

# **ACTION PLAN ON LAW, ETHICS AND HUMAN RIGHTS**

**TO IMPLEMENT PRORITY AREA 1 OF**

***Caribbean Regional Strategic Framework for HIV/AIDS  
2002-2006***

**in the areas of law, ethics and human rights**

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## **Glossary**

ACCP	Association of Caribbean Commissioners of Police
ASO	AIDS Service Organisation
CLE	Council of Legal Education
COHSOD	CARICOM Ministerial Council on Human and Social Development
CRN+	Caribbean Network of People Living with HIV/AIDS
EDLS	Eugene Dupuch Law School – Bahamas
GHRA	Guyana Human Rights Association
UG	University of Guyana
HWLS	Hugh Wooding Law School - Trinidad
NMLS	Norman Manley Law School - Jamaica
OECSBA	Organisation of Eastern Caribbean States Bar Association
OHCHR	United Nations Office of the High Commissioner for Human Rights
PLWHA	Person living with HIV/AIDS
SWA	Sex worker associations
UNAIDS	Joint United Nations Programme on HIV/AIDS
WRO	Women's rights organisations

## **Preface**

This Action Plan on Law, Ethics and Human Rights is designed to support the implementation of Priority Area 1 of the Caribbean Regional Strategic Framework for HIV/AIDS 2002-2006. Priority Area 1 of the Framework addresses advocacy, policy development and legislation. This Action Plan supports the implementation of Priority Area 1 of the Framework in the area of law, ethics and human rights.

Background information on the epidemiology of HIV/AIDS in the region, the social and economic impact, issues, challenges and opportunities for a regional response is contained in the Caribbean Regional Strategic Framework for HIV/AIDS 2002-2006 and is not repeated here.

## **The Caribbean Regional Strategic Framework on HIV/AIDS 2002-2006** (revised March 2002)

### *Priority Areas*

The Framework contains seven priority areas. These are:

- 1. Advocacy, policy development and legislation**
2. Care, treatment and support for people living with HIV/AIDS
3. Prevention of HIV transmission, with a focus on young people
4. Prevention of HIV transmission among especially vulnerable groups
5. Prevention of mother to child transmission
6. Strengthen national and regional capacities for analysis, programme design, implementation, management and evaluation.

## 7. Resource mobilization

Priority Areas 2-7 will also include aspects of advocacy, policy development and legislative reform. Priority Area 1 is thus a cross-cutting theme and must be addressed with constant reference to the other Priority Areas to ensure policy coherence and to avoid duplication of effort in the implementation of the Framework.

### *Strategic Objectives*

The Framework identifies eleven strategic objectives for Priority Area 1. (The strategic objectives most directly supported by this Action Plan are indicated in bold type.)

- To inform and mobilize policy makers at the highest levels with more comprehensive information on the course, consequences and costs of the epidemic.
- To ensure participation of key economic and social sectors in national and regional dialogue on HIV/AIDS.
- **To increase quality and coverage of HIV/AIDS issues in the media.**
- **To promote incorporation of human rights and non-discrimination practices in policy and legislation, in accordance with international guidelines, best practice and commitments.**
- **To mobilize regional opinion leaders on HIV/human rights issues.**
- **To promote awareness at multisectoral level on HIV and human rights issues.**
- **To ensure that national level policy decisions reflect international standards / best practice / consistency with international guidelines**
- **To increase participation of PLWHAs in policy dialogue**
- To ensure inclusion of HIV/AIDS issues in regional health sector reform activities (at national and regional level)
- To expand analysis of the impact of the epidemic on key social and economic sectors
- To ensure that prevention messages are integrated into as many general advocacy opportunities as possible

### **Background on the Action Plan on Law, Ethics and Human Rights**

This Action Plan was developed through a process of consultation with stakeholders over the period April-September 2002. This consultation comprised:

1. An **assessment mission** in April 2002. This included a review of national and regional documentation and consultations with stakeholders in Jamaica, Trinidad, and Guyana.
2. A **three-day workshop** held in Tobago in June 2002. Thirty persons from around the Caribbean region came together for the workshop representing

varied circumstances and visions in relation to HIV/AIDS, legal, ethical and human rights issues. They came from diverse backgrounds including lawyers, police, union organisers, persons living with HIV, affected communities, health professionals, educators, public prosecutors, and human rights activists. They represented government departments such as the Attorney General's Office and National AIDS Programmes and Committees, bar associations, women's organisations, PLWA and human rights NGOs, and labour unions. Regional and international organisations such as CARICOM, CAREC (Caribbean Epidemiology Centre), the Caribbean Conference of Churches, CRN+ (Caribbean Network of Persons living with HIV/AIDS), LACCASO (Latin American and Caribbean Council of AIDS Service Organizations), UNDP, UNAIDS, CIDA (Canadian International Development Agency) and USAID (US Agency for International Development) were also represented. Participants came from eight different CARICOM member and observer countries.

During the workshop the participants reviewed issues related to law, ethics, human rights and HIV/AIDS, prioritised needs, and identified strategies and activities to address these needs. The participants also identified which strategies and national activities could be supported by a regional project, and which other activities might be undertaken on a regional level, i.e. through a regional organisation.

3. **Dissemination of draft** for consultation. The draft of this Action Plan will be circulated by CARICOM through the Pan-Caribbean Partnership on HIV/AIDS to seek wider input.

## **Conceptual Framework for the Action Plan on Law, Ethics and Human Rights**

### *International Guidelines on HIV/AIDS and Human Rights*

This Action Plan was developed with reference to the International Guidelines on HIV/AIDS and Human Rights (UNAIDS & OHCHR, 1996), which provide a conceptual framework ('rights-based approach') and detailed guidance to assist States address the legal, ethical and human rights challenges of the HIV/AIDS epidemic.

The Guidelines follow three broad and interconnected approaches:

1. Strengthening government capacity for multisectoral coordination and accountability
2. Law reform and enhancement of legal support services, with a focus on anti-discrimination, protection of public health, and improvement of the status of women, children and marginalized and vulnerable groups
3. Support for increased private sector and community participation, including capacity building for civil society organizations.

A fundamental principle of international human rights law is the principle of non-discrimination. This is particularly relevant in the context of HIV/AIDS because of the role of stigma and discrimination in inhibiting access to prevention, care and treatment services. Consequently much of the work at national and regional level will be directed towards combating stigma and discrimination against people living with HIV/AIDS and vulnerable and affected communities.

The rights-based approach influences priorities and methodologies adopted with respect to policy formulation, modifying legislation, programme design, service delivery, advocacy and evaluation of effectiveness. In addition to the principles of non-discrimination and participation, other guiding principles embraced by a rights-based approach include transparency, accountability to those affected by decisions, and impartiality.

Importantly, the rights-based approach presumes free, meaningful and effective participation of all stakeholders, including PLWHA and affected communities in the development and implementation of national responses. 'Affected communities' includes sex workers, prisoners, injecting drug users, children, indigenous peoples, men who have sex with men, older people, out-of-school youth, migrant workers, and other groups.

In some cases this may require that organisations of people living with HIV/AIDS and organisations representing other affected communities are supported financially and technically to ensure that their voices are heard and these perspectives are considered in the development of policies and programmes. This is a crucial factor in the success of these policies and programmes. The rights-based approach also presumes a gender perspective, recognizing that both biological and socio-cultural factors play a significant role in influencing the differential vulnerability to HIV infection and the impact of HIV/AIDS on men and women, boys and girls.

### *Regional approach*

Regional or sub-regional approaches offer the following potential advantages:

- i) they can promote the sharing of information and experiences between CARICOM members to enhance national responses;
- ii) they can utilise and strengthen extra-regional, Caribbean regional and sub-regional institutions to address the issues. Such institutions include the Inter-American Institute of Human Rights, The University of the West Indies, the Caribbean Council on Legal Education, and Commonwealth Caribbean Heads of Judiciary Conference.
- iii) they can better address cross-border issues such as migration and HIV/AIDS.

Although the Action Plan on Law, Ethics and Human Rights is designed to maximize the advantages of working regionally and is not intended to replace or duplicate activities at national level, the Action Plan can support some national level activities where they are designed to feed into broader regional processes.

#### *Different stages of the response at national level*

The Action Plan on Law, Ethics and Human Rights recognises that CARICOM members are at different stages of responding to the legal, ethical and human rights challenges of the HIV/AIDS epidemic. For example, some countries may have already undertaken comprehensive situation and response analyses regarding law and policy reform, and may already have developed a plan or even draft legislation. The Action Plan on Law, Ethics and Human Rights is designed to acknowledge these differences and to share existing expertise and experience in the region.

Where countries have already undertaken policy development on HIV/AIDS, this work should be reviewed to ensure that it conforms with international human rights standards (as described in the International Guidelines on HIV/AIDS and Human Rights). Similarly, broader human rights, legal and ethical policy development and reforms should be reviewed to ensure they are consistent with national HIV/AIDS goals.

#### *Links with national strategic planning and responses*

The Action Plan on Law, Ethics and Human Rights assumes that countries have undertaken or will undertake a strategic planning process at national level which will identify opportunities and challenges in the area of law and policy reform. This process typically involves five stages. The legal, ethical and human rights dimensions should be addressed at each stage. The following stages and possible questions to be addressed are proposed:

- **Situation analysis**  
How does the present legal and policy environment promote or reduce the spread of HIV infection and the impact of HIV/AIDS? How are gender factors relevant? How does stigma and discrimination affect the spread and impact of HIV and AIDS?
- **Response analysis**  
What has been the response of the government and other institutions to the legal, ethical and human rights challenges raised by the HIV/AIDS epidemic
- **Plan formulation**  
What steps must now be taken? How can periodic monitoring and evaluation be ensured?.
- **Resource mobilization**  
What are the human and financial resources required to respond?

- **Plan implementation, monitoring and evaluation**  
How can people living with HIV/AIDS and affected communities be meaningfully incorporated in implementation, monitoring and evaluation?

#### *UNGASS Declaration of Commitment*

The Action Plan on Law, Ethics and Human Rights is also cognizant of the international commitments relating to law, ethics and human rights undertaken by all CARICOM members and other United Nations members at the UN Special Session on HIV/AIDS in June 2001. While the Declaration includes commitments relevant to all of the priority areas of the Caribbean Regional Strategic Framework on HIV/AIDS, the commitments most relevant to Priority Area 1 are contained in paragraphs 58-61 (HIV/AIDS and human rights), 62-64 (reducing vulnerability), 94-96 (follow up at the national level) and 97-99 (follow up at the regional level).

#### *Nassau Declaration on Health*

The Nassau Declaration on Health situates the regional response to HIV/AIDS within the broader regional health and development framework. It is annexed below.

#### *The Caribbean Partnership Commitment*

The Caribbean Partnership Commitment is a declaration of commitment to the Pan-Caribbean Partnership against HIV/AIDS issued on the occasion of the meeting of Heads of State and Government of the Caribbean, Bridgetown, Barbados, 14-16 February 2001. It is annexed below.

#### *Horizontal Technical Cooperation Group*

National AIDS programmes have joined a collaborative scheme to share technical assistance throughout Latin America and the Caribbean. Known as the Horizontal Technical Cooperation Group, it brings together more than 20 countries of the LAC region.

## Checklist of Guiding Principles for Regional Action

The following checklist was prepared by the June 2002 regional workshop resource persons in consultation with participants. The Action Plan was also developed with reference to this checklist.

*Regional initiatives should:*

- 1. Respect, protect and fulfill the human rights of people living with HIV/AIDS, as well as vulnerable and affected communities (including sex workers, prisoners, injecting drug users, children, indigenous peoples, men who have sex with men, older people, out of school youth, migrant workers, and other groups), and of communities responding to the HIV/AIDS epidemic.*
- 2. Ensure the meaningful participation of people living with HIV/AIDS as well as vulnerable and affected communities (as noted above) in needs analysis, policy and programme design, implementation, monitoring and evaluation – and develop their capacity to do so if required (this is consistent with the ‘GIPA’ principle, that is to promote the Greater Involvement of People Living with HIV/AIDS).*
- 3. Support and complement existing and planned activities at national and regional levels on ethical, legal and human rights issues.*
- 4. Incorporate and secure the gender dimensions of the HIV/AIDS epidemic in the region and incorporate this perspective in all aspects of programming.*
- 5. Include young people, accept youth leadership, and build youth capacity to participate meaningfully.*
- 6. Respect and utilize international law and guidelines (e.g. International Guidelines on HIV/AIDS and Human Rights), sound public health principles and demonstrated best practice as appropriate.*
- 7. Address the linguistic, cultural, religious and demographic differences which contribute to our Caribbean regional identity in the design and implementation of initiatives. Regional initiatives must be flexible to adjust to political, economic and social context at national level.*
- 8. Facilitate sharing of experiences and resources between countries, islands and communities, and between our region and other regions, and strengthen regional partnerships, coalitions and networks.*

9. *Build the capacity of local stakeholders (government and civil society) while drawing on expertise from other regions as necessary.*
10. *Integrate rights-based responses to HIV/AIDS into broader regional human rights, health and development agenda, while considering the impact of poverty and globalisation.*

## **Elements of the Action Plan on Law, Ethics and Human Rights**

### *National level*

The following five elements are based on the findings of the assessment mission and the workshop, as well as the UNGASS Declaration of Commitment on HIV/AIDS and the International Guidelines on HIV/AIDS and Human Rights. The activities to support each element are set out in the Table 1 below.

Some elements are cross-cutting themes and need to be considered in all activities. These include:

- Capacity building of national institutions and organisations,
- Multi-sectoral approach, and
- Greater Involvement of People Living with HIV/AIDS
- Project and program monitoring and evaluation

The time frame and the choice of the activities to be implemented at national level will be determined by the local context, consultations with stakeholders, and budgetary considerations. Although the research and consultation phase should sensibly precede proposals for reform, the following elements are not designed to be implemented strictly sequentially. For example, laws prohibiting discrimination in the work place could be 'fast-tracked' at the same time as employer sensitization.

### **1. Research and consultation**

This element supports the national situation and response analyses, drawing on the experiences and expertise of PLWHA and affected communities. It may involve some training and sensitization so that personal experiences can be interpreted as HIV/AIDS-related legal, ethical and human rights issues which can then be addressed through policy and law reform, community sensitization and education, or other strategies. Ongoing consultative mechanisms should be established between government, the private sector and civil society (Declaration of Commitment, para. 94; International Guidelines, Guidelines 1 & 2).

### **2. Capacity development, education and sensitization**

This element addresses the capacity development needs of all stakeholders to address HIV/AIDS-related legal, ethical and human rights issues. This may

include groups such as joint security services (police, prison officials, military, fire service, etc), health service providers, and employers as well as PLWHA and affected communities (International Guidelines, Guidelines 8 & 9).

### **3. Provision of legal services**

Where education and sensitization fails to address stigma, discrimination and other issues, legal action may be necessary. Legal service providers may also need training and sensitization in order to provide sensitive and appropriate services. Legal services should be linked to monitoring and advocacy, and law and policy reform (below) to assure the factors affecting human rights abuses (such as adequate legislative protection) are addressed (International Guidelines, Guideline 7).

### **4. Monitoring and advocacy**

Governments should establish or strengthen effective monitoring mechanisms, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS and affected communities. Community AIDS organisations and/or human rights organisations should also be supported to monitor HIV/AIDS-related legal, ethical and human rights issues and advocate for appropriate policy and law reform (Declaration of Commitment, para. 96; International Guidelines, Guidelines 11).

### **5. Law and policy reform**

Governments have undertaken, by 2003, to enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups (Declaration of Commitment, paras. 58-61; International Guidelines, Guidelines 3,4,5,6 & 7). This should also include private sector and professional codes of conduct and codes of ethics (International Guidelines, Guidelines 10).

## *Regional level*

The Action Plan on Law, Ethics and Human Rights proposes the following elements at regional level:

### **1. Regional support to national activities**

Activities may include documentation and publication of reports of national activities through regional mechanisms and forums; comparative analyses of approaches and reforms; scholarships, study tours and exchanges; regional workshops; sensitization of donors to NGO needs; and support to national and regional organisations to undertake work at the regional level.

### **2. Documentation, monitoring and advocacy**

Both governmental and non-governmental human rights organisations may be supported financially and technically to undertake documentation, monitoring and advocacy regarding HIV/AIDS-related human rights, ethical and legal issues in the region. Linkages with regional (Inter-American system) and international (United Nations system) human rights institutions will be supported.

### **3. Development and promotion of model policies, guidelines, tools, best practices and legislation**

National and regional governmental or non-governmental organizations such as CARICOM and regional professional associations may develop and adopt model policies, guidelines, tools, codes of conduct and practice and legislation relating to HIV/AIDS, and advocate for their adoption and implementation at national level.

Capacity building of regional institutions and organisations to undertake these elements is a cross-cutting element of the Action Plan on Law, Ethics and Human Rights.

Regional activities will be implemented through existing international, regional or sub-regional institutions in the following areas:

#### **1. Civil society AIDS / human rights organisations and faith communities**

Including Caribbean Network of People Living with HIV/AIDS, human rights organization with regional mandates, and conferences of churches and other religious and faith organizations. Other relevant organisations include the Inter-American Institute of Human Rights and the Latin American Council of AIDS Service Organisations.

#### **2. Research and educational institutions**

Including University of the West Indies, University of Guyana, other regional and national institutions with regional catchments.

#### **3. Professional and business associations**

Including bar associations, medical and other health practitioner associations, media, and chambers of commerce and other bodies.

#### **4. Inter-governmental organizations, sub-committees and affiliated associations**

Including CARICOM, Commonwealth, Inter-Parliamentary Union to convene regional heads of government, ministers, commissioners of police, prison officers, security sector etc.

### *Programme management infrastructure*

The programme to implement the Action Plan on Law, Ethics and Human Rights will require components including:

- a management structure, including possibly a regional advisory committee representing stakeholders with expertise in various areas,
- a communications system, and
- a monitoring and evaluation framework

**Table 1. National Level Logical Framework for Activities**

Elements / activities	Outputs	Outcomes	Impacts
<p><b>1. Research and consultation<sup>1</sup></b>            1.1 Training and sensitization of researchers<sup>2</sup>            1.2 Country assessments<sup>3</sup>            1.3 National consultations with key stakeholders<sup>4</sup>            1.4 Other research<sup>5</sup></p>	<p>1.1 Researchers trained to identify legal, ethical, human rights issues            1.2 Recommendations for reform identified consistent with international law            1.3 Key stakeholders are engaged and their needs clarified            1.4 Policy makers and other stakeholders informed by best practice case studies, tools, training materials and impact analyses</p>	<p>Information including identification of key issues and recommendations to inform policy and law reform            Recommendations to government, other sectors identified in consensus document.</p>	<p>Increased sensitization to the issues among stakeholders. Wider impact will depend on actions of government, other sectors in implementing reforms.            Reduced stigma and discrimination in the longer term. Shorter</p>

<p><b>2. Capacity development, education and sensitization</b></p> <p>2.1 Education, training and sensitization for specific groups such as joint security services, health care providers, employers<sup>6</sup> on legal and policy issues.<sup>7</sup></p> <p>2.2 Education and training for PLWHA and affected communities.<sup>8</sup></p> <p>2.3 Other capacity development of organisations of persons infected and affected<sup>9</sup></p> <p>2.4 Development and promotion of media codes of practice on HIV/AIDS<sup>10</sup></p>	<p>2.1 Legal education and training materials for specific groups, reports of training / sensitization undertaken with recommendations for further action.</p> <p>2.2 Legal education and training materials for PLWHA and affected communities (e.g. 'AIDS and your rights' pamphlets and other targeted information)</p> <p>2.3 HIV/AIDS organisations are strengthened (eg through training and assistance to develop strategic plans or in financial management, and formal legal incorporation)</p> <p>2.4 Code of practice for media coverage of HIV/AIDS issues</p>	<p>Increased sensitization of service providers and employers to policy issues, legal obligations.</p> <p>Increased awareness among PLWHA of legal rights (as they exist) and avenues for redress</p> <p>Increased media coverage of HIV/AIDS issues. Coverage conforms with codes of practice. Effective complaint mechanisms exist.</p>	<p>term impact may be increased level of complaints and litigation.</p> <p>Decrease in report levels of discrimination in public areas (e.g. employment, access to services).</p> <p>Broader impact will depend on political will of government to undertake appropriate policy and law reform.</p> <p>Reduced levels of discrimination and other legal / policy concerns</p>
<p><b>3. Provision of legal services</b></p> <p>3.1 Training / sensitization of legal aid providers (workshops, materials development).<sup>11</sup></p> <p>3.2 Provision of HIV/AIDS legal services, including test cases.<sup>12</sup></p> <p>3.3 Capacity development / sensitization through law associations and other legal professional associations.<sup>13</sup></p>	<p>3.1 Legal aid providers sensitised.</p> <p>3.2 Legal services to PLWHA and affected communities established or enhanced. Laws reformed / clarified through litigation.</p> <p>3.3 Increased capacity of legal profession to address HIV/AIDS issues.</p>	<p>PLWHA and affected communities are able to access competent and sensitive legal aid services to address the most common complaints for which legal remedies exist.</p> <p>Priority areas for law reform identified where legal services cannot provide remedies.</p>	

<p><b>4. Monitoring and advocacy</b></p> <p>4.1 Capacity development of civil society organisations (ASOs, PLWHA organisations, human rights organisations) to monitor, document issues and advocate for reform.<sup>14</sup></p> <p>4.2 Dedicated policy officers placed in civil society organisations to monitor and advocate.<sup>15</sup></p> <p>4.3 Capacity development of governmental human rights institutions / ombudsmen offices to monitor issues and advocate for reform.<sup>16</sup></p> <p>4.4 Documentation posted on web sites of national institutions</p>	<p>4.1 Civil society organisations trained to monitor and document issues, advocate for reform.</p> <p>4.2 Trained policy officers in civil society organizations monitoring and advocating for reform.</p> <p>4.3 Key legal and policy issues and recommendations for reform identified by trained national institutions.</p> <p>4.4 Reports and other documentation available through web sites of national institutions / organisations.</p>	<p>Government and other stakeholders have reliable data on type and extent of issues arising, and recommendations for reform.</p> <p>Civil society organisations are informed, engaged and articulate advocates for appropriate policy and law reform.</p>	
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<p><b>5. Law and policy reform</b></p> <p>5.1 Financial and technical support to national law reform institutions / A-Gs and other departmental legal officers</p> <p>5.2 Financial and technical support to national professional associations to develop model workplace policies / codes of practice / ethics on HIV/AIDS</p>	<p>5.1 National law reform institutions / A-Gs and other departmental legal officers informed and sensitized about HIV/AIDS law and policy reform</p> <p>5.2 Members of professional associations informed and sensitized about HIV/AIDS legal, ethical and human rights issues as they relate to their profession</p>	<p>Increased capacity of national law reform institutions /A-Gs and other departmental legal officers enhanced to undertake legal and policy reform.</p> <p>National professional associations capacity enhanced through use of model workplace policies / codes of practice / ethics on HIV/AIDS.</p> <p>National law reform institutions / A-Gs and other departmental legal officers trained and sensitized to legal / policy issues</p> <p>Increased compliance among members of professional associations with national professional codes and policies.</p>	
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**Table 2. Regional Level Logical Framework for Activities**

<b>Elements / activities (lead, cooperating institutions)</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>Impacts</b>
<p><b>1. Regional support to national activities</b></p> <p>1.1 Incorporation of HIV/AIDS issues into law and social science courses at tertiary institutions / professional colleges (e.g. UWI, UG, CLE, NMLS, EDLS, HWLS)</p> <p>1.2 Research competitions on relevant topics in law and social sciences (e.g. UWI)</p> <p>1.3 Regional workshops on HIV/AIDS and law for e.g. joint security services, lawyers, judges, and policy makers (e.g. ACCP, OECSBA)</p> <p>1.4 Regional web-accessible database of legislation, case law and policies in priority areas.</p> <p>1.5 Scholarships, study tours for lawyers, human rights advocates to regional and other centres working on HIV/AIDS law and policy, including prisons, MSM, other priority issues as identified.</p>	<p>1.1 Law and social science courses integrate HIV/AIDS issues and / or have specific modules on HIV/AIDS</p> <p>1.2 Student interest in and understanding of issues stimulated. Winning essays on key issues written, published.</p> <p>1.3 Capacity developed through participation in regional workshops.</p> <p>1.4 Information on legislation, case law and policies accessible through regional database.</p> <p>1.5 Capacity enhanced through scholarships awarded, study tours undertaken.</p>	<p>Increased awareness of HIV/AIDS issues and capacity to address them among law and social science students.</p> <p>Increased awareness of HIV/AIDS issues and increased capacity of selected groups to address them (e.g. joint security services, lawyers, judges, policy makers)</p> <p>Increased access to national legislation, case law and policies by all stakeholders.</p> <p>Increased awareness of and capacity to address issues relating to affected communities.</p>	<p>Reduced stigma and discrimination. Factors contributing to an enabling environment enhanced.</p> <p>Appropriate policies adopted at the national level.</p> <p>Reduced incidence of HIV infection and impact of HIV/AIDS in Caribbean countries.</p>
<p><b>2 Documentation, monitoring and advocacy</b></p> <p>2.1 Support to regional human rights documentation centre to monitor abuses and advocate for reform.<sup>17</sup></p> <p>2.2 Support to link national and regional monitoring on HIV/AIDS with other regional and international mechanisms.<sup>18</sup></p>	<p>2.1 Increase access and availability of documented cases of abuses to advocate for reform</p> <p>2.2 Linkages among and between national and regional Caribbean organizations and other international mechanisms.</p>	<p>Increased awareness of human rights situation at regional level, with proposals for reform.</p> <p>Regional and international mechanisms utilized to support proposed policy and law reform</p>	

<b>3. Development and promotion of model policies, guidelines, tools, best practices and legislation</b>			
3.1 Development of draft regional policies and recommendations for national law reform on priority issues (e.g. CARICOM, CBA)	3.1 National law and policy reform stimulated and supported through regional bodies.	CARICOM and other regional bodies endorse and promote sound policies on related issues.	
3.2 Development of guidelines, tools and best practices <sup>19</sup>	3.2 Process of policy development supported through guidelines, tools and best practices.		
3.3 High level advocacy for policy guidance at regional level through heads of state, ministers, COHSOD etc (CARICOM). <sup>20</sup>	3.3 Heads of state, ministers sensitized and engaged.		

<sup>1</sup> Assessments and consultations were undertaken in Guyana, Jamaica, Trinidad & Tobago and Suriname prior to the June 2002 regional workshop.

<sup>2</sup> Training and sensitization will be conducted with the participation of people living with HIV/AIDS and representatives of affected communities.

<sup>3</sup> The assessment reports may be undertaken by the A-G's Department in consultation with civil society representatives and other relevant ministries including the Ministries of Health, Tourism, Education, Labour. Alternatively, an independent task force with government and non-governmental representation could undertake the review. In any case the assessments should be time-limited, consider the broader social and institutional context, focus on priority areas for reform and provide concrete recommendations for reform consistent with international law.

<sup>4</sup> Further national consultations may be necessary to verify the findings of the country assessments and clarify specific needs of stakeholders.

<sup>5</sup> This includes research and documentation of case studies of best practices, tools, training materials, and impact analyses determine the likely or potential wider and longer term impact of particular policy choices. In some cases it will be sufficient to identify and distribute – in other case it will be necessary to develop or adapt materials.

<sup>6</sup> Reference: ILO Code of Practice on HIV/AIDS and the World of Work

<sup>7</sup> Training for particular groups may be identified and prioritised in the national consultations above. Training should ensure that e.g. health care providers can refer systemic issues that they identify to relevant bodies for national law and policy reform as required. Issues addressed will include stigma and discrimination and, e.g., guidelines for working with PLWHA.

<sup>8</sup> In many cases PLWHA and affected communities may not immediately perceive the problems they face as human rights abuses, or be aware of the legal mechanisms available for redress. Knowledge of rights necessary to empowerment – this training can be undertaken by human rights organisations with experience in related fields. PLWHA and affected communities may also need support to address stigma and discrimination.

<sup>9</sup> This could include legal incorporation, financial management, strategic planning, external relations management, documentation and communications training. This need was identified in the June 2002 regional workshop to ensure fiscal accountability and to assist organisations access substantial and sustained funding.

<sup>10</sup> The role of the media was identified repeatedly as a factor in supporting or hindering the national response to HIV/AIDS.

<sup>11</sup> Legal aid providers may not necessarily understand the complex legal issues relating to HIV/AIDS nor have overcome their own fears and prejudices regarding HIV/AIDS and related sexual and drug-taking practices. This training will address these needs.

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<sup>12</sup> In some cases dedicated HIV/AIDS legal services may be established – in other cases services can be provided by regular legal clinics who have received appropriate training and sensitization.

<sup>13</sup> On-going training and sensitization of the legal profession, including judges, lawyers, government legal advisers, para-legals and law

<sup>14</sup> Effective HIV/AIDS-related advocacy should include routine monitoring and documentation, and civil society organisations should do this. Reviews should ensure that existing HIV/AIDS policy development respects human rights and that broader human rights and legal national HIV/AIDS goals. Stigma and discrimination will be a particular focus for monitoring, documentation and advocacy.

<sup>15</sup> Financial and technical support for HIV/AIDS and human rights policy officers. Duties will include policy development, monitoring and advocacy including resource mobilization.

<sup>16</sup> Governmental human rights institutions, where they exist, should be supported to monitor and address HIV/AIDS-related human rights assistance may be available on request from the OHCHR and / or UNAIDS. Civil society organisations should also be included in such

<sup>17</sup> Participants at the June 2002 workshop noted the need for a ‘regional watchdog’ to monitor abuses and advocate for best practices.

<sup>18</sup> Inter-American human rights system; UN human rights machinery.

<sup>19</sup> More than model laws or policies, we also need guidelines, tools and best practices to guide the *process* of policy development.

<sup>20</sup> The UNAIDS / Inter-Parliament Union *Handbook for Legislators on HIV/AIDS, Law and Human Rights* can be provided and promoted and policy advisors.

## Annex

### NASSAU DECLARATION ON HEALTH 2001 THE HEALTH OF THE REGION IS THE WEALTH OF THE REGION

We the Heads of Government of the Caribbean Community:

**COGNIZANT** of the critical role of health in the economic development of our people and overawed by the prospect that our current health problems, especially HIV/AIDS, may impede such development through the devastation of our human capital;

**RECOGNIZING** that the escalation of these health problems is evidence of the deficiencies of our approaches, thus requiring the re-orientating and restructuring of the Health Services;

**RECOGNIZING ALSO** the need to place emphasis on the access to services for vulnerable groups in our societies, particularly for behavioral change in the youth; and, the empowerment of women;

**RECOGNIZING FURTHER** that while the resources and absorptive capacity of no one single institution, country or nation are sufficient to reverse the negative trend, the evidence of 'best practices' and technological breakthroughs, the international, regional and national mechanisms and frameworks which exist; and, our experiences in successfully combating serious public health problems, such as poliomyelitis and measles and cholera provide hope of what can be achieved through a collective regional response;

**CONVINCED** of the need to strengthen the regional and national structures and institutions through which our approach must be articulated, elaborated and discharged;

**COMMITTED** to providing the requisite resources within our capabilities;

**CONSONANT** with the goals of the Caribbean Community to promote the improvement, well-being and security of our peoples, recognize that **the health of the Region is the wealth of the Region**:

#### **HEREBY DECLARE:**

#### **ARTICLE I**

We commit ourselves to the pursuit of initiatives and targets to be implemented to achieve an improved health status of our populations within the next five years, emphasizing leadership, strategic planning, management, implementation and resource mobilisation in the context of health sector reform processes that are underway.

#### **ARTICLE II**

##### **Direction**

We will build on current regional and sub-regional initiatives where necessary, but will seek to establish a series of networks, each with specific roles and responsibilities, in a coordinated regional structure responsive to the needs of the ordinary Caribbean citizen and designed to ensure equity in access to quality preventive and care regimes. We therefore envisage the following:

- regular Consultations of the designated networks under the aegis of the Council for Human and Social Development (COHSOD), to facilitate the regional coordinated efforts required to address cross-cutting issues at the heart of economic growth and equity such as poverty reduction, improving human resource capabilities, and equity in access and delivery of services; and with respect to intersectoral linkages with issues related to youth, gender, sports, illicit drugs and arms, and education and culture;

- the creation of a Caribbean Technical Regional Task Force on *Health and Development* within COHSOD to advocate, review and help to propel health to the centre of the development process and to draw on the body of research and development (R&D) that provides for evidenced based decision making at all levels.

### **ARTICLE III**

#### **Strategic Planning**

We re-commit ourselves to the implementation of the [Caribbean Co-operation in Health \(CCH\) Phase II](#) as the framework under which all regional and sub-regional, national and institutional sector plans for health will be considered. Emphasis on the sharing of services and an integrated approach to managing health information and health planning and programming is an urgent need. Further we mandate that:

- the Regional Strategic Plan on HIV/AIDS be revised and expanded to ensure that the Pan-Caribbean Partnership benefit fully from the availability of regional and global funds by 1 December 2001, especially in the context of the general targets established by the United Nations Special Session on HIV/AIDS;
- the Regional Strategic Plan on HIV/AIDS include the OECS Pharmaceutical Purchasing Scheme (PPS) as the representative body of the OECS for procuring anti-retrovirals.
- a Regional Strategic Plan for the Prevention and Control of the Chronic Non-Communicable Diseases be developed and submitted for approval by March 2002;
- a Regional Strategic Plan on Mental Health be developed by September 2002;
- an evaluation of the current CCH II be conducted and a Draft of its successor be submitted by December 2002.

### **ARTICLE IV**

#### **Management, Implementation and Resource Mobilization**

We shall ensure that the CCH II Secretariat, which is to be jointly administered, by CARICOM and PAHO be made operational by:

placing reliance on the regional and sub-regional institutions to take the lead role on several issues and provide the services required by Member States and to that end these institutions will be reviewed to determine their adequacy, competitiveness and strategic advantages for the Region.

ensuring that the Pan-Caribbean Partnership on HIV/AIDS established in March 2001 provide a model with its primary mandate to mobilize resources for the implementation of the Regional Strategic Plan on HIV/AIDS. Thus far, this has been successful in building Donor confidence and generating financial support. We recommend the strengthening and expansion of the Pan-Caribbean Partnership to include other health priorities and promote donor support.

### **ARTICLE V**

#### **Pan-Caribbean' Governance Issues**

We recognize that the expansion of the CARICOM Single Market and Economy (CSME) beyond its current membership is both desirable and inevitable, and further commit to:

enhanced areas related to the collective effort by all Caribbean countries for joint representation to exert a greater influence on decision making in the international arena which will favour the Region's interests;

### **ARTICLE VI**

#### **Development Issues**

We recognize the primary importance of the Human Resource Development Strategy in both the short and longer term and therefore commit to fully supporting the approaches to:

promotion and prevention, as a responsibility, in relation to security of our assets;

treatment of those persons as an investment in the preservation of our human capital, a cost benefit strategy for sustaining productivity and services, and a human rights obligation.

#### **ARTICLE VII**

##### **Institutional Strengthening and Sustainability**

We the Heads of Government of the Community agree that the institutional strengthening of the CCH II Secretariat should be given highest priority, and recognize that the sustainability of our efforts will require attention to the involvement of civil society and the other specialized stakeholders. Accordingly, we are determined to lead the charge of the Caribbean in 'Fighting back' against HIV/AIDS and other health conditions, within the context of the articulated principles and processes to preserve and enhance 'The health of the Region which is the wealth of the Region'.

**Nassau, The Bahamas**

**6 July 2001**

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## The Caribbean Partnership Commitment

A declaration of commitment to the Pan-Caribbean Partnership against HIV/AIDS issued on the occasion of the meeting of Heads of State and Government of the Caribbean, Bridgetown, Barbados, 14-16 February 2001 and following on the recommendations of the Barbados Conference on HIV/AIDS 11-12 September 2000 and on the Regional Strategic Plan on HIV/AIDS developed by the Caribbean Task Force on HIV/AIDS

### Concerned

- w About the gravity of the HIV/AIDS situation in the Caribbean which is the hardest-hit region in the world outside sub-Saharan Africa.
- w That out of the 12 countries with the highest HIV prevalence in the Americas 9 are in the Caribbean.
- w That AIDS is already the leading cause of death among men and women in the 15 to 44 age group in several Caribbean countries.
- w That the epidemic continues to spread and has a devastating social and economic impact.

### Recognizing that

- w Given its developmental impact, HIV/AIDS needs to be addressed through an approach involving all sectors of society.
- w Intolerance, homophobia and discrimination against people living with HIV/AIDS and of those vulnerable to infection drive the epidemic underground and contribute to the further spread of the virus.
- w An effective response to the epidemic should address factors facilitating the spread of HIV/AIDS, including poverty, ignorance, gender inequities and lack of skills.
- w Investing in HIV/AIDS now will significantly reduce future costs and accrue important social benefits to our societies.
- w Although much has been achieved by Caribbean countries and regional institutions in the prevention and control of HIV/AIDS, a lot still remains to be done.
- w In order to address the epidemic, an increased leadership and commitment is needed at the national and regional level from governments, civil society, the private sector as well as increased support by the international community.

### Call on all Heads of State and Government and on all Partners to make a solemn commitment towards:

- w Working together in a **Pan-Caribbean Partnership against HIV/AIDS** coordinated by CARICOM
- w Supporting the work of the Partnership in bringing together the resources of all partners, including those of governments, regional institutions and the international community with those of civil society, especially people living with HIV/AIDS (*NGOs, community based organizations, religious and academic institutions*) and the private sector in order to achieve a more vigorous response to the epidemic at the national and regional level in the Caribbean.
- w Ensuring that good public policies are adopted across all sectors so as to create supportive environments for the prevention of HIV transmission and for

mitigating the impact of the epidemic.

In the aim of achieving the following targets:

- w By the year 2005, 90 percent of young men and women aged 15-24 in the Caribbean have access to information, education and services to develop the life skills required to reduce their vulnerability to HIV infection;
- w Reducing HIV prevalence in 15-24 year-olds by 25 percent by 2005.
- w Reducing the rate of transmission from HIV infected mothers to their babies by 50 percent by 2003.

As well as the following associated expected results which will help focus these efforts and measure progress against them:

- w Reduced stigma, discrimination and exclusion of people living with and affected by HIV/AIDS and protection of their human rights and dignity.
- w Increased access to HIV prevention interventions
- w Increased access to and provision of appropriate support and care to persons infected and affected by HIV/AIDS
- w An expanded and decentralized response to the epidemic which strengthens the capacity of communities to respond to the epidemic
- w Increased financial, technical and political resource investments.

We hereby call on all partners at the community, national, regional and international level to join us in the **Pan-Caribbean Partnership against HIV/AIDS** and tangibly contribute towards these joint efforts.

Signed in Barbados, on 14 February 2001 by:

*Rt. Honourable Owen Arthur, Prime Minister of Barbados and Chairman of CARICOM*

*Rt. Honourable Denzil Douglas, Prime Minister of St Kitts and Nevis*

*Dr. Edwin Carrington, Secretary General of CARICOM/CARIFORUM*

We the undersigned organizations and agencies endorse and applaud the Caribbean Partnership against HIV/AIDS and pledge to give our full support as Partners in the joint efforts against the HIV/AIDS epidemic in the Region.

*Dr. Peter Piot, Executive Director UNAIDS Dr. George Alleyne, Director PAHO/WHO*

*Ms. Yolanda Simon, Founder and Regional Coordinator of the Caribbean Network of People Living with HIV/AIDS (CRN+)*