HIV Gender Policies in Central America

USAID's Regional HIV/AIDS Program in Central America developed a situation analysis of the political landscape for HIV in the Central America in 2012[1].

Key findings in 2012:

- Most countries in the region have supportive legal frameworks and national strategic plans in place to respond to the epidemic, and many have anti-discrimination laws that support PLWH as well as other key populations (UNAIDS, 2010). Belize is an outlier, with a sodomy law which was cited by many key informants as one of the principal sources for discrimination in that country.

- rate the effectiveness of current policy in guiding the response to HIV, most interviewees scored the policy environment for HIV in Central America at 3 on a scale of 0-5; all shared the opinion that laws, norms, strategic plans, and international agreements exist, but implementation -and to some extent, knowledge, dissemination and monitoring - of them is limited in most cases.

- Many of the laws, plans and norms are outdated and in need of revision, adding new provisions explicitly dealing with sexual diversity, human rights and vulnerable populations. Recognition of the "identidad de género" for transgender women was mentioned specifically by many.

- general agreement that the region has achieved substantial advances with regard to: (1) access to treatment; (2) reduction of stigma among health service providers; and (3) existence of comprehensive national strategic plans

- most informants saw stigma and discrimination against key populations as a major and intractable issue in the region and many cited it as the principal barrier to implementation of HIV/AIDS programs in their respective countries. Conservative cultural norms about sexuality – and a strong normative preference for heterosexuality – were reflected in a lack of political leadership to implement human rights laws guaranteeing protection and equality for key populations. Reflecting the widespread public rejection of sexual diversity, policies do not adequately address gender-based violence against transgender women and men who have sex with men. In fact, gender-based violence is perceived as a "women's issue", with little recognition of its impact on other vulnerable populations.

- human rights issues of vulnerable populations are beyond the scope of health ministries or National AIDS Programs and require engagement of legislators, social sector leaders, ombudsmen and decision makers through effective advocacy by civil society.

- Civil society efforts were seen as fragmented. Even though they may be working toward the same goals, organizations do not work together. Competition for funds and mutual suspicion among groups were the reasons most cited for this lack of collaboration. Many informants mentioned the need to strengthen the capacity of civil society organizations in advocacy and leadership, with emphasis on strengthening a new generation of leaders, skilled in strategic planning and influencing policy.

- Key informants expressed concern about the rising rates of HIV among youth, as well as adolescent pregnancy, and noted that little work in the policy arena is being done to address the needs of youth. Many lamented the lack of adequate sex education in schools, and the general reluctance of the education sector to address the issue of HIV.

[1] Iris Group. HIV Policy Assessment in Central America. USAID/Regional Program for Central America; 2012

- Overall, the lack of a sufficiently strong country authority on HIV/AIDS—one that can coordinate donors' efforts and obtain the participation of the full range of non-health sector actors needed to implement a comprehensive approach to HIV/AIDS—was identified across the region as the principal gap related to participation.
- In addition, a recurrent concern expressed by representatives of international cooperation agencies was the perceived lack of awareness and planning for donor phase-out over the next three to five years. They noted that approximately 60% of the cost of prevention in the region is currently covered by donors, but governments have been slow to assume country ownership in financing and designing evidence-based prevention strategies, even though this is a necessary step for sustainability of the response to HIV in the region.

- *Legal framework*: Most countries in the region have supportive legal frameworks and national strategic plans in place to respond to the epidemic (Annex A), and many have anti-discrimination laws supporting PLWH as well as other key populations (UNAIDS, 2010). However, the level of implementation of HIV laws and national policies, the lack of sanctions for non-compliance, and the relative impunity for violating antidiscrimination laws tells a very different story. Despite generally favorable legal and policy frameworks, there are high levels of violence and discrimination among many key populations in the region, which further contribute to the concentration of the epidemic among these populations (Asociación PASMO, 2011). Belize remains an outlier, with an anti-sodomy law still in place that impedes the government's ability to address HIV among MSM.

Inequality in incomes

- Inequality is a historical and structural feature of Latin American societies, its most eloquent manifestation is the distribution of incomes, which constitutes, at the same time, the cause and effect of other inequalities in areas as education and the labor market. The matrix of the social inequality in Latin America and in the Caribbean is strongly limited for the production structure, but also by determinants of gender, race, and ethnicity, which intersect and enhance.
- Poverty, indigence, and vulnerability are strongly marked by the determinants of gender, race, and ethnicity, as well as determined moments of the cycle of life as the childhood, youth and old age. Also the heterogeneity and the regional inequalities are very pronounced in the rural areas of the countries, and between rural and urban areas significant gaps persist in the region in all these dimensions.
- It is important to acknowledge the ethnical and race inequalities, along with the gender ones, are crucial components of the matrix that structures the social inequality in the region.
- Gender, race, ethnicity inequalities intersect and enhance, one of the most eloquent indicators of that crosslinking of inequities are gaps in the labor income. The inequality pattern is clear and sets the non-indigenous men or African descendent men at one end of the income scale, and the indigenous women in the other end, no matter the educational level.
- Among those with eight or more years of studies, this first group is followed by African descendent men, non-indigenous neither African descendent women, African descendent women, indigenous men, and at last, indigenous women. In the two lower section of education, the pattern is the same, with the only difference that indigenous men receive superior income than indigenous women in all the cases considered.
- Among the society areas that produce, exacerbate or mitigate inequalities, the most decisive one is the labor world. There is where the major part of the incomes to the homes in Latin America and the Caribbean is generated, as well as inherent inequalities to its distribution. The labor world is fundamental in the conception of equality, as in conjunction with education, shapes the central links of the social inclusion.

Gender equality

- The pace of progress toward gender equality has been the slower that the ones of the environmental, economical, and socials changes
- The three columns that reflects different aspects of the women autonomy: related with the ability to generate their own incomes and control their assets (economic autonomy), with control over their own bodies (physical autonomy), and with full participation in decision making that affects her life and her community. (autonomy in decision-making)

Policy Structure

- advances in the region with respect to: (1) access to treatment; (2) reduction of stigma among health service providers (although not necessarily among any other group); and (3) the existence of comprehensive national strategic plans (NSPs).
- **implementation -and to some extent, knowledge, dissemination and monitoring- of the policy framework to be limited** in most cases. They also commented that many of the **laws and policies are outdated** and in need of revision with new provisions explicitly dealing with sexual diversity, human rights and vulnerable populations.
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Policy Implementation

- Of the three components of the policy environment, respondents consistently identified **implementation as the weakest** and most in need of attention. They noted that the public sector is short on resources to implement the NSPs in their entirety, so public sector **funds tend to be spent on the least controversial programs**, such as PMTCT and ARVs, instead of on programming for key populations like sex workers and transgender women. A common theme across countries was that stigma and discrimination explains much about why public officials don't speak out: action on HIV issues will not win votes, and the public in general disapproves of the behaviors of key populations like LGBT and sex workers
- Conservative cultural norms about sexuality – and a strong normative preference for heterosexuality – were reflected in the **lack of political leadership to implement human rights laws** that cover LGBT in cases of crimes and abuse against them, which can in turn place them at increased risk for HIV[13]
- The violent deaths of transgender women in all countries in the region except Panama and Costa Rica, reflects the impunity with which the laws are disregarded, particularly in cases of violence or human rights abuses against LGBT: police are slow to investigate and are known to be abusive to the victims; the judicial systems rarely convict in such cases; and victims themselves only rarely denounce such crimes and report them, citing the uselessness of pursuing justice and a fear of exposing themselves to additional stigma, that of "being a victim."
- Respondents raised concerns that prevention programs were not being funded by country governments, in spite of attention to the issue in national strategic plans. Donor key informants variously estimated between 70-90% of prevention program costs in the region are covered by international donors. Many people reported **concerns about access to testing**, commenting that government programs are oriented
- lack of political will in their countries to implement **comprehensive sexual education in schools, particularly with reference to sexual diversity**, even when supportive policies were in place and curricula available.
- Panama, for example, respondents reported that the current education minister is completely opposed to sex education, and that the Ministry of Education's recent anti-bullying program may even promote homophobia. Panama, for example, several informants stated that companies require a negative HIV test as a condition for employment and employees testing positive for HIV are fired or pressured to resign. Others mentioned that

Costa Rica was experiencing similar difficulties implementing comprehensive sexual education programs, and El Salvador reported constraints addressing LGBT rights in school and sexual education programs.

Across the region, a common theme emerged[1] implementation of existing policy is not a given, and the existence of a law, policy or national plan does not guarantee its implementation or the allocation of esources to do so. Instead, the **policy framework is vulnerable to changes in political leadership, socioeconomic conditions, and sociocultural norms**. HIV-related policy in the region is not insulated from the effects of changes in these external factors, and as such, its implementation is weak and inconsistent. Further, the health sector has implemented the bulk of the response to date, and has already addressed the "low-hanging fruit" through health interventions like ARVs and testing. Now, the challenge is to **implement a more holistic response with other sectors, which may help address the structural inequalities that drive the epidemic.**

Who? Participation

The **lack of real engagement from non-health sectors** influences the "what" (structure) since policies do not fully reflect all potential aspects of response or all the human and financial resources that could be applied. Informants remarked that while **multisectoral collaboration was happening "on paper" and in high-level committees**, little substantive collaboration was taking place in practice. [

The **less-than-optimal involvement of civil society** was mentioned routinely by respondents in all countries, noting that in the HIV arena, civil society still is weak and divided, with no common goal or unified voice, and unwilling to form the powerful networks that have worked so well in reproductive health policy, for instance. With the exception of Belize, where civil society is still nascent in the HIV field, informants noted that many of the original leaders have moved from civil society to government or international posts. Early efforts by civil society centered on making ARVs available. Now that governments in the region are providing treatment, HIV is no longer a "life or death" issue and advocacy based on activism has decreased. The need now is for new leadership/approaches coming from a **professionalization of civil society** based on strategic and long-term planning

Access to services is available in most countries *for those who know* their HIV status; but many people living with HIV do not know their status and are unlikely to go for testing or other services. **Complacency** was noted as a major concern for the successful implementation of HIV policy. Old civil society activists are tired from years of advocacy; they achieved universal access to medications

The new generation of advocates was described as less professional, less educated and less skilled, some representing highly marginalized key populations like transgender women and sex workers. A common critique in the interviews was that these **new leaders lack the leadership and other skills to make a real impact in the policy arena**. While many have received basic advocacy training, for example, they need more advanced skills building that will allow them to work effectively with high-level policymakers. Affected groups need to know how to advocate for their rights (and in some cases be educated as to what their rights are). Many do not know how to approach decision makers, what arguments to use, or how to dress or speak appropriately at meetings. During the interviews, informants often described civil society as complacent relative to their predecessors, in need of leadership skills, and distracted by the effort to sustain or expand their NGOs.

Addressing stigma and discrimination and the human rights of affected groups is a necessary condition to advance in all the other areas." Stigma and discrimination was reported to be affecting the response to HIV in different arenas

Discriminatory health services (outside of specialized HIV clinics) reduce the demand for services.

Many **key populations are invisible** and want to stay that way --a finding that was consistently reported throughout the countries. **Internal (or felt) stigma** reduces their advocacy and activism, including about violence they may experience that increases their risk of HIV.

Reflecting widespread animosity toward sexual diversity, HIV and other **policies do not adequately address LGBT, human rights violations, and GBV** against transgender women and MSM.

more **work with mass media** was needed in order to address stigma and discrimination in the region, and pointed to this as an opportunity for a public-private partnership. They stressed that machismo, homophobia, and transphobia are strongly held attitudes in the general population, making stigma a formidable barrier to dealing effectively with HIV/AIDS

The **lack of political will** to address HIV in a comprehensive manner was explained as a reflection of cultural attitudes in the general population.

shortage of persons with monitoring and evaluation skills in most countries.

inadequate funding for work with key populations

dual nature of acceptance of sexual diversity in the region as a constraint to implementation.

socially conservative Ministers of Education in the region constrain advances on implementing comprehensive sexual education that discusses sexual diversity.

the **widespread testing of pregnant woman** in Central American countries.

national and subnational level **decisionmaking often is driven by political imperatives rather than epidemiological data**. They pointed to the need for increased local capacity to use and analyze data.

burden of multiple indicator data collection exercises, some of which are required for donors and others for national purposes. Respondents noted that such indicator exercises need to be streamlined and more strategic, to reduce the reporting burden on poorly resourced public sector and civil society organizations. A

the "**culture of dependency**" on donor funding, especially for prevention programs. Some respondents noted that governments seem comfortable with donor's help on prevention programs but they are slow to bring their own funds to this work, even seeming disinterested in the topic. Many reported a **lack of awareness and planning for expected Global Fund phase-out** or funding prevention activities in future, and no recognition that **prevention is needed now to keep treatment costs down in the future**. Respondents reported that country governments do not seem to be assuming ownership of the full range of programming

The Health Agenda for Central America and Dominican Republic defines ten strategic objectives to guide the political action and to serve as a basis for developing action plans and resource allocation: Reduce the risks and the burden of transmissible and non-transmissible diseases, gender and social violence, as well as those related to the environment and lifestyles. It should ensure that the sexual and reproductive health is addressed with approach in human rights, gender, diversity, and intercultural, to men and women along their life cycle and advocate for the active involvement of men in the care of their sexual and reproductive health, of their families, and their couples. Strengthen the capacity of the health systems to have a better response to the challenges of sexual and reproductive health, mainly the pre and post natal care of the mother and child, abortion complications, prevention, and care for sexually transmitted infections, specially HIV/AIDS.

The level of the Americas, the First Ladies coalition, and the Women Leaders of Latin America against HIV/Aids that seek to influence in the regional agendas for a greater political commitment to gender and HIV/Aids by promoting a

social and cultural, free of stigma and discrimination environment as well as identifying obstacles for the universal access of prevention, treatment, care and social support in HIV with emphasis in women.

Lack of consensus on the scope of the term "sexual violence", both in the legislation of each country as in the produced investigation, different terms are used to describe the same acts/facts that generate many conclusions over the incidence and prevalence of the Sexual Violence in the four selected countries. Many of the Sexual Violence ways (place of work, educational centers, public services, recreational spaces, among others) has been poorly studied in the selected countries. However, sources that record some of the ways of VS face constraints related to institutional barriers, as well as the patterns of the use of the justice service, security and health by the victims/survivors of SV. (SVSV) Many of the ways of SV are not documented, as the areas (justice, health, and security) tend to prioritize two topologies: Sex violence conceived generally as a forced sexual act with anal/vaginal penetration, and the sexual abuse of minors, although recently also cases of human trafficking for sexual exploitation are registered. Likewise, many forms of SV are grouped into one category, which limits the analysis of disaggregated information on the different types of SV.