

JAMAICA



THE CHALLENGE

JAMAICA HAS EXPERIENCED A MARKED INCREASE OF HIV CASES OVER THE LAST FIVE YEARS. THERE ARE NOW AN ESTIMATED 30,000 PERSONS LIVING WITH HIV, WITH AN ADULT HIV PREVALENCE OF 1.8 PERCENT.¹ EXISTING DATA ON HIV PREVALENCE AMONG WOMEN AND GIRLS SHOWS THAT THE PERCENTAGE OF WOMEN LIVING WITH HIV HAS INCREASED DRAMATICALLY FROM 30 PERCENT OF REPORTED CASES BETWEEN 1980 AND 1989² TO 46 PERCENT BETWEEN 2009 AND 2012.³

Young women aged 15–29 appear to be especially vulnerable. Girls aged between 15–19 are three times more likely to be infected than boys their age, while women aged 20–24 are one and a half times more likely to be infected than men in the same age group.⁴ The HIV epidemic also appears to be concentrated among key populations, including men who have sex with men, female sex workers, and people who inject drugs.⁵

Gender inequality, early sexual debut, cross-generational sex, multiple partners, and stigma and discrimination all drive Jamaica's HIV epidemic. Harmful gender norms such as masculine dominance and feminine submissiveness prevent women from negotiating safe

sex. One manifestation of this is condom use, which has declined significantly among females in multiple partner relationships, from 70 percent in 2008 to 43 percent in 2012. In addition to obstacles preventing HIV exposure, women who become HIV positive fear violence from their partners if they disclose their status and they encounter discrimination within the health care profession when using health facilities to manage the disease.⁶

THE POLICY ENVIRONMENT

Jamaica is signatory to a number of international and regional commitments on gender equality and HIV, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). It also has strong normative and reinforcing policy frameworks at the national level, which support gender mainstreaming in the HIV response. The National Strategic Plan on HIV and AIDS (NSP) is closely aligned with Jamaica's Vision 2030 and Medium Term Economic Policy Framework.

¹ *Global AIDS Response Progress Report: Jamaica*, 2014.

² Harvey, K.M. *State of the HIV Response in Jamaica*. Presentation at the National HIV/STI Programme Review Workshop, 26–28 November 2012, Montego Bay, Jamaica.

³ *Global AIDS Response Progress Report: Jamaica*, 2014. p. 24.

⁴ Harvey, K.M. *State of the HIV Response in Jamaica*. Presentation at the National HIV/STI Programme Review Workshop, 26–28 November 2012, Montego Bay, Jamaica.

⁵ Hope Caribbean Co. Ltd. *HIV/AIDS Knowledge Attitudes and Behaviour (KAPB) Survey*, Jamaica: Report of findings, 2012, Kingston, Jamaica.

⁶ Myrie, T. *Addressing the Human Rights Issues Confronting HIV Positive Women in Jamaica*. Jamaica AIDS Support for Life, UN Women and UNAIDS, 2011.

Both have clear commitments to tackle the spread of HIV. The National Policy for Gender Equality and the landmark Declaration of Commitment to Eliminate Stigma, Discrimination and Gender Inequality Affecting Jamaica's HIV Response, both of which passed in 2011, also demonstrate political resolve to address the gender dimensions of the HIV epidemic.

Despite the official acknowledgment of HIV issues, there are few networks of Women Living with HIV (WLHIV) in Jamaica, and for this reason the participation of WLHIV in the national HIV response has been limited. The Jamaica Community of Positive Women and Eve for Life are two notable networks for WLHIV.

THE PROGRAMME RESPONSE

Supporting Gender Equality in the Context of HIV/AIDS (2009–2013) addressed these challenges with the goal of integrating gender equality and human rights into HIV policies. The programme had two main elements: promoting the leadership and participation of WLHIV in networks that influence HIV policies, and strengthening national commitment to gender equality in the HIV response.

PROGRAMME PARTNERS

- The National HIV/STI Programme (NHP)
- The Jamaica AIDS Support for Life (JASL)
- The Jamaica Community of Positive Women (JCW+)

The programme partnered with the National HIV/STI Programme (NHP) under the Ministry of Health, which coordinates national efforts among government, civil society, and private sector stakeholders to implement the multi-sectoral HIV response. It also teamed up with the Jamaica AIDS Support for Life (JASL), an AIDS service and human rights non-governmental organization working with key populations at higher risk.

The programme placed a senior Gender Advisor in the NHP to train and share technical expertise with staff on gender equality in HIV programme processes, including monitoring and evaluation. The Gender Advisor reviewed HIV policies and programmes and consulted with stakeholders to identify gender as well as capacity gaps in the national HIV response. She then used this information to design a far-reaching training programme on gender mainstreaming for government staff and civil society organizations. She also developed a number of resources including a training manual, *The Role of Gender Equality/Relations in Halting and Reversing the Spread of HIV in Jamaica*, and a national

registry of available gender equality and HIV experts. The Gender Advisor also developed a 'training of trainers' course with the Institute of Gender and Development Studies at the University of the West Indies to share expertise in this area. The training covered personal development; life skills; gender, HIV and human rights; advocacy; and media and social communications, and was designed to be used by NGOs and individuals who provide training to WLHIV.

JASL collaborated with the programme to research human rights issues faced by WLHIV. Focus groups with the women helped advocates to understand their needs, as well as the barriers to their participation in the HIV response. Using this information to design a training program, JASL conducted a leadership and advocacy training for WLHIV and at-risk women, such as sex workers and transgender women. This training helped women develop a common advocacy agenda. JASL also provided women with small grants to help them set up or expand income-generating projects and to seek training or certification of skills.

Together with the NHP and the Gender Advisor, JASL also facilitated the participation of WLHIV in policy-making spaces. It organized high-level meetings among WLHIV and their networks, and staff of the NHP and National AIDS Committee to better understand the challenges faced by women living with HIV. These meetings offered women a space to find solidarity in each other's experiences and to articulate common needs and priorities.

ACHIEVEMENTS

The programme helped increase political will to address gender equality and HIV. In an important gesture of commitment to the HIV response, Jamaica's then-Prime Minister and Leader of the Opposition signed the 'Declaration of Commitment to Eliminate Stigma, Discrimination and Gender Inequality Affecting Jamaica's HIV/AIDS Response' in 2011. This endorsement was the result of consultation with senior policymakers, civil society—including networks of men and women living with HIV—academia, the private sector, and the media. The Declaration, which was presented to the United Nations General Assembly High Level Meeting on AIDS in June 2011, signals Jamaica's commitment to work toward "the creation and promotion of a supportive and enabling social, policy and legal environment that respects and promotes the rights of all Jamaican women, girls, men and boys and guarantees universal access to prevention, treatment, care and support in relation to HIV and AIDS."

The NHP is better able to integrate gender concerns into its HIV policies and programmes. The draft National Strategic Plan (NSP) on HIV and AIDS (2012-2017) incorporates a response to gender-based violence as part of the country's plan for HIV prevention and impact mitigation, and includes specific indicators to monitor progress in this regard. In addition, through the facilitation of the Gender Advisor, WLHIV contributed their unique insights, strategies and recommendations to the NSP.

“WE HAVE ACHIEVED A BETTER AND MORE ROUNDED CONVERSATION ON THE DRIVERS OF THE EPIDEMIC AND HAVE CEMENTED WHAT THE RESPONSE SHOULD BE. THERE IS NOW MORE FOCUS ON THE ROLE OF MALES AND FEMALES IN SEXUAL DECISION-MAKING AND THE ROLE OF CULTURE. [FROM THE] CONSULTATIONS WITH WOMEN'S ORGANIZATIONS AND OTHERS ... CAME THIS OVERRIDING THRUST TOWARDS GENDER-BASED VIOLENCE TO THE POINT WHERE OUR NSP SEEMED LIKE IT WAS A GBV STRATEGY. SO MUCH WAS THE STRENGTH OF THE ADVOCACY FROM THESE GROUPS.”

—Sannia Sutherland, Director of Prevention, National HIV/STI Programme.⁷

The programme helped to **empower women living with HIV to become leaders and agents of change in the HIV response**. As a result of the programme's activities, women living with HIV now sit on various advisory groups to the national HIV response, such as the Advocacy and Information and Communication Sub-Committee of the National AIDS Committee and the National Advisory Group of the National HIV-Related Discrimination Reporting and Redress System. In addition, the programme supported the organizational capacity of Jamaica's Community of Positive Women

⁷ Interview with Director of Prevention, National HIV/STI Programme, Kingston, Jamaica (UN Women- EC Programme 2009-2013).

(JCW+). Now incorporated as an NGO, the group is able to significantly expand its membership base and to position itself in the national HIV response.

“THE WOMEN WE TRAINED ARE NOW ADVOCATES, EMPOWERED AND SELF-CONFIDENT. IN ADDITION, THIS TRAINING HAS INCREASED THEIR UNDERSTANDING OF GENDER EQUALITY AND HUMAN RIGHTS. SEVERAL OF THESE WOMEN HAVE CO-FACILITATED IN-SERVICE TRAININGS, HIGH-LEVEL DIALOGUES, SUPPORT GROUP FACILITATION AND OTHER SPEAKING ENGAGEMENTS.”

—Marilyn Thompson, Project Coordinator, JASL⁸

Strategic partnerships between government and civil society helped to foster greater support for gender equality and to ensure the sustainability of programme results. By engaging with women's organizations, the NHP has led to a deeper understanding among diverse stakeholders of the linkages between gender and HIV.

LESSONS LEARNED

Government and civil society collaboration is vital to the HIV response. Government and civil society often differ in their perceptions of the most effective HIV policies and the implementation of HIV programming. The partnership between the NHP and JASL transcended any such differences for the sake of a common goal of more gender-responsive HIV programmes and policies.

A gender advisor within the national HIV programme is essential for ensuring a consistent, technical approach to mainstreaming gender in the HIV response and for supporting the participation of WLHIV in HIV policy and decision-making processes.

⁸ Interview with Project Coordinator, JASL, Kingston, Jamaica (UN Women- EC Programme 2009-2013).

“Having the gender expert made a great difference as persons on the ground were not very familiar with gender issues. Based on her work, the NHP and NGOs that we work with were able to infuse gender in their work.”

—Audi Brevette, Behaviour Change Communication Coordinator, National HIV/STI Programme

Economic opportunities are crucial in developing leadership and advocacy. The participation of WLHIV in policy advocacy is more likely if their concerns about economic issues and livelihood as well as stigma are addressed. The provision of education and small business grants boosted the ability of WLHIV to participate in the HIV response.

Long-term vision and investment is key for promoting the leadership of WLHIV and for strengthening their networks. To consolidate and further build on leadership skills among WLHIV developed through the programme, continued support and mentoring will be needed.

Trainings must provide WLHIV the tools they need to develop their own policy agenda. The objective of research and focus groups should be to articulate women’s collective views in a manner that is clear and accessible to the women themselves.

Physical safety must be prioritized before attempting advocacy or leadership training. In addition to the extreme stigma that accompanies HIV status, women

⁹ Interview with Behaviour Change Communication Coordinator, National HIV/STI Programme, MOH, Kingston, Jamaica (UN Women- EC Programme 2009-2013).

“THE DIRECTORY WILL ALLOW ANYONE TO ACCESS TRAINED HUMAN RESOURCES TO IDENTIFY AND ADDRESS THE UNIQUE ISSUES RELATED TO UNBALANCED GENDER POWER RELATIONS, AS WELL AS LOCATE AGENCIES TO SUPPORT WORK TO ADDRESS SUCH ISSUES. IT WILL ALSO ALLOW US TO KEEP TRACK OF THE PERSONS THAT WE HAVE TRAINED AND TO USE THIS RESOURCE IN THE BEST WAY POSSIBLE TO SUPPORT THE NATIONAL [HIV/STI] PROGRAMME.”

—Dr. Fenton Ferguson, Minister of Health¹⁰

living with HIV are vulnerable to partner violence if they disclose their status. Physical safety is a precondition for effective leadership training.

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¹⁰ Interview with Minister of Health, Kingston, Jamaica (UN Women- EC Programme 2009-2013).

TOGETHER WE ARE GREATER THAN AIDS: PARTICIPANT, UN WOMEN-EC ADVOCACY TRAINING FOR WOMEN LIVING WITH HIV

AC is 35 years old and the mother of four children ranging in age from 6 to 20 years old. Thirteen years ago, she was diagnosed as HIV-positive. She credits her participation in the programme as a major turning point in her life and says she now knows that she has to be the change she wants to see in the treatment of women living with HIV in Jamaica.

AC has taken to advocacy work with fervour. Through her participation in the human rights and advocacy trainings of WLHIV, AC was able to present the views of those women directly to government health officials. She says one of the biggest challenges faced by WLHIV is limited financial resources, which is largely the result of high

unemployment because of stigma and discrimination. According to AC, if women had access to economic opportunities and were earning their own money, they would be able to play a greater role in the HIV response. As AC notes, “I have to choose between caring for my children and bus fare to go to a meeting. If I had the money, I would be at every meeting.”

“I realize that I am not alone,” she said. “There are many women like me. I just want us as women living with HIV to unite. I went to the AIDS conference and saw a sign ‘together we are greater than AIDS’ and it has stayed with me. We just need to come together around this.”