



JAMAICA

Progress Assessment

Global Fund Breaking
Down Barriers Initiative

December 2023

Table of Contents

1. Executive Summary	5
2. Overview	8
3. Methods	10
4. Background and Country Context	11
5. Financial Investment	14
6. Impact of Programs to Remove Rights-related Barriers on Health Services and the Enabling Environment	15
6.1 Overview	
(a) Case Study One	
(b) Case Study Two	

7. National Ownership and Enabling Environments to Remove Human Rights Related Barriers	20
8. Towards comprehensiveness: achievements and gaps in scope, scale and quality	23
8.1 Program Areas for HIV	
(a) HIV: Eliminating stigma and discrimination in all settings	
(b) Ensuring non-discriminatory treatment in health care settings	
(c) Rights-based law enforcement practices	
(d) HIV-related legal literacy (“know your rights”)	
(e) Ensuring HIV-related access to justice	
(f) Improving laws, regulations and policies related to HIV	

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

(h) Supporting HIV-related community mobilization and human rights advocacy

9. Implementation Status of Rights-based Program

Essentials **40**

10. Cross-cutting observations **41**

11. Key Programmatic Recommendations **42**

Annex 1: Scorecard Methodology **44**

Annex 2: Key informants and beneficiary interviews **46**

Annex 3. Documents Reviewed **47**

DISCLAIMER

Towards the operationalization of the Global Fund Strategy 2023-2028, this progress 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.

ACKNOWLEDGEMENTS

The progress assessment of Breaking Down Barriers was led by a team of researchers assembled by the Drexel University Dornsife School of Public Health.

The Jamaica Progress Assessment was conducted under a grant to Drexel University. The research team was comprised of Megan McLemore, JD, LLM, independent health and human rights consultant, Joe Amon PhD, MSPH of Drexel University, and Carol Narcisse and Allison Perkins, independent consultants based in Kingston, Jamaica.

The authors would like to acknowledge the support of the Global Fund, as well as the many country stakeholders, technical partners and the many others who provided reports, insight and myriad contributions, and who demonstrated their dedication to their programs and beneficiaries.

1. Executive Summary

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to a comprehensive level, programs to remove human rights-related barriers to HIV, tuberculosis 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, with Jamaica receiving human rights matching funds to remove rights-related barriers to HIV services. As a part of the *Breaking Down Barriers* initiative countries are funded to implement a set of internationally recognized human rights programs and to create enabling environments to advance comprehensive responses.

This assessment examines progress since the Mid-Term Assessment of 2020, and addresses activities and programs under GC6, a grant covering the period of January 2021 through December 2024. Its findings reflect that despite an extremely difficult legal and political environment, a vibrant civil society has made notable progress in reducing human rights-related barriers to HIV services since the previous assessment was completed in April 2021. Support from the Enabling Environment and Human Rights Unit (EEHR) of the National Family Planning Board as well as collaboration with the Jamaica Partnership for Elimination of HIV-Related Stigma and Discrimination (Jamaica Partnership) have contributed significantly to advancing programs toward comprehensiveness.

The most significant areas of improvement found during the assessment period (April 2021-November 2023) were in legal literacy and access to justice for People living with HIV (PLHIV) and key populations, with these programs expanding in coverage and deepening their integration with HIV prevention and treatment services. Legal literacy and legal services programs also increased in responsiveness to discrimination against women living with HIV and Gender-Based Violence (GBV). Community-led mobilization and human rights advocacy also showed significant progress, both in the expansion of community-led monitoring (CLM) projects and in the overall coordination of CLM projects under a framework developed and led by EEHR and the Jamaica Partnership. Community-led trainings in legal literacy, public speaking and advocacy continued to be critically important to reducing self-stigma for key populations and to catalyzing new mobilization and activism among marginalized communities.

Jamaican AIDS Support for Life (JASL) is a long-standing community-led HIV service provider whose legal team works closely with case workers and peer “focal points” to respond, often immediately, to legal issues raised by clients at clinical sites in 3 regions of Jamaica. Trainings and legal support address a wide range of issues facing key populations, including housing discrimination, unlawful disclosure of HIV status, inheritance law, family and child custody issues and other problems that can create barriers to treatment and impact health outcomes. Jamaicans for Justice (JFJ) has also

developed extensive expertise in representation of PLHIV, key populations and response to gender-based violence. Aware that PLHIV are often reluctant to pursue human rights violations out of fear of stigma, discrimination or violence, JFJ's "court companion" program ensures that clients are offered continuous support throughout the judicial process, including a specialized group designed to prepare clients for what can be a lengthy and difficult ordeal. It was evident that without intensive support services, many people would abandon their claims for justice.

In addition, these CSOs and others such as Jamaican Network of Seropositives (JN+) that provide legal services are coordinating their teams within a network that identifies, reviews and refers claims to appropriate resources. Using the Jamaican Anti-Discrimination System (JADS), a tracking mechanism for legal claims that was fragmented and confusing to CSOs at the time of the Mid-Term Assessment, complaints related to human rights violations from numerous sources are documented and uploaded to a Claims Review Panel. With multi-sectoral representation from legal service providers, Ministry of Health and Wellness (MOHW), and social service agencies, claims are reviewed and referrals are made to the appropriate agencies for response. Similarly, complaints identified by CLM activities such as JFLAG's Mystery Shopper program are submitted to the Claims Review Panel through JADS and can be referred to the MOHW HIV division for response. These and other systems for coordination of programmatic human rights interventions, while in need of further improvement, represent important steps toward more efficient operation and management of human rights programming.

New initiatives have successfully engaged the faith-based community in issues of HIV and human rights since the Mid-Term Assessment. The Jamaica Council of Churches (JCC) conducted a survey of parishioners on attitudes and information related to PLHIV and followed it with a series of sensitization and education sessions intended to challenge misinformation and stigma. Working with the Bureau of Gender Affairs, JCC has also launched programming to raise awareness of Gender-Based Violence in Jamaica, including a guide to referral services to improve response to GBV issues from its member clergy, who may be the first site for counseling.

Despite numerous achievements, significant challenges remain. There is a broad consensus among stakeholders that conditions and experiences for PLHIV and key populations at health care facilities have improved, and MOHW remains committed to regular human rights and ethics trainings for health care workers. These trainings, however, are primarily conducted by CSOs and remain both ad-hoc and dependent on the goodwill of the current administration. Improved institutionalization of a human rights-based training curriculum is needed. Similar gaps exist for training of police and law enforcement officials, while attempts from CSOs to engage the judiciary in HIV or human rights trainings of any kind have been consistently unsuccessful.

At the national level, advocacy for broad anti-stigma and discrimination legislation with explicit protection for the rights of PLHIV and key populations remains out of reach. Jamaica's conservative legal and political climate and a pending election season has stalled attempts to move Parliamentarians in the direction of law and policy change. Most community-led organizations continue to lack the capacity for long-term, complex advocacy initiatives, or do not see the value of such work given the barriers to change that currently exist.

Changes underway to the health care system carry broad implications for HIV and human rights programming. The Jamaican Ministry of Health and Wellness has begun to implement a transformation of the national health system from a disease-specific to a universal primary care model that promotes "patient-centered" care. Primary care centers will be expanded and will offer a wider range of services including comprehensive care for PLHIV and key populations. Laboratory services will be decentralized as will HIV prevention, testing and counseling.

In alignment with this change, EEHR is working to increase multi-sectoral government engagement in the national HIV and human rights response by focusing on the importance of human rights protections to effective implementation of patient-centered care. In October 2023, EEHR hosted a 3-day workshop that drew attendance from a spectrum of government, civil society and the private sector much broader than previous planning or retreat sessions. Representatives from not only ministries of health, justice and education but from the national policy planning agency, police and correctional services and even disaster preparedness participated in small group sessions on stigma and discrimination, access to justice, community-led monitoring, gender equity and other *Breaking Down Barriers* program areas. The convening was well received and momentum was created for further collaboration, networking and information sharing.

Multi-sectoral support from government is critical to the achievement of comprehensive human rights programming, and increased engagement from relevant ministries was a key recommendation from the Mid-Term Assessment. Current initiatives such as the EEHR hosted workshop represent a positive approach to national ownership of a human rights-based response, but require sustained follow-up and continued broad engagement. Jamaica's move to a universal primary care model, may also represent a positive step towards greater availability of HIV care and 'mainstreaming' of treatment may reduce stigma. Again, follow-up and close monitoring is required to ensure that this approach does not undermine current progress and result in lack of attention to the needs of PLHIV and key and vulnerable populations. A strong EEHR/Jamaica Partnership collaboration and the continued work of a robust civil society will be critical to ensuring that PLHIV and key populations are prioritized in the roll-out of a patient-centered model of care.

Scorecard for Programs to Remove Human Rights-related Barriers in Jamaica

As part of Breaking Down Barriers, progress in countries is assessed on a 0-5 scale, with 0 demonstrating no programs present and 5 indicating that programs are at scale (national level), covering over 90% of key populations. Please see key below for full scale.

Scorecard for Programs to Remove Rights-related Barriers to HIV

HIV Program Area	Baseline	Mid-term	Progress Assessment
Eliminate stigma and discrimination in all settings	2.5	4.3	4.3
Ensure non-discriminatory provision of health care	1.5	3.3	3.7
Ensure rights-based law enforcement practices	1.0	3.0	3.2
Legal literacy ('know your rights')	2.0	3.5	4.0
Improve access to justice	2.0	3.5	4.4
Monitoring and reforming laws and policies	2.5	3.8	3.9
Reduce HIV-related gender discrimination	2.0	3.0	3.7
Support community mobilization and human rights advocacy	*	*	3.2
Average Score	1.9	3.5	3.9[#]

[#]: Note that the average scores only consider the first seven indicator to ensure consistency

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)
* – not a program area in the assessment periods

2. Overview

Since 2017, the Global Fund has provided more than US\$85 million in Matching Funds to scale up evidence-based programming to reduce human rights-related barriers to HIV, TB and malaria services through *Breaking Down Barriers*, catalyzing countries to commit additional financial support from within their allocations. To track progress in each of the 20 countries, the Global Fund has commissioned baseline and mid-term assessments in 2017 and 2019, respectively. In 2022, it commissioned a second progress assessment to examine further progress and inform further investments in this area, a continuing objective of the Global Fund's Strategy for 2023-2028.

Breaking Down Barriers aims to support countries to have “comprehensive” programs to remove rights-related barriers. “Comprehensive” programs are those 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).

Text Box 1: Programs to Remove Human Rights-related Barriers to HIV Services

- Eliminating stigma and discrimination in all settings
- Ensuring non-discriminatory provision of health care
- Ensuring rights-based law enforcement practices
- Legal literacy (“know your rights”)
- Increasing access to justice
- Improving laws, regulations and policies relating to HIV
- Reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity
- Community mobilization and advocacy for human rights

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 services¹ 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 purpose of the assessment is to assess the impact of the human rights interventions on uptake, access and retention of HIV services, with attention to the quality, scale-up and sustainability of programmatic implementation. It also aims to capture lessons learned related to human rights program implementation.

Specifically, the Jamaica Progress Assessment focused on the following three priority areas:

¹ 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).

- Assess programmatic progress and impact on services since April 2021, when the previous assessment was completed;
- Assess the current national HIV policy landscape and its impact on programs to reduce human rights-related barriers to access to health services; and
- Inform the GC7 funding process.

3. Methods

This Progress Assessment commenced in August 2023 and addressed activities and program implementation that began under a grant covering the period January 1, 2021 through December 31, 2024. At completion of the assessment in November 2023, there were 13 months remaining in the grant period.

The assessments took a differentiated approach to evaluate progress in the 20 *Breaking Down Barriers* countries – this approach categorized countries into two tiers: those that receive a focused assessment and others that received an in-depth assessment. While the methods used are the same between focused and in-depth assessments – i.e., they all included document review, key informant interviews and case study analysis, focused assessments included a smaller number of interviews and survey requirements than in-depth evaluations.

Jamaica is a focused assessment country. The assessment began with a desk review of relevant documents from the Global Fund and other key stakeholders. Interviews were conducted remotely as well as during an 8-day country visit in October 2023. Overall, the research team interviewed 24 key implementers, government agencies, technical partners and beneficiaries.

Site visits were conducted in Kingston where the research team had the opportunity to meet with implementers and beneficiaries. Stakeholders were given preliminary findings and recommendations for review and comment prior to finalization of the report. In this report, pseudonyms are used for beneficiary interviewees to protect confidentiality and privacy.

Table 1: Jamaica Mid-Term Assessment Timeline

Assessment Component	Dates
Desk review of available program reports, epidemiological information, and other background documents	August-November 2023
Key informant interviews	August-November 2023
Follow-up with relevant key informants	October-November 2023
Presentation of preliminary report findings to Global Fund	November 2023
Presentation of key report findings to Global Fund	November 2023

4. Background and Country Context

HIV Epidemiologic Context and Enabling Environment

Jamaica has been described as having both a generalized and a concentrated epidemic,² with an overall HIV prevalence in 2022 estimated to be 1.3% for adults aged 15-49. Out of a total of 30,000 people living with HIV (PLHIV), approximately half were estimated to be adolescent girls or women.³ Annually, 1,400 adults and children are estimated to be infected with HIV, a decline from 1,600 new infections in 2019⁴ and a decrease of 17 percent since 2010.⁵ Due to early sexual debut, male and female adolescents are a vulnerable group, comprising 16 percent of new HIV infections in 2021.⁶

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.⁷

Among key populations, HIV testing and status awareness was high for both sex workers and men who have sex with men (MSM) (Table 1), with HIV prevalence notably high for MSM and transgender individuals – who have an estimated HIV prevalence more than 20 times higher than the overall population.⁸

Table 1: Size estimates and HIV prevalence for Key populations in Jamaica⁹

Population	Size Estimate	HIV testing and status awareness (%)	HIV Prevalence (%)
Sex workers	18,700	93.0	2.0
Men who have sex with men	42,400	88.2	29.8
Transgender people	3,800	N/A	51.0
Prisoners	N/A	N/A	6.9

² 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.

³ UNAIDS Jamaica website: UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>
[Data from 2022.](#)

⁴ Adapted from UNAIDS Jamaica website: UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>

⁵ UNAIDS Jamaica website: UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>
[Data from 2022.](#)

⁶ Ministry of Health and Wellness, 2023-2030 National Strategic Plan for HIV (Draft).

⁷ 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.

⁸ Health Policy Project (n.d.). *Jamaica*. Retrieved from <http://www.healthpolicyplus.com/jamaica.cfm>

⁹ 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.

The 95-95-95 treatment cascade in Jamaica indicates both improvements and remaining challenges regarding access to anti-retroviral therapy, retention in care and achievement of viral load suppression. UNAIDS reports that 92% of people living with HIV in Jamaica know their HIV status, an improvement from 84% reported in the mid-term assessment (MTA). Similarly, the percent of people living with HIV who are on ART increased to 50% from 44% in the MTA, however it remains well below the target of 95%. Forty-five percent of people living with HIV (86% of those who are on ART) have suppressed viral loads.¹⁰

While the percent of viral suppression is encouraging, a recently published study found significant delays in uptake of treatment, indicating what one key informant said was a complacency to get on treatment.¹¹ In the study, 45% of people testing positive for HIV initiated ART more than one month after testing versus 43% initiating treatment on the same day as testing positive.¹² Women, overall, were more likely to be receiving ART than men (55% vs 45% respectively),¹³ however this gap had narrowed considerably from the MTA, which found that with 67% of women living with HIV on treatment, compared to only 31% of men.¹⁴

Legal and Policy Context

In Jamaica, a robust civil society has taken the lead for decades 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 pervasive anti-gay bigotry, perpetuated by the criminalization of sodomy in the Offenses Against Person Act -a relic of colonialism, dating back to 1864. A recent ruling of the Supreme Court in a case brought to determine whether the Court had jurisdiction to enquire into the constitutionality of the Law, declared that the Court did not have jurisdiction. The judgement was based on the existence of a Savings Law Clause in the Constitution, retaining some colonial Laws. Among other things the justices said that by virtue of the Savings Law clause, the "Parliament intended to protect laws related to sexual offences from review for unconstitutionality".¹⁵ The law carries broad implications for the progress of many aspects of the national HIV response.¹⁶

Viewing Jamaica through the lens of the UNAIDS 10-10-10 Targets for Societal Enablers,¹⁷ stigma and discrimination related to HIV status remain widespread: in the community, in the workplace, and at health facilities. Almost half (48%) of the respondents

¹⁰ UNAIDS Jamaica website: UNAIDS. (n.d.). *Jamaica*. Retrieved from [https://www.unaids.org/en/regionscountries/countries/jamaica>Data from 2022](https://www.unaids.org/en/regionscountries/countries/jamaica>Data%20from%202022).

¹¹ Interview with Glenroy Murray, Executive Director, JFLAG October 11, 2023.

¹² Cushnie A, Reintjes R, Figueroa JP, Artama M. Trends and factors associated with initiation of HIV treatment among PLHIV in Jamaica, 2015–2019. *Plos one*. 2023 May 26;18(5):e0265468

¹³ UNAIDS Jamaica website: UNAIDS. (n.d.). *Jamaica*. Retrieved from [https://www.unaids.org/en/regionscountries/countries/jamaica>Data from 2022](https://www.unaids.org/en/regionscountries/countries/jamaica>Data%20from%202022).

¹⁴ Global Fund, *Breaking Down Barriers Initiative Jamaica- Mid-Term Assessment* (April 2021).

¹⁵ The Daily Gleaner, "Court Dismisses Challenge of Jamaica's Buggery Law" October 27, 2023; [Court dismisses challenge of Jamaica's buggery law | News | Jamaica Gleaner \(jamaica-gleaner.com\)](#)

¹⁶ USAID and UNDP, *Being LGBT in Jamaica: A National Survey For Lesbian, Bisexual, Gay and Transgender Persons in Jamaica, March 2023* <https://www.undp.org/sites/g/files/zskgke326/files/2023-09/Being%20LGBTI%20in%20Jamaica%20%5Bfinal%5D.pdf>

¹⁷ UNAIDS, *HIV Prevention 2025 Roadmap*, https://www.unaids.org/sites/default/files/media_asset/prevention-2025-roadmap_en.pdf

in the PLHIV Stigma Index survey (2020) had experienced stigma or discrimination related to their HIV status, well above the target of <10%. The survey also found that more than one-third (38%) of respondents delayed HIV testing due to fears about how others would respond if they received a positive diagnosis and that 30% were slow to start treatment because of concerns that people might learn about their status. Ten percent of respondents reported some form of stigma or discrimination within the health system in the past 12 months.¹⁸

UNAIDS reported in 2021 that 8% of ever-married or partnered women (aged 15–49 years) experienced physical and/or sexual violence by an intimate partner in the past 12 months.¹⁹ Over the course of a lifetime, however, UNWOMEN estimated that women experience, on average, 2.8 incidents of physical and/or sexual intimate partner violence.²⁰

In addition to the Offenses Against Person Act, other punitive laws and policies remain a challenge in Jamaica, with several harmful laws and policies that hinder key and vulnerable population access to HIV services, including laws criminalizing selling and buying of sexual services or same-sex sexual acts and laws that criminalize sexual relations between consenting same-age adolescents.²¹

Legal protection from discrimination for PLHIV and key populations remains 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.²² 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.” To combat this perception, civil society organizations continue to advocate for establishment of a National Human Rights Institute that would not only relieve a congested court system but raise awareness of human rights for the public and provide increased opportunities for redress.

Effects of the COVID-19 Pandemic on HIV Responses

The COVID 19 pandemic and the severe restrictions that were introduced had a significant, negative impact on HIV-related, human rights programming. 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 including suspension of legal literacy sessions, inability to convene health care workers and police for sensitization

¹⁸ Health Policy Plus. Jamaica Stigma Index 2020. Available : <https://www.stigmaindex.org/wp-content/uploads/2020/06/Jamaica-SI-Report-2020.pdf>

¹⁹ UNAIDS, Global AIDS Update, Confronting Inequalities, 2021.

²⁰ UNWOMEN, Global Database on Violence Against Women, <https://evaw-global-database.unwomen.org/es/countries/americas/jamaica#1>

²¹ 2020 Global Partnership report: <https://www.moh.gov.jm/wp-content/uploads/2021/06/Report-NEW-UNAIDS-%20Annual%20Report%202020.pdf>

²² 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.*

sessions, and reduced in-person outreach activities. Covid response measures delayed program implementation by both government and CSOs, 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.

Restrictions gradually lifted in 2021, but key stakeholders reported ongoing impact from the interruptions caused by Covid-19. Community-led advocacy, for example, suffered significant setbacks in communication and mobilization as collective gatherings were cancelled and capacity was limited for virtual alternatives. MOHW sensitization initiatives, including human rights trainings for security guards at health facilities, were put on hold due to Covid and have not been rescheduled. As in many countries, incidence of domestic violence increased in Jamaica during Covid-19 and restrictions set back efforts by Jamaicans for Justice and other legal aid organizations to respond.²³

5. Financial Investment

Under CG6, Jamaica received approximately US\$1.2 million in catalytic matching funds to remove human rights barriers related to HIV. The funds were distributed across seven programs, with stigma and discrimination reduction receiving the largest share of funds, followed by community mobilization and advocacy programs and initiatives seeking to improve laws, regulations and policies related to HIV. Smaller amounts of funding went to HIV related legal services, human rights and medical ethics training for health care providers, sensitization of law-makers and reducing HIV-related gender discrimination (Table 2).²⁴

²³ Bourne, P.A. et al, *An Evaluation of Domestic Violence Against Jamaican Women During the Coronavirus Disease 19 Pandemic*, International Journal of Collaborative Research on Internal Medicine and Public Health (Vol 19, Number 9, 2021) <https://www.iomcworld.org/articles/an-evaluation-of-domestic-violence-against-jamaican-women-during-the-coronavirus-disease-19-covid19-pandemic.pdf>

²⁴ Note that these budget figures are from approved grants in 2020. Actual expenditures may look different than the initial budgets. The specifics of budget tracking and costing are beyond the scope of the progress assessment, but budgets are provided to demonstrate the areas of investment from the Global Fund in GC6.

Table 2: Catalytic matching funds for HIV and human rights interventions

Intervention	Amount (US\$)
Community mobilization and advocacy	\$410,773.23
HIV related legal services	\$45,226.94
Human rights and medical ethics related to HIV for health care providers	\$33,769.50
Improving laws, regulations and policies related to HIV	\$105,187.20
Reducing HIV-related gender discrimination, harmful gender norms and violence against women	\$4,517.61
Sensitization of law-makers and law-enforcement agents	\$40,670.72
Stigma and discrimination reduction	\$588,063.58
Total	\$1,228,208.78

6. Impact of Programs to Remove Rights-related Barriers on Health Services and the Enabling Environment

6.1 Overview

The impact of the Breaking Down Barriers initiative in Jamaica was measured through an assessment of the scale-up of comprehensive human rights programs, through an evaluation of progress in establishing an enabling environment for rights-based HIV responses, and through two in-depth case studies of the impact of specific interventions drawn from interviews with 23 key implementers, government agencies, technical partners and beneficiaries.

The first case study focuses on the provision of legal services to PLHIV and key populations, and the second case study focuses on human rights trainings for an LGBT civil society organization. Following the case studies, is an overall analysis of progress in each of the eight Breaking Down Barriers program areas (“Towards Comprehensiveness”).

(a) Case Study One

Providing Legal Services to PLHIV and Key Populations: An Integrated Health and Human Rights Model

Jamaican AIDS Support for Life (JASL) was one of the first community-led organizations responding to the AIDS crisis in Jamaica and has been providing comprehensive prevention, treatment and outreach services since 1991. With clinics operating in 3 regions

(Kingston, St. Ann, and Montego Bay), JASL works to establish stigma-free zones for testing, counseling and care services regardless of gender, sexual orientation, race, class, occupation or religion. With the support of the Global Fund's Breaking Down Barriers initiative, JASL has been building its capacity for integrating HIV services with legal literacy and access to justice programming. Since the 2021 the Mid-Term Assessment, JASL has developed an in-house legal team that is making significant progress toward that goal.

According to the JASL legal team, their primary focus is on clinical clients who raise issues that may prevent them from remaining in care. By training clinical staff (including caseworkers and outreach workers) in legal literacy, legal issues can be identified in the clinical setting and communicated to the legal team, comprised of one attorney (the "legal officer") and 3 trained peers ("legal focal points"). Response can then be immediate, with advice frequently delivered on the spot by a member of the legal team. Follow-up is often conducted by telephone or by making a specific appointment with a team member.

If the complaint involves a more complex issue, a case will be opened using the Jamaican Anti-Discrimination System (JADS) and referred to the Claim Review Panel. The Claim Review Panel features multi-sectoral representation that includes not only JASL and Jamaicans for Justice (JFJ) but the Ministry of Health and Wellness (MOHW) as well as key social service and child welfare agencies. Meeting regularly, the Panel refers claims for further legal action by JASL or JFJ, to MOHW for response, or to appropriate social service providers.

The JASL and JFJ legal teams work closely together to ensure as much coverage as possible for cases that require legal action. Most commonly this will be in the form of responding to issues relating to unlawful disclosure of HIV status, the complaint that comprises the majority of cases, though significant work also focuses on workplace discrimination, housing and landlord-tenant issues, and orders of protection for those experiencing gender-based or intimate partner violence. Many key informants acknowledged that JADS was not a perfect system, and needed additional support to improve documentation and follow-up of referral outcomes, its efficiency has improved since the Mid-Term Assessment and the Claims Review Panel represents a significant advance in coordination of access to justice services.

Legal services was highlighted during the assessment as critical to the retention in care of key and vulnerable populations. JASL cited the example of "Joseph" (a pseudonym) who was a model patient who never missed appointments, medication or viral load testing. However, when his case worker noticed that he was not coming in for scheduled appointments, she followed up with him and learned that he was undergoing severe harassment in his workplace where he was a security guard. Someone had learned his HIV status and there was an altercation with a co-worker, for which he was being blamed. He became ostracized by his fellow employees, with even the food service workers in the cafeteria refusing to serve him. The case worker notified the JASL legal team of the issue,

and a lawyer represented him at his hearing with the company's human resources department. The company ultimately fired the perpetrator of the harassment. JASL offered psychological counseling services to Joseph who although distressed by the incident was now back to full participation in his HIV treatment.

JASL also defends clients who have experienced violence at the hands of partners, community members, or police. For example, LGBT people can be victims of "cyber-trapping" where perpetrators lure LGBT people to meeting places and then assault them. In many of these cases, police fail to respond and in some cases have even charged the victims with assault, requiring JASL lawyers to appear in court to ensure that the charges are dismissed.

JASL clients experiencing domestic violence also receive legal assistance. These are often complex cases that involve family law and custody disputes, as in the case of Miriam (a pseudonym), a sex worker whose partner is in the military. Miriam's adherence to her treatment regimen was exemplary and she had started a small business which allowed her to only do sex work part-time. After attending a legal literacy session presented by JASL at the St. Ann clinic, she contacted the legal team and asked for help. Miriam had left her partner because of his abusive behavior, but he took their child to his mother who had stopped letting her see her son due to her HIV status and her occupation, and was disclosing Miriam's status to the neighbors and the community. As a result of the disclosure, Miriam lost her business and was back to doing sex work full-time to make ends meet. The JASL legal team is currently working with Miriam to appeal to the court for visitation with her child, and at the same time a JASL caseworker is helping Miriam to adhere to her medications despite the stress of the situation.

Miriam's case exemplifies how integration of the JASL legal team with clinical services allows them to directly respond to issues that impact the client's ability to remain in care. The legal team also works closely with the HIV housing program operated by JASL, providing legal advice for landlord-tenant problems that range from advice to representation in court to avoid eviction. Legal interventions for clinical patients at risk are of vital importance given the high rates of loss to treatment demonstrated in Jamaica's national treatment cascade.²⁵ Moreover, the interaction of the JASL team with clinic patients offers a promising opportunity to document the impact of human rights interventions on HIV outcomes. More resources, however, will be needed to realize this goal. The JASL team is gradually improving its documentation of case resolution and health outcomes, but the demands of a very heavy caseload leave little time for this work.

²⁵ UNAIDS Jamaica website: UNAIDS. (n.d.). *Jamaica*. Retrieved from <https://www.unaids.org/en/regionscountries/countries/jamaica>Data from 2022>.

(b) Case Study Two

Human Rights Trainings Catalyze LGBT Community Mobilization and Advocacy

“We’re slowly building community from the ground up.”

Those are the words of Amarillo Ngozi, co-founder of Queertego, an LGBT support and advocacy group in Montego Bay, Jamaica. In January 2023, Amarillo had what he described as a ‘transformational’ experience, both for him and for his organization. The experience was his attendance at an advocacy and “Speaker’s Bureau” workshop presented by JFLAG, a community-led organization based in Kingston. With the support of the Global Fund and other donors, JFLAG was able to conduct the 3-day session called OUTLOUDJA in Trelawny Parish, a location accessible to Amarillo and others who would be unable to afford the travel expenses to Kingston. Amarillo’s co-founder of Queertego was able to attend the workshop as well.

At OUTLOUDJA, Amarillo learned about the political history of Jamaica and the fight for the human rights of LGBT people in the country, gaining insight on how to take the first steps to work for change. The training had a heavy focus on telling and owning your own stories and how to re-purpose those stories into working for change. For Amarillo, the most important part was that it was the “first time I could see myself in a community. To be with other queer people in a safe, open space who were being themselves and acting and interacting without fear was enlightening and empowering.” Amarillo and his co-founder learned a lot about each other and cemented their collaboration. They then decided that they needed to create that safe, open space in Montego Bay so they “would not have to travel just to be ourselves.”

In the words of Amarillo, “The hate and the violence is killing us.” He had been diagnosed with clinical depression, a condition he ties to the lack of safe community that he experiences in Montego Bay. He says it is not the only factor but that he knows that being in a fearful, hateful environment contributes to his own suffering, and that of the Jamaican LGBT community, from mental health issues. But being in the workshop where he felt a sense of belonging enabled him to “feel hopeful and see a future for the first time”. “It’s like medicine”, he said, to have a sense of belonging and support.

Before the workshop, Queertego had only existed for a few months and its activities were limited to participation in a few social activities sponsored by others. After the training, Queertego started to sponsor some events that were “their” events, aimed to create meaningful spaces for connection, conversation and community building. Queertego held a movie night where they showed a women-centered film and had a discussion afterwards about “many different issues including gender identity, coming of age, being queer, and we shared our stories.” In August 2023, Queertego led the community’s first Pride event in Montego Bay in a long time—numerous previous attempts for gay pride parades in

Montego Bay had been cancelled for security concerns.²⁶ According to Amarillo, “we got a lot of support and excitement from the LGBT community.”

Queertego has continued to sponsor events and Amarillo noted that these are not just entertainment, but designed with the intention to always include meaningful conversation and connection. With ongoing guidance and materials from JFLAG, these sessions address health issues that are affecting the LGBT community, including HIV and substance abuse. Queertego is currently planning to have a town hall event focused exclusively on substance use, as previous discussions have revealed this to be a serious problem for many in the Montego Bay LGBT community.

In addition to JFLAG as part of its support network, Queertego is also in touch with JASL as a resource for HIV information, treatment and care, as well as with their legal team. Amarillo participated in a legal literacy training with JASL when they came to Montego Bay. He indicated that it was very helpful in raising awareness of his rights as both a PLHIV and a member of the LGBT community. Queertego is planning to participate in an upcoming health fair JASL is conducting in Montego Bay as well.

Reflecting on the training he received and the networks he has built to strengthen work on HIV and human rights in Montego Bay Amarillo said: “Individual training has community benefits when the individual takes action. It is all part of community building.” Queertego plans to become more engaged in political advocacy locally, where Amarillo sees both a great need and numerous opportunities for engagement. Because the organization’s funding is very limited it is currently working on filing formally to become a non-profit organization so it can take donations and apply for grants.

Glenroy Murray, Executive Director of JFLAG, views “Speaker’s Bureau” workshops such as OUTLOUDJA as critical elements of community mobilization and human rights advocacy. According to Murray, the stalemate in Parliament on legislation protecting the rights of LGBT people will never be broken without demand from those most affected, but the community remains largely invisible. JFLAG’s programs focus on providing a safe space for connection that reduces self-stigma, loneliness and isolation. At the same time, the content introduces and encourages finding pathways for social and political progress and change. JFLAG’s ability to make workshops available to communities outside of Kingston and to offer ongoing support to attendees is also essential. For the LGBT community in Montego Bay, this approach is already producing opportunities for action such as engagement with community leaders that did not exist previously.

²⁶ Washington Blade, September 21, 2019, “Security Concerns Prompt Montego Bay Pride Cancellation” <https://www.washingtonblade.com/2019/09/21/security-concerns-prompt-montego-bay-pride-cancellation/>

7. National Ownership and Enabling Environments to Remove Human Rights Related Barriers

As part of the matching fund requirements for *Breaking Down Barriers*, all countries are required to develop national plans for removing rights-related barriers to HIV and TB services, as well as establish or designate a body to coordinate the plan.

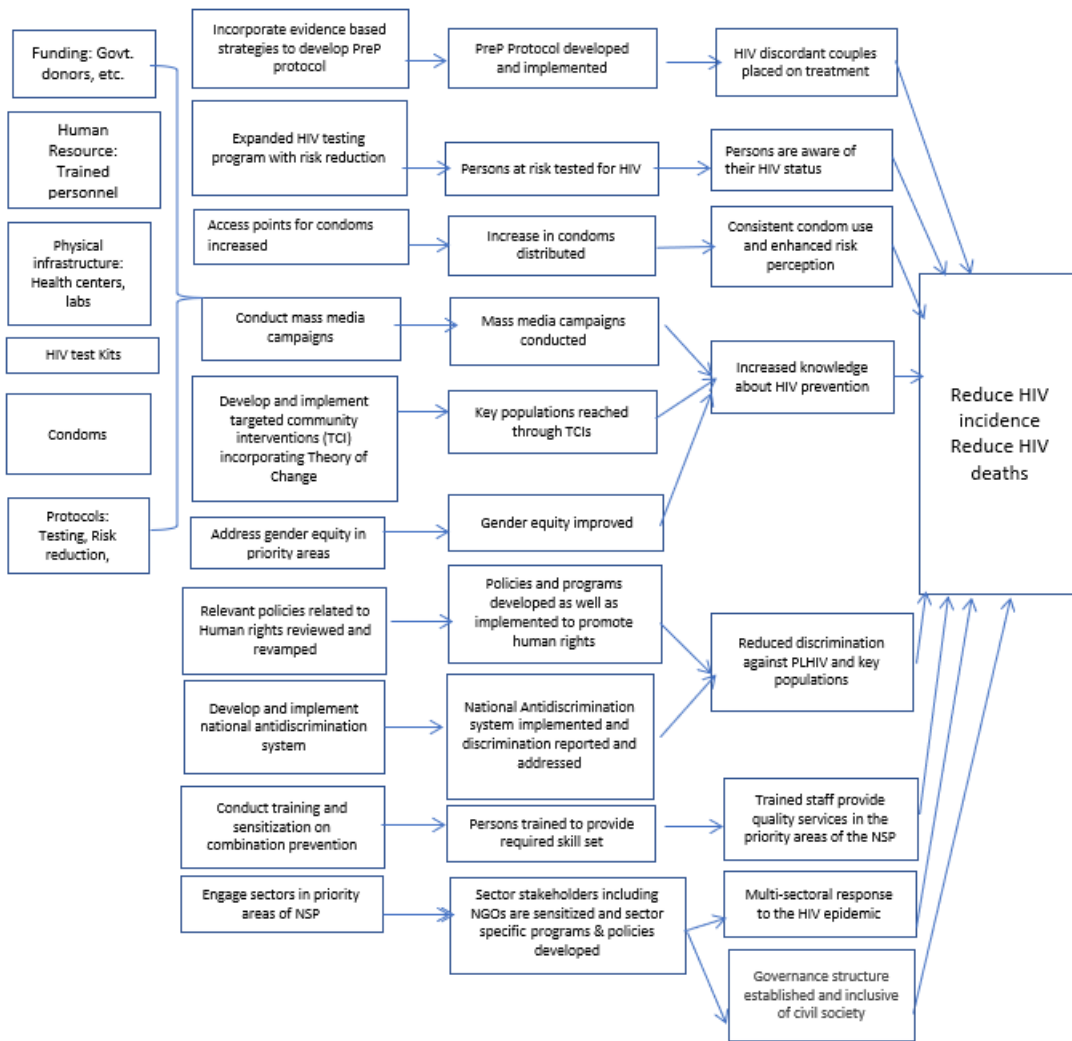
Jamaica is classified as an upper middle-income country. Though the country currently provides the majority of funding for its HIV response, it remains heavily reliant on external funding for programs to remove human rights-related barriers. There is a pressing need to strengthen domestic readiness to fund HIV-related human rights programs. This will be essential to ensure that gains made in advocacy for law and policy reform, access to justice and other programs can be sustained.

Jamaica's HIV response was previously incorporated into its National Integrated Strategic Plan for Sexual and Reproductive Health and HIV, 2014-2019. At the time of the mid-term assessment, a revised National HIV Strategic Plan for 2020-2025 was under review, however it appears that this plan is now under consideration as a draft 2023-2030 National Strategic Plan for HIV.²⁷ The draft 2023-2030 National Strategic Plan for HIV includes recognition of the importance of addressing human rights barriers to HIV services in order to end AIDS. The Plan adopts a human rights-based approach as one of its guiding principles and lays out a logic model for implementation of this goal in a multi-sectoral HIV national response, highlighting for example, gender equity, the development and implementation of policies and programs to promote human rights and the development of a national anti-discrimination system as well as mass media campaigns addressing HIV and human rights.²⁸ (See Figure)

²⁷Ministry of Health and Wellness, 2023-2030 National Strategic Plan for HIV (Draft).

²⁸ Ministry of Health and Wellness, 2023-2030 National Strategic Plan for HIV (Draft) p 77.

Problem Statement: High-risk behaviours such as multiple partners, inconsistent condom use along with inadequate risk perception and negotiation skills continue to fuel the HIV epidemic in Jamaica



Importantly, the draft Plan reflects the Ministry of Health and Wellness’s impending structural shift from a disease-specific to a universal “patient-centered” approach to provision of health care. Primary care centers will be significantly expanded and will offer a wide range of health services, including comprehensive care to PLHIV and key populations. Laboratory services will be decentralized as will HIV prevention, testing and counseling services. According to the Plan, these changes are crucial to the sustainability of the national health system and will increase access to health care for all Jamaicans.

Some of the proposals for institutional change, however, may make progress in addressing HIV related human rights barriers more difficult. Currently, the Enabling Environment and Human Rights (EEHR) Unit of the National Family Planning Board plays a critical role in national ownership of human rights-related programming for PLHIV in Jamaica. Working closely with the Jamaica Partnership for the Elimination of HIV Stigma

and Discrimination, EEHR is the governmental leader for implementation, coordination and planning of programs to reduce human rights-related barriers to HIV services. The draft NSP proposes that EEHR be subsumed under the Policy Division of the Ministry of Health and Wellness (MOHW) and that a re-established multisectoral HIV/AIDS Coordinating body - the National AIDS Committee (NAC) - will coordinate the EEHR activities. These risks separating human rights efforts from those designing and implementing HIV prevention and treatment programs by situating human rights exclusively as a “policy” matter and removing it from close association with MOHW staff.

EEHR, however, has embraced the universal patient-centered care model as key to achieving the full realization of a multi-sectoral HIV response. In alignment with this vision, in October 2023 EEHR convened a 3-day national workshop on “Creating a Patient-Centered Service Provision and Delivery Culture.”²⁹ In contrast to previous EEHR retreats and planning sessions, this workshop was attended by a significantly broader group of attendees from government, civil society and the private sector. Among the 66 attendees were more than a dozen government agencies, representing the Ministries of Health, Justice and Education as well as the Deputy Superintendent of Police, the National Correctional Services and even Disaster Preparedness. The Planning Institute of Jamaica, the agency charged with developing policy for the government attended as well. With an agenda that focused on the importance of human rights protections to development and support of a patient-centered model for health care delivery, this convening signalled a new level of multi-sectoral engagement in issues of health and human rights.

EEHR, the Jamaica Partnership and many CSOs emphasized that patient-centered care, including care for PLHIV, key populations, adolescents, prisoners and other vulnerable and marginalized groups requires attention from duty-bearers to protect human rights and reduce stigma and discrimination. Government participants were urged to better understand these vulnerabilities, the laws and policies that impact them, and to be proactive in their efforts to ensure that barriers are addressed. Small group discussions produced lists of issues and recommendations in the areas of stigma and discrimination, community-led monitoring, law and policy change, gender equity and access to justice. After the session, numerous government participants noted increased awareness of how issues of health and human rights were relevant to their executive and program mandates. There was a general consensus that similar multi-sectoral meetings should continue on a quarterly basis, and specific recommendations were developed for continued collaboration, networking and data sharing.

The EEHR workshop created momentum for strengthening multi-sectoral and government engagement for implementation of HIV and human rights programming, a key recommendation from the Mid-Term Assessment. Education, involvement and increased accountability by duty-bearers across the governmental spectrum is essential to

²⁹ Enabling Environment and Human Rights (2023), *Annual Review Workshop Report: Creating a People-Centered Service and Delivery Culture*.

sustainable national ownership of a human rights-based HIV response. Challenges remain, however, as endorsement of the universal care model and a shifting administrative landscape and reorganization risk undermining a focus on the needs of PLHIV and key populations. In June 2023, EEHR developed a Monitoring, Evaluation and Learning Plan, a framework for monitoring and evaluation of HIV-related human rights programming.³⁰ Commitment to the tracking, analysis and evaluation activities projected in this framework will be of increasing importance to ensure that programs to reduce barriers to HIV services continue to progress toward comprehensiveness. A strong Jamaica Partnership/EEHR collaboration will also play an important role in ensuring that the needs of PLHIV and key populations are prioritized in the roll-out of a patient-centered model of care.

Key Recommendations for HIV Program Governance and Implementation

- The Global Fund should support EEHR to host quarterly convenings to sustain multi-sectoral engagement in health and human rights as key to implementation of a “patient-centered” model of care
- The Global Fund should support EEHR implementation of the Monitoring, Evaluation and Learning Plan to ensure continued focus, tracking, analysis and assessment of HIV-related human rights programming.
- The Global Fund should continue support for the Jamaica Partnership to Eliminate HIV-Related Stigma and Discrimination to ensure sustained prioritization of PLHIV and key populations in the national HIV response.

8. Towards comprehensiveness: achievements and gaps in scope, scale and quality

This section examines progress towards a comprehensive response to programs to remove rights-related barriers for HIV in Jamaica. It provides an in-depth analysis of each HIV program area, then moves on to a discussion of Jamaica’s progress in achieving the human rights-related HIV program essentials.

8.1 Program Areas for HIV

(a) HIV: Eliminating stigma and discrimination in all settings

HIV program area	Score ³¹		
	Baseline	Mid-Term	Progress
Eliminate stigma and discrimination in all settings	2.5	4.3	4.3

³⁰ National Family Planning Board, *Enabling Environment and Learning Plan (Final)*, June 2023.

³¹ See **Annex 1** for the interpretation of the scores.

The government of Jamaica, NGOs and community organizations have long conducted interventions targeting stigma and discrimination. However, in the Baseline Assessment it was noted that many of these programs were ad-hoc and short-term and that the messages were not standardized or coordinated. By contrast, in the Mid-Term Assessment (MTA), researchers noted that stigma and discrimination programs had become part of a more centralized and sustained campaign, and that efforts by CSOs and the Enabling Environment and Human Rights Unit and the Office of the Public Defender were working to develop national anti-stigma and discrimination legislation and a Joint Civil Society Advocacy Plan for anti-discrimination activities. Another positive note from the MTA, was Jamaica's participation in the Global Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination ("Global Partnership"), a five-year initiative co-convened by UNAIDS, GNP+ and others, including the Global Fund, which seeks to ensure that anti-stigma and discrimination programs and projects are centralized, coordinated and sustainable.

Recommendations from the MTA included ensuring broad multi-sectoral participation in the Global Partnership, supporting advocacy for a National Human Rights Institute and the development of monitoring and evaluation systems measuring stigma and discrimination. Other recommendations included strengthening redress mechanisms, and conducting advocacy for the passage of anti-stigma and discrimination legislation including the repeal of the Offences Against the Person Act.

In the current Progress Assessment, it is evident that Jamaica has made progress in implementing some of the key recommendations from the MTA. The Global Partnership, formed in-country as the Jamaica Partnership, is working closely with EEHR to ensure that anti-stigma initiatives conducted by CSOs such as JN+, JASL, J-FLAG, Eve for Life and others are being tracked regularly and coordinated to avoid duplication and to ensure that programmatic goals are being met. This work is in alignment with the data collection and utilization priorities outlined in the EEHR Monitoring, Evaluation and Learning Plan, developed in June 2022.³² The Online Dashboard project led by the Jamaica Partnership is a data collection tool that will streamline reporting across multiple participating CSOs. The goals are to ensure that a wide range of anti-stigma and discrimination program data- from trainings to interventions to outcomes- is accessible to all users of the tool and to improve its use to inform programming as well as law and policy. The tool is currently in revision after numerous trials and opportunities for CSOs to give feedback, and a working version is expected to launch later this year.

These processes have been key to what stakeholders describe as building a "culture of Monitoring and Evaluation" that promotes the value of data collection and analysis to the CSOs. Key stakeholders reported that despite limited resources for M and E, they are "buying in" to the importance of utilizing the Online Dashboard to inform programming, improve coordination and enabling a view of the "bigger picture." According to both the Jamaica Partnership and the CSOs, however, ongoing training will be required to sustain

³² National Family Planning Board, *Enabling Environment and Learning Plan (Final)*, June 2023.

participation and most stakeholders stated that they lack the resources for dedicated staff and administrative time for M and E activities.

Since the MTA, the Jamaica Council of Churches has emerged as a key player in promoting anti-stigma and discrimination initiatives within the faith community. In 2022, the JCC conducted a wide-ranging survey of attitudes toward HIV and KPs among church congregants in 4 regions. The survey found high levels of misinformation and stigmatizing attitudes as well as a lack of policies within surveyed parishes relating to HIV.

To relieve the tension within the member churches between the principle of a welcoming ministry and the view that acceptance of PLHIV condones “the gay lifestyle”, the JCC has sponsored dozens of sensitization and education sessions on HIV prevention and transmission that challenge myths and misinformation about HIV as an exclusively “gay disease”. JCC also has worked with the Bureau of Gender Affairs to highlight issues of Gender-Based Violence, conducting sensitization sessions and developing a Referral Guide for services to improve pastoral response to GBV-related issues. With the AIDS Healthcare Foundation, JCC has been working to develop a recommended policy on HIV for JCC member churches that promotes acceptance and combats stigma and discrimination.

There was a broad consensus among key stakeholders that the work of JCC was important given the central role of religion in Jamaican society and the high level of organization and funding of the conservative Christian churches who lead a vocal and powerful opposition to the rights of PLHIV and LGBT people.³³ With continued support, JCC plans include scaling up its sensitization sessions to reach more of its members in regions outside of Kingston and a focus on facilitating awareness of shelter options for victims of gender-based violence. Despite progress in anti-stigma programming and coordination and a vibrant civil society, the effort to reduce HIV-related stigma and discrimination in Jamaica remains a difficult and long-term undertaking. In an extremely conservative climate, passage of anti-stigma and discrimination legislation that would explicitly protect PLHIV and KPs from discrimination remains out of reach.

Recommendations

The Global Fund should support:

- The coordination of anti-stigma/discrimination initiatives and build capacity among key stakeholder CSOs for M&E
- The Jamaica Partnership to implement the Online Dashboard with sufficient resources for training, analysis of data, and utilization of information to inform anti-stigma programming as well as law and policy
- EEHR to implement its 2023 Monitoring, Evaluation and Learning Plan

³³ The Daily Gleaner, “We are not an enemy of the church,” November 4, 2021; Salon, “No to Homo Agenda- How Evangelicals Spread Anti-Gay Hate to Jamaica,” July 10, 2014; A. Johns, *Public Morals vs Private Rights: Examining the Influence of Christian Norms and Institutions on the Development of LGBT Rights in Jamaica*, Commonwealth and Comparative Politics, 12 June 2020, pp 387-405.

- The Jamaica Council of Churches to expand anti-stigma and discrimination education in regions outside of Kingston and policy development, including focus on GBV services

(b) Ensuring non-discriminatory treatment in health care settings

HIV program area	Score		
	Baseline	Mid-Term	Progress
Ensure non-discriminatory provision of health care	1.5	3.3	3.7

Between the baseline and Mid-Term assessments, researchers found significant progress in training of health care workers in human rights and medical ethics, addressing 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. Training health workers was prioritized by the Ministry of Health in the draft of the National HIV Strategic Plan for 2020-2025.³⁴

The MTA report highlighted the training of hundreds of health care workers as well as administrative and facility staff 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 other monitoring efforts to determine quality of treatment and care for people living with HIV and key populations. At the same time, the MTA report noted numerous remaining challenges, including the lack of coordination of health care training with legal literacy or legal services programming and a lack of monitoring and evaluation systems to document the impact of human rights training on health outcomes. Another concern raised was the failure of current training materials to adequately address human rights issues related to transgender persons. Finally, there was acknowledgment 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.

In the current assessment, it was evident that significant progress continues to be made in ensuring non-discriminatory access to health services. There was a broad consensus among key stakeholders that conditions and experiences of many PLHIV and KPs at health care facilities has improved, though problems remain as discussed below. Factors contributing to these gains include a sustained commitment by MOHW to offer trainings in human rights and medical ethics to both pre and in-service employees. Though the degree of integration and institutionalization of these trainings remained unclear, numerous CSOs including JASL, JN+, Eve for Life, JFLAG and Transwave are providing sensitization sessions to clinical and non-clinical medical and nursing staff on a regular basis.

In addition, JFLAG’s Mystery Shopper project sends patients into health facilities to document their experiences. Importantly, these results are communicated regularly to

³⁴ Ministry of Health Jamaica, 2020-2025 National HIV Strategic Plan, Draft, Version February 20, 2020.

MOHW, both directly from JFLAG to the facility and also through the JADS system that sends complaints to the central administration of the HIV program at MOHW. MOHW reports that an attempt is made to respond to each complaint to ensure that action is taken to address the issue raised, Other CLM activities that identify problematic behavior or treatment, such as the Community Scorecard operated by JN+, are also communicated regularly to MOHW central administration, but the extent of MOHW documentation or follow up is unclear.

Key stakeholders, including MOHW, identified numerous challenges that remain to be addressed. The trainings conducted with key population-led CSOs are critically important but are still ad-hoc and without an MOU in place, remain dependent on the goodwill of the changing MOHW administrations. Patients at some facilities continue to report stigmatizing treatment from non-clinical staff, including security staff who can act as “gatekeepers” and demand disclosure of confidential information. There is a Complaint Management System at MOHW health facilities but as with the CLM reporting response, with limited monitoring or evaluation its effectiveness is unclear. Eve for Life raised serious concerns about negative attitudes and discriminatory treatment of pregnant women at ante and post-natal clinics, with some receiving advice to undergo tubal ligation due to their HIV status. As discussed in more detail below, implementation of the Transgender and Non-Conforming Health Strategy, launched in 2021, is stalled due to lack of support at high levels of government.

Recommendations

- MOHW should increase institutionalization of pre and in-service trainings in human rights and ethics, including those conducted by key population-led CSOs, through MOUs, incentive programs and other means
- MOHW should address reports of stigmatizing and discriminatory treatment of women living with HIV, particularly at ante and post-natal care sites
- MOHW should ensure follow up of issues reported through its internal redress system and from CLM activities
- The Global Fund should support trans-led advocacy for implementation of the Transgender Health Strategy and promote improved government support

(c) Rights-based law enforcement practices

HIV program area	Score		
	Baseline	Mid-Term	Progress
Ensure rights-based law enforcement practices	1.0	3.0	3.2

The MTA also found a sharp increase in efforts to ensure rights-based law enforcement practices, highlighting efforts by CSOs to address discriminatory treatment from the police.³⁵ 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

³⁵ 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*.

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.

Stakeholders reported positive results, with post-training surveys indicating changed attitudes and key populations reporting improved treatment from police. However, although local and regional authorities cooperated and even requested additional training, there was little indication of support from the Ministry of Justice or Security for the institutionalization of human rights sensitization at all levels. The recommendations from the MTA recognized the challenge of high staff turnover (or transfer from one jurisdiction to another) resulting in a need for sustained and committed engagement through repeat training and vocal leadership support.

The Progress Assessment found that efforts by CSOs to conduct human rights trainings for the police have continued. JASL and JFJ have taken the lead in the training of police, conducting sensitization sessions in the Academy for recruits as well as for on-duty members of the force. A positive relationship with Jamaican Constabulary Force (JCF) training officials has permitted some degree of institutionalization of training modules, with JASL developing a handbook for training purposes. The JCF also utilizes human rights and internal diversity policies, though the extent of implementation and monitoring of these are unclear.

With the support of the Dutch government, JFLAG is planning an expanded survey to examine experiences of LGBT people with the police in areas outside of Kingston. JFLAG has had some success working with police on a local level as well. In 2022 they worked with one division in Kingston/St. Andrews to reduce harassment and improve treatment of MSM and transgender people, ultimately identifying 19 officers who were willing to act as focal points with the LGBT community to improve relations.

There remains, however, limited government support for human rights-related trainings and access continues to depend on the status of relations with the training staff of the current administration. There is no transparency into the implementation of the JCF human rights or internal diversity policies. Though stakeholders continue to report that trainings appear to have a positive impact, there is no mechanism or resources for M and E to more formally evaluate the effectiveness of the trainings. CSOs expressed a desire to do more work at the local level with specific stations but lack the resources to expand these activities. Despite consensus among stakeholders that human rights and HIV-specific training is badly needed in both the judiciary and the national correctional system, both institutions have proven resistant to attempts to establish access for this purpose.

Recommendations

- The Global Fund should support advocacy to improve governmental engagement and buy-in for human rights related training for law enforcement, the judiciary and lawmakers
- The Global Fund should support improved M and E of current law enforcement trainings to assess effectiveness and impact
- The Global Fund should consider expanding pilots for focused work with local stations to develop focal points for interaction with KP communities
- Support for JFLAG surveys of police behavior that offer opportunities for strategic collaboration with other donors

(d) HIV-related legal literacy (“know your rights”)

HIV program area	Score		
	Baseline	Mid-Term	Progress
Legal Literacy (“know your rights”)	2.0	3.5	4.0

Legal literacy sessions have been an integral part of the articulated Access to Justice Framework and strategy developed by implementing CSOs with the support of the Enabling Environment and Human Rights Unit of the MOHW. Led by JASL and JFJ, a diverse coalition including JN+, 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. A report on these activities,³⁶ found high levels of understanding of their rights among PLHIV, and a greater willingness to seek redress for complaints of discrimination in health care, employment and other sectors. Another mark of progress noted in the MTA was the efforts by 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.

However, the MTA noted shortcomings in legal literacy programs as well, including that the communities reached were primarily in urban areas, leaving out many rural populations. The MTA recommended the scale up of legal literacy programs to reach those who were not connected to CSOs and the need to strengthen monitoring or documenting of the impact of legal literacy programs on health outcomes.

In the current assessment period, a coalition of CSOs continue to be active in providing legal literacy and Know Your Rights trainings. JASL, JN+, JASL, Eve for Life and others ensure that their clients receive legal literacy training by conducting sessions on a regular basis, thereby reaching a wide range of key population members at multiple sites throughout Jamaica. Importantly, the trainings are increasingly well integrated with provision of HIV prevention and treatment services provided by these organizations. At JASL, for example, the legal team (comprised of an attorney and 3 peer legal “focal points”) travels on a rotating schedule to clinical sites in 3 regions to offer legal literacy sessions as well as legal assistance.

³⁶ 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*.

The availability of legal services is key, as the legal literacy sessions continue to result in increased demand for resolution and redress of legal issues. JASL, JFJ and JN+ are playing primary roles in developing an effective network of legal education, referral and response. (see Case Study 1 above) Utilizing the Jamaican Anti-Discrimination System (JADS) for reporting and referring legal claims, legal literacy trainings provided by the coalition of CSOs are now part of a larger mechanism for identifying, evaluating and responding to issues. Legal literacy and services programs are also increasingly well integrated with HIV services. At JASL, for example, the legal team works with the organization’s HIV Housing program to educate clients on landlord-tenant law, make sample lease forms widely available and provide representation in housing-related cases. CSOs also are tailoring legal literacy trainings to the concerns of specific KP groups- Eve for Life, for example, provides trainings focused on issues of GBV, rights of pregnant women, and sexual and reproductive rights of women and adolescents while Transwave focuses its trainings on the rights of transgender persons. JASL’s trainings cover a wide range of legal topics developed in response to client needs, including unlawful disclosure, laws of inheritance, divorce and custody law and criminal defense.

Challenges remain, as demand for legal redress from clients continues to exceed available resources; as the legal literacy programs expand, so must the capacity for response and redress. Monitoring and evaluation of the legal literacy programs is still in early stages, though both the Online Dashboard and the JADS system offer opportunities to improve data collection and analysis. Many of the legal literacy providers lack a designated M and E officer, leaving resources scarce for sustained M and E activities.

Recommendations

- The Global Fund should continue to support legal literacy trainings, especially for integration into HIV services and to ensure linkage to systems for legal redress
- The Global Fund should support increasing the capacity of implementing partners for data collection to document outcomes of legal literacy efforts as well as support for overall coordination and integration of M&E

(e) Ensuring HIV-related access to justice

HIV program area	Score		
	Baseline	Mid-Term	Progress
Improving access to justice	2.0	3.5	4.4

The MTA report, with regard to improving access to justice initiatives, highlighted efforts by CSOs and the Ministry of Health to expand the capacity of JADS - The Jamaican Anti-Discrimination System (JADS) - 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 Labor for resolution.

This effort, undertaken as part of the Access to Justice Framework, was centered around three objectives - increasing legal literacy among key populations, increasing legal

services available to those with human rights complaints, and increasing capacity for legislative and policy advocacy to create an enabling environment for reducing human rights-related barriers to HIV services. The MTA found that since development of the Framework, the availability of legal services had been significantly increased with Jamaicans for Justice taking a major role in providing a network of lawyers for representation. JASL trained dozens of paralegals and redress officers and numerous CSOs joined the JADS system by raising awareness among their clients, hiring their own redress officers or referring appropriate cases to the lawyers at JFJ. More than 100 Ministry of Labor 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.

The MTA also found limitations, including the unwillingness of many to pursue legal redress for their complaints, due to the criminalization of sodomy and fear of stigma, discrimination, and violence. Other limitations include distrust of the government's human rights record preventing utilization of the Office of the Public Defender by people living with HIV; little evidence of Ministry of Justice engagement; preference for alternative dispute resolution mechanisms, and lack of follow up on complaints. The MTA noted that the JASL and JFJ Access to Justice report recommended training peers who were not paralegals to assist in pursuing resolution of complaints outside the legal system and improving coordination and centralization of JADS. Concerns were also raised that coverage is limited to mostly urban areas, and no monitoring and evaluation systems have been developed to document the impact of legal services on health outcomes.

Access to justice programming has continued to show progress since the MTA. The working coalition of JASL, JFJ and JN+ has developed the capacity of the JADS system as a mechanism for identifying, evaluating and referring legal claims. JASL and JN+ resources for providing legal assistance has increased, with both organizations fielding legal teams comprised of legal officers/attorneys as well as peers trained in legal issues to assist in resolution of claims. JASL, for example, has an attorney and 3 peer legal "focal points" who not only offer legal literacy education but also work closely with case workers who communicate with the legal team to identify issues raised by clients that need attention. This allows the team to provide an immediate response to legal questions, claims and human rights violations at JASL clinics in 3 regions (see Case Study 1 above). Three legal assistants at JN+ respond to hundreds of claims a year involving the rights of PLHIV. These are only part-time positions, however, and stakeholders identified the need for improved training and compensation for these community legal workers.

The JADS system has also shown improved coordination, and now is utilized by multiple CSOs to document legal issues that arise. Claims that cannot be easily resolved at the CSO level are referred to the JADS Review Panel, a multi-sectoral group that includes representatives of CSO legal teams as well as MOHW, EEHR, and social services agencies. Referrals are then made to JFJ for further legal action, to MOHW for investigation and resolution, or social services for emergency shelter or assistance. JFJ has developed extensive expertise in defending the rights of PLHIV and key populations, as well as an intensive focus on responding to cases of GBV. According to JFJ, many of these cases involve not only physical violence but issues of unlawful disclosure, with

partners or family members of PLHIV using HIV status as a weapon in domestic and child custody disputes.

The degree of integration of legal literacy and legal services programs with HIV service provision and the increased utilization of the JADS system offers a promising opportunity to document linkages between human rights programming and health and HIV outcomes. The wealth of data regarding cases of stigma and discrimination collected through JADS could inform advocacy for changing laws and policies related to PLHIV. However, M and E capacity remains lacking as most resources are devoted to meeting a heavy demand for legal redress. At JFJ, for example, one attorney handles 80-100 cases at a time, while JASL's legal officer faces a similarly overwhelming caseload. Both organizations noted a desire to expand their legal staff and to improve monitoring of case outcomes but are lacking resources to do so.

As noted in the MTA, fear of stigma and discrimination on the part of PLHIV and key populations makes many reluctant to pursue their cases beyond attempts at informal resolution. Distrust of the Jamaican legal system and its lengthy backlogs compound the issue. Alternatives to court action such as mediation and direct advocacy with duty bearers are preferred by the majority of clients, increasing the importance of the work of paralegals and peer "legal focal points". The Jamaican court system has established a Restorative Justice Center to provide alternatives to litigation for numerous types of civil cases and both JASL and JFJ have utilized this option for some of their clients. In addition, JFJ's initiative to train numerous Justices of the Peace in HIV and human rights has the potential to be an effective route for legal redress for some of their clients.

Another factor impeding implementation of the Access to Justice Framework is that government support remains lacking. The judiciary has resisted efforts by CSOs to provide training in human rights, including HIV-related legal issues and issues related to GBV. Without support from the Ministry of Justice, this will continue to prove challenging. The Ministry of Legal and Constitutional Affairs, newly formed as part of Jamaica's current movement to declare independence from the British Commonwealth of Nations, has shown little attention so far to prioritizing human rights within its mandate. Civil society support for establishment of a National Human Rights Institute (NHRI) remains strong. The Institute would not only relieve a beleaguered court system but would represent a structural commitment to human rights in Jamaica and centralize expertise in the adjudication of a wide range of human rights claims, including those related to HIV and GBV. The EEHR supports formation of an NHRI and reports increasing buy-in from the Ministries of Justice and Legal and Constitutional Affairs, but concrete steps forward remain to be taken.

Recommendations

- The Global Fund should expand support for access to justice and legal redress programming including training and staffing of attorneys as well as for peer advocates and paralegals

- The Global Fund should support capacity for improved pathways for data collection to document impact on HIV and health outcomes as well as to inform advocacy for changing laws and policies
- The Global Fund should support training of mediators and Justices of the Peace as key to addressing reluctance of clients to pursue complaints more formally
- The Global Fund should support community-led advocacy for establishment of a National Human Rights Institute

(f) Improving laws, regulations and policies related to HIV

HIV program area	Score		
	Baseline	Mid-Term	Progress
Monitoring and reforming laws and policies	2.5	3.8	3.9

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, the MTA noted that key stakeholders reported that the Breaking Down Barriers initiative had 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. At the same time, the MTA noted that the challenges to reforming laws and policies are substantial. Repeal of the Offenses Against the Person Act was viewed as “out of reach”, and resistance strong to any legislative change related to human rights in Jamaica.

The MTA noted the potential of the Global Partnership to Eliminate All Forms of HIV-Related to Stigma and Discrimination, and the efforts of the Enabling Environment and Human Rights Unit of the National Family Planning Board, but also 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 (NHRI). The formation of the Civil Society Forum, a coalition of organizations focused on a range of human rights issues, including HIV, also had potential to advance strategic advocacy on the national level.

In the current assessment, it was evident that advocacy on the national and legislative level remains extremely challenging. In addition to the perception among political leaders that human rights advocacy promotes a “gay agenda,” a pending national election season has stymied any appetite for leadership or change on the part of Parliamentarians. This slows an already snail-paced parliamentary process, with some bills taking up to a decade to pass. The Civil Society Forum serves an important role in promoting better communication and support network among key stakeholders, but it lacks the funding and coordination to implement the Civil Society Advocacy Plan developed in 2020. Many community-led organizations simply lack the capacity or training to conduct difficult, time-consuming legislative advocacy.

Despite these formidable conditions, advocacy efforts do continue and CSOs report some successful results. JFJ, JASL, JN+ and the Civil Society Forum as a collective entity regularly prepare testimony to the legislative committees that invite public comment on

proposed legislative initiatives and amendments, and some positive outcomes do result. In 2022, these organizations supported passage of the Data Protection Act, a bill that increased protection for private information including medical records, and imposed penalties for unlawful disclosure. With support from PEPFAR/CDC, JN+ is working with the mayor of Kingston/St Andrew municipality to establish “stigma-free spaces” for PLHIV, an innovative project that engages both local officials and the corporate participants from the private sector. This presents an opportunity for strategic collaboration with other donors.

Given the challenging environment for legislative change in Jamaica, alternative approaches to law and policy change are worthy of consideration, including strategic litigation. JFJ has identified several potential legal claims that would bolster the laws prohibiting unlawful disclosure of HIV status, an issue that comprises a significant portion of their caseload.³⁷ These include strengthening the penalties for disclosure of HIV status under the Data Protection Act and ensuring that under the Evidence Special Measures Act, hearings related to unlawful disclosure of HIV status are held by the court *in camera* to protect the confidentiality of the complainant. With extensive expertise as defenders of human rights for PLHIV and KPs in the Jamaican judicial system, JFJ is well positioned for strategic litigation in this area but noted the difficulty of finding plaintiffs willing to risk public disclosure of their HIV status. Any financial support for these cases must include costs associated with ensuring the safety, and even the possible relocation, of the PLHIV at the center of the claim.

With multiple donors and partners working in the law reform and advocacy space, this is an opportunity for the Global Fund for strategic coordination and to leverage its funding and support.

Recommendations

- In coordination with partners and other donors, The Global Fund should
- The Global Fund should support the Civil Society Forum to improve implementation of the Civil Society Advocacy Plan
- The Global Fund should support community-led organizations to participate meaningfully in advocacy initiatives including resources for training and dedicated staff
- The Global Fund should support capacity for strategic litigation as a promising approach to law and policy change
- The Global Fund should support local advocacy initiatives, including for stigma-free space and engagement of private sector and local government

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

HIV program area	Score		
	Baseline	Mid-Term	Progress

³⁷ JFJ reports that an estimated 35 percent of their caseload involves claims of unlawful disclosure of HIV status or (perceived) sexual orientation, with 75 percent of the disclosure coming from family or community members known to the client.

Reducing HIV-related gender discrimination	2.0	3.0	3.7
---	-----	-----	-----

Numerous programs addressing gender-based violence and harmful gender norms have been described in the baseline and MTA reports, 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.

The MTA highlighted the commitment of the Ministry of Health to integrating issues of gender equality and gender-based violence into all human rights programming, and the efforts of women’s organizations including Eve for Life, Jamaican Community of Positive Women, Transwave and others in BDB initiatives, including participating in legal literacy sessions, assigning peer legal advocates 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.

However, the MTA also noted that 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. Recommendations in the MTA for this area included to provide increased resources, capacity building and technical assistance for women and trans-led organizations to take leadership roles in design and development of human rights programming; to 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; and support the implementation of the National Trans and Gender Non-Conforming Health Strategy by the Ministry of Health.

In the current assessment, progress is evident in implementing programs to reduce HIV-related gender discrimination and harmful gender norms. Support continues from multiple donors, including PEPFAR, UNAIDS and the European Union’s Spotlight Program (with the Bureau of Gender Affairs) for an increasingly robust response from civil society to issues of gender discrimination and Gender-Based Violence from civil society. This is an area where numerous programs offer opportunity for Global Fund strategic coordination with other donors.

JFJ and JASL are focusing significant resources on programs to respond to women living with HIV and to assist victims of gender-based violence. Frequently, these are one and the same, as WLHIV often face violence at the hands of partners, family and community members after disclosure of their HIV status. JFJ’s legal services include representation of women in both civil and criminal cases for women whose status has been unlawfully disclosed, those who are being harassed in public and social media following disclosure, and those who have experienced domestic or intimate partner violence.

In JFJ’s “court companion” program, lawyers or legal assistants accompany clients to court hearings, assist in filling out forms for protective orders and help to arrange safe shelter in cases of domestic abuse. With regard to this program, JFJ highlighted the need for a

social worker to join the team as lawyers and legal assistants are not trained for the counseling and social services aspects of this work. They also assist women to pursue divorce and child custody where the perpetrator of violence or unlawful disclosure is the husband or father of the children. JFJ also provides a unique support group for clients to help prepare them for the court process which can be difficult and complex. Without these intensive support services and legal assistance, many victims of GBV and domestic abuse would not reach safety or pursue justice.

Similarly, JASL provides legal assistance to clients whose HIV status has been unlawfully disclosed as well as representation in cases of GBV or IPV (see Case Study 1). With lawyers and legal “focal points” on site at JASL’s HIV clinics in Kingston and traveling regularly to clinics in other regions, they work closely with case workers to respond instantly to clients who are seeking medical care after an assault, providing legal advice and preparation of orders of protection. JASL and JFJ coordinate their work through regular communication as well as the JADS Review Panel to manage and distribute a heavy workload of cases.

Eve for Life continues to play a key role in programs to reduce HIV-related gender discrimination. EFL’s services include HIV testing and counseling, and a peer navigation system called “Mentor Moms” that assists pregnant women living with HIV through the maternal clinical experience. These programs are closely intertwined with legal literacy/Know Your Rights sessions for both mentors and clients that focus on issues relevant to WLHIV, pregnant women and those experiencing GBV. Beneficiaries report that the legal literacy/Know Your Rights programs have increased the willingness of clients to speak up and take action by filing formal complaints with MOHW and other duty-bearers, raising the demand for legal services. EFL does not have a legal staff but refers claims to JASL or JFJ for further review and action where appropriate.

In the last year, EFL has received a high number of complaints of stigmatizing and discriminatory treatment at antenatal and maternal care sites. These have been referred to MOHW through the JADS system as well as directly, but to date EFL does not consider the response to be adequate as complaints continue. The HIV-related sensitization sessions conducted by the Jamaica Council of Churches also includes a focus on awareness and response to church members who are experiencing GBV. Working with the Bureau of Gender Affairs, the JCC provides education about GBV, its prevalence in Jamaica, its role in increasing HIV risk, and its impact on congregants to faith-based organizations across its 4 regions. JCC hopes to expand its GBV-focused resources by developing the capacity of its members to provide referrals for social services as well as shelter.

Jamaica is a challenging environment, where GBV is still viewed as a private issue. According to advocates, The Domestic Violence Act in its current form needs to strengthen mandates for police response and protection. There is a consensus among key stakeholders, including EEHR, of a need for development of a Health Sector GBV Prevention Plan as the health system can be slow to respond until serious injury occurs. Clients in crisis often have very few options. There are only a handful of domestic violence shelters in Jamaica, and none of them accept children and none are welcoming to

transgender or gender non-conforming persons. All key stakeholders whose work includes response to GBV identified a critical need for emergency housing for clients to permit them to safely navigate the lengthy court process for protection orders.

In addition, Eve For Life identified an urgent need for increased attention to the sexual and reproductive rights of adolescent girls. The early debut of sexual activity and transactional sexual relationships for adolescents in Jamaica is well documented³⁸, and EFL is witness to its contributory role in the HIV epidemic. Many of their clients are young women and girls living with HIV whose health and HIV literacy is minimal to non-existent. With limited sexual and reproductive health in the Jamaican school system, EFL is often providing the only information girls have ever received regarding HIV transmission as well as their rights as a person living with HIV. With the help of PEPFAR/CDC, UNICEF, UNDP and others, proposed revisions to the education policy have been submitted to the government, but they remain without approval to date. The Ministry of Education has added a cadre of approximately 200 Health, Family and Life Education teachers to the secondary schools to boost health education in the curriculum. Monitoring and evaluation of content and impact of this development was identified as a priority emerging from the EEHR convening in October.

In-depth interviews with EFL beneficiaries and “Mentor Moms” indicated participation in EFL’s legal literacy, health education and ongoing counseling programs are deeply appreciated by clients who report feelings of empowerment and increased self-esteem. Importantly, some said they are more willing to speak up for themselves in and out of health care settings and are more likely to accept their diagnosis and adhere to their treatment regimens.

One EFL client, 23 years old, pregnant and living with HIV, stated that “my grandmother and I had an argument and she bawled all over the neighborhood that I had AIDS. I reported it. I knew I had this right because of the workshops. I learned to speak up.” Another client, 20 years old and diagnosed 2 years ago after a rape that resulted in pregnancy, said that Mentor Moms “allowed me to control my anger, to go on with my life, to plan my life.” Another woman said simply, “Without [Mentor Moms] I would have hurt myself.”

Progress was very limited in advancing the rights of transgender persons. Indeed, a step backwards was taken in August 2023 when MOHW withdrew its trans-inclusive HIV surveillance form in response to opposition raised publicly by a member of a Christian youth organization.³⁹ The Civil Society Forum published a letter to the editor of *The Daily Gleaner* and directed advocacy to the Minister of Health and Wellness against making changes to the form, but to no avail.⁴⁰ As noted above, the Trans and Gender-Non Conforming Health Strategy remains stalled due to a lack of support from the Ministry of Health and Wellness.

³⁸ Figueroa, J.P., Duncan, J.P., Bailey, A. and Skyers, N., (2020) *The HIV Epidemic in Jamaica: A Need To Strengthen the National HIV Program*.

³⁹ Jamaica Observer, August 10, 2023, Tufton Cornered By Rights Groups Over Controversial HIV Reporting Form Pullback, <https://www.jamaicaobserver.com/news/medical-muddle/>

⁴⁰ The Daily Gleaner, August 14, 2023, “Why The Need to Amend the HIV Confidential Reporting Form” <https://jamaica-gleaner.com/article/letters/20230814/why-need-amend-hiv-confidential-reporting-form>

Recommendations

- The Global Fund should increase support for programs to reduce gender-related discrimination, harmful gender norms and GBV, including expanding resources for sexual and reproductive health and human rights programming for adolescent girls and WLHIV
- The Global Fund should consider providing resources for emergency shelter, counseling and social workers as part of comprehensive HIV programming, legal support and response to GBV
- The Global Fund should continue to support women and trans-led support trans-led organizations to build capacity for leadership and advocacy
- MOHW should ensure training and accountability for non-discriminatory health care for women in all their diversities and mothers living with HIV
- MOHW should increase support for implementation of the Transgender and Gender Non-Conforming Health Strategy

(h) Supporting HIV-related community mobilization and human rights advocacy

HIV program area	Score		
	Baseline	Mid-Term	Progress
Support community mobilization and human rights advocacy	*	*	3.2

There has been significant progress in community mobilization and advocacy since the MTA, as several projects have expanded and new initiatives are underway. In 2021, in consultation with civil society, government, academia and technical partners/donors, a Baseline Assessment and a Framework for CLM were prepared that identified gaps and made recommendations for increasing coordination and strengthening of CLM capacity among key stakeholders.⁴¹ This was followed in 2022 by a comprehensive analysis of the status of HIV-related community-led monitoring (CLM) in Jamaica conducted by the International Treatment Preparedness Coalition (ITPC). In alignment with the recommendations set forth in both of these reports, the Jamaica Partnership has taken the lead in the coordination of CLM activities, working with CSOs to clarify roles, methodologies and documentation. These efforts appear to be well received, with one CSO director noting, “We are no longer tripping over each other.”

Numerous activities were advanced in alignment with this CLM Framework, including the expansion by JN+ of its Community Scoreboard project into 6 HIV service facilities and the roll-out of 8 pilot sites for the Community Treatment Observatory (CTO). The CTO is a long-term, comprehensive community-led monitoring project focused on HIV service facilities designed to produce evidence-based data related to all aspects of patient care. Though focused intensively on indicators related to the elements of the treatment cascade, data will be collected on experiences of stigma and discrimination and sensitivity to the

⁴¹ Global Fund Narrative CLM Report (Q4 2021).

needs of key populations. This is a community-led effort that has the potential to promote non-discriminatory treatment in health care settings.

The Mystery Shopper program of JFLAG also saw expansion since the MTA, with multiple rounds of Mystery Shopping producing data related to patient experiences at 12-18 HIV testing and treatment facilities. According to one of the Mystery Shoppers, the training provided by JFLAG was extensive and they felt well-prepared for the task, reporting a problematic HIV testing experience at one of the sites they visited. Overall, the results of the Mystery Shopping indicate that conditions for PLHIV and KPs are improving at most of the health care facilities visited, though the locations are still limited and focused on HIV-specific clinical sites. JFLAG would like to expand the program to allow broader coverage, particularly to include rural health facilities. When problems are identified, they are communicated to MOHW both through the JADS system as well as directly to the facility by the JFLAG staff.

In addition to the Mystery Shopping, JFLAG is also engaged in a variety of activities that focus on building capacity in the community for mobilization and advocacy. For example, its legal literacy trainings are often multi-day sessions that include “Speaker’s Bureau Training” to prepare LGBT people for advocacy with local officials, police and other duty bearers. According to JFLAG, there is an urgent need for members of the LGBT community who are willing to be visible, speak up and push for their human rights. As stated by Glenroy Murray, Executive Director of JFLAG, “We are not going to get law or policy reform without community empowerment. When we meet with Parliament, they say they are not hearing these issues from their constituents—we need to create a demand from below.” Despite the challenge of this task in Jamaica’s legal and political environment, these legal literacy and advocacy trainings have catalyzed community mobilization, as evidenced by the experience of Queertego in Montego Bay. (See case study 2).

The Jamaica Partnership’s Online Dashboard project aims to address the need for improved utilization of data collected from ongoing CLM activities. When implemented, uploading of a shared set of indicators by a wide range of organizations will further the ability to inform programming as well as law and policy. There is also a need for stronger coordination of CLM results from health care sites with MOHW response. Though problems are called to the attention of MOHW through the JADS system and directly with the local facility, follow up on resolution is unclear. In addition, there is no indication that MOHW training of health care workers is targeted to facilities identified as problematic by CLM activities.

Recommendations

- The Global Fund should continue support for implementation of the CLM Framework, including Mystery Shopping, Speaker’s Bureau Trainings, Community Scorecard and the Community Treatment Observatory.
- The Global Fund should support MOHW/CSO collaboration to monitor and improve response to issues raised by CLM activities at treatment sites

- The Global Fund should support the Jamaica Partnership Online Dashboard and other initiatives to facilitate the use of data/analysis from community-led monitoring to inform national HIV policy and programming

9. Implementation Status of Rights-based Program Essentials

Starting with GC7, countries are required to report on the implementation status of program essentials for HIV and TB. Program essentials are a set of standards for the delivery of services by Global Fund-supported programs. All applicants are required, as they fill out the Essential Data Tables to support their funding requests, to provide an update on their country’s status towards achieving program essentials. HIV applicants from Core and High Impact countries are also asked to describe in their funding request narrative any plans to address program essentials that are not fulfilled. In addition, the conditions for countries qualifying for the human rights matching fund requires funding requests to not only consider the findings of the most recent assessment of progress made in scaling up programs to reduce human rights-related barriers, but also to ensure the full implementation of all human rights program essentials.

The tables below present the progress assessment team’s summary analyses of Jamaica’s progress on the program essentials for HIV.⁴²

HIV Program Essentials

Human rights-HIV	Are all elements of a supportive environment ⁴³ for effective operationalization of the program essentials in place?	Implementation Status
19. HIV programs for key and vulnerable populations integrate interventions to reduce human rights- and gender-related barriers.	yes	Some programs ⁴⁴
20. Stigma and discrimination reduction activities for people living with HIV and key populations are undertaken in health care and other settings.	yes	Some programs

⁴² “Technical Brief: Removing Human Rights-related Barriers to HIV Services,” The Global Fund, accessed 10 April 2023, https://www.theglobalfund.org/media/12445/core_removing-barriers-to-hiv-services_technicalbrief_en.pdf

⁴³ 1. a recent assessment of human rights-related barriers; 2. a country-owned, costed plan/strategy to reduce barriers; 3. an oversight mechanism to oversee implementation

⁴⁴ Responses reflect both CSO and MOHW activities. Options include: No or few programs implement such interventions; Some programs or Many or all programs. <https://www.theglobalfund.org/en/applying-for-funding/design-and-submit-funding-requests/funding-request-forms-and-materials/>

21. Legal literacy and access to justice activities are accessible to people living with HIV and key populations.	yes	Many or all programs
22. Support is provided to efforts, including community-led efforts, to analyze and reform criminal and other harmful laws, policies and practices that hinder effective HIV responses.	yes	Some support

10. Cross-cutting observations

Jamaica has made significant progress in advancing programs to reduce rights-related barriers to HIV, despite working in a very challenging legal and political environment. National advocacy for broad anti-stigma and discrimination legislation and other protections for the human rights of key populations is a painstaking, long-term and uphill battle requiring resources and skills that many community-led organizations do not have. However, key stakeholders have focused their efforts on ensuring that implementation of human rights programming is better coordinated, more strategic and is expanding in areas that can influence law and policy through greater community engagement.

The collaboration between the EEHR Unit and the Jamaica Partnership has improved coordination of the wide-ranging human rights-related initiatives from the many organizations that participate in the country’s HIV response. This improvement is most evident in the progress of the legal literacy and access to justice programs, where a network of groups work together to identify, refer, and resolve legal claims using a more efficient JADS documentation system and a multi-sectoral Claims Review Panel. Participation by MOHW on the Panel promotes accountability for responding to reports of stigma and discrimination, and is key to a strategic integration of legal literacy and legal services into HIV prevention and treatment programs.

Similarly, the Online Dashboard project led by the Jamaica Partnership aims to improve collection of a broad set of indicators from implementers of human rights-related programs to promote improved utilization of data to inform both programming and law and policy advocacy. Community-led monitoring has expanded to include projects such as the Community Scorecard and Community Treatment Observatory led by JN+ and a growing Mystery Shopper program at JFLAG. All of these provide important feedback concerning experiences of key populations at health facilities, retention in care and other issues relevant to Jamaica’s HIV treatment cascade. They also represent an opportunity to strengthen documentation of the impact of human rights programming on reducing barriers to HIV services. The challenge will be to ensure that data collected from these sources can be efficiently uploaded by CSOs, that data are utilized by MOHW to inform HIV policy, and that community-led findings provide an evidence base for national law reform and advocacy,

As is too frequently the case, many challenges remain in the comprehensive implementation of programs to reduce HIV-related gender discrimination, harmful gender norms and gender-based violence. Despite a consensus among stakeholders that experiences of key populations has improved at health facilities, the exceptions concern the treatment of women living with HIV, particularly in relation to pregnancy and maternal health care. Though training of health care workers in human rights and medical ethics has achieved some level of incorporation into the curriculum, women-led organizations continue to report that sensitization regarding issues of gender, pregnancy and adolescent girls remains weak and fragmented. The rights of transgender people have taken a step backward with the HIV surveillance forms amended to return to binary gender options, and the Transgender and Gender Non-Conforming Health Strategy remains stalled due to lack of government support.

Finally, Jamaica’s transition to a universal primary care health system presents both opportunities and risks for implementation of HIV-specific human rights programming. Efforts by EEHR and others to define human rights as central to the “patient-centered care” model was well received at the October workshop by a broad spectrum of government actors, civil society and the private sector. Multi-sectoral engagement in human rights is essential to advance protection from discrimination for PLHIV in health services, the workplace, law enforcement and the judiciary. This changing landscape, however, presents the risk of diminished attention to the needs of PLHIV and key populations, an outcome that Jamaica can ill afford given the state of its generalized and concentrated HIV epidemic. Key stakeholders, particularly EEHR, the Jamaica Partnership, and community-led organizations must ensure that removal of human rights-related barriers to HIV services continues to be prioritized within the national HIV response.

11. Key Programmatic Recommendations

Eliminate HIV-related stigma and discrimination in all settings
<ul style="list-style-type: none"> Support the coordination of anti-stigma/discrimination initiatives and build capacity among CSOs for M and E, including support for the Jamaica Partnership Online Dashboard
Ensure non-discriminatory provision of health care
<ul style="list-style-type: none"> MOHW should increase institutionalization of pre and in-service trainings in human rights and ethics
HIV-related legal literacy
<ul style="list-style-type: none"> Continue to support legal literacy trainings, especially for integration into HIV services and to ensure linkage to systems for legal redress; increase capacity for M and E to ensure documentation of impact on access to HIV services and health outcomes
Improve access to justice

<ul style="list-style-type: none"> Expand support for access to justice and legal redress programming including training and staffing of attorneys as well as for peer advocates and paralegals
<p>Monitor and reform HIV-related laws and policies</p>
<ul style="list-style-type: none"> Continue to support community-led organizations to participate meaningfully in advocacy initiatives
<p>Reduce HIV-related gender discrimination</p>
<ul style="list-style-type: none"> Increase support for programs to reduce HIV-related gender discrimination and harmful gender norms, including increased resources for sexual and reproductive health for adolescent girls and WLHIV
<p>Support community mobilization and engagement</p>
<ul style="list-style-type: none"> Continue support for implementation (including routine review and feedback) of the CLM Framework, including for Mystery Shopping, Speaker's Bureau Trainings, Community Scorecard and Community Treatment Observatory
<p>Ensure rights-based law enforcement</p>
<ul style="list-style-type: none"> Support advocacy to improve governmental engagement and buy-in for human rights-related training for law enforcement, the judiciary and lawmakers
<p>Cross-Cutting HIV Recommendations</p>
<ul style="list-style-type: none"> Key Stakeholders Must Ensure That Removal of Rights-Related Barriers to HIV Services Continues to Be Prioritized In The National HIV Response The Global Fund should support capacity for improved pathways for data collection to document impact on HIV and health outcomes as well as to inform advocacy for changing laws and policies

Annex 1: Scorecard Methodology

A key component of the progress assessment is the review of specific programs and the preparation of key performance indicator scores for the Global Fund. Drawing upon the data collected from program reports and key informant interviews, in addition to the descriptive analysis of findings for each program area, the assessment team also developed a quantitative scorecard to assess scale up of HIV, TB and, where applicable, malaria programs engaged in removing human rights barriers.

Criteria/Definitions

Scoring is based on the following categories measuring achievement of comprehensive programs. First, researchers should determine the overall category with integers 0-5 based upon geographic scale:

Rating	Value	Definition ⁴⁵
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.
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale)
4	Operating at national level	Operating at national level (>50% of national scale)
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.

Next, researchers can adjust scores within the category based upon reach of relevant target populations:

Additional points	Criteria
+0	Limited scale for some target populations (reaching <35%)

⁴⁵ The definition of the term “comprehensive” has been developed through extensive consultation, internally within CRG and MECA as well as externally, with the research consortia carrying out the baseline assessments and the members of the Working Group on Monitoring and Evaluating Programmes to Remove Human Rights Barriers to HIV, TB and Malaria Services. UNAIDS and WHO have been consulted as a member of the Working Group.

+0.3	Achieved scale to approximately half of target populations (reaching between 35 - 65% of target populations)
+0.6	Achieved widespread scale for most target populations (reaching >65% of target populations)

Annex 2: Key informants and beneficiary interviews

No	Organization	Name, Title
1	Caribbean Vulnerable Communities Country Coordinating Mechanism Jamaica	Ivan Cruichshank, Executive Director, CVC and Chairman, Country Coordinating Mechanism Jamaica
2	Children of Faith	Gloria Meredith, Executive Director
3	Eve for Life	Joy Crawford, Executive Director In addition, 6 beneficiaries were interviewed
4	Jamaica AIDS Support for Life	Kendasi Levermore, Executive Director
		Patrick Lalor, Policy and Advocacy Officer
		Latoya Thomas, Legal Officer
5	Jamaica Council of Churches	Bishop Garth Minott
6	JFLAG/Equality for All Foundation	Glenroy Murray, Executive Director
		In addition, one Mystery Shopper was interviewed
7	Jamaicans for Justice	Mickel Jackson, Executive Director
8	Jamaican Network of Seropositives	Ricky Pascoe, President
9	Jamaica Partnership	Jaevion Nelson, Chair
10	National Family Planning Board/EEHR Unit	Karlene Templeton-Anderson, Director
		Nicola Cousins, Technical Officer
11	Ministry of Health and Wellness	Dr. Alisha Robb-Allen, Senior Medical Officer
12	Transwave	Renae Green, Executive Director
13	Queertego	Amarillo Ngozi, Co-Director
14	USAID Jamaica	Wendy Benzerga, Health Team Lead

Annex 3. Documents Reviewed

No Author (2022). *Faith-Based Organizations Knowledge, Attitudes, Practices and Behaviour Study: Executive Summary*.

Achrekar, A., United States Department of State (2022). *Information Memo for Ambassador William Popp, Guatemala, and Charge D'affaires Linnisa Wahid, Jamaica: Fiscal Year 2023 PEPFAR Planned Allocation and Strategic Direction*.

Bourne, P.A. et al, *An Evaluation of Domestic Violence Against Jamaican Women During the Coronavirus Disease 19 Pandemic*, International Journal of Collaborative Research on Internal Medicine and Public Health (Vol 19, Number 9, 2021).

Caribbean Vulnerable Communities Coalition (2018). *Legal Literacy Manual Part 3: Jamaican Law and You*.

Crawford, J., Jamaica Council of Churches HIV and AIDS Project (2023). *Analytical Assessment Report*.

Figueroa, J. P., Duncan, J. P., Bailey, A., and Skyers, N. (2020). *The HIV Epidemic in Jamaica: A Need to Strengthen the National HIV Program*.

Gray Jr., V. A., Jamaica Civil Society Coalition (2020). *Memorandum of Objects and Reasons, and Explanatory Notes: A Proposal for the Enactment of Comprehensive Anti-Discrimination Legislation in Jamaica*.

Harper, C., Equality for All Foundation (2021). *A Legal Analysis of the Economic, Social and Cultural Rights Landscape in Jamaica*.

Hibbert, K., Jamaica Observer (2020). *HIV-Positive People Still Being Denied Basic Human Rights, Study Finds*.

Eve for Life, Jamaica AIDS Support for Life (2012). *The Personal Development Needs and Realities of HIV Positive Women in Jamaica: A Focus Group Report*.

Jamaica AIDS Support for Life (2020). *Legal Literacy Handbook for Persons Living with HIV*.

Jamaica AIDS Support for Life (2021). *A Training Manual for Law Enforcement Officers*.

Jamaica Civil Society Forum on HIV and AIDS (2020). *Resource Mobilization Strategy 2020-2024*.

Jamaica Civil Society Forum on HIV and AIDS (2021). *Anti-Discrimination Advocacy Plan: Reducing Stigma and Discrimination Through the Enactment of Anti-Discrimination Legislation*.

Jamaica Civil Society Forum on HIV and AIDS. *Technical Guide in Advancing an Anti-Discrimination Legislation in Jamaica*.

Jamaica Model Anti-Discrimination Legislation.

Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination (2021). *Enabling Environment and Human Rights Annual Report: Breaking Down Barriers to End AIDS in Jamaica*.

Jamaican Network of Seropositives, Jamaicans for Justice and Jamaica Youth Advocacy Network (2019). *Policy Brief: Motion Against the Adoption of Law to Criminalize Wilful HIV Transmission in Jamaica*.

Jamaican Network of Seropositives and Health Policy Plus (2020). *The People Living with HIV Stigma Index*.

Jamaican Council of Churches (2022). *Faith-Based Work in the HIV Response*.

Jamaican Council of Churches (2019). *Healthy Lifestyle HIV Policy Statement Religious Sector*.

Joint Civil Society Coalition: Jamaicans for Justice, Caribbean Vulnerable Communities Coalition, Jamaica Youth Advocacy Network, Jamaica Network of Seropositives. *Joint Submission to the United Nations Human Rights Council on the Third Cycle of the Universal Periodic Review for Jamaica*.

Joint Select Committee (2018). *Report: Review of the Sexual Offences Act Along with the Offences Against the Person Act, the Domestic Violence Act and the Child Care and Protection Act*.

Kelly, O. and Murray, G., Jamaicans for Justice and Jamaica AIDS Support for Life (2020). *Situational Analysis of Access to Justice among Key Populations Affected by HIV and AIDS*.

Ministry of Health and Wellness, 2023-2030 National Strategic Plan for HIV (Draft).

Munroe, G., Leslie, D. and Bygrave-Sam, S. *Reducing HIV-Related Stigma and Discrimination: An Orientation and Training Manual for the Western Regional Health Authority*.

National Family Planning Board, Enabling Environment and Human Rights (2023). *Annual Review Workshop Report: Creating a People-Centered Service Provision and Delivery Culture*.

National Family Planning Board, Enabling Environment and Human Rights (June 2023). *Monitoring, Evaluation and Learning Plan (Final)*.

Nelson, J., Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination (2020). *Progress Report on Programmes to Reduce HIV-related Stigma and Discrimination and Improve Access to Justice for People Living with and Most Affected by HIV in Jamaica*.

Nelson, J., Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination (2021). *Jamaica National HIV Response: Human Rights Programme Scorecard*.

Nelson, J., Jamaica Partnership to Eliminate All Forms of HIV-Related Stigma and Discrimination (2022). *Human Rights Scorecard for Jamaica's HIV Response*.

UNAIDS Jamaica (2013). *Legal Reforms, Social Change: HIV/AIDS, Human Rights and National Development in Jamaica*.