

JAMAICA

Mid-term Assessment

Global Fund Breaking Down Barriers Initiative

July 2021

Geneva, Switzerland

DISCLAIMER

Towards the operationalisation of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Jamaica is a program assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

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Summary

Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term on efforts to scale-up these programs in Jamaica. It seeks to: (a) assess Jamaica's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.¹ This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Jamaica to date, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews. While country trips, which would have included key informant interviews and site visits, were planned for the majority of assessment countries, the methods were revised to conduct remote interviews in light of the COVID-19 pandemic. Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. The mid-term assessment in Jamaica was a program assessment. It was conducted primarily between September and December 2020.

¹ **For HIV and TB:** Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy (“know your rights”); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. Additional programs for TB: Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Progress towards Creating a Supportive Environment to address Human Rights-related Barriers

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV and TB services have been achieved (see Table 1). Unlike some other countries, Jamaica incorporated its plan to reduce human rights-related barriers into the National HIV Strategic Plan for 2020 – 2025, which is currently being finalized as the process for adopting the Plan was interrupted in spring 2020 by COVID-19.

Table 1: Key milestones

Milestone	Results	Date
Matching funds	Applied for and received US\$1 million of catalytic/matching funding allocated to programs to reduce human rights-related barriers to HIV services and invested approx. \$750,000 from the HIV allocation in human rights programs, for a total investment in human rights programs of close to \$1.75 million.	Matching funds disbursed January 2019
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted	October 2017-July 2018
	Report presented to country with additional consultation in August 2018; report finalized January 2019	January 2019
Multi-stakeholder meeting	90 participants from government, civil society, technical partners and donors. Consultation on revisions to baseline findings and recommendations.	August 2018
Technical Task Team and working group on human rights	EEHR Technical Working Group charged with coordinating all human rights programming across multiple donors	Long-standing TWG
National plan to reduce human rights-related barriers	Incorporated into National HIV Strategic Plan 2020-25, currently being finalized	Latest draft dated February 2020

Scale-up of Programs: Achievements and Gaps

Since the baseline assessment (2019), Jamaica has scaled up programs in all seven key program areas to remove human rights-related barriers to HIV services, with marked expansion of programs for: a) stigma and discrimination reduction; b) monitoring and reforming laws and policies; and c) access to justice. Stakeholders interviewed stressed the importance for Jamaica to strengthen the enabling legal environment as critical to the effectiveness of all other human rights programming. Since baseline, significant progress was achieved in building momentum

for new and diversified advocacy strategies with increased participation from a broad range of constituent organizations. In addition, legal literacy programs increased knowledge of and demand for human rights among key populations and legal services networks were strengthened and diversified.

Progress was noted but more limited in training of health care providers and police sensitization efforts, in part because of the challenges of the COVID-19 pandemic. Key informants described positive steps with both groups in terms of creating greater understanding and respect, but also big challenges from the number of providers and police, frequent turnover, variable buy-in from leadership, and the need to see the process as one that involves more than a single training but is continuous, linked with reports to ensure accountability, and sustained. In particular, much work remains to be done in reducing discrimination against women and reducing harmful gender norms, especially to address the continued marginalization of people of trans experience.

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness

Program areas	HIV	
	Base line	Mid-Term
Stigma and discrimination reduction	2.5	4.3
Training for health care providers on human rights and medical ethics	1.5	3.3
Sensitization law-makers and law enforcement agents	1.0	3.0
Legal literacy (“know your rights”)	2.0	3.5
Legal services	2.0	3.5
Monitoring and reforming laws, regulations and policies relating	2.5	3.8
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.0	3.0
Average score	1.9	3.5

Key

- 0 – no programs present
- 1 – one-off activities
- 2 – small scale
- 3 – operating at subnational level
- 4 – operating at national level (>50% of geographic coverage)
- 5 – at scale at national level (>90% geographic coverage + >90% population coverage)
- N/A – Not applicable

For detailed scorecard key, see Annex II

Cross-cutting Issues related to Quality Programming and Sustainability

There are numerous indicators that Jamaica is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to access. According to key informants in both government and civil society organizations (CSOs), the Baseline Assessment's comprehensive analysis and recommendations were critical to building consensus and shifting the national discourse around human rights from discussion to concrete action plans and programming. In Jamaica, law reform is critical to the success of all human rights programming, and both advocacy capacity and coordination of programming took a marked step forward. Civil society was able to coalesce around a Joint Civil Society Advocacy Plan that provides a roadmap for a broader, more diverse and potentially more effective campaign. The Access to Justice Framework, followed by the report on HIV and Access to Justice released on World AIDS Day 2020, provide evidentiary support and strong direction for action. The National HIV Strategic Plan for 2020-2025, which remains in draft form, integrates human rights programming in the national HIV response and creates a sustainable policy framework for the future. The Ministry of Health should prioritize finalization and implementation of the Plan.

The Enabling Environment and Human Rights Unit plays an active role and its Technical Working Group seeks to increase coordination of a growing field of human rights activities supported by a variety of donors. Jamaica's participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination represents a sustained commitment in this area and incorporates funding from other donors such as PEPFAR. The engagement of the Office of the Public Defender and the Ministry of Labour in the Partnership also lends important multisectoral support. However, key ministries such as Justice and Security that could promote institutionalization of police sensitization and other access to justice programs have yet to fully engage, limiting the impact of these initiatives. In addition, key stakeholders identified the need to strengthen high-level, government support for human rights-related advocacy, including from the Ministry of Health as well as the Ministries of National Security and Justice.

On-the-ground, the CSOs who for decades have led the way in providing evidence-based, peer-driven HIV services are well-integrated into the implementation of human rights-related programming. This avoids duplication and creates the potential for documenting the impact of these programs on health outcomes. This opportunity for monitoring and evaluation, however, will be lost without additional resources and technical assistance. Additional coordination of activities, particularly in relation to the JADS system and legal network, is needed.

Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term, the assessment documented emerging evidence of impact related to the development of new strategies, partnerships and coordination of law and policy reform efforts as a result of the *Breaking Down Barriers* initiative.

Strengthening Advocacy for Law and Policy Reform

Jamaica's robust civil society continues its long-term struggle for human rights. Perpetuated by the Offences Against the Person Act that criminalizes sodomy, a virulent anti-LBTI bigotry pervades the culture. Human rights are often negatively associated with a "gay agenda." Without stronger legal protections, clients will remain reluctant to pursue human rights complaints and the impact of legal literacy, legal services and duty bearer sensitization programs will remain limited.

Recognizing that new strategies are called for, HIV-focused CSOs are broadening their work against stigma and discrimination to include organizations of people with disabilities, Rastafarians and other religious minorities, reproductive rights groups, churches, and others. Led by Jamaica AIDS Support for Life (JASL) and with the assistance of Caribbean Vulnerable Communities, the University of West Indies, and others, a Civil Society Forum was established to promote health and human rights for a broad constituency. HIV-focused CSOs also published a Joint Civil Society Advocacy Plan that outlines specific strategic targets for law and policy reform in multiple sectors- health, employment, education, reproductive rights-- and identifies key civil society and government partners for each initiative. The Office of the Public Defender, Jamaicans for Justice and JASL prepared first a policy paper and then a draft of anti-stigma and discrimination legislation that expanded the framework for defining human rights protections beyond HIV and LGBT to all sectors of society.

Jamaica agreed to join the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination, a five-year initiative co-convened by UNAIDS, GNP+ and others which seeks to ensure that anti-stigma and discrimination programs and projects are centralized, coordinated and sustainable. The Global Partnership in Jamaica will seek to promote policy coherence and coordination through the creation of a National Human Rights Institution, passage of anti-discrimination legislation, and development of a community-based monitoring and evaluation system for measuring the effectiveness of anti-stigma and discrimination programming. A strategic plan has been developed that brings together all key actors in the human rights and HIV response and that aims to align with the recommendations of the Baseline Assessment and the National HIV Strategic Plan.

The measurement of success must also include the defeat of negative legislation, as was accomplished in 2019 with the campaign of JASL and other CSOs against the inclusion of HIV criminalization provisions in a Parliamentary report regarding the Sexual Offences Act. This intensive effort involved numerous committee submissions, engagement with the Director of Public Prosecutions and lawmakers, work in news and social media, and mobilization of UNAIDS and other international supporters. Though comments are still pending, the report was officially tabled and the speed and breadth of the mobilization reflect the extent to which CSOs have developed the capacity to coordinate and conduct

Conclusion

In Jamaica, the *Breaking Down Barriers* initiative has made strong gains possible over the past two years, despite the interruptions caused by the COVID-19 pandemic. In the next phase of the initiative, the country should continue to support all of the initiatives underway and reinforce coordination with government ministries, including health, justice and security. Efforts to strengthen gender-related programs, especially those promoting the rights of transgender persons and addressing gender-based violence, should also be supported.

In Jamaica, a stronger enabling legal environment is critical to the effectiveness of all other human rights programming. Without stronger legal protections, clients will remain reluctant to pursue human rights complaints and the impact of legal literacy, legal services and duty bearer sensitization programs will remain limited. Since baseline, significant progress was achieved in building momentum for reform of law and policy promoting health and human rights in Jamaica. Key stakeholders report that the BDB initiative has catalyzed national human rights advocacy, promoted the development of new strategies, and increased levels of participation from a broad range of constituent organizations. Harmful legislative provisions were defeated and, with support from new government partners such as the Office of the Public Defender, passage of a broad anti-stigma and discrimination bill is within reach.

Jamaica's participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination builds upon this momentum and represents a commitment to quality and sustainability of human rights programming. A five-year plan brings together all key actors in the human rights and HIV response and aims to align with the recommendations of the Baseline Assessment and the National HIV Strategic Plan. In addition, legal literacy programs increased knowledge of and demand for human rights among key populations and legal services networks were strengthened and diversified.

Progress was noted but more limited in training of health care providers and police sensitization efforts, and much work remains to be done in reducing discrimination against women and reducing harmful gender norms, particularly to address the continued marginalization of people of trans experience. It will be critical to scale up and sustain those programs with additional investments in order to achieve comprehensive coverage of programs to reduce human rights-related barriers to HIV services.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment

- Support the EEHR Technical Working Group's efforts to ensure coordination and coherence of human rights advocacy and programming.
- The Ministry of Health should move to finalize the National HIV Strategic Plan for 2020-2025.
- Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, National Security and Justice.

Programmatic Scale-up

- Provide resources for dedicated advocacy staff to support civil society and the JNFPB, EEHR unit's efforts to achieve passage of anti-stigma and discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan.
- Support the Ministries of Justice and Security to promote the institutionalization of pre- and in-service health and human rights training for law enforcement officials.
- Provide resources, capacity building and technical assistance for women and trans-led organizations to take leadership roles in design and development of human rights-related programming that reflects the complex reality of women's lives and supports inclusion of counseling and reproductive health services.

Programmatic Quality and Sustainability

- Support Jamaica's participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination to ensure continued progress in coordination of programming and policy coherence through implementation of the five-year Plan, advocacy for a National Human Rights Institution, passage of anti-discrimination legislation and development of community-based monitoring and evaluation systems to evaluate effectiveness of programming.
- The Global Fund should provide resources and technical assistance to convene a discussion of the MTA results to facilitate their refinement and the prioritization of recommendations, identification of key stakeholders to carry forward specific recommendations and consensus around how to best implement recommendations.

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Jamaica, to comprehensively address human rights-related barriers to services for HIV and, where applicable, TB and/ or malaria. This report presents the findings of the mid-term assessment conducted in Jamaica from September to December 2020 to: (a) assess Jamaica’s progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers Initiative’s Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services² increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to “introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services”,* and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

“Comprehensive” programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).†

² The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers to HIV services[‡]

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy (“know your rights”);
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases;
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.[§]

According to the *Breaking Down Barriers* initiative’s theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and matching increased funding for human rights initiatives, (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In 2020, the Global Fund supported a mid-term assessment examining Jamaica’s progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. Jamaica as a program assessment included desk review, key informant interviews conducted remotely and by a local consultant on the ground, and review of materials shared by key informants. Information was analyzed using qualitative, quantitative and semi-quantitative methods centered around the question of the comprehensiveness of programs.

The Jamaica mid-term program assessment was primarily conducted between September and December 2020, but some additional interviews were conducted in July 2021 (Table 1). More information on the assessment’s methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. Jamaica features a wide variety of actors and programs operating in the field of HIV, posing challenges to comprehensively mapping programs to remove human rights-related barriers to HIV services. Moreover, the inability to conduct the evaluation in person and in the midst of the Covid-19 pandemic- which altered the ways in which stakeholders work and stalled or modified implementation of programs- means these findings and recommendations should be understood as being the best measurement possible. Nevertheless, working with a local consultant and carefully selecting and interviewing a diverse set of key stakeholders, the team tried to overcome these limitations as much as possible and hopes that the information contained in this report provides an accurate snapshot and basis for further development of programs seeking to remove human rights-related barriers to HIV services.

Table 1: Jamaica Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Megan McLemore, Joe Amon, Nina Sun	September- October 2020
Key informant interviews conducted remotely with 15 people	Megan McLemore, Joe Amon, Carol Narcisse	October – December 2020
Follow-up with relevant key informants	Carol Narcisse	December 2020
Presentation of key report findings to Global Fund	Megan McLemore, Joe Amon	February 2021
Discussion with key stakeholders in Jamaica, including UN, government and CSO representatives on findings and recommendations	Megan McLemore, Joe Amon, Carol Narcisse	July 2021

Part I. Background and Country Context

Epidemiologic Context

Jamaica has been described as having both a generalized and a concentrated epidemic,^{**} with an overall HIV prevalence in 2019 estimated to be 1.4% for adults aged 15-49. Out of a total of 32,000 people living with HIV (PLHIV), 37.5% were women, and approximately half identified as sex workers, MSM or transgender people (Table 4).^{††} A 2018 assessment of newly diagnosed cases found that men who identified as heterosexual who reported having multiple sex partners, having a sexually transmitted infection (STI) or being a client of a sex worker accounted for 43% of all newly diagnosed HIV infections. An additional one third (32%) of newly diagnosed HIV cases were women who had no reported risk factors, and 15% of new HIV infections were among women reporting sex work, multiple sex partners or STIs.^{‡‡}

Table 4: Size estimates and HIV prevalence for Key populations in Jamaica^{§§}

Population	Size Estimate	HIV Prevalence
Sex workers	18,700	2%
Men who have sex with men	42,400	29.8%
Transgender people	3,800	51%

Over the past decade, some progress has been made in reducing new infections, as the 1,600 new infections in 2019 represents a reduction of 13 percent since 2010. However, AIDS-related deaths have increased 8 percent since 2010, to 1,000 per year in 2019.^{***}

The treatment cascade in Jamaica indicates challenges regarding access to anti-retroviral therapy as well as retention in care: although 84 percent of people living with HIV were aware of their status, only 44% were on treatment and 35% had attained viral suppression.^{†††} Access to treatment was higher among women than men, with 67% of women living with HIV on treatment, compared to only 31% of men.^{‡‡‡} Sexual contact is the predominant mode of transmission.^{§§§}

Other key and vulnerable populations within Jamaica include people who use drugs, prisoners and detainees, people with disabilities and adolescents.^{****}

Legal and Policy Context

Jamaica's HIV response has long been characterized by a robust civil society that has taken the lead in providing evidence-based, peer-driven prevention and treatment services. Many of these organizations have also engaged in local, national and international advocacy to promote the human rights of PLHIV and key populations, particularly LGBT people. These efforts, however, have struggled within a national context of a virulent anti-gay bigotry that pervades the culture, perpetuated by the criminalization of sodomy in the Offenses Against the Person Act. A relic of colonialism, this punitive legislation from 1864 has been the subject of condemnation over three decades by domestic and international bodies as violative of a range of fundamental human

rights including the right to privacy, autonomy, dignity of the person, health, and of life itself, all rights protected by international treaties signed and ratified by Jamaica.^{††††}

Legal protection from discrimination for PLHIV and key populations is weak and fragmented. There are general provisions protecting against discrimination in the Charter of Fundamental Rights and Freedoms, and various applicable laws and policies addressing orphans and vulnerable children living with HIV, managing HIV in educational settings, and HIV in the workplace.^{††††} However, awareness of these laws is low among the public and there is no anti-discrimination legal framework to ensure enforcement. Fear of disclosure, stigma and discrimination and violence prevent people from pursuing complaints, and human rights advocacy is frequently perceived as promoting an exclusively “gay agenda.” The impact of this environment on the HIV epidemic in Jamaica, where men who have sex with men, female sex workers and people of trans experience bear a disproportionate burden, is severe, as noted in 2020 by the Ministry of Health: Stigma associated with HIV and stigma and discrimination aimed at key populations remain deeply entrenched in the culture and the weak legislative and policy framework continue to threaten the control of the HIV epidemic.^{§§§§}

The country’s HIV response is guided by its National Integrated Strategic Plan for Sexual and Reproductive Health and HIV, 2014-2019. This is currently under revision in the form of the draft National HIV Strategic Plan for 2020-2025, and both documents recognize the importance of an improved enabling environment for promotion of human rights to the achievement of prevention and treatment objectives. Indeed, as part of the Breaking Down Barriers initiative, Jamaica decided to incorporate planning for comprehensive human rights programming into the National HIV Strategic Plan for 2020-2025, a process that was interrupted in the spring of 2020 by the COVID-19 pandemic. The Plan is currently being finalized at the Ministry of Health.

COVID-19

In March 2020 the government of Jamaica imposed nationwide curfews, restrictions on size of gatherings and restrictions on international travel to Jamaica as well as internal quarantine requirements in order to curb the spread of COVID-19. Key stakeholders report significant impact on human rights programming as a result, including suspension of legal literacy sessions, inability to convene health care workers and police for sensitization sessions, and reduced in-person outreach activities. CSOs and government were occupied with COVID-19 response rather than program implementation, stalling, for example, the development of the National HIV Strategic Plan for 2020-25, which incorporates plans for comprehensive human rights programming. Loss of employment resulted in economic hardship for PLHIV, creating food insecurity and inability to afford medications. Many who work in the informal economy such as sex workers were ineligible for cash supplements provided by the government. Quarantine restrictions increased reports of gender-based violence and reduced options for safety. Health care workers experienced stigma and discrimination from a fearful public.

In June 2020 the government reopened its borders to international tourism accompanied by some testing and quarantine requirements for travelers, a move that lessened some of the economic burdens on workers, but increased community transmission of COVID-19 necessitated further domestic quarantine measures in the fall of 2020. CSOs implementing human rights programs are attempting to adapt to a “new normal” of virtual programming, though many clients lack access to the necessary technology, particularly in rural areas.

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers within Jamaica through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders. These steps included applying for and matching increased funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the engagement of the working group on HIV, and the decision to incorporate elements of a comprehensive plan into the National HIV Strategic Plan. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment and care for key and vulnerable populations.

Table 5 – Key milestones

Milestone	Results	Date
Matching funds	Applied for and received US\$1 million of matching/catalytic funding and invested approx. \$750,000 from the HIV allocation in human rights programs, for a total investment in human rights programs of close to 1.75 mil.	Matching funds disbursed January 2019
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted	October 2017-July 2018
	Report presented to country with additional consultation in August 2018; report finalized January 2019	January 2019
Multi-stakeholder meeting	90 participants from government, civil society, technical partners and donors. Consultation on revisions to baseline findings and recommendations.	August 2018
Working group on human rights, HIV and TB	EEHR Technical Working Group charged with coordinating all human rights programming across multiple donors	Long-standing TWG
National plan to reduce human rights-related barriers	Incorporated into National HIV Strategic Plan 2020-25, currently being finalized	Latest draft dated February 2020

Baseline Assessment (2019)

A Baseline Assessment of programs to reduce human rights-related barriers to HIV in Jamaica was finalized in January 2019, with the research completed in 2017 and complemented by government consultations in 2018. The report found the following obstacles to be the most significant human rights-related barriers in accessing HIV services:

- HIV-related stigma and discrimination, including related to HIV status, self-stigma, and stigma and discrimination associated with membership within a key or vulnerable population
- Gender inequality, encompassing gender-based violence and harmful gender norms
- Punitive laws and policies, especially those related to criminalization of same-sex sexual relations and sex work
- Harmful law enforcement practices, specifically for sex workers and men who have sex with men
- Practical barriers to health services (e.g., long waiting periods/lack of appointment times)

In terms of programs to address human rights-related barriers to service access, while such services existed for all seven key program areas, these programs tended to be small-scale and did not fully cover each area. Recommended priority interventions for scaling-up towards comprehensive programs included:

- Developing and integrating curricula on stigma and discrimination reduction for duty bearers in professional training schools and colleges;
- Continuing support and mainstreaming of stigma and discrimination monitoring and redress mechanisms;
- Increasing advocacy efforts to expand access to justice for key and vulnerable populations, including efforts on law reform, legal literacy and access to legal services; and
- Developing and implementing tools to monitor and provide feedback for various duty bearers.

Matching Funds (2018)

In 2018, Jamaica applied for Matching/Catalytic Funds in the amount of US\$1 million to support activities under the strategic priority area “Programs to remove human rights-related barriers to health services.” Funds were disbursed in January 2019. In addition, Jamaica contributed US\$ 750,000 for human rights interventions from its allocation for the period 2017-2019, for a total investment of close to US\$1.75 million.

Multi-Stakeholder Meeting (2019)

The multi-stakeholder meeting on reducing human rights-related barriers to HIV services occurred on 8-9 August 2018. It was attended by over 90 participants from government, civil society, technical partners and donors. In addition to plenary discussions, there were specific working groups focused on:

- Reducing stigma and discrimination
- Addressing gender inequality and gender-based violence
- Sensitizing law-makers and law enforcement
- Monitoring and reforming laws and policies
- Monitoring human rights violations and increasing access to justice

As a result of the discussions, participants agreed to disseminate the results for consideration of integration into the new National HIV Strategic Plan.

The multi-stakeholder meeting included a special consultation with government agencies, encompassing participants from the Ministry of Health, Ministry of Education, Ministry of Finance, Bureau of Gender Affairs, Ministry of Justice, Ministry of Labor, Planning Institution of Jamaica and the Office of the Children's Advocate. The results of this consultation were integrated into the final Baseline Assessment.

Technical Working Group on Human Rights

The Enabling Environment for Human Rights (EEHR) office of the National Family Planning Board, under the authority of the Ministry of Health, plays a key role in implementation of human rights programming in Jamaica. EEHR has a long-standing Technical Working Group that provides guidance and coordination of the national HIV response. It also seeks to monitor and coordinate all human rights programming across multiple donors. Led by the Global Fund CCM Chair and Executive Director of Caribbean Vulnerable Communities, the TWG is comprised of diverse stakeholders ranging from government ministries to faith leaders, academia and CSOs.

The TWG will work closely with the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination, a five-year initiative co-convened by UNAIDS, GNP+, the Global Fund and others which seeks to ensure that anti-stigma and discrimination programs and projects in Jamaica are centralized, coordinated and sustainable. The Global Partnership in Jamaica promotes policy coherence and coordination through implementation of a five-year Plan, creation of a National Human Rights Institution, passage of anti-discrimination legislation, and development of a community-based monitoring and evaluation system. The TWG will play a key role in ensuring that this five-year Plan will seek to align with the recommendations of the Baseline Assessment and the National HIV Strategic Plan for 2020-2025.

National Plan (2020-2025)

Following the multi-stakeholder meeting and in conjunction with the EEHR Technical Working Group, it was decided that the recommendations of the Baseline Assessment and planning for comprehensive human rights programming would be integrated into the revised National HIV Strategy Plan for 2020-2025, a process that was interrupted in the spring of 2020 by COVID-19. The Ministry of Health has not yet finalized the Plan.

Recommendations

- Support the EEHR TWG's efforts to provide guidance and coordination to human rights-related advocacy and programming.
- Support Jamaica's participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination including Ministries of Justice and Security and ensure continued progress in coordination of programming and policy coherence related to anti-stigma and discrimination efforts, for example: through the implementation of the five-year Plan, advocacy for a National

Human Rights Institution, passage of anti-discrimination legislation and development of community-based monitoring and evaluation systems to evaluate effectiveness of programming.

- The Ministry of Health should move to finalize the National HIV Strategic Plan for 2020-2025, to provide the imprimatur of a nationally agreed policy framework for strong EEHR efforts in the national response.
- Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, National Security and Justice.

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards “comprehensiveness” of programs to remove human rights-related barriers to HIV services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV overall are discussed in the section below on “Ensuring Quality Programming”.

Programs to Remove Human Rights-related Barriers to HIV

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	2.5	4.3

The Baseline Assessment identified a number of programs designed to combat stigma and discrimination against PLHIV and key populations, sponsored both by the government as well as by NGOs and community organizations. It was noted, however, that many of these programs were ad-hoc and short-term and that the messages were not standardized or coordinated. In line with the recommendations at baseline, Jamaica has continued to promote programs to reduce stigma and discrimination and importantly, made progress in establishing these programs as part of a more centralized and sustained campaign.

Examples of continuing programs include the “Rispek” project, a tour of 8 communities with sensitization sessions, skits and resource information on HIV-related stigma and discrimination, gender-based violence and human rights violations conducted with the participation of the Office of the Public Defender, Bureau of Gender Affairs, and Jamaican Network of Seropositives and other community-based organizations. Equality for All/Jamaica J-FLAG launched an extensive news and social media campaign against stigma and discrimination that reached more than 1 million people during 2019 and 2020. A Stigma Index was published in 2020 by Health Policy Plus that documented high rates of stigma and discrimination against PLHIV and key populations. ***** Jamaican AIDS Support for Life and Jamaicans for Justice, with the support of the European Union, conducted a survey that also found pervasive stigma and discrimination for PLHIV and key populations, and released a detailed report on HIV and Access to Justice on World AIDS Day 2020. ††††† Recommendations from the report focused on the strengthening of access to justice and redress mechanisms to resolve discrimination complaints. In December 2020, the Enabling Environment and Human Rights Unit of the Jamaica National Family Planning Board, with significant funding support from the government of Jamaica, launched a national human rights media campaign designed to raise human rights awareness among the general public through widespread TV, radio and social media outlets.

At the same time, a number of CSOs as well as the Enabling Environment and Human Rights Unit and the Office of the Public Defender coalesced around development of national anti-stigma and discrimination legislation. Recognizing the centrality of the Offenses Against the Person Act to perpetuating stigma and discrimination but acknowledging the need for new strategies to confront pervasive bigotry and prejudice throughout Jamaican society, HIV-focused CSOs broadened their work against stigma and discrimination to include other constituencies such as people with disabilities, Rastafarians and other religious minorities, reproductive rights organizations and others. In addition to drafting a broad anti-stigma and discrimination bill with protections beyond those for PLHIV, a coalition produced a Joint Civil Society Advocacy Plan for pushing forward with targeted, strategic anti-discrimination activities. Key stakeholders reported that passage of the anti-stigma and discrimination bill is a goal within reach, but identified the need to strengthen government support at the highest levels, including from the Ministry of Health as well as the Ministries of National Security and Justice. CSOs as well as the EEHR Unit noted the importance of dedicated advocacy staff in order to sustain this complex and time-consuming work.

Importantly, Jamaica agreed to join the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination. The Global Partnership in Jamaica will promote policy coherence and coordination through implementation of a five-year Plan, creation of a National Human Rights Institution, passage of anti-discrimination legislation, and development of a community-based monitoring and evaluation system for measuring the effectiveness of anti-stigma programming. The five-year plan will seek to align with the recommendations of the Baseline Assessment and the National HIV Strategic Plan for 2020-2025.####

Table 6 - Stigma and Discrimination Reduction Activities

Description of Activities	Organizations	Location/Reach
“Rispek” tour offering sensitization sessions, skits and resource information to combat stigma and discrimination, gender-based violence and human rights violations	NFPB Enabling Environment and Human Rights Unit, Office of the Public Defender, Jamaican Network of Seropositives, and other CSOs	8 communities
News and social media projects to combat stigma and discrimination, including video question and answers, training in social media advocacy, and other campaigns	EEHR, Equality for All Foundation, JN+ and others	1 million people reached in 2019-20
Publication of extensive survey of HIV-related stigma and discrimination on World AIDS Day 2020 with recommendations for promoting access to justice and redress of complaints	Jamaicans for Justice, Jamaican AIDS Support for Life	n/a
Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination will promote policy coherence and coordination of anti-stigma and discrimination activities and programs, including passage of anti-discrimination legislation	UNAIDS, Jamaican government, JASL, JFJ and other CSO partners	National level initiatives

Recommendations

- Ensure continued progress in coordination of programming and policy coherence through support of the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination, implementation of a five-year Plan, advocacy for a National Human Rights Institution and development of community-based monitoring and evaluation systems.
- Support recommendations outlined in the “HIV and Access to Justice” report to strengthen redress mechanisms for discrimination complaints.
- Provide resources for dedicated advocacy staff to support civil society and EEHR efforts to pass anti-stigma and discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan.
- Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, Security and Justice.
- Support ongoing national, regional and international efforts to achieve the repeal the Offences Against the Person Act.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	1.5	3.3

Jamaica has demonstrated some progress in training of health care workers in human rights and medical ethics. The Baseline Assessment identified the negative attitudes of health care providers as a major barrier to the willingness of PLHIV and key populations to access health services, particularly in health clinics operated by the government rather than by CSOs. In line with the recommendations of that report, trainings have expanded, become more coordinated and centralized, and are prioritized by the Ministry of Health in the draft of the National HIV Strategic Plan for 2020-2025. §§§§§

During the assessment period several different initiatives accomplished the training of hundreds of health care workers as well as administrative and facility staff. These trainings were led by CSOs and coordinated by the Enabling Environment Unit and Human Rights Unit who also ensured cooperation from health facilities with multiple “mystery shopper” projects and monitoring efforts to determine quality of treatment and care for people living with HIV and key populations. Workshops were held in all four regions to discuss the findings of these interventions and to discuss surveys of staff attitudes that were taken pre- and post-training. Positive changes were observed in attitudes and beliefs regarding people living with HIV and key populations, and MOH reported a reduction in patient complaints of stigma and discrimination following the trainings. Most importantly, the MOH has shown a willingness to institutionalize human rights training in the draft National HIV Strategy Plan for 2020-2025, establishing requirements for pre- and in-service training in human rights, gender equity and gender-based violence issues for all providers.

However, challenges remain. There is no indication that training of health care workers is coordinated with legal literacy or legal services programming, a missed opportunity to promote resolution of complaints in communities where these projects are located. Further, MOH acknowledged the lack of monitoring and evaluation systems to document the impact of human rights training on health outcomes, stating the technical assistance and resources would be necessary to help develop indicators, methodology, and plans for implementation. MOH also noted the failure of current training materials to adequately address human rights issues related

to transgender persons as patients, as well as the lack of health policies relevant to best practices for HIV treatment for this population, including hormone treatment availability. Finally, there was acknowledgement of the need to have repeated, or refresher, trainings, which would train new health care workers as well as allow for further, deeper, discussion of stigma and discrimination faced in health settings. Opportunities to expand training to students in health training programs are also needed to complement in-service training.

Recommendations

- Provide support for the Ministry of Health to implement and institutionalize human rights-related training for all health care providers and facility and administrative staff.
- Expand training to students in health training programs.
- Provide technical assistance and resources to implement a monitoring and evaluation system to document the impact of human rights-related training on HIV-specific health outcomes.
- Improve the content of trainings to address the human rights of transgender patients.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	1.0	3.0

During the assessment period, CSOs made increased efforts to address discriminatory treatment from the police, an issue that continues to be a major source of human rights violations for PLHIV and key populations in Jamaica.***** In 2019-2020, more than 1,000 police officers in regions across Jamaica were trained in protecting the human rights of PLHIV and key populations, including pre-service recruits at the national police academy and in-service trainings that reached regional and divisional leaders in addition to the rank and file. These programs were coordinated by the Enabling Environment and Human Rights Unit and led by a coalition of CSOs representing a diversity of constituents including Jamaican AIDS Support for Life, Jamaicans for Justice, Equality for All, J-FLAG, Eve for Life, Jamaican Community of Positive Women, Transwave, and others. The curricula addressed such topics as:

- Understanding Human Rights Policing
- Children’s Rights
- Protecting the Rights of Gender and Sexual Minorities
- Working with survivors of Sexual Violence

Stakeholders reported positive results, with post-training surveys indicating changed attitudes and key populations reporting improved treatment from police. Though local and regional authorities cooperated and even requested additional training, there was little indication of support from the Ministry of Justice or Security for institutionalization of human rights sensitization at all levels. This is particularly important given what was described as high staff turnover (or transfer from one jurisdiction to another) that necessitates a sustained and committed engagement in order to overcome deeply held prejudices. Moreover, many implementers noted that in the absence of a stronger leadership support or legal framework for protection of rights and accountability for violations, the effectiveness of sensitization trainings would remain limited.

Recommendations

- Support the Ministries of Security and Justice to promote the institutionalization of pre- and in-service health and human rights training for law enforcement officials.
- Support expanded and sustained human rights training and sensitization activities for police officers led by a diverse coalition of CSOs.
- Work specifically with district police leaders to gain support for the program.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy (“know your rights”)	2.0	3.5

At the time of the Baseline Assessment, legal literacy and “Know Your Rights” programs existed, but were described as small scale and fragmented. Since baseline, legal literacy sessions have been an integral part of an articulated Access to Justice Framework and strategy developed by implementing CSOs with the support of the Enabling Environment and Human Rights Unit of the MOH. Led by Jamaican AIDS Support for Life and Jamaicans for Justice, a diverse coalition including the Jamaican Network of Seropositives, Jamaican Community of Positive Women, Eve for Life, J-FLAG, Equality for All, Transwave and others participated in an intensive effort to present hundreds of legal literacy and “Know Your Rights” sessions for community members throughout Jamaica. The impact of this effort was described in the report on HIV and Access to Justice released by JASL and JFJ on World AIDS Day. +++++ The report noted high levels of understanding of their rights among community members, particularly among PLHIV, and a greater willingness to seek redress for complaints of discrimination in health care, employment and other sectors and more ability to advocate for themselves in health care settings. Key informants also report that participation by a diverse group of community organizations has raised awareness of human rights within CSOs and strengthened the network of advocates working to promote human rights. Overall, both government and civil society implementers reported positive results from the legal literacy programs.

The communities reached are primarily in urban areas, leaving out many rural populations. In addition, according to the HIV and Access to Justice report, scale up of legal literacy programs is needed in order to reach those who are not connected to CSOs, particularly LGBT people who demonstrated a weaker knowledge of their rights than other populations. Despite an emphasis on combating stigma and discrimination in health settings and anecdotal evidence of improved access to services, there are no mechanisms in place for monitoring or documenting impact of legal literacy programs on health outcomes.

A lack of human rights awareness and acceptance among the general public, and an association of human rights with a “gay agenda” necessitate expansion of legal literacy and human rights education beyond PLHIV and key populations in Jamaica. In an important development toward this goal, the Office of the Public Defender joined with the Ministry of Health and the Enabling Environment and Human Rights Unit to launch a multifaceted, nationwide “Know Your Rights” Campaign in December 2020.

Recommendations

- Support continued scale up of legal literacy programs with emphasis on outreach to LGBT and rural populations.
- Provide support and resources for monitoring and evaluation of impact of legal literacy and other human rights-related interventions on health outcomes
- Support human rights education campaigns designed to increase human rights awareness and acceptance among the general public.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.0	3.5

At baseline, activities directed to increasing access to justice were focused on the development of systems for documenting and referring complaints of human rights violations. The Jamaican Anti-Discrimination System (JADS), established in 2007, was the primary mechanism available for PLHIV to register complaints of stigma and discrimination. Managed by the Jamaican Network of Seropositives, JADS was designed to collect cases of HIV-related discrimination and refer them to the Ministry of Health or Labour for resolution, but its efficacy was limited by lack of resources and weak coordination with legal networks. In line with recommendations in the Baseline report, CSOs and the Ministry of Health have significantly expanded the capacity of JADS as part of a broader Access to Justice Framework and strategy, a key element of Jamaica’s implementation of the human rights matching funds from the Global Fund. #####

The Framework centers around three objectives- increase legal literacy among key populations, increase legal services available to those with human rights complaints, and increase capacity for legislative and policy advocacy to create an enabling environment for reducing human rights-related barriers to HIV services. Since development of the Framework, the availability of legal services has been increased in numerous ways. Jamaicans for Justice has taken a major role in providing a network of lawyers for representation. JALS has trained dozens of paralegals and redress officers and numerous CSOs now participate in the JADS system by raising awareness among their clients, hiring their own redress officers to identify and respond to complaints, and referring appropriate cases to the lawyers at JFJ. Types of cases have expanded beyond health and employment settings to domestic violence, inheritance, harassment and other discrimination issues, and a number of cases have been successfully resolved. More than 100 Ministry of Labour officers were trained to better respond to HIV-related workplace complaints. As recommended in the Baseline report, the Office of the Public Defender has joined the referral network and offered to take on cases of HIV-related discrimination.

Despite significant progress in expanding the legal services network, its impact remains limited by the unwillingness of many to pursue legal redress for their complaints. The criminalization of sodomy and weak and piecemeal protections against discrimination produce fear of stigma, discrimination, and violence, leading many LGBT people to prefer to seek asylum in other countries rather than engage the judicial system in Jamaica. Distrust of the government’s human rights record also prevents utilization of the Office of the Public Defender by people living with HIV. Despite sporadic trainings of judges and magistrates, there was little evidence of

Ministry of Justice engagement in these programs. Implementers report that many people would rather resolve their issues in more anonymous, informal settings using mediation or other alternative dispute resolution mechanisms, and many fail to follow up on complaints altogether. The JASL and JFJ Access to Justice report recommends training peers who are not paralegals to assist in pursuing resolution of complaints outside the legal system. In addition, participating CSOs reported that JADS needs improved coordination and centralization, and many expressed their preference to hire their own legal teams to serve their clients due to a burdensome and confusing referral system. Coverage is limited to mostly urban areas, and no monitoring and evaluation systems have been developed to document impact of legal services on health outcomes.

Recommendations

- Support increased engagement of relevant government ministries, particularly the Ministry of Justice, in implementation of the objectives set out in the Access to Justice Framework.
- Support national advocacy efforts to improve the legal and policy environment and promote human rights.
- Support improved coordination, centralization and oversight of the JADS system to strengthen the network for legal services.
- Support increased coverage for legal services in rural areas.
- Provide support and resources, including technical assistance, for developing monitoring and evaluation systems to document impact on health outcomes.

HIV Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws	2.5	3.8

Jamaica’s robust network of civil society continues its long-term struggle for human rights. Supported by the Offenses Against the Person Act that criminalizes sodomy, anti-LBTI bigotry remains at a high level and human rights are often negatively associated with an exclusively “gay agenda.” However, key stakeholders report that the BDB initiative has catalyzed national human rights advocacy and promoted the development of new strategies and levels of participation and coordination of a broad range of constituent organizations. With support from UNAIDS, the European Union, Ministry of Health, the Office of the Public Defender and many others, Jamaica has made notable progress in advocacy for legal reform.

Recognizing that new strategies are called for, HIV-focused CSOs are broadening their work against stigma and discrimination to include organizations of people with disabilities, Rastafarians and other religious minorities, reproductive rights groups, churches, and others. Led by JASL and with the assistance of Caribbean Vulnerable Communities, the University of West Indies and others, a Civil Society Forum was established to promote health and human rights for a broad constituency. HIV-focused CSOs also developed a Joint Civil Society Advocacy Plan that outlines specific strategic targets for law and policy reform in multiple sectors- health, employment, education, reproductive rights-- and identifies key civil society and government partners for each initiative. The Office of the Public Defender, Jamaicans for Justice and JASL prepared first a policy paper and then a draft of anti-stigma and discrimination

legislation that expanded the framework for defining human rights protections beyond HIV and LGBT to all sectors of society. JFJ and OPD collaborated on a policy paper in support of creation of National Human Rights Institution.

The Enabling Environment and Human Rights Unit of the National Family Planning Board is supporting these efforts. The Technical Working Group at EEHR, chaired by Caribbean Vulnerable Communities, has undertaken to support and coordinate all human rights work across multiple donors. Jamaica agreed to join the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination, a five-year initiative sponsored by UNAIDS which seeks to ensure that anti-stigma and discrimination programs and projects are centralized, coordinated and sustainable. The Partnership in Jamaica will promote policy coherence and coordination through implementation of a five-year Plan, creation of a National Human Rights Institution, passage of anti-discrimination legislation, and development of a community-based monitoring and evaluation system for measuring the effectiveness of anti-stigma and discrimination programming. The five-year Plan will seek to align with the recommendations of both the Baseline Assessment and the National HIV Strategic Plan.

The challenges to reforming laws and policies are substantial. Repeal of the Offenses Against the Person Act remains out of reach, and resistance is strong to any legislative change related to human rights in Jamaica. The work is slow and enormously time consuming- building coalitions, achieving consensus, nurturing relationships with key lawmakers and influencers are long-term, painstaking endeavors. The measurement of success must also include the defeat of negative legislation, as was accomplished in 2019 with the campaign of JASL and other CSOs against the inclusion of HIV criminalization provisions in a Parliamentary report regarding the Sexual Offenses Act. This intensive effort involved numerous committee submissions, engagement with the Office of the Public Prosecutor and lawmakers, work in news and social media, and mobilization of UNAIDS and other international supporters. Though comments are still pending, the report was officially tabled and the speed and breadth of the mobilization reflect the extent to which CSOs have developed the capacity to coordinate and conduct effective advocacy. In order for these accomplishments and momentum to be sustained, key stakeholders identified the need for additional resources for dedicated staff to push forward these advocacy efforts.

The National Family Planning Board EEHR unit is actively engaged but stakeholders noted the need for visible, high-level government support for human rights-related advocacy from the Ministries of Health, Security and Justice, particularly to push forward the anti-stigma and discrimination bill and plans for a National Human Rights Institution. According to most key stakeholders, the creation of the NHRI is important not only to relieve a beleaguered court system but to reinforce the strategy of ensuring broad institutional support for human rights.

Table 7 - Examples of Law and Regulatory Reform Activities

Description of Activities	Organizations	Location/Reach
Convening of Civil Society Forum and development of Joint Civil Society Advocacy Plan	Led by JASL and JFJ and joined by multiple civil society organizations	National
Global Partnership for Elimination of Stigma and Discrimination will promote policy coherence and coordination of anti-stigma and discrimination activities and programs, including passage of anti-discrimination legislation	UNAIDS, Jamaican government, JASL, JFJ and other CSO partners	National
Draft of Anti-Stigma and Discrimination Legislation and publication of Policy Paper for creation of National Human Rights Institution	JASL, JFJ, OPD	National

Recommendations

- Continue to provide support and resources for law and policy reform advocacy, coordination and capacity building.
- Provide resources for dedicated advocacy staff to support civil society and EEHR efforts to pass anti-stigma and discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan.
- Strengthen government engagement and support for human rights-related advocacy, including for a National Human Rights Institution, from the Ministries of Health, Security and Justice.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.0	3.0

The Baseline Assessment identified gender-based violence and harmful gender norms as a major human rights challenge for women and girls in Jamaica. Numerous programs were underway to address these issues both in and outside of the HIV response, supported by donors such as USAID, PEPFAR and the European Union and implemented by Health Policy Plus, JASL, Eve for Life and others. In line with recommendations at baseline, the Ministry of Health has committed to integrating issues of gender equality and gender-based violence into all human rights programming, and women’s organizations are actively involved in implementation of the BDB initiatives. Eve for Life, Jamaican Community of Positive Women, Transwave and others are participating in legal literacy sessions for their constituents, assigning redress officers and paralegals to work with Jamaicans for Justice in providing legal services, and presenting on gender discrimination and gender-based violence in training sessions for the police. Eve for Life is training survivors of gender-based violence as advocates and first responders. A coalition of women’s organizations is advocating for changes to national legislation that requires parental consent for HIV and reproductive health services for minors. With the support of the Ministry of Health, UNAIDS and UNFPA, Transwave launched the first-

ever National Trans and Gender Non-Conforming Health Strategy in January 2021, a multifaceted five-year plan for improving social, economic and health conditions for trans people in Jamaica. The plan prioritizes a holistic approach to health and well-being for transgender people, emphasizing the structural and societal changes necessary to ensure equitable access to services and opportunities, including access to health services. Law reform, particularly in relation to recognition of gender identity and de-criminalization of same-sex relations, forms a part of the platform as well as ensuring that health services are welcoming and respectful through community-led monitoring and working with MOH to support staff training and education. Key stakeholders cited the need for technical assistance and dedicated staff to increase the capacity for long-term legislative and human rights-related advocacy efforts.

However, women and trans organizations identified significant barriers to full participation in human rights programming. Key stakeholders reported that although women's and trans organizations were included in implementation after the fact, they were not leaders in the design and development of human rights programs and programs focused on women and people of trans experience were not prioritized. To some extent this is a product of the nature of the HIV epidemic in Jamaica, where prevalence and rates of new HIV infection among women is lower than that of men who have sex with men. However, given the alarming rates of gender-based violence in Jamaica, where more than a quarter of women have experienced physical or sexual abuse, more attention to gender-specific programming is warranted.^{§§§§§§} For example, leaders of women's organizations identified a need for community discussions to increase understanding of why prioritization of women's and gender issues in HIV and human rights programming is important, and how HIV services often fail to reflect the complex reality of women's lives. Leaders cited the importance of holistic, integrated networks that include long-term counseling for trauma and self-stigma as well as sexual and reproductive health services. Moreover, prevalence of HIV among trans women in Jamaica exceeds 50 percent, and trans people continue to be marginalized, unrecognized in the law, and face stigma, discrimination and violence. As noted at baseline, there is an urgent need to build capacity for trans-led organizations to participate fully in the HIV response and in human rights programming.

Recommendations

- Provide resources, capacity building and technical assistance for women and trans-led organizations to take leadership roles in design and development of human rights programming that reflects the complex reality of women's lives and supports inclusion of counseling and sexual and reproductive health services.
- Provide support for community discussions of the importance of prioritizing women's and gender issues in HIV and human rights programming.
- Prioritize development of tailored programs to meet the needs of persons of trans experience on issues of gender-based violence, harmful gender norms and human rights.
- Support the implementation of the National Trans and Gender Non-Conforming Health Strategy by the Ministry of Health.
- Provide technical assistance and resources to trans-led organizations to build capacity for law reform and human rights-related advocacy.

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV and TB program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

There are numerous indicators that Jamaica is building the necessary conditions needed to achieve quality programming to remove human rights-related barriers to access. According to key informants in both government and CSOs, the Baseline Assessment's comprehensive analysis and recommendations were critical to shifting the national discourse around human rights from discussion to concrete action plans and programming. In Jamaica, law reform is critical to the success of human rights programming, and civil society was able to coalesce around a Joint Civil Society Advocacy Plan that provides a roadmap for broader, more diverse and potentially more effective campaign. The Access to Justice Framework, followed by the report on HIV and Access to Justice released on World AIDS Day 2020, provide evidentiary support and strong direction for action. The National HIV Strategic Plan, which remains in draft form, integrates human rights programming in the national HIV response and creates a sustainable policy framework for future implementation. The Ministry of Health should prioritize finalization and implementation of the Plan. A finalized Plan would provide the imprimatur of a nationally agreed policy framework for strong EEHR efforts in the national response.

The Enabling Environment and Human Rights Unit plays an active role and its Technical Working Group seeks to provide coordination of a growing field of human rights activities supported by a variety of donors. This will be essential to ensuring quality of programming, including strengthening monitoring and evaluation systems, and Jamaica's participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination represents a sustained commitment in this area. The engagement of the Office of the Public Defender and the Ministry of Labour lends important multisectoral support. However, key ministries such as Justice and Security that could promote institutionalization of police sensitization and other access to justice programs remain largely absent, limiting the impact of these initiatives. In addition, key stakeholders identified the need to strengthen government support for human

rights-related advocacy at the highest levels, including from the Ministry of Health as well as the Ministries of National Security and Justice.

On the ground, the CSOs who for decades have led the way in providing evidence-based, peer driven HIV services are well integrated into the implementation of human rights-related programming. This avoids duplication and increases the potential for documenting the impact of these programs on health outcomes. This opportunity for monitoring and evaluation, however, will be lost without additional resources and technical assistance. Additional coordination of activities, particularly in relation to the JADS system and legal network, is needed.

Technical Partners

UNAIDS is a key partner in promoting human rights in Jamaica's HIV response, with engagement ranging from membership on the EEHR Technical Working Group to working closely with government and CSOs in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination. USAID and PEPFAR support law and policy reform efforts but are primarily focused on prevention, treatment and health infrastructure funding. UNFPA provides support for developing and implementing the National Trans and Gender Non-Conforming Health Strategy. The European Union provides important support for women and girls through its Spotlight program that focuses on sexual and reproductive rights and reducing gender-based violence.

Response to COVID-19

In March 2020, the government of Jamaica imposed nationwide restrictions on international travel to Jamaica as well as internal quarantine requirements in order to curb the spread of COVID-19. Key stakeholders report significant impact on human rights programming as a result, including suspension of legal literacy sessions, inability to convene health care workers and police for sensitization sessions, and reduced in-person outreach activities. CSOs and government were occupied with COVID-19 response rather than program implementation, stalling, for example, the development of the National HIV Strategic Plan for 2020-25, which incorporates plans for comprehensive human rights programming. Loss of employment resulted in economic hardship for PLHIV, creating food insecurity and inability to afford medications. Many who work in the informal economy such as sex workers were ineligible for cash supplements provided by the government. Quarantine restrictions increased reports of gender-based violence and reduced options for safety. Health care workers faced stigma and discrimination from a fearful public.

In June 2020 the government reopened its borders to international tourism accompanied by some testing and quarantine requirements for travelers, a move that lessened some of the economic burdens on workers but increased community transmission of COVID-19 and necessitated further domestic quarantine measures in the fall of 2020. ***** CSOs implementing human rights programs are attempting to adapt to a "new normal" of virtual programming, though many clients lack access to the necessary technology, particularly in rural areas. Program costs have risen, as social distancing measures require fewer attendees, but venue and other presentation expenses remain the same.

Donor Landscape

Though Jamaica is a middle-income country designated for financing transition and currently provides the majority of funding for its HIV response, it is reliant on external funding for programs to remove human rights-related barriers. The Global Fund is the primary donor, contributing US\$1.74 million for human rights-related programming in NFM2. Other donors include the European Union, PEPFAR, AIDSfonds, Elton John AIDS Foundation and others. The dependence upon donors for human rights interventions underscores the importance of achieving progress in establishing law reform and the creation of institutions (such as the National Human Rights Institution) that can help sustain and advance progress if donor resource shift or diminish.

Recommendations

- Support the EEHR Technical Working Group's efforts to ensure coordination and coherence of human rights advocacy and programming.
- The Ministry of Health should move to finalize the National HIV Strategic Plan for 2020-2025 to provide the imprimatur of a nationally agreed policy framework for strong EEHR efforts in the national response.
- Provide resources for dedicated advocacy staff to support civil society and EEHR efforts to pass anti-discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan.
- Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, National Security and Justice.
- Support Jamaica's participation in the Global Partnership for Elimination of Stigma and Discrimination to ensure continued progress in coordination of programming and policy coherence through implementation of the five-year plan, advocacy for a National Human Rights Institution and development of community-based monitoring and evaluation systems to evaluate effectiveness of programming.
- Provide resources and technical assistance for monitoring and evaluation systems to ensure documentation of impact of human rights programming on health outcomes.

Part III. Emerging Evidence of Impact

At mid-term, the assessment documented emerging evidence regarding the impact of programming to remove human rights-related barriers to HIV services in the form of a case study on the development of new strategies, partnerships and coordination of law and policy reform efforts as a result of the Breaking Down Barriers initiative.

Strengthening Advocacy for Law and Policy Reform

Jamaica's robust civil society continues its long-term struggle for human rights. Perpetuated by the Offenses Against the Person Act that criminalizes sodomy, a virulent anti-LBTI bigotry pervades the culture. Human rights are often negatively associated with an exclusively "gay agenda." Without stronger legal protections, clients will remain reluctant to pursue human rights complaints and the impact of legal literacy, legal services and duty bearer sensitization programs will remain limited. Key stakeholders report that the BDB initiative has catalyzed national human rights advocacy, promoted the development of new strategies, and increased levels of participation from a broad range of constituent organizations. With support from UNAIDS, the European Union, Ministry of Health, and the Office of the Public Defender, Jamaica has made notable progress in advocacy for legal reform.

Recognizing that new strategies are called for, HIV-focused CSOs are broadening their work against stigma and discrimination to include organizations of people with disabilities, Rastafarians and other religious minorities, reproductive rights groups, churches, and others. Led by JASL and with the assistance of Caribbean Vulnerable Communities, the University of West Indies, and others, a Civil Society Forum was established to promote health and human rights for a broad constituency. HIV-focused CSOs also published a Joint Civil Society Advocacy Plan that outlines specific strategic targets for law and policy reform in multiple sectors- health, employment, education, reproductive rights-- and identifies key civil society and government partners for each initiative. The Office of the Public Defender, Jamaicans for Justice and JASL prepared a policy paper and then draft anti-stigma and discrimination legislation that expanded the framework for defining human rights protections beyond HIV and LGBT to all sectors. Key stakeholders report that passage of the bill is an attainable goal. JFJ and OPD collaborated on a paper in support of creating a National Human Rights Institution.

The challenges to reforming laws and policies are substantial. Repeal of the Offenses Against the Person Act remains out of reach, and resistance is strong to any legislative change related to human rights in Jamaica. The work is slow and enormously time consuming- building coalitions, achieving consensus, nurturing relationships with key lawmakers and influencers are long-term, painstaking endeavors. The measurement of success must also include the defeat of negative legislation, as was accomplished in 2019 with the campaign of JASL and other CSOs against the inclusion of HIV criminalization provisions in a Parliamentary report regarding the Sexual Offenses Act. This intensive effort involving numerous committee submissions, engagement with the Office of the Public Prosecutor and lawmakers, work in news and social media, and mobilization of UNAIDS and other international supporters. Though comments are still pending, the report was officially tabled and the speed and breadth of the advocacy mobilization reflect the extent to which CSOs have developed the capacity to coordinate and conduct effective advocacy.

Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness and achieve impact, the mid-term assessments makes recommendations in the following areas. For more details, see the table with the comprehensive set of recommendations.

To reach comprehensiveness and achieve impact, the mid-term assessments makes the following recommendations.

Key Recommendations

Creating a Supportive Environment

- Support the EEHR Technical Working Group's efforts to ensure coordination and coherence of human rights advocacy and programming.
- The Ministry of Health should move to finalize the National HIV Strategic Plan for 2020-2025.
- Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, National Security and Justice.

Programmatic Scale-up

- Provide resources for dedicated advocacy staff to support civil society and the JNFPB, EEHR unit's efforts to achieve passage of anti-stigma and discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan.
- Support the Ministries of Justice and Security to promote the institutionalization of pre- and in-service health and human rights training for law enforcement officials.
- Provide resources, capacity building and technical assistance for women and trans-led organizations to take leadership roles in design and development of human rights-related programming that reflects the complex reality of women's lives and supports inclusion of counseling and reproductive health services.

Programmatic Quality and Sustainability

- Support Jamaica's participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination to ensure continued progress in coordination of programming and policy coherence through implementation of the five-year Plan, advocacy for a National Human Rights Institution, passage of anti-discrimination legislation and development of community-based monitoring and evaluation systems to evaluate effectiveness of programming.
- The Global Fund should provide resources and technical assistance to convene a discussion of the MTA results to facilitate their refinement and the prioritization of recommendations, identification of key stakeholders to carry forward specific recommendations and consensus around how to best implement recommendations.

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	<ul style="list-style-type: none"> • Support the EEHR TWG’s efforts to provide guidance and coordination to human rights-related advocacy and programming. • Support Jamaica’s participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination including Ministries of Justice and Security and ensure continued progress in coordination of programming and policy coherence related to anti-stigma and discrimination efforts, for example: through the implementation of the five-year Plan, advocacy for a National Human Rights Institution, passage of anti-discrimination legislation and development of community-based monitoring and evaluation systems to evaluate effectiveness of programming. • The Ministry of Health should move to finalize the National HIV Strategic Plan for 2020-2025, to provide the imprimatur of a nationally agreed policy framework for strong EEHR efforts in the national response. • Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, National Security and Justice.
Programmatic quality and sustainability	<ul style="list-style-type: none"> • Support the EEHR Technical Working Group’s efforts to ensure coordination and coherence of human rights advocacy and programming. • The Ministry of Health should move to finalize the National HIV Strategic Plan for 2020-2025 to provide the imprimatur of a nationally agreed policy framework for strong EEHR efforts in the national response. • Provide resources for dedicated advocacy staff to support civil society and EEHR efforts to pass anti-discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan. • Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, National Security and Justice. • Support Jamaica’s participation in the Global Partnership for Elimination of Stigma and Discrimination to ensure continued progress in coordination of programming and policy coherence through implementation of the five-year plan, advocacy for a National Human Rights Institution and development of community-based monitoring and evaluation systems to evaluate effectiveness of programming. • Provide resources and technical assistance for monitoring and evaluation systems to ensure documentation of impact of human rights programming on health outcomes.

HIV-related recommendations by program area

Stigma and discrimination reduction

- Ensure continued progress in coordination of programming and policy coherence through support of the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination, implementation of a five-year Plan, advocacy for a National Human Rights Institution and development of community-based monitoring and evaluation systems.
- Support recommendations outlined in the “HIV and Access to Justice” report to strengthen redress mechanisms for discrimination complaints.
- Provide resources for dedicated advocacy staff to support civil society and EEHR efforts to pass anti-stigma and discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan.
- Strengthen government engagement and support for human rights-related advocacy, including from the Ministries of Health, Security and Justice.
- Support ongoing national, regional and international efforts to achieve the repeal the Offenses Against the Person Act.

Training of health care workers on human rights and ethics

- Provide support for the Ministry of Health to implement and institutionalize human rights-related training for all health care providers and facility and administrative staff.
- Expand training to students in health training programs.
- Consider providing technical assistance and resources to implement a monitoring and evaluation system to document the impact of human rights-related training on health outcomes.
- Improve the content of trainings to address the human rights of transgender patients.

Sensitization of lawmakers and law enforcement agents

- Support the Ministries of Security and Justice to promote the institutionalization of pre- and in-service health and human rights training for law enforcement officials.
- Support expanded and sustained human rights training and sensitization activities for police officers led by a diverse coalition of CSOs.
- Work specifically with district police leaders to gain support for the program.

Legal literacy

- Support continued scale up of legal literacy programs with emphasis on outreach to LGBT and rural populations.
- Provide support and resources for monitoring and evaluation of impact of legal literacy on health outcomes.
- Support human rights education campaigns designed to increase human rights awareness and acceptance among the general public.

Legal services

- Support increased engagement of relevant government ministries, particularly the Ministry of Justice, in implementation of the objectives set out in the Access to Justice Framework.
- Support national advocacy efforts to improve the legal and policy environment and promote human rights.
- Support improved coordination, centralization and oversight of the JADS system to strengthen the network for legal services.
- Support increased coverage for legal services in rural areas.
- Provide support and resources and consider technical assistance for developing monitoring and evaluation systems to document impact on health outcomes.

Monitoring and reforming laws, regulations and policies related to HIV

- Continue to provide support and resources for law and policy reform advocacy, coordination and capacity building.
- Provide resources for dedicated advocacy staff to support civil society and EEHR efforts to pass anti-stigma and discrimination legislation and to carry out targeted, strategic anti-discrimination activities as identified in the Joint Civil Society Advocacy Plan.
- Strengthen government engagement and support for human rights-related advocacy, including for a National Human Rights Institution, from the Ministries of Health, Security and Justice.

Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity

- Provide resources, capacity building and technical assistance for women and trans-led organizations to take leadership roles in design and development of human rights programming that reflects the complex reality of women's lives and supports inclusion of counseling and sexual and reproductive health services.
- Provide support for community discussions of the importance of prioritizing women's and gender issues in HIV and human rights programming.
- Prioritize development of tailored programs to meet the needs of persons of trans experience on issues of gender-based violence, harmful gender norms and human rights.
- Support the implementation of the National Trans and Gender Non-Conforming Health Strategy by the Ministry of Health.
- Provide technical assistance and resources to trans-led organizations to build capacity for law reform and human rights-related advocacy.

Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

- 1) To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
- 2) To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
- 3) To help inform the new Global Fund strategy.

The assessment was expected “to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs.”+++++

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Jamaica is a Program assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. In-depth assessments were also envisioned to include site visits and a limited number of key informant interviews conducted during a two-week country trip. Originally, in-depth assessments were also to include a one-week follow-up trip to present the assessment findings to country stakeholders. However, due to the COVID-19 pandemic, this was not possible.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs	
Dimension	Questions
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV and TB. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment begun in September 2020 and completed in December 2020. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Jamaica Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Megan McLemore, Joe Amon, Nina Sun	September-October 2020
Key informant interviews conducted remotely with 15 people	Megan McLemore, Joe Amon, Carol Narcisse	October – December 2020
Follow-up with relevant key informants	Carol Narcisse	December 2020
Presentation of key report findings to Global Fund	Megan McLemore, Joe Amon	February 2021
Discussions with key stakeholders in Jamaica, including UN, government and CSO representatives on findings and recommendations	Megan McLemore, Joe Amon, Carol Narcisse	July 2021

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III. List of Key Informants

1. Dr. Alisha Robb-Allen, Senior Medical Officer (Acting), Ministry of Health and Wellness, HIV/STI/TB Unit
2. Ruben Pages Ramos, Community Support Advisor, UNAIDS
3. Ivan Cruickshank, Executive Director, Caribbean Vulnerable Communities Coalition
4. Ricky Pascoe, President, Jamaican Network of Seropositives
5. Devon Gabourel, Director, EEHR, Jamaican Family Planning Board
6. Kemoy Beckford, Director, Strategic and Corporate Planning, Social Development Commission
7. Rodje Malcolm, Executive Director, Jamaicans for Justice
8. Olive Edwards, Convenor, Jamaican Community of Positive Women
9. Kandasi Levemore, Executive Director, Jamaican AIDS Support for Life
10. Patrick Lalor, Policy Manager, Jamaican AIDS Support for Life
11. Yolanda Paul, Project Manager, University of West Indies HARP Program
12. Glenroy Murray, Executive Director, JFLAG/Equality for All
13. Joy Crawford, Executive Director, Eve for Life
14. Renae Green, Executive Director, Transwave
15. Victoria Nibarger, Coordinator, Caribbean Regional Program, PEPFAR

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

1. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Baseline Assessment: Jamaica*.
2. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Reducing Human Rights-Related Barriers to HIV Services in Jamaica: Report of a “Breaking the Barriers” Multi-stakeholder Meeting Kingston 8-9 August 2018*.

Global Fund Internal Documents (all documents on file with the Global Fund and the MTA research team)

3. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Budget of Ministry of Health of Jamaica- Grant cycle 01 January 2019-31 December 2021*.
4. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2018). *Application Request for Matching Funds*.
5. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Applicant Response Form Jamaica*.
6. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Positioning Programs to Maximize Impact*.
7. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Technical brief: Tuberculosis, gender and human rights*.
8. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Technical brief: HIV, human rights and gender equality*.
9. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Annual report: Progress report on programmes to reduce stigma and discrimination and improve access to justice in the Jamaican national HIV response*.
10. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Quarterly progress report: Jamaica AIDS support for life, its sub sub-recipients and implementing partners*.

Country Documents

11. Ministry of Health Jamaica. (2019). *Jam-MOHW HIV Response Progress Report October 2019*.
12. Ministry of Health Jamaica. (2019). *Updated Report for Global Fund*.
13. Johnson, R. and Heron, T., Jamaican AIDS Support for Life. (n.d.) *Joint Civil Society Advocacy Plan: A Three Year Roadmap for CSOs Working in HIV*.
14. Jamaican National Family Planning Board, *Enabling Environment for Human Rights. (2020) Towards an Enabling Social, Policy and Legal Environment for Eliminating HIV-Related Stigma and Discrimination: Operational Plan for the National Strategic Plan, Draft*.
15. Ministry of Health Jamaica. (2020). *National HIV Strategic Plan, Draft*.
16. Ministry of Health Jamaica. (2017). *Mid-term Evaluation: Jamaica’s National Integrated Strategic Plan for Sexual and Reproductive Health and HIV 2014-2019*.
17. Jamaican Network of Seropositives and Health Policy Plus. (2020). *Jamaica: The people living with HIV stigma index*
18. Jamaican AIDS Support for Life (n.d.) *Access to Justice Framework*.
19. Jamaican Network of Seropositives, National Family Planning Board, et al. (2018). *The Jamaican HIV Anti-Discrimination Reporting and Redress Directory*.

20. Constitution of Jamaica (1962).
21. Jamaican Charter of Fundamental Rights and Freedoms (2011).

Relevant Third-Party Resources

22. UNAIDS. (2019). *Jamaica Global AIDS Monitoring Report*.
23. UNAIDS, UNDP. (2013) *Legal Reforms, Social Change: HIV/AIDS, Human Rights and National Development in Jamaica*.
24. Gray, V. A. (2018). *HIV/AIDS and human rights in the Caribbean: Situational analysis*. PANCAP.
25. UNAIDS. (2013). *The People Living with HIV Stigma Index: An Analytical Report Based on Research Findings*.
26. Curatio International Foundation. (n.d) *Jamaica HIV/AIDS Program Transition from Donor Support- Transition Preparedness Assessment*.
27. Human Rights Committee. (2020). *Universal Periodic Review Reference Documents: National Report, Compilation of UN Information, Summary of Stakeholders Information*.

* See Strategic Objective 3 in the Global Fund Strategy. The Global Fund to Fight AIDS, Tuberculosis and Malaria. (n.d.). *Investing to end epidemics: The global fund strategy 2017-2022*. Retrieved from https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf

† This definition was developed by the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. Paper available on request from the Global Fund

‡ For HIV: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Technical Brief: HIV, Human Rights and Gender Equality*. https://www.theglobalfund.org/media/6348/core_hivhumanrightsgenderequality_technicalbrief_en.pdf?u=637166001220000000; For TB: The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020). *Technical Brief: Tuberculosis, Gender and Human Rights*. https://www.theglobalfund.org/media/6349/core_tbhumanrightsgenderequality_technicalbrief_en.pdf?u=6371814420000000

§ “Reducing Discrimination against Women” which is why the report uses those headings for HIV and TB program areas

** Figueroa, J. P., Duncan, J. P., Bailey, A., & Skyers, N. (2020). The HIV epidemic in Jamaica: A need to strengthen the national HIV program. *Pan American Journal of Public Health, 44*, e157. doi: 10.26633/RPSP.2020.157.

†† Adapted from UNAIDS Jamaica website: UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>

†† Figueroa, J. P., Duncan, J. P., Bailey, A., & Skyers, N. (2020). The HIV epidemic in Jamaica: A need to strengthen the national HIV program. *Pan American Journal of Public Health, 44*, e157. doi: 10.26633/RPSP.2020.157.

§§ UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>. *MSM population size is likely to be an underestimate as many men are unwilling to disclose their status as a result of pervasive homophobia*. See, Figueroa, J. P., Duncan, J. P., Bailey, A., & Skyers, N. (2020). The HIV epidemic in Jamaica: A need to strengthen the national HIV program. *Pan American Journal of Public Health, 44*, e157. doi: 10.26633/RPSP.2020.157.

*** UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>

††† UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>

††† UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>

§§§ Ministry of Health Jamaica, *2020-2025 National HIV Strategic Plan, Draft, Version February 20, 2020, on file with the Global Fund*.

**** The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Baseline assessment – Jamaica: Scaling up programs to reduce human rights-related barriers to HIV services*.

†††† For a summary of applicable treaties and findings calling for repeal of the Offenses Against the Person Act, see, Kelly, O. & Murray, G. (2020). HIV and access to Justice: Situational analysis of access to justice among key populations affected by HIV and AIDS.

†††† The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2019). *Baseline assessment – Jamaica: Scaling up programs to reduce human rights-related barriers to HIV services*.

§§§§ Ministry of Health Jamaica, *2020-2025 National HIV Strategic Plan, Draft, Version February 20, 2020, on file with the Global Fund*.

***** Jamaican Network of Seropositives and Health Policy Plus. 2020. *The People Living with HIV Stigma Index: Jamaica*. Washington, DC: Palladium, Health Policy Plus.

††††† Kelly, O. & Murray, G. (2020). HIV and access to Justice: Situational analysis of access to justice among key populations affected by HIV and AIDS. *Jamaica AIDS Support for Life*.

††††† Jamaican National Family Planning Board, Enabling Environment for Human Rights. (2020) *Towards an Enabling Social, Policy and Legal Environment for Eliminating HIV-Related Stigma and Discrimination: Operational Plan for the National Strategic Plan, Draft*.

§§§§§ Ministry of Health Jamaica, *2020-2025 National HIV Strategic Plan, Draft, Version February 20, 2020, on file with the Global Fund*.

†††††† Kelly, O. & Murray, G. (2020). HIV and access to Justice: Situational analysis of access to justice among key populations affected by HIV and AIDS. *Jamaica AIDS Support for Life*.

†††††† Kelly, O. & Murray, G. (2020). HIV and access to Justice: Situational analysis of access to justice among key populations affected by HIV and AIDS. *Jamaica AIDS Support for Life*.

††††††† Jamaican AIDS Support for Life, *Access to Justice Framework* (n.d.). On file with the Global Fund.

§§§§§§ UN Women. (n.d.). *Jamaica first national survey on gender-based violence launched*. <https://lac.unwomen.org/en/noticias-y-eventos/articulos/2018/6/presentan-primera-encuesta-nacional-de-jamaica-sobre-violencia-de-genero>

††††††† Charles, J. (2020). A surge in COVID-19 cases means tighter lockdowns in the Bahamas and Jamaica. *Miami Herald*. Retrieved from <https://www.miamiherald.com/news/nation-world/world/americas/article245040730.html>

†††††††† Global Fund. RFP TGF-19-050: Mid-term Assessments of Programs to Reduce Human Rights-related Barriers to HIV, TB and Malaria services in 20 countries. July 2019.