These gender norms,¹⁸ legitimated by the legislative and policy environment, are the main drivers of LGBT human rights violations, and the high rates of gender-based violence recorded in the region.

The perception of societal opposition to advancing LGBTI rights is a key driver of, and rationale for, the lack of political leadership on SOGI issues. In Jamaica, for example, the Prime Minister has called for a referendum to validate its discriminatory laws. One 2014 poll found that 91% of respondents opposed repeal.¹⁹ While political inaction persists, however, opinion polls show increasing public acceptance of LGBTI. Surveys conducted in 2013 suggest that 58% of Guyanese are tolerant or accepting of homosexuals and 78% of Trinidadians disagree with discrimination against gays, while in Jamaica 37% of those interviewed felt that government efforts to protect the LGBT community from discrimination and violence, were insufficient.^{20,21,22} Positive trends in public support can be seen in PRiDE celebrations.

1.3 Religious context

Lack of political leadership with regard to legislative and policy reform is linked to the strong and vocal anti-reform posture of right-wing and conservative churches in the region who loudly oppose any kind of legislative reform to strengthen human rights protections for key populations and particularly, decriminalization. The political power of fundamentalist Caribbean churches is linked to the fact that they are well-organized, sometimes publicly subsidized and increasingly linked to cross-country (US) or international conservative Christian movements. The effectiveness and power of this organized opposition has been seen in several instances, including in Guyana, Jamaica and at the regional level where they organized to thwart Heads of States' endorsement of the PANCAP Justice for All Roadmap that included concrete steps towards legislative and policy reform. Politicians fear that the church can muster votes that can swing first-past-the-post elections in small countries.²³ Following the backlash from a faith-based anti-reform movement related to the Bain case in Jamaica,²⁴ PANCAP's strategy is for sustained and strengthened engagement with regional faith leaders in the HIV response and human rights advocacy. It is doing so through on-going face-to-face advocacy by the UNSE to identify progressive faith leaders who

¹⁷ See Caribbean Sex Worker Coalition (CSWC) Montego Bay Declaration, September 2013, <http://caribbeansexworkcollective.org/index.php/en/campaigns-and-upcoming-events/119-montego-bay-declaration> and <http://www.hivlawcommission.org/index.php/news/news/200-caribbean-sex-workers-coalition-calls-for-an-end-to-discrimination-against-sex-workers-urges-transgender-recognition>

¹⁸ Types of behaviors are generally considered acceptable, appropriate or desirable for a person based on their actual or perceived sex.

¹⁹ Economist article

²⁰ Caribbean Development Research Series Inc (2013) Attitudes towards homosexuals in Guyana, CADRES, p. 4.

²¹ UNAIDS (2014). Public Attitudes on Gender Inequality, Sexual and Reproductive Health and Discrimination: Trinidad and Tobago by CADRES. p. 22 - 25.

²² Boxill (2015). National Survey of Attitudes and Perceptions of Jamaicans Towards Same Sex Relationships. Department of Sociology, Psychology and Social Work, UWI, Mona, JFLAG and AIDS Free World, p. 20.

²³ <http://www.economist.com/news/americas/21700683-discriminatory-laws-have-proved-hard-repeal-not-everyones-island-paradise>

²⁴ Former University of the West Indies (UWI) professor Doctor Brendan Bain, who testified in favor of the anti-sodomy law in the Orozco case before the Belize Supreme Court was fired from his teaching position at UWI. Bain lost a lawsuit he brought against UWI for its decision to terminate his services.

are receptive to discussions on the role of the church in promoting human rights and principles of love and tolerance. PANCAP's regional approach is intended to open the door for increased dialogue and collaboration between the church and LGBT communities.²⁵

1.4 Economic context

There is little information about the intersection of human rights and economics in the Caribbean. The Region is heavily reliant on external aid to fund both the HIV response and efforts to promote the rights of key populations through support to regional and national LGBT and sex worker organizations. With regard to HIV, funding decisions depend heavily on the World Bank's operational classification of economies based on gross national income (GNI) per capita. The Caribbean, with the exception of Haiti (low income) and Guyana (lower middle income), is categorized as high or middle income in spite of economic disparities within countries and human development deficiencies. The special vulnerabilities common to small island developing states constitute severe and complex challenges to sustainable development.²⁶ A 2016 study explored the effect of homophobia on the economy of Jamaica, concluding that the country's development is jeopardized by rampant discrimination and violence against the LGBT community. Among its recommendations are the creation of legislation and policies aimed at reducing discrimination on the grounds of sexual orientation or gender identity and the engagement of duty bearers, public figures and authorities in the promotion of the human rights of LGBT persons.²¹

1.5 Priority issues for advocacy

Policies, laws and regulations

The Caribbean Regional Dialogue of the Global Commission on HIV and the Law Report 2014 has found that many of the laws, policies and regulations in Caribbean countries present obstacles to effective HIV prevention, treatment and care for MSM, sex workers and youth.²⁷ The arbitrary application of discriminatory laws and policies is linked to high levels of human rights violations as they legitimize repression and the failure of states to protect LGBT people.^{28,29} Further, there is little political will for law and policy reform among heads of government. This is evident in the deferral of the actionable, time-bound commitments contained in the regional Justice for All declaration and the failure of any country to adopt the PANCAP model legislation. Even where progressive laws have been drafted, such as in the Dominican

²⁵ PANCAP Concept Note, 2016

²⁶ These include vulnerability to external shocks linked to lack of economic diversity and heavy reliance on international trade and tourism; high levels of exposure to natural disasters with disproportionate and long-lasting consequences; adverse effects of climate change and sea-level rise; high rates of migration of professionals and skilled workers.

²⁷ UNDP 2011. *Global Commission on HIV and the Law (2011), Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011 (2012), *op. cit*

²⁸ Human Rights Watch (2004), *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*, Human Rights Watch, (full doc.)

²⁹ Inter-American Commission on Human Rights (2012), *Report on the Situation of Human Rights in Jamaica*, Organization of American States, p. 95 – 109.

Republic and Haiti, the process for enacting them has stalled. Caribbean governments have sought to block region-wide efforts to protect sexual minorities. Government calls for referenda on issues related to LGBTI-rights, including decriminalization, can also be seen as evidence of a lack of political commitment to protecting and promoting KP rights. While many CARICOM countries are signatories to various International Labor Organization (ILO) conventions, there are different policy approaches to the treatment of migrant workers (legal and illegal) across the region that lead to different outcomes in respect of vulnerabilities of migrant workers.

Box 2. Summary of key legislative and policy issues:³⁰

- Consensual sex between adults of the same sex is criminalized in Antigua and Barbuda, Barbados, Dominica, Grenada, Guyana, Jamaica, St Kitts, Saint Lucia, St Vincent and the Grenadines, Trinidad and Tobago. In The Bahamas, the law proscribes consensual same-sex activity between adults in public but not in private.³¹
- Belize and Trinidad and Tobago explicitly ban the entry of homosexual to the country.
- All countries in the English-speaking Caribbean criminalize sex work.³²
- HIV transmission is criminalized in Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent, the Grenadines, Trinidad and Tobago.^{33,34,35}
- Belize, Dominican Republic and Suriname restrict entry to people who are HIV positive.
- Throughout the English-speaking Caribbean, LGBT people are entirely excluded from family law protections; and they have limited protection from domestic violence.
- Laws to protect LGBT youth from violence and discrimination are also lacking in the region.³⁶
- The right to privacy is protected by Caribbean constitutions but may not be enforceable.³⁷
- In most countries, there is no comprehensive anti-discrimination legislation and no Caribbean constitution explicitly provides protection against sexual orientation discrimination.³⁸

³⁰ Joint baseline assessment for the PANCAP and CVC/COIN grants

³¹ Human Rights Watch. *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*. Human Rights Watch, 2004. 5.

³² PANCAP (2009) *Prostitution, Sex Work and Transactional Sex in the English, Dutch- and French-Speaking Caribbean: a literature review of definitions, laws and research*, CARICOM, p. 16.

³³ Human Rights Watch (2004), *Hated to Death: Homophobia, Violence and Jamaica's HIV/AIDS Epidemic*, Human Rights Watch: and Human Rights Watch (2014), *Not Safe at Home: Violence and Discrimination towards LGBT people in Jamaica*, Human Rights Watch.

³⁴ IACHR (2012), *Report on the Situation of Human Rights in Jamaica*, OAS

³⁵ UNDP 2011, *Global Commission on HIV and the Law (2011), Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011

³⁶ Ibid.

³⁷ Tracey Robinson, in <http://unaids-caribbean.org/node/165>

³⁸ Jamaica Gleaner Editorial

- Discrepancies between the age of sexual consent (typically 16) and the age at which young people can access health services without parental consent (18) results in unacceptably restricted access to health services.³⁹
- Lack of regulatory framework to guarantee access to services in spite of the finding of The Global Commission on HIV and the Law that guaranteeing access to reproductive health services can help reduce HIV risk. There are a number of laws and policies which prevent young people from freely accessing health services and/or mandate health providers to report children younger than 16 who are having sex, including with other teens of a similar age.
- In, Guyana transgender persons face harassment from the police and can be charged under a “cross dressing law”.

Community engagement and social mobilization

Civil society organizations (CSOs) are an important element of the HIV response for key populations. Several groups are active in most countries and work primarily in HIV service delivery. However, CSO capacity is uneven across countries. At the national level, LGBTI community systems are better organized and funded and in general, more effective at advocacy and collaboration with national programs, than are community systems for sex workers, migrants, marginalized youth and people using drugs. Community systems for migrants and people using drugs are weak to non-existent in the majority of countries. Marginalized youth are mobilized and organized within youth arms of national LGBTI and SW organizations. Advocacy interventions by national CSOs are primarily focused on police harassment, support groups and HIV prevention, adherence support, advocacy to address stigma and discrimination and improve access to health services. At the national level, opportunities for KP activists to engage with high level leaders are rare and typically occur through national CCMs and HIV coordination mechanisms.

At the regional level, there is evidence of increasing social mobilization, cross-movement and cross-country collaboration. Some progress has been made on supporting the inclusion and participation of KP groups in oversight and decision-making for the regional response with the PANCAP Regional Coordinating Mechanism (RCM) now including seats for representatives of key populations. However, regional organizations and networks face a number of challenges:

- Resources and capacity to convene regional meetings and communicate across multiple countries;
- Meeting the needs of national groups with diverse capacity and implementing a range of activities;
- Resources required to interface with multiple national and community groups in order to maintain effective communication, coordination and collaboration.

³⁹ CVC/COIN Vulnerabilised Groups Project (March 2012) - *Real Youth - HIV and Marginalized Youth Programmes in the Caribbean - Effective Models and Opportunities for Scale Up*

Health services

In the Caribbean, stigma is recognized as the main reason for the lack of attention to key populations in prevention efforts.⁴⁰ This is manifested in a number of ways:

- Poor uptake of treatment by KPs is a major barrier to improving treatment outcomes;
- National programs experience significant challenges in reaching key populations and meeting their needs. Gaps in the response for KPs include: low coverage with prevention interventions, testing and treatment, and low retention and viral suppression rates;
- Many countries lack capacity for comprehensive HIV prevention programming and effective linkage to care. Obstacles include inadequate training and oversight of staff to ensure adherence to protocols, poor geo-targeting of services, non-employment of new technologies, staff shortages, and inadequate linkages with CSOs and the private sector;
- Stigma and discrimination by health care workers and breaches of confidentiality continue to be common barriers to services for key populations.

Weaknesses in health information systems and in the capacity of health systems to reach key populations means that data is limited, including prevalence, population size estimates and data to assess interventions. Donors such as the Global Fund and PEPFAR have supported and helped to catalyze increased efforts to understanding and engage with key population groups. However, where available, data is typically limited to MSM and CSW.⁴¹ Little disaggregated information is available for transgenders, particularly since most countries continue to regard transgender women as men who have sex with men.⁴² Countries receiving Global Fund grants – Belize, Guyana, Jamaica and Suriname – have started to provide transgender specific data and have initiated MSM and trans-specific policies and programming.

Significant deficiencies continue to exist in the laboratory services that adversely affect the quality of care and treatment for PLHIV, including in the development and implementation of national plans and policies. Countries also need to mobilize resources for laboratory strengthening and to put in place legislation for the regulation of laboratories to ensure quality of services.

Access to justice and redress

Multiple reports document the failure of states have failed to protect LGBT people and other marginalized groups, including because of weak justice systems, with backlogs of cases, poor witness protection and a limited culture of rights litigation.⁴³ Across the region, there exists no effective, systematic framework to

⁴⁰ Concept Note, HPP, Persons Living with HIV Stigma Index.

⁴¹ In Jamaica, the number of MSM is estimated at 33,000; in Suriname, at 5,000 (2,813-7,500) (NSP 2014); in the Bahamas at 4,000; in Trinidad and Tobago at 8,271; in Barbados at 2,784.

⁴² PANCAP Concept Note

⁴³ IAHR

document and analyse stigma, discrimination, and human rights abuses in order to develop effective countermeasures. A key barrier to reporting is discrimination by the police in responding to reports of violence and the perception that the police will not facilitate access to justice or may perpetuate further victimization. Sub-populations, including gay men and transgender women, face arbitrary detention and inhuman and degrading treatment and punishment at the hands of police, including sexual extortion.

Capacity has not been established among KP communities at either the national or regional levels to systematically document cases, or to share and use that data to pursue advocacy goals. Several national LGBTI CSOs document human rights abuses but there is typically no possibility to attain redress for these. Institutionalized support mechanisms for documentation and use of data on stigma, discrimination and rights abuse are lacking, such as an easily usable database, clearinghouse and reference functions, pro bono legal and paralegal services, and connections to advocacy and media resources. While COIN's human rights Observatory in the Dominican Republic provides a model for the rest of the region, it has had limited coverage to date. CVC is spearheading development of a human rights observatory that will invite participation from across the Caribbean through an online platform with software that can be used to document individual cases and then aggregate, analyze, and generate reports. The absence of a Caribbean Commission for Human Rights as a monitoring and sanctioning body is a major gap.

Legal literacy is scarcely developed among the KPs in the region who, in general, also lack access to effective legal aid. COIN's Human Rights Observatory for Vulnerabilised Groups in the Dominican Republic has shown the feasibility and benefits of access to legal aid by KPs. Public interest litigation is limited, although the University Rights Advocacy Project (U-RAP) promotes human rights in the region by collaborating with pro bono lawyers and CSOs on strategic litigation, and a network of 60 lawyers has been trained by CVC to provide pro bono support. Human rights defenders may be systematically subjected to unfounded criminal proceedings, and those working to advance sexual and reproductive rights and LGBTI rights may be more frequently targeted. HR defenders also face threats from non-state actors within the context of societies where rule of law is weak. Protection mechanisms for rights defenders are largely informal and depend on networks of activists and ease of movement between CARICOM countries. International organizations have offered security training for LGBTI rights defenders.

Stigma and discrimination

Studies have found high rates of gender based violence and widespread stigma and discrimination throughout the Region. Even in countries which lack the British colonial laws discrimination is widespread and the homophobia is rampant. The Caribbean report of the Global Commission on HIV and the Law found human rights abuses and laws that criminalize key populations impede access to SRH and justice services

across the Caribbean.⁴⁴ A report published by the Inter-American Commission on Human Rights (IACHR) detailed underreporting of violence and killings related to sexual orientation and gender identity; limited and non-specific data collection mechanisms; difficulty in identifying violence against bisexuals and transgender men and intersex persons; high levels of brutality and cruelty; high levels of extrajudicial killings and police abuse.⁴⁵

Anecdotal evidence suggests that transgenders are among the groups most affected by stigma, discrimination, and human rights abuse, particularly with regard to access to employment and health care services. Infringement of other related rights, such as access to housing, social services, protection by the law, is routinely reported. In Guyana, for example, 30% of transgender sex workers report feeling stigma every day or regularly.⁴⁶ Jamaica is singled as one of the most dangerous places in the world for trans- and gender non-conforming people.⁴⁷

Your people also face stigma and discrimination in their ability to access critical SRH information. While there is widespread support for comprehensive age-appropriate human sexuality education in secondary school, for example, Saint Lucia- 95%, Belize-89% and Trinidad-78%, many young people do not have access.⁴⁸

1.6 Priority issues emerging from the Regional Consultation

Policies, regulations and laws (systems)

- Medical, dental, nurse associations to be engaged to review laws
- Ensure laboratory quality through legislation, regulations, strategic plans and adequate resourcing
- Update Public Health legislation
- Quality of care – patient bill of rights, minimum standards and duty of care
- Training and sensitization on sexual and reproductive rights
- Address age of consent
- Common understanding that this is a rights issue and a child protection issue
- Promote comprehensive sexuality education programs
- Pre-service and in-service health care worker training
- Scale-up CSO service delivery provision

⁴⁴ UNDP, Global Commission on HIV and the Law (2011), *Report of the Caribbean Regional Dialogue of the Global Commission on HIV and the Law*, Port of Spain, Trinidad and Tobago, 12-13 April 2011. p. 5.

⁴⁵ ICHRC Report

⁴⁶ National AIDS Programme Secretariat and MEASURE Evaluation. 2014. Guyana Biobehavioral Surveillance Survey (BBSS). National AIDS Programme, Ministry of Public Health, Guyana. p. 68.

⁴⁷ <http://www.loopjamaica.com/content/jamaican-%E2%80%98trans-woman%E2%80%99-featured-national-geographic%E2%80%99s-%E2%80%98gender-revolution%E2%80%99-island-bashed->

⁴⁸ UNAIDS, Public Opinion Study on Gender Inequality, Sexual and Reproductive Health and Discrimination Against Populations at Higher Risk for HIV, 2013.

- Train NGOs and CBOs to address stigma and discrimination in service delivery
- Advocate for resourcing of CSOs
- Patient literacy
- Gender-sensitive services
- Minimum CSE content implementation in line with Mexico Declaration
- Countries should establish human rights commission in line with Paris Declaration
- Strengthen partnerships between and among actors such as media as an essential component of national responses
- Revise, update and countries to adopt Anti-Discrimination Model Legislation

Financing and sustainability

- Investment in community training (HR outside of the formal health sector) to deliver services outside of health settings
- Efficient use of trained civil society by making sure there are resources and facilities needed to do so
- Strengthen engagement with financial decision-makers
- Access to concessional funding with eligibility not limited to GDP but also taking vulnerability into account
- Maintain donor-funded programs as donor funding declines, and scale-up treatment programs within this context
- Regional pooled procurement and treatment guidelines
- Increase health share of the national budget
- Rationalization of donor funding for health and HIV
- Integration of the HIV response into primary health care, SRH
- National Health Insurance and the inclusion of HIV services in the basket of guaranteed services
- Access to generic medicines and procurement from other markets/countries
- Packaging of CSO services to be provided/sold to the government and private sector
- Strengthening of national procurement systems
- Support develop, use and resourcing of multidisciplinary teams
- Need for sustainability studies
- Financing for laboratories

Community and social systems

- Stronger engagement of civil society as a partner in governance, an enabling environment that is more accepting of the involvement of civil society
- Promote social contracting research and models
- Link issues to SDGs, national development plans and the Caribbean Cooperation in Health (CCH IV)

- Develop and share models of alternative financing
- Involvement of the private sector in resourcing the response
- Social enterprises/ entrepreneurship for CSOs

Access to justice

- Multiple barriers to access to justice encountered by many categories of people. People do not trust the system to protect and assist them when their rights are infringed, where people are not aware of their rights or do not have access to information on them, where the justice system is not accessible for physical, linguistic or financial reasons. Where the specific situation of some categories of people is not taken into account, this prevents them from accessing their rights or enforcing them.
- Ensure sustainable rights-based health for all, establishment of an efficient, sustainable systems approach to provide rights-based health for all
- Guarantee access to medicines, including through promote pooled procurement models
- Promote multiple financing mechanisms to sustain CSO engagement in the HIV response
- Improve the legislative and regulatory environment to promote private sector involvement and for CSOs
- Create an enabling environment for CSOs
- Improve accountability from CSOs

Section 4: The PANCAP Regional Advocacy Strategy

The purpose of the PANCAP Regional Advocacy Strategy is to support PANCAP members to develop and implement effective advocacy interventions, sub-regional and national plans; to encourage national governments to act in support of the positions adopted by PANCAP and in line with their global and regional human rights commitments; to guide the provision of technical support by PANCAP partners; and to enable stronger oversight and oversight by PANCAP governance bodies and the PCU.

An underlying rationale is to amplify the voice of PANCAP partners by aligning efforts and building on synergies through consistent messaging delivered at multiple levels, through multiple approaches and by multiple messengers. An overarching strategy is to harmonize in order to amplify the voice of PANCAP partners (including increasing the coverage of priority issues by mass media), to present a unified front with consistent messaging across constituencies and sectors, to extend reach into regional high level political fora and national political processes and mechanisms, and to strengthen connections to the communities most affected by structural barriers. The Regional Strategy is premised on the belief that legislative, policy and societal change is most likely when individuals and organizations promoting the same values and beliefs are acting in tandem at multiple levels and across sectors. It provides a framework for harnessing and building on the comparative strengths of partners in a way that increases the likelihood of success to create a broad-based coalition in which more established partners provide the capacity building and access needed for key population communities to be the drivers of advocacy action. Recognizing the significant efforts that are already underway, the framework is intended to support synergy between multiple streams of work and to enable partners to more effectively leverage existing capacity, strengths and progress.

Building on the CRSF 2014-2018 and previous advocacy, legislative reform and rights-promoting efforts, the Regional Advocacy Strategy identifies common regional priorities, recognizing that the situation and priorities of key populations and other vulnerable and marginalized groups differ between groups and across countries. Community organizations and networks are similarly diverse, a function of their capacity, constituency needs, the political environment, support from international partners and donors, and the priorities and positions of governments. These are also influenced by the extent to which there exists mobilized opposition to promoting the rights of particular groups such as MSM or sex workers or to priorities such as improving access for minors to comprehensive health information and services. The strategy is intended as a strategic starting point for partners and Member States to take forward to achieve the desired change at the country level.

Objectives of the Regional Advocacy Strategy

The PANCAP Advocacy Strategy seeks to advance the regional goal articulated in the CRSF 2014-2018: *To halt the spread and reduce the impact of HIV in the Caribbean, while promoting sustainable health and development.*

It will do so through achievement of the following specific objectives are:

- 1) To promote human rights in the context of HIV and support the elimination of stigma and discrimination in the Caribbean
- 2) To influence regional and national agendas in support of enabling legal and policy environments.
- 3) To promote increased access to sustainable health, legal, social and related services to key and vulnerable populations including the community of PLHIV in the Caribbean
- 4) To support national HIV responses with initiatives towards achieving zero discrimination targets and reporting progress towards the achievement of the health and HIV-related SDGs.

Expected results

To this end, the strategy will contribute the achievement of the following expected results detailed in the CRSF 2014-2018:

Under Strategic objective 1.1: Increase access to justice for all in the Caribbean.

- Understanding of the roles and responsibilities of governments and residents of the region in enforcing rights-based laws and policies is increased.
- Sector-specific policies and programmes are implemented to eliminate discriminatory practices.
- Rights-based policies and laws are enacted with the appropriate regulations and training to enable enforcement.
- Litigation is used strategically to establish precedents which advance social justice and constitutional rights.

Under Strategic Objective 1.2: Promote the development and acceptance of *positive social norms and behaviours that support healthy and equitable societies.*

- Understanding of human sexuality, sexual health and responsible sexual behaviour is increased.
- Positive norms and behaviours that support gender equality and reduce gender-role stereotypes, gender-based violence, violence against children and child abuse are promoted.

- High quality, accessible and acceptable sexual and reproductive health services are available to meet the needs of adolescents, women and men regardless of disability, age, citizenship status, gender identity or sexual orientation.
- Multi-sectoral interventions that promote gender equality, and prevent and respond to gender-based violence, violence against children and child abuse are implemented.

Under Strategic objective 2.1:

- The private sector is a partner in strengthening national systems through the application of its competencies, infrastructure and resources.
- Civil society, people living with HIV and key populations are empowered to engage in all facets of the response.
- Civil society, people living with HIV and key populations are partners in planning, delivery and evaluation of quality-assured, rights-based prevention, care and treatment programs.

Under Strategic objective 2.2: Strengthen accountability and transparency mechanisms to promote good governance

- Systems to measure, track, document and report on funding flows are strengthened to better understand the response and for greater transparency and accountability in the deployment of resources.
- At all levels of the partnership, procedures, policies and agreements that facilitate accountability and transparency are in place.
- Improved harmonization of international and regional partners to support more effective and efficient regional and country responses.

Under Strategic objective 3.1: Universal access to high-quality, evidence-based and appropriately targeted packages of prevention services.

- Country-appropriate prevention strategies include high-impact interventions, such as increased coverage of HIV testing, counselling and treatment; widespread accessibility and use of condoms; and expanded access to STI testing and treatment.
- Interventions are tailored to meet the needs of key populations and uptake of services is increased.
- Age-appropriate, gender-sensitive, evidence-informed programs that provide comprehensive sexuality and reproductive health education are being delivered throughout the education sector and in community settings.

Under Strategic objective 6.1: Sustainable financing of national responses

- National investment frameworks are developed to achieve universal health coverage with no financial risk to citizens.
- Sustainable HIV financing plans that increase the share of national funding of programmes in keeping with country capacity are developed.

- Reductions in the price of ARVs, other medical products and technologies are pursued through regional negotiating mechanisms, including pooled procurement and the PAHO Strategic Fund.

Under Strategic objective 6.2: Policy, planning and evaluation for sustainable high-impact programs

- Policies for the sustainability of national programmes are developed.
- Multiyear sustainability plans, including for human resources, to develop capacity for and transition to full national management and financing of high-quality programming are implemented.
- Evaluations, including expenditure and costing analysis, of programmes for evidence-informed planning and priority setting are conducted.

Priority areas, objectives and messages

The Regional Advocacy Strategy identifies five priority areas in which advocacy efforts should be focused. Within each of these, an advocacy objective and PANCAP messages have been developed to reflect consensus on the principles, values and strategic direction being promoted. Key target audiences to which advocacy efforts should be directed are also identified.

1. Health services

Objective: Effective national health systems that can deliver quality, equitable and holistic services that meet the needs of all, including KPs, and that are oriented to sustain the HIV response and achieve the end of AIDS

PANCAP Messages:

- All health workers are responsible for providing quality healthcare in a non-judgmental, confidential and inclusive manner.
- Policies and legislation are needed to ensure standards for provision of quality, comprehensive health services that can reduce HIV transmission and end AIDS.
- People-centered health services empower service users and this results in improved health for the entire population.
- There are significant economic and development benefits to be derived from improved delivery of health services that are accessible and appropriate for marginalized groups (key populations).
- Key populations are unable to access health services in the same way that the general population can. The health of the general population depends on reaching these groups with quality services.

Target audiences:

- Ministries of Health, Education, Legal Affairs, Home Affairs, National Security, Social Security
- CARICOM Secretariat

- COHSOD
- Magistracy, Judiciary, Police
- Health workers
- Professional associations
- CSOs and key population groups
- General population

2. Access to justice and redress

Objective: A Caribbean region that recognizes, respects, protects and fulfills the rights of all residents, including those persons and groups most vulnerable to experience human rights violations (HRV), ensuring that no one is left behind.

PANCAP Messages:

- Access to healthcare services for minors (children and adolescents) is a critical component of child protection and the right to health.
- Young people who need access/ who are seeking health services should not be prevented from doing so.
- Quality, consistent implementation of the comprehensive sexuality education (CSE) component of HFLE empowers young people to achieve optimal health. This does not encourage sexual activity but can protect young people who are vulnerable to abuse, pregnancy and HIV/STI transmission.
- Drafting legislation in a gender-neutral manner is not controversial but ensures that all people are included.
- Securing the health and wellbeing of migrants secures the health and well-being of the entire population.
- The population is responsible for holding ministers and parliamentarians accountable for ensuring the health and well-being of all.
- The population is responsible for holding governments accountable to their international commitments.

Target audiences:

- Ministries of Health, Education, Legal Affairs, Home Affairs, National Security, Social Security
- CARICOM Secretariat
- COHSOD
- Magistracy, Judiciary, Police
- Professional associations
- CSOs and key population groups
- General population

3. Policies, regulations and laws

Objective: Rights-focused laws and policies guarantee non-discrimination and equitable access to quality healthcare, social services and security.

PANCAP Messages:

- National planning mechanisms should include and empower the broadest range of stakeholders, especially those most at risk and affected.
- All services should be designed to be gender sensitive and to take into account gender based violence.
- All countries should seek to formally establish a multi-sectoral Human Rights Commission with a relevant expertise.
- Government should integrate HIV-SRH services into national development planning framework linked to SDG agenda.
- National programs should use social contracting as a means of scaling up services to resourcing and linking community systems with their national public health systems

Target audiences:

- Ministries of Health, Legal Affairs, Social Security, Gender
- CARICOM Secretariat
- COHSOD
- NAPs, CCMs, NACCs
- Magistracy, Judiciary, Police
- Professional associations

4. Social and community systems

Objective: Strong health and community systems that promote and facilitate access to acceptable quality services with particular focus on those at risk and affected.

PANCAP Messages:

- Governments must recognize the right of persons to redress by establishing, strengthening and supporting effective systems that enable confidential reporting of human rights violations and provide access to justice and social protection.
- CSOs must support, encourage and facilitate the use of reporting and redress mechanisms.
- Key populations must understand the importance of reporting HRV and understand how to do so, what is the role and responsibilities of duty bearers, and what resources are available to support reporting and redress.
- Governments must recognize the health and security needs of migrants irrespective of their immigration and HIV status.
- Key populations must know and understand their rights with regard to access to health/justice/security/social protection/ stigma free services/ life etc.

- Duty bearers must understand that everyone has the right to health/access to justice/security/ social protections/ stigma-free services/ life etc., and must understand and enact their role in upholding those rights.

Target audiences:

- Ministries of Health, Legal Affairs, Home Affairs, National Security, Social Security
- CARICOM Secretariat
- COHSOD
- Magistracy, Judiciary, Police
- Professional associations
- CSOs and key population groups

5. Financing and sustainability

Objective: Efficient sustainable health systems approach to provide rights-based health for all.

PANCAP Messages:

- Governments should adopt and implement approaches such as pooled procurement and joint negotiation to guarantee timeliness, efficiency, reduced cost of drugs, commodities (including laboratory reagents), support and related services (e.g. maintenance, marketing).
- Investments in research, monitoring and knowledge management will pay off with more targeted and effective policies and programs.

Target audiences:

- Ministries of Health, Finance
- COHSOD

Strategic approaches:

The advocacy strategies described in the Theory of Change fall under five main categories. This categorization⁴⁹ provides a framework for amending or adding strategies based on specific national and community contexts, and to respond to changes in the social, political and economic environment.


- **Invest in individual change to achieve a critical mass of individuals who experience transformative change.**
 - Educate and sensitize stakeholders through targeted training programs;
 - Raise awareness and increase understanding through regional and national campaigns, information sharing and dialogue;

⁴⁹ Based on Church, Cheyanne and Mark M. Rogers. *Designing for Results: Integrating Monitoring and Evaluation in Conflict Transformation Programs. Search for Common Ground. Washington, D.C., 2006, pp 14-15.*

- Increase the involvement of mainstream organizations and influential community members in advocating on behalf of changing attitudes and reforming policies and laws.
- **Breakdown prejudice and stereotypes between groups to advance the shift in attitudes, beliefs and practices required for improving the day-to-day circumstances for key populations.**
 - Inter-group dialogue, networking, relationship building processes, joint efforts and programs;
 - Identify and cultivate champions/influential who can lobby high level political leaders and sway public opinion;
 - Promote the voices and perspectives of key populations to build a narrative of diversity and acceptance, to counteract the current dominant narrative of stigma and discrimination in order to encourage a shift in attitudes, beliefs and practices;
 - Engage the media through regional and national campaigns to increase visibility, relay accurate opinion and influence public opinion.
- **Identify and target root cases.**
 - Research and evidence for planning, including legal and other targeted assessments;
 - Long-term campaigns for social and structural change;
 - Changes in social institutions, laws and regulations.
- **Promote institutional development and change**
 - Link/align HIV, SRH and HIV with other policy agendas (SDGs, CCH IV, national development policies);
 - Engage key populations in planning, decision-making, implementation and oversight;
 - Direct lobbying with key decisions makers/influential leaders at the national and regional levels;
 - Strategic information;
 - Develop model legislation, policies, standards and guidelines, and other frameworks/approaches;
 - Strengthen institutions through training and advocating for mechanisms and process that promote human rights, equity and justice.
- **Grassroots mobilization to stimulate attention from politicians.**
 - Mobilize, network and build capacity of CSOs and KP organizations;
 - Support collective action by members of the community who work on changing problems that affect their lives.

Theory of Change

The PANCAP Advocacy Strategy is based on a theory of change that builds on PANCAP's comparative advantages, and on identifying and scaling up existing effective efforts of partners; improving organizational capacity; developing the capacities of partners and communities to act as agents of change; and partnerships.

	Access to justice and redress	Social and community	Systems	Financing and sustainability	Health services
Strategies	<ol style="list-style-type: none"> 1. Research and evidence for planning, including legal and other targeted assessments 2. Link/align HIV, SRH and HIV with other policy agendas (SGDs, CCH IV, national development policies) 3. Engage the media through regional and national campaigns to increase visibility, relay accurate opinion and influence public opinion 4. Educate and sensitize stakeholders through targeted training programs 5. Raise awareness and increase understanding through regional and national campaigns 6. Direct lobbying with key decisions makers/influential leaders at the national and regional levels 7. Identify and cultivate champions/influential who can lobby high level political leaders and sway public opinion 8. Mobilize, network and build capacity of CSOs and KP organizations 9. Develop model legislation, policies, standards and guidelines, and other frameworks/approaches 10. Strategic litigation 				
Major Outcomes 	<ul style="list-style-type: none"> • Increased visibility of issues • Increased strategic knowledge associated with the PANCAP legislative and policy change agenda • Increased ability for effective advocacy 				
	<ul style="list-style-type: none"> • Strengthened alliances • Strengthened base of support 				
	<ul style="list-style-type: none"> • Decreased opposition to the legislative and policy change agenda • Increased support and increased agreement with the legislative and policy change agenda 				
	<ul style="list-style-type: none"> • Shift in social norms • Increased political will 				
	<ul style="list-style-type: none"> • Reduced stigma and discrimination • Improved access to appropriate quality services • Improved legislative framework through the adoption, including strengthening and implementation of anti-discrimination legislation that explicitly addresses gender, age, disability, citizenship and immigration status; and reform of statutes criminalizing same sex intimacy and sex work • Improved policy framework that enables access to health services for key populations, including minors based on application of Gillick competence 				
Impact	<ul style="list-style-type: none"> • Improved social, political and health conditions for key populations • Reduce HIV transmission and prevalence in key populations 				

Section 5: Implementation

The CRSF 2014-2018 defines the linkages and interface between PANCAP partners, including national organizations and regional networks. It represents a consensus among partners to strategically align efforts to avoid duplication and improve value for money, through joint decision-making in setting programmatic priorities and partner contributions.

The implementation plan for the Regional Advocacy Strategy specifies the roles of partner and identifies actions to be implemented by regional partners. National and community level groups may use these as models to guide effective programming where appropriate but may otherwise choose to align their work at the level of strategic objectives or major actions, where this approach is more suitable for the national or community context.

The timeframe for the PANCAP Regional Advocacy strategy is 2017-2022. Major and specific actions are proposed with the understanding that changes in the political, economic, social context may require changes in the proposed approach, and that advocacy and social justice outcomes are seldom achieved in a straightforward or linear manner. The Regional Advocacy Strategy, therefore, should be dynamic and, under the oversight of the Policy and Working Group, should be amended to ensure continuing relevance. This should also include a review of potential partnerships and opportunities, as well as PANCAP messages.

Management and Coordination

The PANCAP Coordinating Unit (PCU) serves as secretariat for PANCAP, the organs and any other subsidiary bodies., including the Policy and Strategy Working group. The PCU advocates across the Caribbean for the promotion of a multi-sectoral approach to respond to the HIV and AIDS epidemic. A key role is to build on functional cooperation as a regional approach to deal with the sensitive societal, policy and legislative challenges which may otherwise be difficult for individual national governments to address. The PCU undertakes strategic regional interventions such as maintaining a repository of information on national and regional activities to enable sharing of information and best practices; developing operational plans for implementation of the CRSF; mobilizing resources; and receiving and collating regional intervention indicators into regional program performance reports to the Priority Areas Coordinating Committee (PACC) and the Executive Board.

The PANCAP Policy and Strategy Working Group (PSWG) has a key role to play in overseeing the implementation of the Regional Advocacy Strategy, in line with its agreed functions of:

- Providing advice and support to PANCAP and generating recommendations on human rights and HIV related actions with a view to building on past and current initiatives, leveraging synergies and ensuring country ownership and sustainability.

- Analyzing results and making recommendations to PANCAP regarding documentation (mapping), monitoring, and analysis of the progress towards achieving the Zero Discrimination Targets.
- Coordinating the provision of technical support and organization of key activities related to human rights and HIV to address identified needs, improve synergies and efficient use of resources.

Further, as the PSWG is comprised of members of key partner organizations and KP networks, its members are responsible for consulting with and reporting to their constituencies, ensuring that all issues and decisions are consistently communicated, and for providing updates on activities in their areas of influence.

Implementing partners

Listed in this section are regional institutions that undertake advocacy and human rights-related work, and that may be potential implementing partners.

Caribbean Network of People Living with HIV (CRN+): is the voice of Caribbean people living with HIV and AIDS. CRN+ is committed to empowering and supporting persons infected and affected by HIV and AIDS through advocacy, research, partnership, capacity building and resource mobilization. CRN+ comprises 27 national affiliates in the English, Spanish, French and Dutch Caribbean.

Caribbean Vulnerable Communities Coalition (CVC): A coalition of community leaders and non-governmental agencies that are advocates and service providers, working with and on behalf of Caribbean populations who are especially vulnerable to HIV infection or often forgotten in access to treatment and healthcare programs. CVC supports the development of national NGOs to undertake advocacy, direct service provision, anti-stigma and discrimination public education campaigns and initiatives towards legal reform.

Caribbean Sex Worker Coalition (CSWC): The regional network of sex worker-led CSOs and sex worker advocates has developed regional campaigns and projects to reduce stigma and discrimination towards SW, and is an important and growing advocacy voice in the region. Its members include the Guyana Sex Worker Coalition, United Movement of Women (MODEMU, Dominican Republic), the Community of Transvestite Dominican Sex Workers (CONTRAVETD), and the Sex Worker Association of Jamaica, among others.

Caribbean Forum for Liberation and Acceptance of Genders and Sexualities (CariFLAGS): CariFLAGS is a legally incorporated region-wide coalition of leaders and organizations rooted in LGBT communities. CariFLAGS has been involved in regional mobilizing, national and international advocacy, and strategic litigation. Its goal is to be a representative voice for its members and a regional expert on sexual orientation and gender identity issues.

University Rights Advocacy Project (U-RAP) of the University of the West Indies (UWI): U-RAP promotes human rights in the region by collaborating with pro bono lawyers and civil society organizations (CSO) on strategic litigation. It has supported the Orozco vs. AG case in Belize and initiated the English-speaking Caribbean's first case to affirm the human rights of transgender people in Guyana. U-RAP does legal and social science research as well as legal work, engaging student volunteers in both.

UWI-HEU: Established in 1995, as one of the research clusters in the Department of Economics at the University of the West Indies, St. Augustine, Trinidad and Tobago, the HEU is responsible for research, training and project-related activities in health economics and related areas, including social insurance, poverty, health and sustainable development, equity, health policy and management. The HEU has assumed the responsibility of filling a perceived regional need for continuity of research efforts in a number of areas that have a direct bearing on policy formulation and implementation.

Pan American Health Organization (PAHO): In 2013, PAHO member states “resolved to address these and other problems that lead to health inequities for LGBT people by collectively endorsing a resolution, titled ‘Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons.’” PAHO is working towards universal health care and better understanding barriers to access and utilization of health services for LGBT persons and to develop health system responses to meet their specific and differentiated needs.⁵⁰

UNDP: UNDP is the lead UN agency addressing human rights, gender and sexual diversity issues. Having spearheaded the Caribbean Regional Dialogue on HIV and the Law, it has experience convening regional and national actors to discuss rights-based responses to HIV. The Caribbean Dialogue on HIV and the Law (2011) provided a platform for documenting the most frequent human rights violations in the region; it focused on the LGBT population, youth, and gender-based violence. UNDP has also supported civil society participation in the general assembly of the Organization of American States (OAS) where a landmark antidiscrimination resolution that included sexual orientation and gender identity was adopted in June 2013.

Monitoring and evaluation

During the planning stage, it is important to integrate monitoring and evaluation by identifying clear and measurable indicators and by establishing baselines and targets. This should translate into a clear monitoring and evaluation plan for the Regional Advocacy Strategy that can be implemented at the level of member states and regional organizations and networks. The M&E plan should build on relevant agreed indicators for the CRSF 2014-2018 and national indicators already reported on by member states. Development of the M&E plan should bear in mind the need to clearly define key terms to ensure shared

⁵⁰ <http://www.jamaicaobserver.com/news/Stigma--discrimination-major-barriers-for-LGBT-people-in-C-bean---PAHO>

understanding among partners; the challenge of determining change in areas which are difficult to measure and particularly where no baseline has been established; the fact that social change is a long-term goal and unlikely to be demonstrable over the life of the Regional Advocacy Strategy; where social change can be established, it is difficult to directly link advocacy interventions to outcomes. The PCU, as the secretariat for the PANCAP Stigma and Policy Working Group, is responsible for consolidating data at the regional level and generating reports to be considered at meetings of the PSWG.

Risks and assumptions

While PANCAP believes law and policy reform to be achievable and critical to further progress in the HIV response at both the regional and national levels, there are a number of risks to the achievement of proposed outcomes of the advocacy strategy.

- Opposition from some sectors of society to legislative and policy reform in particular, constitutes a risk to achieving advocacy outcomes within the proposed timeframe. There are a number of mitigating factors:
 - The approach proposed in the regional strategy is deliberately designed to concurrently address societal norms, beliefs, attitudes and practices as well as to build capacity of key stakeholders to strengthen and sustain advocacy processes.
 - The CARICOM Secretariat provides access to high level political leadership through a range of mechanisms which PANCAP will utilize for advocacy at the highest levels.
 - Strong coordinated technical guidance, including from international partners, as well as widespread consultation and inclusive decision-making will be key to success in developing and implementing the regional strategy.

- Sustained financing for efforts aimed at removing structural barriers to an effective and inclusive HIV response, in addition to other critical HIV services, is a significant risk facing Caribbean countries. Mitigating factors include:
 - Technical support provided to countries by the Global Fund and PEPFAR for sustainability planning, with a particular emphasis on maintaining engagement of community based organizations in the national response.
 - Coordination, harmonization and inclusion of partners in planning and decision-making, including strong partner participation on the Executive Board, RCM and PACC.
 - PANCAP will continue to strengthen linkages between regional, national and local programs, with a strong strategic information function that disseminates information, shares best practices and technical know-how, and facilitates horizontal cooperation. Annual meetings of NAP managers provide a basis for the policy makers to set strategic goals and provide the leadership and support to achieve these goals.

- Community systems strengthening interventions and the leadership of communities in all aspects of development and implementation, are important mitigating factors.
 - PANCAP's Resource Mobilization Task Force focuses on the responsibility of partners in resource mobilization and technical support with a view to sustaining the regional response.
- The perception, by key populations and community organizations and movements, that they are not equal partners in decision-making, leadership and implementation of interventions is a risk to the design and implementation of the Regional Advocacy Strategy. Mitigating factors include the participatory approach to the development of the strategy and careful attention to inclusivity and consultation with key populations and marginalized communities. This has enabled inclusion of diverse perspectives in analyzing the need for systemic change in the region and a consensus-building process round the values and philosophy of regional organizing that can add value to national efforts. Strategic planning and leadership mechanisms must be inclusive to attract diverse voices, skills and experience. Capacity building to strengthen engagement of a wide range of community perspectives in further developing and in implementing interventions, as well as in PANCAP mechanisms and processes, will continue to be prioritized through regional initiatives, including the PANCAP and CVC Global Fund grants and the Local Capacity Initiative (LCI) project.

Annex 1. Participants at the Workshop to Finalize the PANCAP Regional Advocacy Strategy

1. Adler Bynoe
2. Allyson Leacock
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10. Cracey Fernandes
11. Dane Lewis
12. Delcora Williams
13. Devon Gabourel
14. Dona Da Costa Martinez
15. Donald Simeon
16. Edner Boucicaut
17. Edward Greene
18. Enrique Jose Romero

19. Ferrosa Roache
20. Francis Martin
21. Frank Anthony
22. Gail Arlene Gajadhar
23. Garth Minott
24. Gerard Granado
25. Ivanhoe Cruickshank
26. Jacqueline Wiltshire Gay
27. Jaevion Nelson
28. Jamonn Yohance Akini Roberts
29. Juliette Bynoe-Sutherland
30. Karin Santi
31. Karlene Temple Anderson
32. Kevin Harvey
33. Lisa Agard
34. Lovette Byfield
35. Lucien Govaard
36. Mansfield Blackwood
37. Marcia Dupre

38. Maria Fontenelle
39. Marina Hilaire-Bartlett
40. Marvin Gunter
41. Monique Holtuin
42. Nikkiah Forbes
43. Nishcar Odinge Louie-Warner
44. Patricia Smith-Cummings
45. Patrick Neil Lalor
46. Ralph Midy
47. Renata Chuck-A-Sang
48. Rhonda Moore
49. Roger Mc Lean
50. Salorne Mc Donald
51. Sannia Laing Sutherland
52. Sean Wilson
53. Valerie Wilson
54. Veronica Cenac
55. Winfield Tannis-Abbott
56. Yolanda Paul