INDEX TO DOCUMENTATION OF COUNTRY CONDITIONS REGARDING PERSECUTION OF HIV-POSITIVE INDIVIDUALS IN PANAMA

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<td>• “Human rights NGOs reported receiving complaints of labor discrimination when employers found out employees were HIV positive…LGBTI NGOs reported at least one employer who allegedly sought ways to dismiss an HIV-positive employee who had 15 years of service at the company.” (p. 18)</td>
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|     | • “In September the NGO PROBIDSIDA published concerns about a shortage of antiretroviral medications for treating patients with HIV/AIDS. PROBIDSIDA claimed that bureaucracy and lack of interest from administrative offices at the Ministry of Health and the Social Security clinics led to late purchase orders and...
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late payment of providers, implying systematic prejudice against HIV-positive individuals within the health-care system.” *(p. 18)*


- “Discrimination continued to be common due to ignorance of the law and a lack of mechanisms for ensuring compliance. LGBTI individuals reported mistreatment by health-care workers, including unnecessary quarantines.” *(p. 21)*
- “The law also mandates that persons seeking to wed must submit to the civil court a physician’s note certifying they each had an HIV test recently…the judge must ask both parties if they know the results of the other’s test….Several LGBTI activists complained that forcing the disclosure of the results to the other individual violates privacy rights.” *(p. 21)*
- “Discrimination in employment and occupation occurred with respect to race, sex, gender, disability, sexual orientation or gender identity, and HIV-positive status. During the job interview process, applicants, both citizens and migrants, must complete medical examinations, including HIV/AIDS testing. The law requires all laboratories to inform applicants an HIV test will be administered, but private-sector laboratories often did not comply. It was common practice for human resources offices in the private sector to terminate the application of a citizen who was HIV positive, usually without informing the applicant. For HIV-positive migrants, private laboratories often informed law enforcement, and the National Immigration Office began deportation procedures.” *(p. 26)*


- “Discrimination continued to be common due to ignorance of the law and a lack of mechanisms for ensuring compliance. LGBTI individuals reported mistreatment by health-care workers, including unnecessary quarantines.” *(p. 20)*
- “Discrimination in employment and occupation occurred with respect to race, sex, gender, disability, sexual orientation and/or gender identity, and HIV-positive status.” *(p. 24)*

4. **Canada: Immigration and Refugee Board of Canada, Panama: Situation of sexual minorities, including treatment by society and authorities; implementation of legislation related to the treatment of sexual minorities; state protection and support services (Jul. 8, 2013) available at:** [https://www.refworld.org/docid/5429347a4.html](https://www.refworld.org/docid/5429347a4.html)

- “LGBT people receive [translation] ‘rude and contemptuous treatment’ when they ask for health services and that a great number of these complaints were received by the AHMNP in the last year (AHMNP 2010, 17). According to a representative from the VIH-AIDS program at the Ministry of Health,
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[translation] ‘discrimination in medical centers and in hospitals does not come so much from the doctors but rather from nurses and administrative staff’” (p. 2)

### NON-GOVERNMENTAL SOURCES


- “There are many reasons for high levels of HIV transmission among this group. In 2014, only 51% of men who have sex with men were reported to have access to HIV services, a level that has remained unchanged for several years. Moreover, access to HIV testing among men who have sex with men varies enormously from country to country, ranging from 5% to 70%. Homophobia and the ‘machismo’ (or aggressively masculine) culture are common throughout the region and sex between men is highly stigmatised. Large numbers of men who have sex with men also have sex with women, forming a 'bridge' population.” (p. 5)

- “Transgender people in the region have fewer educational and social opportunities, often resorting to sex work for an income. Country-level data collected between 2011 and 2015 also shows much higher HIV prevalence among transgender women sex workers compared to other sex workers. Transgender people also face high rates of violence. According to the Observatory of Murdered Trans People, 2,016 transgender people were reported as murdered between 2008 and 2015 across the world, 1,573 (78%) of them were in Latin America and the Caribbean.” (p. 6)

- “Discrimination against key populations and HIV-related stigma continue to proliferate through many societies in the region, and discriminatory practices are widespread in health and other social services. Key populations and women living with HIV are subject to practices such as forced sterilisation and denial of health services. Discriminatory and punitive laws and policies further limit access to services.” (p. 16-17)

- “Many people remain ignorant and fearful of HIV and AIDS, and myths about HIV and how it’s transmitted persist. UNAIDS reports that in several Latin American countries, at least one third of people said they would not buy vegetables from a person who is living with HIV. Discrimination towards people living with HIV by healthcare workers is common to varying degrees.” (p. 18)

- “While some countries in Latin America and the Caribbean have made significant progress, particularly in terms of treatment availability, it has been patchy. Even where treatment is available, a number of cultural and legal barriers prevent many groups from accessing the services they need. For example, homophobic crimes, which need to be addressed by laws and policies that protect the rights of all people.” (p. 19)

### ACADEMIC SOURCES
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<td>• In Panama and Central America, a situation analysis of stigma and discrimination related to homophobia, transphobia (prejudice expressed against transgender people), the sex trade, and people living with HIV, reported that health centers are still places of discrimination. A group of experts from the Americas who met in 2009 to address the health promotion and health care needs of men who have sex with men (MSM) reported that the MSM population postponed clinical attention for extensive periods of time or chose not to disclose their sexual orientation in previous visits to health care facilities. Such barriers to care make categorizing the type of transmission that affects the country difficult.” (p. 2)</td>
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<td>• Homophobia has been recognized as a driver of the HIV epidemic among MSM in that it prevents men from accessing HIV prevention programs such as HIV and STI testing, counseling, and free condom, mental health, and education services.” (p. 13)</td>
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<td>• AHMNP became the first nationally recognized GLBT organization in Panama…. This legalization made it possible for AHMNP to conduct the first study of HIV in Panama among gay men which linked the prevalence of the disease to the stigma of homophobia and a lack of medication. ‘When we did the second study of HIV prevalence, we found out that in less than nine years, HIV prevalence in gay men has gone from 10.6 percent to 23 percent,’ Bond said.” (p. 3)</td>
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<td>• “Homophobia or the irrational hatred, intolerance, and fear of lesbian, gay, bisexual, and transgender (LGBT) people has a huge connection to HIV/AIDS. Worldwide HIV outbreaks has always been linked to negative attitudes towards the LGBT community, especially targeting men who have sex with other men (MSM) and are affected by both diseases.” (p. 3)</td>
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<td>• “The LGBT community has experienced specific barriers to treatment including violence, human rights violations, stigmas, and discrimination. Social homophobia, which is the criminalization of same-sex relationships or gender impersonation, prevents the LGBT community from having full access to vital HIV prevention measures such as testing, treatment, and care services.” (p. 4)</td>
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<td>• “Also, other international health organizations wanted to study HIV prevalence in Panama but, because of homophobia, the police would not allow it.” (p. 4)</td>
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• “The individuals who live with the human immunodeficiency virus (HIV) in Panama are subject to acts of discrimination every day and this rejection is experimented in their everyday life and at the time of searching for medical care and employment.” *(p. 1 of translation)*

• “The report shows that 27% of the interviewed individuals who live with HIV did not receive counseling when they tested for the virus, while 9% perceived that medical care was declined because of their clinic condition.” *(p. 2 of translation)*

• “The document shows that, in aspects of sexual and reproductive health, pressure from the medical staff exists, as 19% of the interviewed pregnant women with HIV stated to have felt pressured to undergo sterilization, and 25% was advised by the medical staff not to have children.” *(p. 2 of translation)*

• “The Panamanians who live with HIV – at least 14 thousand 115 individuals, according to Minsa – not only have to confront discrimination at the time of looking for medical care or assistance to have their children, but also during their everyday life. In fact, 52% of the interviewed individuals expressed that people murmur about their condition; 25% suffered verbal assault; 14% lost their job; and 12% was forced to change their home due to the pressure by their neighbors.” *(p. 3 of translation)*
EXECUTIVE SUMMARY

Panama is a multiparty constitutional democracy. In May voters chose Laurentino Cortizo Cohen as president in national elections that international and domestic observers considered generally free and fair.

The country has no military forces. The Panama National Police (PNP) is principally responsible for internal law enforcement and public order, while additional security forces are responsible for border control and aero naval security. Civilian authorities maintained effective control over the security forces.

Significant human rights issues included: harsh prison conditions; restrictions on free expression, the press, and the internet, including through censorship and criminal libel lawsuits; and forced child labor.

The law provides criminal penalties for corruption by officials, but the government generally did not implement the law effectively.

Section 1. Respect for the Integrity of the Person, Including Freedom from:

a. Arbitrary Deprivation of Life and Other Unlawful or Politically Motivated Killings

There were no reports the government or its agents committed arbitrary or unlawful killings.

b. Disappearance

There were no reports of disappearances by or on behalf of government authorities.

c. Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment

The constitution prohibits such practices, and there were no reports that government officials employed them.

Prison and Detention Center Conditions
Prison conditions remained harsh, primarily due to overcrowding, a shortage of prison guards, and inadequate medical services and sanitary conditions.

**Physical Conditions:** As of September the prison system, with an intended capacity of 14,946 inmates, held 17,360 prisoners. Pretrial detainees shared cells with convicted prisoners due to space constraints. Prison conditions for women were generally better than for men, but conditions for both populations remained poor, with some overcrowded facilities, poor inmate security and medical care, and a lack of basic supplies for personal hygiene. Authorities acknowledged that staff shortages limited exercise time for inmates on certain days. Female inmates participated more in rehabilitation programs than male inmates.

The Ministry of Health conducted two vaccination campaigns in prisons during the year. HIV/AIDS and tuberculosis treatments were available once a month, but high-blood-pressure medication and insulin were scarce. Inmates with tuberculosis were detained in one prison in order to facilitate access to medications and a special diet.

Prison medical care overall was inadequate due to the lack of personnel, transportation, and medical resources, although the Ministry of Health carried out vaccination campaigns during the year and provided monthly HIV/AIDS and tuberculosis treatments. Approximately 60 percent of complaints received by the Ombudsman’s Office from January through October were related to the lack of access to medical attention and medications for prisoners. Authorities permitted relatives of inmates to bring medicine, although there were reports that some relatives paid bribes to prison personnel, including police agents, to bypass the required clearances. Authorities transferred patients with serious illnesses to public clinics, but there were constant difficulties in arranging inmate transportation, so that inmates often missed medical appointments with specialized physicians. Because the Ministry of Government’s National Directorate of the Penitentiary System (DGSP) did not have ambulances, inmates were transported in police vehicles or in emergency services ambulances when available. Emergency services ambulance staff were reluctant to service the prisons due to societal stigma. A lack of prison guards also affected the transfers.

As of December, 17 male inmates had died in custody, 16 due to inmate-on-inmate violence.

**Administration:** Authorities conducted investigations of credible allegations of mistreatment.
Independent Monitoring: The government permitted prison monitoring by independent nongovernmental observers. During the year the Ombudsman’s Office and the director and deputy director of the National Mechanism to Prevent Torture conducted unannounced visits to the prisons without restrictions. Human rights nongovernmental organizations (NGOs) seeking access to prisons during visiting hours were required to send a written request to the DGSP 15 days in advance.

d. Arbitrary Arrest or Detention

The law prohibits arbitrary arrest and detention and provides for the right of any person to challenge the lawfulness of his or her arrest or detention in court. The government generally observed these prohibitions.

Arrest Procedures and Treatment of Detainees

The law requires arresting officers to inform detainees immediately of the reasons for arrest or detention and of the right to immediate legal counsel. Detainees gained prompt access to legal counsel and family members, and the government provided indigent defendants with a lawyer.

The country completed its transition to an accusatory justice system (SPA) in 2016, but cases opened prior to the transition continued to be processed under the previous inquisitorial system. Both systems demonstrated vulnerabilities to corruption, inefficiencies, and bureaucratic obstacles, although SPA brought improvements, such as a reduction in pretrial detentions, and an 85 percent reduction in the duration of case resolution. Time limits were also implemented to prevent lengthy delays as occurred under the inquisitorial system, in some cases for years.

Under the SPA, bail exists but was rarely granted because of the implementation of a less costly provisional release system. Under the inquisitorial system, a functioning bail procedure existed for a limited number of crimes but remained largely unused. Most bail proceedings were at the discretion of the Prosecutor’s Office and could not be initiated by detainees or their legal counsel. Bail was granted in high-profile corruption cases, which prompted complaints by civil society about the Public Ministry’s administering “selective” justice.
The law prohibits police from detaining adult suspects for more than 48 hours but allows authorities to detain minor suspects for 72 hours. In the accusatorial system, arrests and detention decisions were made on a probable cause basis.

**Pretrial Detention:** According to DGSP statistics, 43 percent of inmates had not been convicted (a decrease of 52 percent from the previous year) and 38 percent of those had been in pretrial detention for more than a year. The pretrial detention rate reflected the fact that cases begun under the inquisitorial system must still be processed under that system, while the country continued to fully transition to the SPA.

**e. Denial of Fair Public Trial**

While the law provides for an independent judiciary, the judicial system was inefficient and susceptible to corruption as well as internal and external influence, and it faced allegations of manipulation by the executive branch. In August a superior court confirmed a 2018 lower criminal court judge’s decision to dismiss embezzlement charges for eight million balboas (eight million dollars) against 22 government officials and businesspersons, many of whom were influential in the community.

Court proceedings for cases in process under the inquisitorial system were not publicly available, whereas accusatory system cases were. As a result, nonparties to the inquisitorial case proceedings did not have access to these proceedings until a verdict was reached. Under the inquisitorial system, judges could decide to hold private hearings and did so in high-profile cases. Consequently, the judiciary sometimes faced accusations, particularly in high-profile cases, of procedural irregularities. Since most of these cases had not reached conclusion, however, the records remained under seal. Interested parties generally did not face gag orders, but because of this mechanism, it was difficult to verify facts.

**Trial Procedures**

The law provides for the right to a fair and public trial, and the judiciary generally enforced this right. The law provides that all citizens charged with crimes enjoy the right to a presumption of innocence. They have the right to be informed promptly and in detail of the charges (with free interpretation as necessary for non-Spanish speaking inmates), to have a trial without undue delay, to have counsel of their choice and adequate time and facilities to prepare a defense, to refrain from incriminating themselves or close relatives, and to be tried only once for a given
offense. The accused may be present with counsel during the investigative phase of proceedings.

During the year all new criminal cases were tried under the SPA, and trials were open to the public. The SPA stipulates that trials must be completed in less than 18 months. Judges may order the presence of pretrial detainees for providing or expanding upon statements or for confronting witnesses. Trials are conducted based on evidence presented by the public prosecutor. Defendants have the right to be present at trial and to consult with an attorney in a timely manner, along with the right to enter into a plea deal. Defendants may confront or question adverse witnesses and present their own witnesses and evidence. Defendants have a right of appeal. The judiciary generally enforced these rights.

Public defenders failed to enact orders for early release of inmates in a timely fashion, despite written instructions from the judicial branch. Failure to enforce judicial branch instructions in the penitentiary system was common during the year. In one case a government official said that the Public Defenders’ Office did not process a written release order in a timely manner. As a result, the inmate (who had already completed two-thirds of his sentence and was eligible for early release in August 2018) contracted tuberculosis in January while still imprisoned. The judge reportedly allowed for immediate release of this inmate in November.

**Political Prisoners and Detainees**

There were no credible reports of political prisoners or detainees.

**Civil Judicial Procedures and Remedies**

Citizens have access to the courts to bring lawsuits seeking damages for, or cessation of, human rights violations, although most do not pursue such lawsuits due to the length of the process. There are administrative and judicial remedies for alleged wrongs, and authorities often granted them to citizens who followed through with the process. The court can order civil remedies, including fair compensation to the individual injured. Individuals or organizations who have exhausted domestic remedies may initiate cases involving violations of an individual’s human rights by submitting petitions to the Inter-American Commission on Human Rights.

**f. Arbitrary or Unlawful Interference with Privacy, Family, Home, or Correspondence**
The law prohibits arbitrary interference with privacy, family, home, or correspondence, and the government generally respected these prohibitions.

On August 9, a three-judge panel under the accusatory system found former president Ricardo Martinelli not guilty of any of the four criminal charges he faced: violation of secrecy laws and privacy, unlawful surveillance, embezzlement, and abuse of authority. The panel’s ruling indicated that the Public Ministry had made procedural mistakes and therefore would not allow hard evidence and witness testimonies. On August 26, the ruling was formalized, and all restrictions on Martinelli, including travel, were lifted. The prosecutor was appealing the ruling before the Supreme Court as of October.

Section 2. Respect for Civil Liberties, Including:

a. Freedom of Expression, Including for the Press

The constitution provides for freedom of expression, including for the press. The government generally respected this right, but journalists and media outlets noted an increase in criminal and civil libel/slander lawsuits, which they considered a threat to freedom of expression and freedom of the press.

Press and Media, Including Online Media: In July under the Cortizo administration, security guards from the National Assembly expelled a known television personality from the National Assembly media balcony to prevent her from covering a migration bill. Two days later the National Assembly budget committee met behind closed doors to avoid press coverage, which was not standard practice. Both actions resulted in complaints from opposition deputies and civil society leaders.

Libel/Slander Laws: According to local media, former president Ricardo Martinelli submitted 50 libel/slander lawsuits against local media, 26 of which were issued after he was declared not guilty on August 9 of illegal wiretapping. Reports stated Martinelli’s civil lawsuits against daily newspapers El Siglo, La Prensa, and Mi Diario included media employees whose work was not related to judicial or political reporting (editorial cartoonists and graphic designers).

In May Corprensa (which owns La Prensa and Mi Diario) was found guilty in a libel/slander lawsuit filed by former first lady Marta de Martinelli. The
corporation was sentenced to pay $25,000 balboas ($25,000) in damages and 6,000 balboas ($6,000) to cover legal expenses.

On September 2, Martinelli filed a civil lawsuit against TVN Information vice president and television host Sabrina Bacal, seeking one million balboas (one million dollars) in damages for calling him a thief during a public interview.

Following these legal actions, on September 3, media associations Journalism National Council and the Journalists Forum for Freedom of Expression and Information issued a joint statement requesting the Judicial Branch and Public Ministry keep “vigilant” regarding the “growing trend to abuse the justice system, using it as a censorship, intimidation, and persecution tool against journalists and media.”

Media organizations and media leaders claimed these lawsuits hindered reporting on specific cases and individuals and were likely intended to financially damage media corporations.

**Internet Freedom**

The government did not restrict or disrupt access to the internet or censor online content, and there were no credible reports that the government monitored private online communications without appropriate legal authority.

**Academic Freedom and Cultural Events**

There were no government restrictions on academic freedom or cultural events.

**b. Freedoms of Peaceful Assembly and Association**

The law provides for the freedoms of peaceful assembly and association, and the government generally respected these rights.

**c. Freedom of Religion**

See the Department of State’s *International Religious Freedom Report* at [https://www.state.gov/religiousfreedomreport/](https://www.state.gov/religiousfreedomreport/).

**d. Freedom of Movement**
The law provides for freedom of internal movement, foreign travel, emigration, and repatriation, and the government generally respected these rights.

e. Internally Displaced Persons

Not applicable.

f. Protection of Refugees

**Access to Asylum**: The law provides for the granting of asylum or refugee status, and the government has established a system for providing protection to refugees. The Panamanian National Office for Refugees (ONPAR) had a backlog of more than 15,000 cases and usually approved only 1 percent of asylum requests. ONPAR processed asylum applications and then referred applications to the National Commission for Refugees, an interagency committee that decides the final status of every case. The process of obtaining refugee status currently takes two to three years, during which only asylum seekers admitted into the process had the right to work. The current asylum application process can take up to one year for applicants to even be admitted into the system, which was not a guarantee of asylum approval.

The government approved and implemented the protocol for identification, referral, and attention for minors requiring international protection; however, the institutional protocol for protecting minors who migrate was pending implementation approval.

The government continued to manage camps in the Darien region to provide food, shelter, and medical assistance to migrants. At least one camp in the Darien did not have regular access to potable water and at times presented unsanitary conditions, especially when dealing with high volumes of migrants. The government reported continued migrations of persons from Cuba, Haiti, South Asia, India, and Africa.

According to the UN High Commissioner for Refugees (UNHCR) and its NGO implementing partners, thousands of persons living in the country were possibly in need of international protection. These included persons in the refugee process, persons denied refugee status, and persons who did not apply for refugee status due to lack of knowledge or fear of deportation.
Employment: Refugees recognized by authorities have the right to work, but recognized refugees complained that they faced discriminatory hiring practices. In an effort to prevent this discriminatory practice, ONPAR removed the word “refugee” from recognized refugees’ identification cards. By law individuals in the process of applying for asylum do not have the right to work; however, beginning in May those who had been formally admitted into the asylum process could request a one-year work permit that could be renewed as many times as needed.

Access to Basic Services: Education authorities sometimes denied refugees access to education and refused to issue diplomas to others if they could not present school records from their country of origin. The Ministry of Education continued to enforce the government’s 2015 decree requiring schools to accept students in the asylum process at the grade level commensurate with the applicants’ prior studies. As a result of the long wait times to be entered into the asylum system, many applicants encountered difficulties accessing basic services such as health care, financial services, and appropriate housing.

Durable Solutions: The law allows persons legally recognized as refugees or with asylum status who have lived in the country for more than three years to seek permanent residency.

g. Stateless Persons

The government continued to work with Colombia to recognize approximately 200 stateless persons on the border. The governments of Panama and Costa Rica, with the cooperation of UNHCR, continued to use a mobile registry office on their common border to register indigenous Ngabe and Bugle seasonal workers who travelled between Costa Rica and Panama and whose births had not registered in either country.

Section 3. Freedom to Participate in the Political Process

The law provides citizens the ability to choose their government in free and fair periodic elections held by secret ballot based on universal and equal suffrage. Naturalized citizens may not hold specified categories of elective office, such as the presidency.

Elections and Political Participation
Recent Elections: In May voters chose Laurentino Cortizo Cohen as president in national elections that independent observers considered generally free and fair. Elected at the same time were 71 national legislators, 81 mayors, 679 local representatives, and nine council members. A group of international observers from the Organization of American States, the EU, electoral NGOs, regional electoral authorities, and members of the diplomatic corps considered the elections fair and transparent.

Political Parties and Political Participation: The law requires new political parties to meet strict membership and organizational standards to gain official recognition and participate in national campaigns. Political parties must obtain the equivalent of 2 percent of the total votes cast to maintain legal standing.

Participation of Women and Minorities: No laws limit participation of women or members of minorities in the political process, and they did participate.

Section 4. Corruption and Lack of Transparency in Government

The law provides criminal penalties for corruption by officials, but the government generally did not implement the law effectively. The government used anticorruption mechanisms such as asset forfeiture, whistleblower and witness protection, plea bargaining, and professional conflict-of-interest rules to address corrupt practices among government employees and security forces. Nevertheless, corruption remained a problem in the executive, judicial and legislative branches as well as in the security forces.

Corruption: The Public Ministry continued investigations into allegations of corruption against public officials but many have not resulted in convictions, and in one high-profile case, a court order denied requests for extensions of the legal timelines for more investigations. In a March hearing, an anticorruption prosecutor asked a criminal judge to convict six penitentiary system employees for corruption and six individuals are under fraud charges. Corruption and a lack of accountability among police continued to be a problem. The new administration that took office in July made personnel changes in all public forces agencies. Agents were dismissed on grounds of corruption and were under investigation by the Public Ministry. Mechanisms to investigate and punish abuse and corruption in the security forces remain centralized and opaque. The government rarely made cases of police abuse or corruption public, and the National Criminal Statistics Directorate was unable to provide strong data on police internal affairs.
As of September the Public Ministry continued the investigations of the Comptroller General’s Office’s 2018 audits of transactions between 2009 and 2014 by elected local representatives. The comptroller alleged a misuse of public funds through irregular contracts carried out by the Martinelli administration’s National Assistance Program. No charges were filed during the year.

The 2018 corruption cases filed by the Comptroller General’s Office before the Supreme Court against deputies from all political parties represented in the National Assembly were still under investigation by the court as of September.

The case continued against former minister of the presidency Demetrio “Jimmy” Papadimitriu and former minister of public works Jaime Ford, both in the Martinelli administration, detained in 2018 for alleged links to bribes paid by Brazilian multinational construction company Odebrecht. Both individuals faced money laundering and corruption charges. They were released on bail but could not leave the country without a court order. The cases remained under the inquisitorial system. Papadimitriu’s mother, Maria Bagatelas, a private citizen also involved in the Odebrecht case, was under house arrest, but in August the Supreme Court changed the measure and issued an order forbidding her from departing the country without a court’s approval.

Financial Disclosure: The law requires certain executive and judiciary officials to submit a financial disclosure statement to the Comptroller General’s Office. The information is not made public unless the official explicitly gives permission.

Section 5. Governmental Attitude Regarding International and Nongovernmental Investigation of Alleged Abuses of Human Rights

A number of domestic and international human rights groups generally operated without government restriction, investigating and publishing their findings on human rights cases. Government officials generally were cooperative and responsive to their views.

Government Human Rights Bodies: The ombudsman, elected by the National Assembly, has moral but not legal authority. The Ombudsman’s Office received government cooperation and operated without government or party interference; it referred cases to the proper investigating authorities.

Section 6. Discrimination, Societal Abuses, and Trafficking in Persons
Women

Rape and Domestic Violence: The law criminalizes rape of men or women, including spousal rape, with prison terms of five to 10 years. Rapes continued to constitute the majority of sexual crimes investigated by the National Police Directorate of Judicial Investigation. Eighty percent of the victims were women and 63 percent of those were younger than 17.

The law against gender violence stipulates stiff penalties for harassment and both physical and emotional abuse. The law states that sentencing for femicide is a mandatory 25 to 30 years in prison. Officials and civil society organizations agreed that domestic violence continued to be a serious crime. The PNP Specialized Unit for Domestic and Gender Violence created in 2018 continued to have 190 agents trained to work these cases. In June, Roberto Moreno Grajales was convicted and sentenced to 30 years prison for the 2016 killing of his former girlfriend, Diosila Martinez. He had originally fled to Costa Rica after the killing but was extradited in 2018 to Panama.

The Ombudsman’s Office continued its program Mujer Conoce tus Derechos (Woman, Know Your Rights), which included a wide distribution of flyers. In May the National Institute for Women’s Affairs (INAMU) established 24/7 hotline 182 to give legal guidance to victims of domestic violence. If the caller was at risk during the call, the operator would make a connection with the police.

Sexual Harassment: The law prohibits sexual harassment in cases of employer-employee relations in the public and private sectors and in teacher-student relations. Violators face a maximum three-year prison sentence. The extent of the problem was difficult to determine, because convictions for sexual harassment were rare, pre-employment sexual harassment was not actionable, and there was a lack of formal reports. During the year the Ministry of Labor, UN Development Program, and NGO SUMARSE began to develop a protocol for private sector employers on how to investigate and deal with labor and sexual harassment within companies.

Coercion in Population Control: There were no reports of coerced abortion or involuntary sterilization.

Discrimination: The law prohibits discrimination based on gender, and women enjoyed the same legal status and rights as men. The law recognizes joint property in marriages. The law mandates equal pay for men and women in equivalent jobs.
Although an illegal hiring practice, some employers continued to request pregnancy tests. There were two cases reported in the countryside of temporary workers who terminated their pregnancies once the condition became obvious, presumably due to fear of being fired.

**Children**

**Birth Registration:** The law provides citizenship for all persons born in the country, but parents of children born in remote areas sometimes had difficulty obtaining birth registration certificates.

**Child Abuse:** Child abuse is illegal. The law has several articles pertaining to child abuse and its penalties, which depend on the type of abuse and range from six months to 20 years’ imprisonment if the abuse falls under a crime that carries a higher penalty. Public Ministry statistics as of August reported that 2,090 children were victims of different types of abuse; the Public Ministry believed this figure was underreported. The Ministry of Social Development maintained a free hotline for children and adults to report child abuse and advertised it widely. The ministry provided funding to children’s shelters operated by NGOs and continued a program that used pamphlets in schools to sensitize teachers, children, and parents about mistreatment and sexual abuse of children.

**Early and Forced Marriage:** The minimum legal age for marriage is 18. The government prohibits early marriage even with parental permission.

**Sexual Exploitation of Children:** The law prohibits the commercial sexual exploitation, sale, and offering for prostitution of children, in addition to child pornography. Officials from the Ministry for Public Security continued to prosecute cases of sexual abuse of children, including within indigenous communities. Ministry officials believed that commercial sexual exploitation of children occurred, including in tourist areas in Panama City and in beach communities, although they did not keep separate statistics. In September, seven Panamanians were detained for their connections to an international child pornography ring based in Brazil. For two and one-half months, Panama and Brazil worked together with authorities in El Salvador, Paraguay, Chile, Ecuador, and other foreign countries to capture and imprison the individuals responsible for this child pornography ring as part of Operation **Luz de la Infancia.**

**International Child Abductions:** The country is a party to the 1980 Hague Convention on the Civil Aspects of International Child Abduction. See the
Anti-Semitism

Jewish community leaders estimated there were 15,000 Jews in the country. There were no known reports of anti-Semitic acts.

Trafficking in Persons

See the Department of State’s Trafficking in Persons Report at https://www.state.gov/trafficking-in-persons-report/.

Persons with Disabilities

The law prohibits discrimination based on physical, sensory, intellectual, or mental disabilities; however, the constitution permits the denial of naturalization to persons with mental or physical disabilities. The law mandates access to new or remodeled public buildings for persons with disabilities and requires that schools integrate children with disabilities. Despite provisions of the law, persons with disabilities experienced discrimination in a number of these areas.

Most of Panama City’s bus fleet remained wheelchair inaccessible. Media reports in August noted again that Metro elevators were frequently locked and could not be used. A lack of ramps further limited access to the old stations, although the newly inaugurated Metro Line 2 had ramp access. Most businesses had wheelchair ramps and accessible parking spaces to avoid fines, but in many cases they did not meet the government’s size specifications.

In September the National Secretariat for People with Disabilities began a free shuttle service from the city’s largest bus terminal for individuals with disabilities that needed to visit their offices, which were located in a residential neighborhood with limited public transportation.

Some public schools admitted children with mental and physical disabilities, but most did not have adequate facilities for children with disabilities. Few private schools admitted children with disabilities, as they are not legally required to do so. The high cost of hiring professional tutors to accompany children to private

schools--a requirement of all private schools--precluded many students with disabilities from attending.

The government-sponsored Guardian Angel program continued to provide a monthly subsidy of 80 balboas ($80) for children with significant physical disabilities living in poor conditions.

As of September, 1,440 individuals with disabilities were hired by local companies per Ministry of Labor statistics. This was an increase from the yearly average number of individuals with disabilities hired between 2014 and 2018. The law stipulates that employers who hire individuals with disabilities receive tax breaks at the end of the fiscal year.

**National/Racial/Ethnic Minorities**

Minority groups were generally integrated into mainstream society. Prejudice was directed, however, at recent legal immigrants, the Afro-Panamanian community, and indigenous Panamanians. Cultural and language differences and immigration status hindered the integration of immigrant and first-generation individuals from China, India, and the Middle East into mainstream society. Additionally, some members of these communities were reluctant to integrate.

The Afro-Panamanian community was underrepresented in positions of political and economic power. Areas where they lived lagged in terms of government services and social investment. The government’s National Secretariat for the Development of Afro-Panamanians focused on the socioeconomic advancement of this community. The secretariat was not supportive of the joint work between government entities and NGOs to ensure an accurate count of the Afro-Panamanian population in the upcoming 2020 census.

The law prohibits discrimination in access to public accommodations such as restaurants, stores, and other privately owned establishments; no complaints were filed. The Ombudsman’s Office intervened in several cases before students with Rastafarian braids were permitted entry into public school classrooms.

There were reports of racial discrimination against various ethnic groups in the workplace. Lighter-skinned persons continued to be overrepresented in management positions and jobs that required dealing with the public, such as bank tellers and receptionists. A July report by the UN Development Program and the
National Institute on Women stated that Afro-Panamanian women were 10 times more susceptible to discrimination in the workplace than women from other races.

**Indigenous People**

The law affords indigenous persons the same political and legal rights as other citizens, protects their ethnic identity and native languages, and requires the government to provide bilingual literacy programs in indigenous communities. Indigenous individuals have the legal right to take part in decisions affecting their lands, cultures, traditions, and the allocation and exploitation of natural resources. Nevertheless, they continued to be marginalized in mainstream society. Traditional community leaders governed *comarcas* (legally designated semiautonomous areas) for five of the country’s seven indigenous groups. The government also unofficially recognized eight other traditional indigenous government authorities. Government institutions recognized these eight regions were traditionally organized indigenous settlements and territories not included when the original comarcas were created.

Government officers continued to meet with traditional organized authorities from the indigenous community, and many requested recognition of their land via collective titles. No collective land titles were granted during the year, however, and land conflicts continued to arise. In March the bill for Naso Comarca was sent to the Supreme Court of Justice to decide if it is constitutional after a veto by the president in December.

The Ngabe and Bugle continued to oppose the Barro Blanco dam project, which became operational in 2017. There were no plans by the government to halt dam operations. The Ngabe-Bugle and the government continued to negotiate details of the dam’s operation.

Although the law is the ultimate authority in indigenous comarcas, many indigenous persons had not received sufficient information to understand their rights and, due to the inadequate system of education available in the comarcas, failed to use available legal channels.

In February the government established the Governing Committee for the National Indigenous Peoples Development Plan, with three representatives of the indigenous groups and government entities to ensure the implementation of the plan.
Societal and employment discrimination against indigenous persons was widespread. Employers frequently denied indigenous workers basic rights provided by law, such as a minimum wage, social security benefits, termination pay, and job security. Laborers on the country’s agricultural plantations (the majority of whom were indigenous persons) continued to work in overcrowded and unsanitary conditions. The Ministry of Labor conducted limited oversight of working conditions in remote areas.

Deficiencies in the educational system continued in the comarcas, especially beyond the primary grades. There were not enough teachers in these remote and inaccessible areas, with many schools poorly constructed and lacking running water. Teachers and students in remote areas of the comarcas continued to sporadically protest poor road and school conditions. Access to health care was a significant problem in the indigenous comarcas, despite government investment in more health infrastructure and staff. This was reflected in high rates of maternal and infant mortality, malnutrition, and an increase in HIV rates. The government continued to execute the Indigenous Development Plan jointly developed with indigenous leaders in 2013.

**Acts of Violence, Discrimination, and Other Abuses Based on Sexual Orientation and Gender Identity**

The law does not prohibit discrimination based on sexual orientation. There was societal discrimination based on sexual orientation and gender identity, which often led to denial of employment opportunities.

The PNP’s internal regulations describe consensual same-sex sexual conduct by its employees as against policy and potentially grounds for dismissal. Lesbian, gay, bisexual, transgender, intersex (LGBTI) human rights organizations reported harassment of LGBTI persons by security forces as a source of serious concern. On July 5, the new PNP director general stated in a national news interview that members of the LGBTI community can be members of the police force as long as they do not conduct actions that could damage the image of the institution. According to LGBTI NGOs, no changes had been made to internal police policies prohibiting LGBTI persons from serving in the force.

LGBTI NGOs reported hospital personnel refused to provide medical services to a transgender individual in a public hospital in Changuinola, province of Bocas del Toro, early in the year. In June, after attending the Pride Parade, a young man was raped by two men after they saw a rainbow flag in his backpack. The victim
sought support from a local NGO and filed a criminal complaint with the Public Ministry. As of November there had been no progress in the case.

As of September the 2016 class-action lawsuit before the Supreme Court of Justice requesting Article 26 of the Family Code, which refers to marriage as “the union of a man and a woman” and thus forbids same-sex legal unions, be declared unconstitutional, was still unresolved.

**HIV and AIDS Social Stigma**

The law prohibits discrimination against persons with HIV/AIDS in employment and education. Discrimination, however, continued to be common due to ignorance of the law and a lack of mechanisms for ensuring compliance. LGBTI individuals reported mistreatment by health-care workers, including unnecessary quarantines.

Human rights NGOs reported receiving complaints of labor discrimination when employers found out employees were HIV positive, despite the fact that the law prohibits discrimination against persons with sexually transmitted diseases, as well as their immediate relatives. Employees are not obligated to disclose their condition to the employer, but if they do so, the employer must keep the information confidential. LGBTI NGOs reported at least one employer who allegedly sought ways to dismiss an HIV-positive employee who had 15 years of service at the company. Health Ministry representatives made a public call to employers to follow the law and asked laid-off employees to reach out to them for legal advice. Employers can be fined for not keeping an employee’s medical condition confidential.

In September the NGO PROBIDSIDA published concerns about a shortage of antiretroviral medications for treating patients with HIV/AIDS. PROBIDSIDA claimed that bureaucracy and lack of interest from administrative offices at the Ministry of Health and the Social Security clinics led to late purchase orders and late payment of providers, implying systematic prejudice against HIV-positive individuals within the health-care system.

**Section 7. Worker Rights**

**a. Freedom of Association and the Right to Collective Bargaining**
The legal framework of labor laws is based upon the Labor Code of 1971, which provides for private-sector workers to form and join independent unions, bargain collectively, and conduct strikes. By law the majority of public-sector employees can strike but may not organize unions. Instead, those public-sector employees may organize professional associations that would bargain collectively on behalf of its members, although the public entity is not legally obligated to bargain with the association. Under the previous Varela administration, the Ministry of Labor registered more than 10 public-sector unions within a few ministries, such as the Ministry of Public Works, Ministry of Economy and Finance, Maritime Authority, among others. As a result the government is not obligated to engage in negotiations with the professional associations within these entities. The National Federation of Public Servants (FENASEP), an umbrella federation of 25 public-sector worker associations, traditionally fought for the establishment of rights similar to those of private-sector unions. The law prohibits antiunion discrimination and requires reinstatement of workers terminated for union activity but does not provide adequate means of protecting from rights violations.

Unions and associations are required to register with the Ministry of Labor. If the ministry does not respond to a private-sector union registration application within 15 calendar days, the union automatically gains legal recognition, provided the request is submitted directly with supported documentation established by law. In the public sector, professional associations gain legal recognition automatically if the General Directorate for Administrative Public Sector Careers does not respond to registration applications within 30 days. From January to September, the General Directorate approved seven public and 10 private union formation applications.

The Ministry of Labor Board of Appeals and Conciliation has the authority to resolve certain labor disagreements, such as internal union disputes, enforcement of the minimum wage, and some dismissal issues. The law allows arbitration by mutual consent, at the request of the employee or the ministry, in the case of a collective dispute in a privately held public utility company. It allows either party to appeal if arbitration is mandated during a collective dispute in a public-service company. The Ministry of Labor Board of Appeals and Conciliation has sole competency for disputes related to domestic employees, some dismissal issues, and claims of less than $1,500. The Minister of Labor initiated biennial minimum wage negotiations in August and was to act as a moderator between union and private-sector stakeholders.
Government-regulated union membership policies place some restrictions on freedom of association. The constitution mandates that only citizens may serve on a union’s executive board. In addition, the law requires a minimum of 40 persons to form a private-sector union (either by a company across trades or by trade across companies) and allows only one union per business establishment. The International Labor Organization criticized the 40-person minimum as too large for workers wanting to form a union within a company. Many domestic labor unions, as well as the public and private sectors, reiterated their support for keeping the figure at 40 individuals.

In the public sector, professional associations represent the majority of workers. The law stipulates only one association may exist per public-sector institution and permits no more than one chapter per province. At least 50 public servants are required to form a professional association. No law protects the jobs of public-sector workers in the event of a strike. FENASEP contended there was no political will to allow all public servants within ministries to form unions, because this could eliminate positions for political appointees.

The law prohibits federations and confederations from calling strikes, as well as strikes against the government’s economic and social policy. Individual professional associations under FENASEP may negotiate on behalf of their members, but the Ministry of Labor can order compulsory arbitration. FENASEP leaders noted that collective bargaining claims were heard and recognized by employers but did not result in tangible results or changes, particularly in cases of dismissals without cause.

According to the labor code, the majority of private-sector employees must support a strike, and strikes are permitted only if they are related to the improvement of working conditions, a collective bargaining agreement, for repeated violations of legal rights, or in support of another strike of workers on the same project (solidarity strike). In the event of a strike, at least 20 to 30 percent of the workforce must continue to provide minimum services, particularly public services as defined by law, such as transportation, sanitation, mail delivery, hospital care, telecommunications, and public availability of essential food.

Strikes in essential transportation services are limited to those involving public passenger services. The law prohibits strikes for Panama Canal Authority (ACP) employees but allows professional associations to organize and bargain collectively on issues such as schedules and safety, and it provides arbitration to
resolve disputes. (The ACP is an autonomous entity, with independence from the central government).

The Ministry of the Presidency Conciliation Board hears and resolves public-sector worker complaints. The board refers complaints it cannot resolve to an arbitration panel, which consists of representatives from the employer, the professional association, and a third member chosen by the first two. If the dispute cannot be resolved, it is referred to a tribunal under the board. Observers, however, noted that the Ministry of the Presidency had not designated the tribunal judges. The alternative to the board is the civil court system.

Cases presented in the courts tend to favor employers. FENASEP noted that one public-sector institution had appealed more than 100 complaints to the Supreme Court, only two of which resulted in rulings in favor of the public-sector employee. While Supreme Court decisions are final, labor organizations may appeal their case results in international human rights courts.

One labor strike and labor protest occurred during the year. Workers at the Balboa port conducted a July 17-28 strike against Panama Ports’ decision to appeal collective agreement negotiations in the Supreme Court. (Note: Panama Ports was previously owned by the state but was privatized, and a Hong Kong-based company won the concession. End note). According to reports, these appeals subsequently delayed salary increases and working condition improvements. The strike ended on July 29, after the Ministry of Labor mediated an agreement between port workers and employers that promoted worker safety regulations and business economic welfare.

The Allied Association of Transport Port Ex-Employees’ (ASOTRAP) hosted an August labor walk to the Panamanian Presidency to pressure both the Inter-American Commission of Human Rights and the Cortizo Administration to address claims that terminated Balboa and Cristobal port workers did not receive severance pay guaranteed by law when those ports were privatized. ASOTRAP asserted that because the termination occurred after August 15, former workers were entitled to the Panamanian 13th Month Bonus, a program in which workers receive one month’s wages annually (one-third paid April 15, one-third paid August 15, and the last third on December 15). ASOTRAP also contended that the Inter-American Commission of Human Rights had not made a ruling on the case. Although the commission sent ASOTRAP a letter acknowledging receipt of the case in 2015, ASOTRAP contended that the commission had not made a final case ruling.
b. Prohibition of Forced or Compulsory Labor

The law prohibits all forms of forced labor of adults or children, as well as modern-day slavery and human trafficking. The law establishes penalties sufficiently stringent to deter violations. The government effectively enforced the law. There continued to be reports of Central and South American and Chinese men exploited in forced labor in construction, agriculture, mining, restaurants, door-to-door peddling, and other sectors; traffickers reported using debt bondage, false promises, lack of knowledge of the refugee process and irregular status, restrictions on movement, and other means. There also were reports of forced child labor (see section 7.c.).

Also, see the Department of State’s Trafficking in Persons Report at https://www.state.gov/trafficking-in-persons-report/.

c. Prohibition of Child Labor and Minimum Age for Employment

The law prohibits all of the worst forms of child labor. The law prohibits the employment of children younger than 14, although children who have not completed primary school may not begin work until 15. The family code permits children ages 12 to 14 to perform domestic and agricultural work with regard to schedule, salary, contract, and type. The law allows children ages 12 to 15 to perform light work in agriculture if the work is outside regular school hours. The law also allows a child older than 12 to perform light domestic work and stipulates employers must ensure the child attends school through primary school. The law neither defines the type of light work children may perform nor limits the total number of light domestic work hours these children may perform. The law prohibits children younger than 18 from engaging in hazardous work but allows children as young as 14 to perform hazardous tasks in a training facility, in violation of international standards.

Minors younger than 16 may work no more than six hours per day or 36 hours per week, while those ages 16 and 17 may work no more than seven hours per day or 42 hours per week. Children younger than 18 may not work between 6 p.m. and 8 a.m. The government effectively enforced the law, and penalties were sufficient to deter violations.

The National Commission for the Prevention of Sexual Exploitation of Children and Adolescents conducted 59 awareness meetings in vulnerable communities, with the participation of the Ministry of Education and the Ministry of Social
Development. Its actions focused on regions sensitive to sexual exploitation of minors in tourism locations, including Panama City, Bocas del Toro, Cocle, and Chiriqui. Criminal enforcement agencies investigated 398 reports of commercial sexual exploitation of children during 2018, compared with 920 in the previous year. The country is a source, transit point, and destination for men and women exploited in forced labor. Children were exploited in forced labor, particularly domestic servitude, and sex trafficking. The law includes punishment of up to 12 years’ imprisonment for anyone who recruits children younger than 18 or uses them to participate actively in armed hostilities.

Also see the Department of Labor’s Findings on the Worst Forms of Child Labor at https://www.dol.gov/agencies/ilab/resources/reports/child-labor/findings and the Department of Labor’s List of Goods Produced by Child Labor or Forced Labor at https://www.dol.gov/agencies/ilab/reports/child-labor/list-of-goods.

d. Discrimination with Respect to Employment and Occupation

The law prohibits discrimination regarding race, gender, religion, political opinion, citizenship, disability, social status, and HIV status. The law does not prohibit discrimination based on sexual orientation or gender identity. Although the country is a member of the International Equal Pay Coalition, which promotes pay equality between women and men, a gender wage gap continued to exist.

Despite legal protections, discrimination in employment and occupation occurred with respect to race, sex, gender, disability, sexual orientation or gender identity, and HIV-positive status. During the job interview process, applicants, both citizens and migrants, must complete medical examinations, including HIV/AIDS testing. The law requires all laboratories to inform applicants an HIV test will be administered, but private-sector laboratories often did not comply. It was common practice for private-sector human resources offices to terminate applications of HIV-positive citizens without informing the applicant. While private laboratories often informed law enforcement of HIV-positive migrants, the National Immigration Office did not engage in deportation procedures specifically based on a migrant’s HIV status. NGOs noted that during job interviews, women were often asked if they were married, pregnant, or planned to have children in the future. It was common practice for human resources offices to terminate the applications of women who indicated a possibility of pregnancy in the near future (see section 6).

e. Acceptable Conditions of Work
The law provides for a national minimum wage only for private sector workers. The wage was above the poverty line. Public servants received lower minimum wages than their private-sector counterparts. Most workers formally employed in urban areas earned the minimum wage or more. As of August 2018, approximately 43 percent of the working population worked in the informal sector, and some earned well below the minimum wage. The agricultural sector, as well as the maritime and aviation sectors, received the lowest and highest minimum wages, respectively. The Ministry of Labor was less likely to enforce labor laws in most rural areas (see section 6, Indigenous People).

The law establishes a standard workweek of 48 hours, provides for at least one 24-hour rest period weekly, limits the number of hours worked per week, provides for premium pay for overtime, and prohibits compulsory overtime. There is no annual limit on the total number of overtime hours allowed. If employees work more than three hours of overtime in one day or more than nine overtime hours in a week, excess overtime hours must be paid at an additional 75 percent above the normal wage. Workers have the right to 30 days’ paid vacation for every 11 months of continuous work, including those who do not work full time.

The Ministry of Labor is responsible for setting health and safety standards. Standards were generally current and appropriate for some of the industries in the country. The law requires employers to provide a safe workplace environment, including the provision of protective clothing and equipment for workers.

The Ministry of Labor generally enforced these standards in the formal sector. The inspection office consists of two groups: The Panama City-based headquarters group and the regional group. The number of inspectors and safety officers was insufficient to enforce labor laws adequately. As of July the Ministry of Labor had conducted 9,397 safety inspections nationwide. Fines were low and generally insufficient to deter violations. During the year, however, the government levied fines according to the number of workers affected, resulting in larger overall fines.

Reports of violations relating to hours of work were frequent, especially in the maritime sector, where unions reported shifts of 14 to 24 hours. There were allegations indicating that neither the Panamanian Maritime Authority nor the Ministry of Labor conducted inspections of working conditions in the maritime sector. The ACP unions and workers experienced difficulties accessing the justice system to adjudicate complaints due to delays and other deficiencies of the Labor Relations Board, which is the court of first instance on labor matters for the autonomous ACP. Reports also indicated violations relating to hours of work for
coffee harvest workers, who often lacked formal contracts and were vulnerable to coercion from employers.

Employers often hired employees under short-term contracts to avoid paying benefits that accrue to long-term employees. Employers in the maritime sector also commonly hired workers continuously on short-term contracts but did not convert them to permanent employees as required by law. The law states that employers have the right to dismiss any employee without justifiable cause before the two-year tenure term. As a result, employers frequently hired workers for one year and 11 months and subsequently dismissed them to circumvent laws that make firing employees more difficult after two years of employment. This practice is illegal if the same employee is rehired as a temporary worker after being dismissed, although employees rarely reported the practice.

Inspectors from the Ministry of Labor and the occupational health section of the Social Security Administration reported conducting periodic inspections of hazardous employment sites. The law requires the resident engineer and a ministry safety officer to remain on construction sites, establish fines for noncompliance, and identify a tripartite group composed of the Chamber of Construction, the construction union SUNTRACCS, and the ministry to regulate adherence.

Some construction workers and their employers were occasionally lax about basic safety measures, frequently due to their perception that it reduced productivity. Equipment was often outdated, broken, or lacking safety devices, due in large part to a fear that the replacement cost would be prohibitive. In August a construction worker died in the city of David after falling 39 feet off a beam while working on a shopping center construction project. After his death, the Union of Construction Workers announced a temporary work stoppage on the project.
Tab 2
EXECUTIVE SUMMARY

Panama is a multiparty constitutional democracy. In 2014 voters chose Juan Carlos Varela Rodriguez as president in national elections that international and domestic observers considered generally free and fair.

Civilian authorities maintained effective control over the security forces.

Human rights issues included undue restrictions on free expression, the press, and the internet, including censorship, site blocking, and criminal libel; and widespread corruption.

The Varela administration and the Public Ministry continued investigations into allegations of corruption against public officials.

Section 1. Respect for the Integrity of the Person, Including Freedom from:

a. Arbitrary Deprivation of Life and Other Unlawful or Politically Motivated Killings

There were no reports the government or its agents committed arbitrary or unlawful killings.

b. Disappearance

There were no reports of disappearances by or on behalf of government authorities.

c. Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment

The constitution prohibits such practices, and there were no reports that government officials employed them.

In 2017 civilian correctional officers used batons and tear gas to control inmates who refused to be transported. Penitentiary System authorities investigated the incident and dismissed the case, citing evidence that showed standard procedures were enforced due to serious misconduct by the inmates. In May the
Ombudsman’s Office decried the possible use of excessive force and the conclusion of the penitentiary authorities.

**Prison and Detention Center Conditions**

Prison conditions remained harsh, due primarily to overcrowding, a shortage of prison guards, and inadequate medical services and sanitary conditions.

**Physical Conditions:** As of August the prison system, with an intended capacity of 14,842 inmates, held 16,069 prisoners. Pretrial detainees shared cells with convicted prisoners due to space constraints. Prison conditions for women were generally better than for men, but conditions for both populations remained poor, with some overcrowded facilities, poor inmate security and medical care, and a lack of basic supplies for personal hygiene. Female inmates had access to more rehabilitation programs than male inmates.

There were 1,170 prison guards nationwide, including 60 new guards hired during the year. Officials estimated, however, the system required 2,870 guards to staff the prisons adequately, according to international standards. Authorities acknowledged that staff shortages limited exercise time for inmates on certain days. Juvenile pretrial and custodial detention centers also suffered from a lack of prison officials. Authorities acknowledged that staff shortages limited exercise time for inmates on certain days. Juvenile pretrial and custodial detention centers also suffered from an insufficient number of prison officials.

One prison, Punta Coco, falls under the control of the Ministry of Public Security rather than the Ministry of Government’s National Directorate of the Penitentiary System (DGSP). In March the Inter-American Commission on Human Rights (IACHR) reiterated its request to close Punta Coco due to the lack of appropriate medical attention for inmates. Lawyers and relatives of the inmates had to travel 66 miles by boat to reach the prison, located on an island. In August authorities transferred 12 inmates temporarily from the Punta Coco facility to a Panama City prison while they upgraded it to international prison standards by orders of the Supreme Court of Justice. It was reopened on December 6, and the 12 prisoners were transferred back to the facility.

The Ministry of Health conducted fewer vaccination campaigns in prisons, compared with previous years. HIV/AIDS treatment was available, but insulin was scarce throughout the country, which affected provisions for inmates.
Prison medical care overall was inadequate due to the lack of personnel, transportation, and medical resources. Sixty percent of complaints received by the Ombudsman’s Office from January through August related to the lack of access to medical attention and medications. Authorities permitted relatives of inmates to bring medicine, although there were reports that some relatives paid bribes to prison personnel, including police agents, to bypass the required clearances. Authorities transferred patients with serious illnesses to public clinics, but there were constant difficulties arranging inmate transportation. Inmates often missed medical appointments with specialized physicians. Because the DGSP did not have ambulances, inmates were transported in police vehicles or in emergency services ambulances when available. Emergency services ambulances staff were reluctant to service the prisons. Lack of prison guards also affected the transfers.

As of August, 17 male inmates had died in custody, most from natural causes or disease. One inmate died due to inmate-on-inmate violence.

**Administration:** Authorities conducted proper investigations of credible allegations of mistreatment.

**Independent Monitoring:** The government permitted prison monitoring by independent nongovernmental observers. The Ombudsman’s Office conducted unannounced visits to the prisons without restrictions. Human rights nongovernmental organizations (NGOs) seeking access to prisons during visiting hours were required to send a written request to the DGSP 15 days in advance.

**Improvements:** During the year a new centrally based system for better tracking of prisoners and statistics was implemented, and the data was published on a public website.

d. **Arbitrary Arrest or Detention**

The law prohibits arbitrary arrest and detention and provides for the right of any person to challenge the lawfulness of his or her arrest or detention in court, and the government generally observed these prohibitions.

**Role of the Police and Security Apparatus**

The country has no military forces. The Panama National Police (PNP) is principally responsible for internal law enforcement and public order. Civilian authorities in the Ministry of Public Security and the Ministry of the Presidency...
maintained effective control over all police, investigative, border, air, maritime, and migration services in the country. The government has mechanisms to investigate and punish abuse and corruption, but information on the process and results of investigations were rarely made public. Penitentiary authorities remained concerned over internal corruption, since unannounced inspections during the year resulted in findings of larger than usual amounts of drugs and illegal items in inmates’ possession. Due to the insufficient number of prison guards, the PNP was sometimes responsible for security both outside and inside the prisons. PNP leadership expressed concern over insufficient training and equipment.

**Arrest Procedures and Treatment of Detainees**

The law requires arresting officers to inform detainees immediately of the reasons for arrest or detention and of the right to immediate legal counsel. Detainees gained prompt access to legal counsel and family members, and the government provided indigent defendants with a lawyer.

The country completed its transition to an accusatory justice system in 2016, but cases opened prior to the transition continued to be processed under the previous inquisitorial system, known for its vulnerability to corruption, inefficiencies, and bureaucratic hurdles.

Under the accusatorial system, bail exists but was rarely granted because of the implementation of a less costly provisional release system. Under the inquisitorial system, a functioning bail procedure existed for a limited number of crimes but was largely unused. Most bail proceedings were at the discretion of the Prosecutor’s Office and could not be independently initiated by detainees or their legal counsel. Bail was granted in high-profile corruption cases, which prompted complaints by civil society about the Public Ministry’s administering “selective” justice.

The law prohibits police from detaining adult suspects for more than 48 hours but allows authorities to detain minor suspects for 72 hours. In the accusatorial system, arrests and detention decisions were made on a probable cause basis.

Pretrial Detention: Under the inquisitorial system, the government regularly imprisoned inmates for more than one year before a pretrial hearing, and in some cases pretrial detention exceeded the minimum sentence for the alleged crime.
According to the DGSP director, 52 percent of inmates were pretrial detainees as of July.

Some observers criticized the judiciary for applying unequal pretrial restrictive measures for individuals facing substantially similar charges. Prosecutors also reported internal pressure from the Public Ministry to prevent release of those accused of crimes pending trial.

**e. Denial of Fair Public Trial**

While the law provides for an independent judiciary, the judicial system was inefficient and susceptible to corruption as well as internal and external influence, and it faced allegations of manipulation by the executive branch. In August a judge dismissed corruption charges against 22 government officials. Among the accused were individuals who had considerable influence in the community.

Court proceedings for cases in process under the inquisitorial system were not publicly available, while accusatory system cases were. As a result nonparties to the inquisitorial case proceedings did not have access to these proceedings until a verdict was reached. Under the inquisitorial system, judges could decide to hold private hearings and did so in high-profile cases. Consequently the judiciary sometimes faced accusations, particularly in high-profile cases, of procedural irregularities. Since most of these cases had not reached conclusion, however, the records remained under seal. Interested parties generally did not face gag orders, but because of this mechanism, it was difficult to verify facts.

**Trial Procedures**

The law provides for the right to a fair and public trial, and the judiciary generally enforced this right. The law provides that all citizens charged with crimes enjoy the right to a presumption of innocence. They have the right to be informed promptly and in detail of the charges (with free interpretation as necessary for non-Spanish speaking inmates), to have a trial without undue delay, to have counsel of their choice and adequate time and facilities to prepare a defense, to refrain from incriminating themselves or close relatives, and to be tried only once for a given offense. The accused may be present with counsel during the investigative phase of proceedings.

During the year new criminal cases were tried under the accusatory system. Under this system, trials were open to the public. All trials must be completed in less
than 18 months. Judges may order the presence of pretrial detainees for providing or expanding upon statements or for confronting witnesses. Trials are conducted based on evidence presented by the public prosecutor. Defendants have the right to be present at trial and to consult with an attorney in a timely manner, along with the right to enter into a plea deal. Defendants may confront or question adverse witnesses and present their own witnesses and evidence. Defendants have a right of appeal. The judiciary generally enforced these rights.

The judiciary complained that many hearings were canceled due to inmates’ failure to appear, especially those involving inmates processed under the old inquisitorial system. This was usually due to administrative shortcomings, such as a dearth of PNP agents to transfer the inmates to the courts. Authorities were also aware that available correctional officers and PNP agents focused more on inmates tried under the new accusatory system because the law fines police and correctional officers 100 balboas (one balboa is equal to one U.S. dollar) for failing to deliver an inmate to a hearing.

The judiciary continued to promote videoconference hearings. Judges were receptive to using this tool, and during the year the government continued to add video conference and hearing rooms to prison facilities.

**Political Prisoners and Detainees**

There were no credible reports of political prisoners or detainees.

**Civil Judicial Procedures and Remedies**

Citizens have access to the courts to bring lawsuits seeking damages for, or cessation of, human rights violations, although most do not pursue such lawsuits due to the length of the process. There are administrative and judicial remedies for alleged wrongs, and authorities often granted them to citizens who followed through with the process. The court can order civil remedies, including fair compensation to the individual injured. Individuals or organizations may initiate cases involving violations of an individual’s human rights by submitting petitions to the IACHR.

The 2016 Community Justice System, which provides another path for citizens to seek redress for human rights violations, entered into effect in January. Although peace judges were appointed, lack of municipal funds throughout the country prevented the assignment of professional-level salaries for the judges as well as the
relocation of the facilities for administrative or community justice to be served. The peace judges replaced the 679 corregidores under the 77 mayors nationwide. The corregidor system, a leftover of the military regime, was considered for years an unfair process that violated human rights through unjustified imprisonment imposed by unqualified, politically influenced “judges.” Training for National Police agents and Judicial Investigative agents on the new system was also insufficient.

f. Arbitrary or Unlawful Interference with Privacy, Family, Home, or Correspondence

The law prohibits arbitrary interference with privacy, family, home, or correspondence, and the government generally respected these prohibitions. The law also sets forth requirements for conducting wiretap surveillance. It denies prosecutors authority to order wiretaps on their own and requires judicial oversight.

The investigation of the 2015 illegal wiretapping case against former president Ricardo Martinelli as well as against Alejandro Garuz and Gustavo Perez, two former intelligence directors in his administration, continued during the year. Hearings under the accusatorial system against Martinelli began in June upon his extradition from the United States. Hearings under the inquisitorial system against Garuz and Perez took place on September 3-14.

Section 2. Respect for Civil Liberties, Including:

a. Freedom of Expression, Including for the Press

The constitution provides for freedom of expression, including for the press, and the government generally respected this right. Nevertheless, journalists and media outlets noted an increase in criminal and civil libel/slander lawsuits, which they considered a threat to freedom of expression and freedom of the press.

Libel/Slander Laws: Former and sitting government public figures increased the use of libel/slander lawsuits against journalists and media. According to local media contacts, both criminal and civil lawsuits were filed. The amount of lawsuits and the figures of financial compensation by plaintiffs increased substantially during the year, according to media groups. In September the daily newspaper La Estrella de Panama reported that lawsuits against journalists and media outlets for libel/slander reparations reached $12 million. The major media
corporation Corprensa reported lawsuits against its two daily publications, *La Prensa* and *Mi Diario*, totaled $61.7 million. Corprensa representatives added they had been sued 15 times for libel/slander since 2017, once more than the previous 10 years combined (14 lawsuits filed in 2006-16).

On August 21, five journalists from *La Prensa* appeared at a family court hearing in response to former first lady Marta de Martinelli’s lawsuit seeking “protection” for “family image.” She sought a court order for “media, print, television, radio and social media, and especially the newspaper *La Prensa,*” to stop publishing the names and surnames of her family, who were under investigation for alleged corruption.

On August 25, former president Martinelli, in prison and on trial for illegal wiretapping, filed a slander lawsuit for two million dollars against political opinion radio-show hostesses Annette Planells and Mariela Ledezma.

On September 5, journalists, journalism organizations, and students demonstrated against the lawsuits, claiming such lawsuits were attacks against freedom of speech and the press.

**Violence and Harassment:** In August and September, National Assembly Deputy Sergio Galvez verbally harassed television journalists Alvaro Alvarado, Castalia Pascual, and Icard Reyes, and National Assembly Deputy Carlos Afu publicly threatened to sue *La Prensa* for $20 million. Both deputies made their statements on the National Assembly floor; according to the constitution, deputies may not held liable for these actions.

**Press and Media Freedom:** With the enactment of the 2017 electoral reforms regulating the 2019 general elections, there was to be a blackout period for the publication of voter polling 20 days before the national elections, scheduled for May 2019. TVN Media, one of the country’s largest media groups, challenged the law in the Supreme Court, arguing the blackout would hinder the public’s access to information because political parties would continue to carry out private surveys.

**Internet Freedom**

The government did not restrict or disrupt access to the internet or censor online content, and there were no credible reports that the government monitored private online communications without appropriate legal authority.
According to the International Telecommunication Union, 58 percent of the population used the internet in 2017.

**Academic Freedom and Cultural Events**

There were no government restrictions on academic freedom or cultural events.

**b. Freedoms of Peaceful Assembly and Association**

The law provides for the freedoms of peaceful assembly and association, and the government generally respected these rights. The government provided permits for organized groups to conduct peaceful marches. Police at times used force to disperse demonstrators, especially when highways or streets were blocked. The law provides for six to 24 months’ imprisonment for anyone who, through use of violence, impedes the transit of vehicles on public roads or causes damage to public or private property.

**c. Freedom of Religion**

See the Department of State’s *International Religious Freedom Report* at [www.state.gov/religiousfreedomreport/](http://www.state.gov/religiousfreedomreport/).

**d. Freedom of Movement**

The law provides for freedom of internal movement, foreign travel, emigration, and repatriation and the government generally respected these rights. The government generally cooperated with the Office of the UN High Commissioner for Refugees (UNHCR) and other humanitarian organizations in providing protection and assistance to refugees, persons under temporary humanitarian protection, asylum seekers, and other persons of concern.

**Protection of Refugees**

**Access to Asylum:** The law provides for the granting of asylum or refugee status, and the government has established a system for providing protection to refugees. In January the Ministry of Government issued an executive decree to regulate the protection of refugees, abolishing the previous decree from 1998. The National Office for the Attention of Refugees (ONPAR) declared the reforms were positive and necessary. The decree increases the frequency of the approval board meetings and reduces wait times for final decisions through improved processing and the
implementation of a computerized application process. International organizations and NGOs criticized the new decree because it did not include the Cartagena Declaration definition of refugee, nor did it provide applicants with work permits. The new decree also stipulates a six-month waiting period after entering the country before applying for refugee status, and it establishes a summary proceeding to deny refugees who have “manifestly unfounded claims” as determined by ONPAR. In August the government issued a resolution detailing which claims will be considered “manifestly unfounded.” NGOs believed this would further limit access to refugee status and leave more persons in need of international protection. The process of obtaining refugee status generally took one to two years, during which asylum seekers did not have the right to work and encountered difficulties accessing basic services.

In March the government and UNHCR signed a cooperation agreement to train border personnel in identification and referral of persons needing international protection. The government also signed two protocols for the protection of children who migrate: a protocol for identification, referral, and attention for minors requiring international protection, and an institutional protocol for protecting minors who migrate.

In June the government announced it would deport 70 Cuban migrants sheltered in Darien, on the border with Colombia, and in July the government reported that 37 Cubans were placed in the shelter located on the border with Costa Rica. The government continued to manage camps in the Darien region to provide food, shelter, and medical assistance to the migrants. The government reported continued migrations of persons from South Asia, India, and Africa.

According to UNHCR and its NGO implementing partners, thousands of persons living in the country might be in need of international protection. These included persons in the refugee process, persons denied refugee status, and persons who did not apply for refugee status due to lack of knowledge or fear of deportation.

Employment: Refugees recognized by authorities have the right to work, but recognized refugees complained that they faced discriminatory hiring practices. In an effort to prevent this discriminatory practice, ONPAR removed the word “refugee” from recognized refugees’ identification cards. By law individuals in the process of applying for asylum do not have the right to work.
All foreigners seeking a work contract must initiate the process through a lawyer and pay a government fee of 700 balboas to obtain a work permit that expires upon termination of the labor contract or after one year, whichever comes first.

**Access to Basic Services:** Education authorities sometimes denied refugees access to education and refused to issue diplomas to others if they could not present school records from their country of origin. The Ministry of Education continued to enforce the government’s 2015 decree requiring schools to accept students in the asylum process at the grade level commensurate with the applicants’ prior studies.

**Durable Solutions:** The law allows persons legally recognized as refugees or with asylum status who have lived in the country for more than three years to seek permanent residency.

**Stateless Persons**

The government continued to work with Colombia to recognize approximately 200 stateless persons on the border. The governments of Panama and Costa Rica, with the cooperation of UNHCR, continued to use a mobile registry office on the border with Costa Rica to register indigenous Ngabe and Bugle seasonal workers who travel between Costa Rica and Panama and who had not registered their births in either country.

**Section 3. Freedom to Participate in the Political Process**

The law provides citizens the ability to choose their government in free and fair periodic elections held by secret ballot based on universal and equal suffrage. Naturalized citizens may not hold specified categories of elective office, such as the presidency.

**Elections and Political Participation**

**Recent Elections:** In 2014 voters chose Juan Carlos Varela Rodriguez as president in national elections that independent observers considered generally free and fair. Elected at the same time were 71 national legislators, 77 mayors, 648 local representatives, and seven council members.

**Political Parties and Political Participation:** The law requires new political parties to meet strict membership and organizational standards to gain official recognition and participate in national campaigns. Electoral reforms passed in May 2017
require that political parties obtain the equivalent of 2 percent of the total votes cast to maintain legal standing, a reduction from 4 percent. The Revolutionary Democratic Party, Panamenista Party, Democratic Change Party, and Popular Party complied with the requirement. During the year the Electoral Tribunal granted legal status to new political groups registered with the Electoral Tribunal, including the Broad Front for Democracy, the Alliance Party (Alianza), and the Independent Social Alternative Party after they demonstrated compliance with electoral requirements. The Electoral Tribunal provided oversight of internal party elections.

**Participation of Women and Minorities:** No laws limit participation of women or members of minorities in the political process, and they did participate.

In August the National Secretariat of Science, Technology, and Innovation released a study in coordination with the Catholic University of Santa Maria Antigua. The study, titled *Gender Inequality for Women in Access to Elected Office*, showed that female candidates for elected office had only a 2 percent chance to win election. Research showed that from 1945 to 2014, only 67 women were elected to the National Assembly, compared with 764 men. Researchers concluded that contributing factors included cultural barriers, unequal social opportunities, a lack of mechanisms to equalize effectively internal political opportunity, and unequal access to campaign funds.

**Section 4. Corruption and Lack of Transparency in Government**

The law provides criminal penalties for corruption by officials, and the government generally implemented these laws effectively. Corruption remained a serious problem in the executive, judicial, and legislative branches as well as in the security forces. The government took steps to address corrupt practices among government employees and security forces. Anticorruption mechanisms such as asset forfeiture, whistleblower and witness protection, plea bargaining, and professional conflict-of-interest rules were used in the government’s efforts to combat corruption.

**Corruption:** A series of corruption scandals became public from May through August as the Comptroller General’s Office filed before the Supreme Court separate cases against deputies from all political parties represented in the National Assembly. Alleged corruption by deputies involved the following: relatives registered in National Assembly payrolls despite their not working there; dozens of workers from the private sector (restaurants, hotels, stores) who appeared on
deputies’ payrolls (some without knowing it; some allegedly receiving a percentage of the salary collected monthly and the deputy pocketing the rest); political community leaders working for deputies in their districts and not for the National Assembly but on the assembly’s payrolls; salaries of workers from private companies owned by deputies being paid by National Assembly payrolls; and direct contracts awarded to companies owned by some deputies. As of August no charges had been filed against any of the deputies, but civil society outrage prompted the beginning of the “No reelection” movement for the May 2019 general elections.

Corruption and a lack of accountability among police continued to be a problem, although the government took steps to address violations. Agents were dismissed on grounds of corruption and were under investigation by the Public Ministry. After an 18-month investigation, in July the First Penal District Court held a preliminary hearing involving 12 individuals (four current and three former penitentiary system employees, two inmates, and three private individuals) for alleged corruption in the La Joya Prison, La Joyita Prison, and the Women’s Rehabilitation Center. According to inmates’ relatives, the group charged money for the alteration of documents to reduce sentences, falsify release orders, and improperly transfer inmates among prisons. The prosecutor requested the judge to press charges on 11 of the 12 conspirators.

In February the Comptroller General’s Office filed 186 audits before the Public Ministry for transactions between 2009 and 2014 by elected local representatives. The audits allegedly reflected misuse of public funds through irregular contracts carried out by the Martinelli administration’s National Assistance Program. As of November prosecutors continued with the investigations but had not filed charges.

In July the First Criminal Court tried Luis Cucalon, former internal revenue director under the Martinelli administration, on embezzlement and corruption charges. In September Cucalon was convicted and sentenced to nine years in prison and forfeiture of six million balboas.

The case continued against former minister of the presidency Demetrio “Jimmy” Papadimitriu and former minister of public works Jaime Ford, both in the Martinelli administration, detained in September for alleged links to bribes paid by Brazilian multinational construction company Odebrecht. In August the Second Superior Tribunal refused to withdraw the charges or dismiss the case as requested by Papadimitriu’s lawyers. Both individuals faced money-laundering and
corruption charges. They were released on bail but could not leave the country without a court order. The cases remained under the inquisitorial system.

Financial Disclosure: The law requires certain executive and judiciary officials to submit a financial disclosure statement to the Comptroller General’s Office. The information is not made public unless the official grants permission for access to the public.

Section 5. Governmental Attitude Regarding International and Nongovernmental Investigation of Alleged Abuses of Human Rights

A number of domestic and international human rights groups generally operated without government restriction, investigating and publishing their findings on human rights cases. Government officials generally were cooperative and responsive to their views.

Government Human Rights Bodies: The ombudsman, elected by the National Assembly, has moral but not legal authority. The Ombudsman’s Office received government cooperation and operated without government or party interference; it referred cases to the proper investigating authorities.

Section 6. Discrimination, Societal Abuses, and Trafficking in Persons

Women

Rape and Domestic Violence: The law criminalizes rape of men or women, including spousal rape, with prison terms of five to 10 years. The government generally implemented criminal aspects of the law better than protection aspects. Rapes constituted the majority of sexual crimes investigated by the PNP and its Directorate of Judicial Investigation.

The law against gender violence stipulates stiff penalties for harassment and both physical and emotional abuse. The law states that sentencing for femicide is a mandatory 25 to 30 years in prison. Officials and civil society organizations agreed that domestic violence continued to be a serious crime. In August the PNP initiated the Specialized Unit for Domestic and Gender Violence with 190 agents trained to work these cases. As of June there were 7,773 reported cases of domestic violence nationwide.
The Ombudsman’s Office continued its program Mujer Conoce tus Derechos (Woman, Know Your Rights), which included a wide distribution of flyers. The government, through the National Institute for Women’s Affairs, operated shelters for victims of domestic abuse and offered social, psychological, medical, and legal services. The secretary general of the Ombudsman’s Office and the director of the Panamanian Observatory Against Gender Violence claimed the number of shelters was insufficient.

**Sexual Harassment:** The law prohibits sexual harassment in cases of employer-employee relations in the public and private sectors and in teacher-student relations. Violators face a maximum three-year prison sentence. The extent of the problem was difficult to determine, because convictions for sexual harassment were rare, pre-employment sexual harassment was not actionable, and there was a lack of formal reports.

**Coercion in Population Control:** There were no reports of coerced abortion or involuntary sterilization.

**Discrimination:** The law prohibits discrimination based on gender, and women enjoyed the same legal status and rights as men. The law recognizes joint property in marriages. The law mandates equal pay for men and women in equivalent jobs. Although an illegal hiring practice, some employers continued to request pregnancy tests.

The Ministry of Social Development and the National Institute of Women promoted equality of women in the workplace and equal pay for equal work, attempted to reduce sexual harassment, and advocated legal reforms. In February President Varela signed a law prohibiting harassment and racism. The prior law sanctioned sexual harassment but not labor harassment or bullying. The law mandates equal rights for labor and measures to prevent discrimination as well as respect of the norms established in the international human rights conventions signed by the country. It establishes fines for employers or immediate supervisors who fail to follow the law and instructs the Ministries of Education, Social Development, and Labor, in conjunction with the University of Panama, to develop educational programs for the awareness of these rights.

**Children**

**Birth Registration:** The law provides citizenship for all persons born in the country, but parents of children born in remote areas sometimes had difficulty
obtaining birth registration certificates. The National Secretariat for Children, Adolescents, and the Family estimated the registration level of births at 92 percent.

Child Abuse: The Ministry of Social Development maintained a free hotline for children and adults to report child abuse and advertised it widely. The ministry provided funding to children’s shelters operated by NGOs and continued a program that used pamphlets in schools to sensitize teachers, children, and parents about mistreatment and sexual abuse of children. In March President Varela signed a law amending the penal code to increase sentences for convicted pedophiles. Sentences went from five-10 years to seven-12 years in prison. If the crime is committed by a clergyperson, relative, tutor, or teacher, the penalties increased from eight-12 years to 10-15 years in prison.

Early and Forced Marriage: The minimum legal age for marriage is 18. The government prohibits early marriage even with parental permission.

Sexual Exploitation of Children: Officials continued to prosecute cases of sexual abuse of children in urban and rural areas, as well as within indigenous communities. Officials believed that commercial sexual exploitation of children occurred, including in tourist areas in Panama City and in beach communities, although they did not keep separate statistics.


Anti-Semitism

Jewish community leaders estimated there were 15,000 Jews in the country. There were no known reports of anti-Semitic acts.

Trafficking in Persons

See the Department of State’s Trafficking in Persons Report at www.state.gov/j/tip/rls/tiprpt/.

Persons with Disabilities
The law prohibits discrimination based on physical, sensory, intellectual, or mental disabilities; however, the constitution permits the denial of naturalization to persons with mental or physical disabilities. The law mandates access to new or remodeled public buildings for persons with disabilities and requires that schools integrate children with disabilities. Despite provisions of the law, persons with disabilities experienced discrimination in a number of these areas.

Most of Panama City’s bus fleet was not wheelchair accessible. Metro elevators were frequently locked and could not be used. A lack of ramps further limited access to the stations. Most businesses had wheelchair ramps and accessible parking spaces as required by law, but in many cases they did not meet the government’s size specifications.

Some public schools admitted children with mental and physical disabilities, but most did not have adequate facilities for children with disabilities. Few private schools admitted children with disabilities, as they are not legally required to do so. The high cost of hiring professional tutors to accompany children to private schools--a requirement of all private schools--precluded many students with disabilities from attending.

In January the National Secretariat for Disabilities Issues publicly admitted a shortfall of 2.5 million balboas to conduct the Second National Census on People with Disabilities, which was two years behind schedule. The first census took place in 2006.

The government-sponsored Guardian Angel program continued to provide a monthly subsidy of 80 balboas for children with significant physical disabilities. To qualify, the parents or guardian of a child must be living in poverty and must submit a medical certification specifying the degree of the disability and the child’s dependency on another person. Authorities conducted home visits to ensure the beneficiaries’ guardians used the funds for the intended purpose.

In June and July the Ministry of Labor hosted weekly job fairs for persons with disabilities.

National/Racial/Ethnic Minorities

Minority groups were generally integrated into mainstream society. Prejudice was directed, however, at recent immigrants, the Afro-Panamanian community, and indigenous Panamanians. Newly arrived Venezuelans noted prejudice in popular
culture and in recent laws passed by the legislature restricting labor participation and length of visa stays. Cultural and language differences and immigration status hindered the integration of immigrant and first-generation individuals from China, India, and the Middle East into mainstream society. Additionally, some members of these communities were reluctant to integrate.

The Afro-Panamanian community was underrepresented in positions of political and economic power. Areas where they lived lagged in terms of government services and social investment. The government’s National Secretariat for the Development of Afro-Panamanians focused on the socioeconomic advancement of this community. The secretariat was designed to work with the national census agency to ensure an accurate count in 2020 of Afro-descendant Panamanians.

The law prohibits discrimination in access to public accommodations such as restaurants, stores, and other privately owned establishments; no complaints were filed. The Ombudsman’s Office intervened in several cases before students with Rastafarian braids were permitted entry into public school classrooms.

There were reports of racial discrimination against various ethnic groups in the workplace. Lighter-skinned persons continued to be overrepresented in management positions and jobs that required dealing with the public, such as bank tellers and receptionists.

**Indigenous People**

The law affords indigenous persons the same political and legal rights as other citizens, protects their ethnic identity and native languages, and requires the government to provide bilingual literacy programs in indigenous communities. Indigenous individuals have the legal right to take part in decisions affecting their lands, cultures, traditions, and the allocation and exploitation of natural resources. Nevertheless, they continued to be marginalized in mainstream society. Traditional community leaders governed comarcas (legally designated semiautonomous areas) for five of the country’s seven indigenous groups. The government also unofficially recognized eight other traditional indigenous government authorities. Government institutions recognized these eight regions were traditionally organized indigenous settlements and territories not included when the original comarcas were created. Government officers continued to meet with traditional organized authorities from the community, and many requested recognition of their land via collective titles.
In March members of the Embera and Wounaan communities protested for collective land titles in front of the Ministry of Environment. To resolve the issue, the ministry granted eight territories, home to more than 5,000 persons, conditional land titles pending inspections by the National Authority of Land Administration. Several indigenous organizations along with NGOs requested a hearing at the IACHR to analyze the collective land title claims and the protection of indigenous communities. Part of the land of the 17 communities still awaiting titles fell within protected areas, which delayed ministerial approval.

Other land-titling conflicts continued to arise. In April the Embera Wounaan demanded the eviction of nonindigenous settlers occupying their land illegally, in compliance with a ruling from the Supreme Court. In July an incident between the indigenous Guna community from the Wargandi comarca in Darien and local settlers left one person dead and one injured. In October the National Assembly’s Indigenous Issues Committee approved a law to create a comarca for the Naso people. In September the Bri submitted a claim to the Supreme Court demanding the protection of their human rights. In 2015 the Bri Bri requested collective title for their lands in Bocas del Toro but as of November had not received a reply. This action was in response to a protest outside the Ministry of Environment’s regional office by local farmers, who contended the Bri Bri land claim included land farmed by approximately 300 local farmers and therefore the title should not be granted. The Bri Bri claim was analyzed in the October IACHR hearing, but the government requested more documentation and clarification of the specifics of the land claim.

The Ngabe and Bugle continued to oppose the Barro Blanco dam project, which became operational in April 2017. There were no plans by the government to halt dam operations. The Ngabe-Bugle and the government continued to negotiate details of the dam’s operation.

Although the country’s law is the ultimate authority in indigenous comarcas, many indigenous persons misunderstood their rights and, due to their inadequate command of the Spanish language, failed to use available legal channels.

In May the Ministry of Government presented its 15-year National Indigenous Peoples Development Plan, backed by a 25-year, $80 million loan from the World Bank. The plan includes goals to increase development investments for indigenous territories and to deliver public services within the comarcas.
In August members of the Guna community protested outside of the Electoral Tribunal against alleged discrimination. According to the group, community members were forced to remove a traditional nose piercing before taking their national identification photograph. After the incident the Electoral Tribunal instructed regional offices that they could not force a citizen to remove the piercing, according to a 2000 law that protects the right to traditional garb.

Societal and employment discrimination against indigenous persons was widespread. Employers frequently denied indigenous workers basic rights provided by law, such as a minimum wage, social security benefits, termination pay, and job security. Laborers on the country’s agricultural plantations (the majority of whom were indigenous persons) continued to work in overcrowded and unsanitary conditions. The Ministry of Labor conducted limited oversight of working conditions in remote areas.

Education deficiencies continued in the comarcas, especially beyond the primary grades. There were not enough teachers in these remote and inaccessible areas, with many multigrade schools often poorly constructed and lacking running water. In April teachers and indigenous communities in the Ngabe comarca began periodically protesting the poor roads and education in the comarca by closing the Interamerican Highway as well as other roads. In September a group of Ngabe closed the highway for more than 10 hours to protest the delay in the construction of a road to their communities that would connect the 1,200 inhabitants and 12 schools. Police forcibly removed the protesters from the highway. Nine police officers were injured and 12 Ngabe arrested, some with injuries. This sparked a 60-day strike in 43 of the schools in the comarca as teachers demanded better work conditions, including safety bonuses, better life insurance, and improved roads. Access to health care was a significant problem in the indigenous comarcas, despite government investment in more health infrastructure and staff. This was reflected in high rates of maternal and infant mortality and malnutrition. The government continued to execute the Indigenous Development Plan jointly developed with indigenous leaders in 2013.

**Acts of Violence, Discrimination, and Other Abuses Based on Sexual Orientation and Gender Identity**

The law does not prohibit discrimination based on sexual orientation. There was societal discrimination based on sexual orientation and gender identity, which often led to denial of employment opportunities.
The PNP’s internal regulations describe consensual same-sex sexual conduct by its employees as against policy and potentially grounds for dismissal. Lesbian, gay, bisexual, transgender, and intersex (LGBTI) human rights organizations reported harassment of LGBTI persons by security forces as a source of serious concern.

On June 29, LGBTI activists organized the 14th annual Pride Parade without impediment. Unlike in previous years, there was no anti-Pride Parade countermarch.

**HIV and AIDS Social Stigma**

The law prohibits discrimination against persons with HIV/AIDS in employment and education. Discrimination continued to be common due to ignorance of the law and a lack of mechanisms for ensuring compliance. LGBTI individuals reported mistreatment by health-care workers, including unnecessary quarantines.

In August President Varela signed a law prohibiting labor and other types of discrimination against persons with sexually transmitted diseases and their immediate relatives and mandating employers to follow International Labor Organization (ILO) recommendations on how to manage employees with HIV. Employees are not obligated to disclose their condition to the employer, but if they do so, the employer must keep the information confidential. The law also mandates that persons seeking to wed must submit to the civil court a physician’s note certifying they each had an HIV test recently. The test results are not to be made known to the court, but the judge must ask both parties if they know the results of the other’s test. Marriage cannot be impeded if the results are positive. Several LGBTI activists complained that forcing the disclosure of the results to the other individual violates privacy rights.

The government’s National Network for the Continued Integral Attention of Persons with HIV/AIDS continued during the year. The Ministry of Social Development collaborated with the NGO PROBIDSIDA to conduct HIV/AIDS outreach to students in public junior and high schools.

In a joint effort with LGBTI NGOs, the UN Development Program, and the National Program for HIV/AIDS, the Ministry of Health conducted HIV/AIDS tests within the LGBTI community in several provinces. During the year PROBIDSIDA also worked with the Ministry of Public Security “Barrios Seguros” (Safe Neighborhoods) program to provide HIV/AIDS training and free testing.
services to at-risk youth from vulnerable communities. Individuals who tested positive received medical treatment.

Section 7. Worker Rights

a. Freedom of Association and the Right to Collective Bargaining

The law provides for private-sector workers to form and join independent unions, bargain collectively, and conduct strikes. By law public-sector employees may strike but may not organize unions. Instead, they may organize an association that can bargain collectively on behalf of members. The employer, however, is not legally obligated to bargain with the association. The law prohibits antiunion discrimination and requires reinstatement of workers terminated for union activity. Despite some restrictions, public- and private-sector employers generally respected freedom of association.

Unions and associations are required to register with government authorities. If the government does not respond to a private-sector union registration application within 15 days, the union automatically gains legal recognition. In the public sector, associations gain legal recognition automatically if the General Directorate for Administrative Public Sector Careers does not respond to registration applications within 30 days. The Varela administration (2013-18) approved 48 union-formation applications, compared with the previous administration’s approval of nine unions during five years.

The Board of Appeals and Conciliation of the Ministry of Labor has the authority to resolve certain labor disagreements, such as internal union disputes, enforcement of the minimum wage, and some dismissal issues. The law allows arbitration by mutual consent, at the request of the employee or the ministry in the case of a collective dispute in a privately held public utility company. It allows either party to appeal if arbitration is mandated during a collective dispute in a public-service company. The board has sole competency for disputes related to domestic employees, some dismissal issues, and claims of less than 1,500 balboas.

Government-regulated union membership policies place some restrictions on freedom of association. The constitution mandates that only citizens may serve on a union’s executive board. In addition the law requires a minimum of 40 persons to form a private-sector union (either by a company across trades or by trade across companies) and allows only one union per business establishment. The ILO criticized the 40-person minimum as too large for workers wanting to form a union.
within a company. Many domestic labor unions, as well as the public and private sector, reiterated their support for keeping the figure at 40 individuals.

In the public sector, member associations represent workers. The law stipulates only one association may exist per public-sector institution and permits no more than one chapter per province. Forty public servants are required to form an association.

The National Federation of Public Servants (FENASEP), an umbrella federation of 25 public-sector worker associations, advocates for adequate treatment of the public sector as a sector with established rights like that of private-sector unionized groups. FENASEP contended there was no political will to allow public servants within ministries to form unions because this could eliminate space for political appointees. No law protects the jobs of public-sector workers in the event of a strike.

The law prohibits federations and confederations from calling strikes, as well as strikes against the government’s economic and social policy. Individual associations under FENASEP may negotiate on behalf of their members. FENASEP leaders noted that collective bargaining claims were heard and recognized, but they reported a lack of change afterwards, particularly regarding dismissals without cause.

A majority of employees must support a strike, and strikes are permitted only if they are related to the improvement of working conditions, a collective bargaining agreement, or in support of another strike of workers on the same project (solidarity strike). In the event of a strike, at least 20 to 30 percent of the workforce must continue to provide minimum services, particularly public services as defined by law, such as transportation, sanitation, mail delivery, hospital care, telecommunications, and public availability of essential food.

 Strikes in essential transportation services are limited to those involving public passenger services. The law prohibits strikes for the Panama Canal Authority’s employees but allows associations to organize and bargain collectively on issues such as schedules and safety and provides arbitration to resolve disputes. (The Panama Canal Authority is an autonomous government entity, with independence from the central government.)

The Conciliation Board in the Ministry of the Presidency hears and resolves public-sector worker complaints. The board refers complaints it cannot resolve to
arbitration panel, which consists of representatives from the employer, the workers’ association, and a third member chosen by the first two. If the dispute cannot be resolved, it is referred to a tribunal under the board. Observers, however, said the Ministry of the Presidency had not designated the tribunal judges. The alternative to the board is the civil court system. Cases presented in the courts tended to favor the employer. FENASEP noted one public-sector institution had appealed more than 100 complaints to the Supreme Court, only two of which were ruled in favor of the public-sector employee. Supreme Court decisions are final.

Two major strikes occurred during the year. The Panama Canal Tugboat Union (UCOC) claimed unsafe work conditions led to three collisions in the Panama Canal. Beginning in August the UCOC periodically went on strike, mostly over safety reasons. UCOC representatives asserted that due to a low minimum crew requirement and poor-quality tugboats, crews were overworked, fatigued, and experiencing anxiety. They suggested the Panama Canal Authority was using disciplinary action against UCOC protesters. In May SUNTRACS, the largest union of construction workers in the country, launched a strike demanding better wages. After one month of strikes, they negotiated a 14 percent increase in their salaries.

b. Prohibition of Forced or Compulsory Labor

The law prohibits all forms of forced labor of adults or children. It establishes penalties of 15 to 20 years’ imprisonment for forced labor involving movement (either cross-border or within the country) and six to 10 years’ imprisonment for forced labor not involving movement. Such penalties were sufficiently stringent to deter violations.

There continued to be reports of Central and South American and Chinese men exploited in forced labor in construction, agriculture, mining, restaurants, door-to-door peddling, and other sectors; traffickers reported used debt bondage, false promises, lack of knowledge of the refugee process and irregular status, restrictions on movement, and other means. There also were reports of forced child labor (see section 7.c.).

Also, see the Department of State’s Trafficking in Persons Report at www.state.gov/j/tip/rls/tiprpt/.

c. Prohibition of Child Labor and Minimum Age for Employment
The law prohibits the employment of children younger than age 14, although children who have not completed primary school may not begin work until age 15. The family code permits children ages 12 to 14 to perform domestic and agricultural work with regard to schedule, salary, contract, and type. The law allows children ages 12 to 15 to perform light work in agriculture if the work is outside regular school hours. The law also allows a child older than age 12 to perform light domestic work and stipulates employers must ensure the child attends school through primary school. The law neither limits the total number of hours these children may work nor defines the light work children may perform. The law prohibits children younger than age 18 from engaging in hazardous work but allows children as young as 14 to perform hazardous tasks in a training facility, in violation of international standards.

Youths younger than age 16 may work no more than six hours per day or 36 hours per week, while those ages 16 and 17 may work no more than seven hours per day or 42 hours per week. Children younger than 18 may not work between 6 p.m. and 8 a.m.

In 2017 the government strengthened the penalties for child labor, improved agricultural labor inspections, and increased interagency coordination on labor cases. The government increased fines for child labor law violators, who may be fined up to 700 balboas for a first-time violation. Employers who endanger the physical or mental health of a child may also face two to six years’ imprisonment.

Sixty personnel from the Childhood and Adolescence Police, the National Secretariat for Childhood Adolescence and Family, and other government agencies received training on investigating and sanctioning the commercial sexual exploitation of children. Criminal enforcement agencies subsequently investigated 920 reports of commercial sexual exploitation of children and prosecuted and sanctioned four individuals. The country is a source, transit, and destination for men and women exploited in forced labor. Children were exploited in forced labor, particularly domestic servitude, and sex trafficking. The law includes punishment of up to 12 years’ imprisonment for anyone who recruits children under age 18 or uses them to participate actively in armed hostilities.

Also see the Department of Labor’s Findings on the Worst Forms of Child Labor at www.dol.gov/ilab/reports/child-labor/findings/.

d. Discrimination with Respect to Employment and Occupation
The law prohibits discrimination regarding race, gender, religion, political opinion, citizenship, disability, social status, and HIV status but not based on sexual orientation or gender identity. Although the Ministry of Labor adopted the UN Development Program’s Gender Equality Seal program, the government had neither developed an implementation strategy nor allocated a national source of funds to promote gender equality in the workplace. In addition, a gender wage gap continued to exist, despite the country being a member of the Equal Pay International Coalition, which promotes pay equality between women and men.

Discrimination in employment and occupation occurred with respect to race, sex, gender, disability, sexual orientation or gender identity, and HIV-positive status. During the job interview process, applicants, both citizens and migrants, must complete medical examinations, including HIV/AIDS testing. The law requires all laboratories to inform applicants an HIV test will be administered, but private-sector laboratories often did not comply. It was common practice for human resources offices in the private sector to terminate the application of a citizen who was HIV positive, usually without informing the applicant. For HIV-positive migrants, private laboratories often informed law enforcement, and the National Immigration Office began deportation procedures. Observers noted that during job interviews, women were often asked if they were married, pregnant, or planned to have children in the future. It was common practice for human resources offices to terminate the applications of women who indicated a possibility of pregnancy in the near future (see section 6).

e. Acceptable Conditions of Work

The law provides for a national minimum wage. Public servants’ monthly minimum wage met the official estimate for the poverty income level. Most workers formally employed in urban areas earned the minimum wage or more. Approximately 41 percent of the working population worked in the informal sector, and some earned well below the minimum wage. The agricultural sector, as well as the maritime and aviation sectors, received the lowest and highest minimum wages, respectively. The Ministry of Labor was less likely to enforce labor laws in most rural areas (see section 6, Indigenous People).

The law establishes a standard workweek of 48 hours, provides for at least one 24-hour rest period weekly, limits the number of hours worked per week, provides for premium pay for overtime, and prohibits compulsory overtime. There is no annual limit on the total number of overtime hours allowed. If employees work more than
three hours of overtime in one day or more than nine overtime hours in a week, excess overtime hours must be paid at an additional 75 percent above the normal wage. Workers have the right to 30 days’ paid vacation for every 11 months of continuous work, including those who do not work full time.

The Ministry of Labor is responsible for setting health and safety standards. Standards set were generally current and appropriate for the main industries in the country. The law requires employers to provide a safe workplace environment, including the provision of protective clothing and equipment for workers.

The Ministry of Labor generally enforced these standards in the formal sector. The inspection office comprised two groups: the Panama City-based headquarters group and the regional group. As of September there were 47 inspectors reported within the headquarters. The regional branches had 69 general inspectors and 118 safety inspectors for construction sites. The number of inspectors was insufficient to enforce labor laws adequately. As of July the Ministry of Labor had conducted 9,929 safety inspections nationwide. Fines were low and generally insufficient to deter violations. During the year, however, the government levied fines according to the number of workers affected, resulting in larger overall fines.

Reports of violations relating to hours of work were frequent, especially in the maritime sector, where unions reported shifts of 14 to 24 hours. These long shifts reportedly resulted in fatigue-based occupational safety and health risks. Reports also indicated that neither the Maritime Authority nor the Labor Ministry conducted inspections regarding working conditions in the maritime sector. Canal Zone unions and workers experienced difficulties accessing the justice system to adjudicate complaints due to delays and other deficiencies of the Labor Relations Board, which is the court of first instance on labor matters in the Canal Zone. Reports also indicated violations relating to hours of work for coffee harvest workers, who often lacked formal contracts and were vulnerable to coercion from the employer.

Employers often hired employees under short-term contracts to avoid paying benefits that accrue to long-term employees. Employers in the maritime sector also commonly hired workers continuously on short-term contracts but did not convert them to permanent employees as required by law. The law states that employers have the right to dismiss any employee without justifiable cause before the two-year tenure term. As a result, employers frequently hired workers for one year and 11 months and subsequently laid them off to circumvent laws that make firing employees more difficult after two years of employment. This practice is
illegal if the same employee is rehired as a temporary worker after being laid off, although employees rarely reported the practice.

Inspectors from the Ministry of Labor and the occupational health section of the Social Security Administration reported conducting periodic inspections of hazardous employment sites. The law requires the resident engineer and a ministry construction-industry inspector to remain on construction sites, establish fines for noncompliance, and identify a tripartite group composed of the Chamber of Construction, SUNTRACS, and the ministry to regulate adherence.

Some construction workers and their employers were occasionally lax about basic safety measures, frequently due to their perception that it reduced productivity. Equipment was often outdated, broken, or lacking safety devices, due in large part to a fear that the replacement cost would be prohibitive.
Tab 3
EXECUTIVE SUMMARY

Panama is a multiparty constitutional democracy. In May 2014 voters chose Juan Carlos Varela Rodriguez as president in national elections that international and domestic observers considered generally free and fair. Varela assumed the presidency in July 2014.

Civilian authorities maintained effective control over the security forces.

The most significant human rights issues included an instance of excessive use of force by prison officials; widespread corruption, including in the judiciary; and lethal violence against women.

The Varela administration and the Public Ministry continued investigations into allegations of corruption against public officials.

Section 1. Respect for the Integrity of the Person, Including Freedom from:

a. Arbitrary Deprivation of Life and Other Unlawful or Politically Motivated Killings

There were no reports the government or its agents committed arbitrary or unlawful killings.

b. Disappearance

There were no reports of disappearances by or on behalf of government authorities.

c. Torture and Other Cruel, Inhuman, or Degrading Treatment or Punishment

The constitution prohibits such practices. In July media reported the government was investigating the possible use of excessive force after 14 civilian correctional officers used batons and tear gas to control inmates who refused to be transported. The Ombudsman’s Office described the event as torture and said it was an uncommon use of force from correctional officers.
In August, four members of the UN Sub-Committee on the Prevention of Torture (SPT) visited for the first time after the country’s 2011 ratification of the UN Optional Protocol to the Convention against Torture. After the visit SPT members publicly exhorted the government to implement the National Mechanism for the Prevention of Torture according to international standards. In response the government opened the application process to hire the first National Mechanism director, who was to be embedded in the Ombudsman’s Office with an independent budget and staff.

**Prison and Detention Center Conditions**

Prison conditions remained harsh, due primarily to overcrowding, a shortage of prison guards, a lack of adequate medical services, and inadequate sanitary conditions. There were no private detention facilities.

**Physical Conditions:** As of August the prison system, with an intended capacity of 14,167 inmates, held 16,114 prisoners, down from approximately 17,000 prisoners in 2016. Pretrial detainees shared cells with convicted prisoners due to space constraints. Prison conditions for women were generally better than for men, but conditions for both populations remained poor, with overcrowded facilities, poor inmate security, poor medical care, and a lack of basic supplies for personal hygiene. Older facilities located in the provinces of Cocle and Veraguas lacked potable water and adequate ventilation and lighting. Women inmates had access to more rehabilitation programs than male inmates.

In adult prisons inmates complained of limited time outside cells and limited access for family members. Authorities acknowledged that staff shortages limited exercise time for inmates on certain days. Juvenile pretrial and custodial detention centers also suffered from a lack of prison officials.

One prison, Punta Coco, falls under the control of the Ministry of Public Security rather than the Ministry of Government’s National Directorate of the Penitentiary System (DGSP). In March the Inter-American Commission on Human Rights (IACHR) reiterated its request to close Punta Coco due to the lack of appropriate medical attention for inmates. Lawyers and relatives of the inmates had to travel 66 miles by boat to reach the island. In August authorities transferred 12 inmates temporarily from the Punta Coco facility to a Panama City prison while they upgraded it to international prison standards. The government did not have plans to close down the facility permanently.
During the year the Ministry of Health conducted vaccination campaigns in most prisons. Inmates received vaccines for tetanus, diphtheria, influenza, measles, rubella, and chickenpox. Hypertension, diabetes, dermatitis, HIV/AIDS, tuberculosis, and respiratory illnesses continued to be the most common diseases among the prison population.

Prison medical care overall was inadequate due to the lack of personnel, transportation, and medical resources. As of August there were only 55 medical staff (including physicians, dentists, nurses, and technical staff) assigned to all prisons nationwide. Sixty percent of complaints received by the Ombudsman’s Office from January through August related to the lack of access to medical attention and medications. Officials complained that juvenile detention centers lacked medicines even after the Ministry of Government disbursed large sums to the Ministry of Health for their procurement. Authorities permitted relatives of inmates to bring medicine, although some relatives paid bribes to prison personnel, including Panama National Police (PNP) members, to bypass the required clearances. Authorities transferred patients with serious illnesses to public clinics, but there were difficulties arranging inmate transportation. Because the DGSP did not have ambulances, inmates were transported in police vehicles or in emergency services ambulances when available.

As of August, 10 male inmates had died in custody: four of heart attacks, two of HIV, one from cancer, one from tuberculosis, and one from a stroke. One inmate died in prison because of inmate-on-inmate violence. No information about medical care in these cases was available.

Administration: Prisoners could submit complaints to judicial authorities without censorship and request investigation of credible allegations of inhuman conditions, but authorities did not make the results of such investigations public. The Ombudsman’s Office negotiated and petitioned on behalf of prisoners and received complaints about prison conditions. The Ombudsman’s Office continued to conduct weekly prison visits to prisons in Panama City and Colon and twice a year to prisons elsewhere in the country. The government generally did not monitor its meetings with prisoners.

There were 1,264 prison guards nationwide, including 207 new guards hired during the year. DGSP officials estimated, however, the system required 1,400 guards to staff the prisons adequately. In April all monthly salaries for correctional officers increased from $460 and $690 to $800 (one Panamanian balboa is equal in value to one U.S. dollar).
Independent Monitoring: The government permitted prison monitoring by independent nongovernmental observers. The Roman Catholic nongovernmental organization (NGO) Justice and Peace visited a prison once between January and July. The NGO reported overcrowding and corrupt behavior by prison officials, which included smuggled weapons, cigarettes, and cell phones for the inmates. Human rights NGOs wanting access to prisons during visiting hours must send a written request to the DGSP 15 days in advance.

Improvements: After the September 2016 implementation of the new accusatorial penal system and sentencing reduction arrangements, the adult penitentiary population decreased during the year from 17,000 to approximately 16,000 prisoners. As of August, 247 inmates were granted reduced sentences and 41 were granted conditional releases. For largely similar reasons, the juvenile prison population decreased by almost 50 percent, compared with the previous year.

In September the DGSP began implementing Law 42, which provides a career path for civilian prison officials, technicians, and administrative personnel. The DGSP also opened a new Administrative Career Directorate and inaugurated new facilities for its academy for correctional officers in the central province of Cocle. The La Joyita prison’s 60-bed clinic was remodeled and better equipped, but it operated with limited hours.

d. Arbitrary Arrest or Detention

The law prohibits arbitrary arrest and detention and provides for the right of any person to challenge the lawfulness of his/her arrest or detention in court, and the government generally observed these prohibitions.

Role of the Police and Security Apparatus

Panama has no military forces. The PNP is principally responsible for internal law enforcement and public order. Civilian authorities in the Ministry of Public Security and the Ministry of the Presidency maintained effective control over all police, investigative, border, air, maritime, and migration services in the country. The government has mechanisms to investigate and punish abuse and corruption, but information on the process and results of investigations were rarely made public. Due to the lack of prison guards, the PNP was sometimes responsible for security both outside and inside of the prisons. Its leadership expressed concern over insufficient training and equipment.
Arrest Procedures and Treatment of Detainees

The law requires arresting officers to inform detainees immediately of the reasons for arrest or detention and of the right to immediate legal counsel. Detainees gained prompt access to legal counsel and family members, and the government provided indigent defendants with a lawyer.

The country completed its transition to an accusatory justice system in 2016, but cases opened prior to September 2, 2016, continued to be processed under the previous inquisitorial system, known for its inefficiencies and bureaucratic hurdles.

Under the accusatorial system, bail exists but is rarely granted. Under the inquisitorial system, a functioning bail procedure existed for a limited number of crimes but was largely unused. Most bail proceedings were at the discretion of the Prosecutor’s Office and could not be independently initiated by detainees or their legal counsel.

The law prohibits police from detaining adult suspects for more than 48 hours but allows authorities to detain minor suspects for 72 hours. In the accusatorial system, arrests and detention decisions were made on a probable cause basis.

Pretrial Detention: Under the inquisitorial system, the government regularly imprisoned inmates for more than a year before a pretrial hearing, and in some cases pretrial detention exceeded the minimum sentence for the alleged crime. According to the director of the DGSP, 54 percent of inmates were pretrial detainees as of September, compared with 66 percent in 2016. Some criticized the judiciary for applying unequal pretrial restrictive measures for individuals facing substantially similar charges. Prosecutors also reported internal pressure from the Public Ministry to prevent release of those accused of crimes pending trial. In an attempt to clear the backlog of thousands of inquisitorial system cases, in June the Supreme Court announced a decision allowing active inquisitorial system cases that had not started investigation by January 1, 2018, to be processed under the accusatory system.

e. Denial of Fair Public Trial

While the law provides for an independent judiciary, the judicial system was inefficient and susceptible to corruption as well as internal and outside influence, and it faced allegations of manipulation by the executive branch.
Courts proceedings for cases in process under the inquisitorial system were not publicly available, while accusatory system cases were. As a result nonparties to the inquisitorial case proceedings did not have access to these proceedings until a verdict was reached. Under the inquisitorial system, judges could decide to hold private hearings and did so in high-profile cases. Consequently the judiciary sometimes faced accusations, particularly in high-profile cases, of procedural irregularities. Since most of these cases had not reached conclusion, however, the records remained under seal. Interested parties generally did not face gag orders, but because of this mechanism, it was difficult to verify facts.

**Trial Procedures**

The law provides for the right to a fair and public trial, and the judiciary generally enforced this right. The law provides that all citizens charged with crimes enjoy the right to a presumption of innocence. They have the right to be informed promptly and in detail of the charges (with free interpretation as necessary for non-Spanish speaking inmates), to a trial without undue delay, to have counsel of their choice, to adequate time and facilities to prepare a defense, to refrain from incriminating themselves or close relatives, and to be tried only once for a given offense. The accused may be present with counsel during the investigative phase of proceedings.

During the year all new criminal cases were tried under the accusatory system. Under the accusatory system, trials were open to the public. Judges may order the presence of pretrial detainees for providing or expanding upon statements or for confronting witnesses. Trials are conducted based on evidence presented by the public prosecutor. Defendants have the right to be present at trial and to consult with an attorney in a timely manner. Defendants may confront or question adverse witnesses and present their own witnesses and evidence. Defendants have a right of appeal. The judiciary generally enforced these rights.

The judiciary complained that many hearings were canceled due to inmates’ failure to appear, especially those involving inmates processed under the old inquisitorial system. This was usually for administrative shortcomings, such as a dearth of PNP agents to transfer the inmates to the courts. Authorities were also aware that available correctional officers and PNP agents focused more on inmates tried under the new accusatory system because the law fines police and correctional officers 100 balboas for failing to deliver an inmate to a hearing.
The judiciary continued to promote videoconference hearings. Judges were increasingly receptive to using this tool, and during the year the government continued to add video conference and hearing rooms to prison facilities.

Judicial response times generally decreased under the new accusatory system. As of June, 104,626 cases were tried under the accusatorial system. During the same period, judicial response time nationwide decreased from an average of 296 days under the inquisitorial system to 42 days under the accusatory system.

**Political Prisoners and Detainees**

There were no credible reports of political prisoners or detainees. Some individuals detained under corruption charges claimed their charges were politically motivated because they had served in former president Ricardo Martinelli’s administration.

**Civil Judicial Procedures and Remedies**

Citizens have access to the courts to bring lawsuits seeking damages for, or cessation of, human rights violations, although most do not pursue such lawsuits due to the length of the process. There are administrative and judicial remedies for alleged wrongs, and authorities often granted them to citizens who followed through with the process. The court can order civil remedies, including fair compensation to the individual injured. Individuals or organizations may initiate cases involving violations of an individual’s human rights by submitting petitions to the IACHR.

**f. Arbitrary or Unlawful Interference with Privacy, Family, Home, or Correspondence**

The law prohibits arbitrary interference with privacy, family, home, or correspondence, and the government generally respected these prohibitions. The law also sets forth requirements for conducting wiretap surveillance. It denies prosecutors authority to order wiretaps on their own and requires judicial oversight.

The investigation of the 2015 illegal wiretapping case against former president Martinelli, as well as against Alejandro Garuz and Gustavo Perez, two former intelligence directors in his administration, continued during the year.
Section 2. Respect for Civil Liberties, Including:

a. Freedom of Expression, Including for the Press

The constitution provides for freedom of expression, including for the press. Some journalists complained of harassment, intimidation, and threats when covering stories of impropriety, corruption, or other crimes involving members of the Ministry of Public Security or members of the public security forces.

Press and Media Freedom: During the year media outlets owned by political and business leaders facing legal proceedings claimed those proceedings limited their freedoms of expression. Media outlets continued to publish and broadcast freely throughout the year. There were anecdotal reports of the government discouraging journalists from publishing stories critical of the administration.

Televison channels owners and radio directors linked to opposition parties claimed to be victims of government retaliation for their political views through the opening of corruption investigation against them. In 2016 police arrested NexTV president and former president of the board of directors of the government-run national savings bank Caja de Ahorros, Riccardo Francolini, and former Caja de Ahorros board member and current NexTV anchor and news director Fernando Correa on embezzlement charges unrelated to their media activities.

Violence and Harassment: In 2016 the Ministry of Government submitted a bill that would fine media outlets that published material promoting violence against women. Several journalist unions condemned the bill as an attempt to censor and regulate media content. Pressure from civil society stalled the National Assembly’s approval of the bill. In March the National Assembly approved a revised version of the bill, which transfers responsibility for the fines from the Ministry of Government to the judicial branch.

In April the National Assembly passed a law regulating sexual content in classified advertisements of newspapers, forbidding the publication of sex-work advertisements, in an effort to prevent sex trafficking. Some critics viewed it as a form of censorship.

New media journalists often faced challenges similar to their traditional media counterparts. For example, ClaraMente (a platform launched from Facebook, with a widespread audience) reporters Mauricio Valenzuela and Hugo German
reportedly received death threats over the telephone regarding their publications critical of anti-immigration right-wing groups and religious organizations.

**Internet Freedom**

The government did not restrict or disrupt access to the internet or censor online content, and there were no credible reports that the government monitored private online communications without appropriate legal authority.

The government provided free, wireless internet in public spaces that, when working, reached 86 percent of the population. According to government statistics, two million persons had fixed internet access, representing 50 percent of the population.

**Academic Freedom and Cultural Events**

There were no government restrictions on academic freedom or cultural events.

**b. Freedoms of Peaceful Assembly and Association**

The law provides for the freedoms of peaceful assembly and association, and the government generally respected these rights. The government provided permits for organized groups to conduct peaceful marches. Nevertheless, police at times used force to disperse demonstrators, especially when highways or streets were blocked. The law provides for six to 24 months’ imprisonment for anyone who, through use of violence, impedes the transit of vehicles on public roads or causes damage to public or private property.

**c. Freedom of Religion**

See the Department of State’s *International Religious Freedom Report* at [www.state.gov/religiousfreedomreport/](http://www.state.gov/religiousfreedomreport/).

**d. Freedom of Movement**

The law provides for freedom of internal movement, foreign travel, emigration, and repatriation, and the government generally respected these rights. The government generally cooperated with the Office of the UN High Commissioner for Refugees (UNHCR) and other humanitarian organizations in providing
protection and assistance to refugees, persons under temporary humanitarian protection, asylum seekers, and other persons of concern.

Protection of Refugees

Access to Asylum: The law provides for the granting of asylum or refugee status, and the government has established a system for providing protection to refugees. The process of obtaining refugee status generally took three to four years, during which asylum seekers did not have the right to work and could not access basic services.

As of July the National Office for the Attention of Refugees (ONPAR) received 2,613 refugee applications, compared with 2,619 in 2016. In 2016 ONPAR reviewed 784 cases for admission and admitted 10 into the asylum process. Approximately 77 percent of the applicants were from Venezuela, and the remaining 23 percent were Colombians, Salvadorans, and Nicaraguans.

In August, following a separate process not involving ONPAR, the country granted asylum to three Venezuelan judges and a consul of the Venezuelan embassy. In September the government approved the asylum request of a Venezuelan Supreme Court alternate justice.

As of September the National Border Protection Force had apprehended 4,833 irregular migrants in the Darien region. Apprehensions were down from 17,306 in 2016 and 31,749 in 2015. Cuban nationals accounted for 716 of the migrants, compared with 5,083 in 2016. In March the government announced it would deport hundreds of Cuban migrants, and in August the government stated that 76 Cuban migrants accepted the offer and would receive 1,600 balboas and a Panamanian tourist visa once back in Cuba. In September authorities began arranging repatriation flights for Cuban migrants. The government continued to manage camps in the Darien region to provide food, shelter, and medical assistance to the migrants. The government reported continued migrations of persons from South Asia and Africa.

According to UNHCR and its NGO implementing partners, thousands of persons living in the country might be in need of international protection. These included persons in the refugee process, persons denied refugee status, and persons who did not apply for refugee status due to lack of knowledge or fear of deportation.
Employment: Refugees recognized by authorities have the right to work, but recognized refugees complained that they faced discriminatory hiring practices. In an effort to prevent this discriminatory practice, ONPAR removed the word “refugee” from recognized refugees’ identification cards.

All foreigners seeking a work contract must initiate the process through a lawyer and pay a government fee of 700 balboas to obtain a work permit that expires upon termination of the labor contract or after one year, whichever comes first.

Access to Basic Services: Education authorities sometimes denied refugees access to education, while refusing to issue diplomas to others if they could not present school records from their country of origin. The Ministry of Education continued to enforce the government’s 2015 decree requiring schools to accept students in the asylum process at the grade level commensurate with the applicants’ prior studies.

Durable Solutions: The law allows persons legally recognized as refugees or with asylum status who have lived in the country for more than three years to seek permanent residency.

Stateless Persons

The government worked with Colombia to recognize approximately 200 stateless persons on the border. In July the governments of Panama and Costa Rica, with the cooperation of UNHCR, set up a mobile registry office on the border with Costa Rica to register indigenous Ngabe and Bugle seasonal workers who travel between Costa Rica and Panama and who had never registered their births in either country.

Section 3. Freedom to Participate in the Political Process

The law provides citizens the ability to choose their government in free and fair periodic elections held by secret ballot based on universal and equal suffrage. Naturalized citizens may not hold specified categories of elective office, such as the presidency.

Elections and Political Participation

Recent Elections: In 2014 voters chose Juan Carlos Varela Rodriguez as president in national elections independent observers considered generally free and fair.
Elected at the same time were 71 national legislators, 77 mayors, 648 local representatives, and seven council members.

**Political Parties and Political Participation:** The law requires new political parties to meet strict membership and organizational standards to gain official recognition and participate in national campaigns. Electoral reforms passed in May, however, require that political parties obtain the equivalent of 2 percent of the total votes cast to maintain legal standing, a 2 percent reduction from previous requirements. The Revolutionary Democratic Party, Panamenista Party, Democratic Change Party, and Popular Party all complied with the requirement. During the year new political groups registered with the Electoral Tribunal, including the Broad Front for Democracy, the Alliance Party, the Independent Social Alternative Party and Creemos. The Electoral Tribunal provided oversight of internal party elections. On October 15, the Democratic Change Party held internal elections.

**Participation of Women and Minorities:** No laws limit participation of women and/or members of minorities in the political process, and they did participate.

**Section 4. Corruption and Lack of Transparency in Government**

The law provides criminal penalties for corruption by officials, and the government generally implemented these laws effectively. Corruption remained a problem in the executive, judicial, and legislative branches as well as in the security forces. During the year, however, the government took steps to address corrupt practices among government employees and security forces. Anticorruption mechanisms such as asset forfeiture, whistleblower and witness protection, plea bargaining, and professional conflict-of-interest rules exist.

**Corruption:** During the year there were several credible allegations of corruption against current or former members of the government. More than a dozen high-ranking officials under the previous administration faced charges of corruption.

Investigations under the inquisitorial system continued of Panama Canal Authority board member Lourdes Castillo and her business partners for alleged payment of bribes in 2014 in exchange for a contract with the Panama Maritime Authority. The administration filed a complaint for alleged overpayment of 12 million balboas made to Castillo and her partners’ corporations.

Corruption and a lack of accountability among police continued to be a problem, although the government took steps to address violations. Agents were dismissed
on corruption grounds and were under investigation by the Public Ministry. In January officials dismantled a human trafficking organization and arrested two National Migration Service inspectors suspected of receiving bribes.

In September, Eudocio “Pany” Perez, mayor of La Villa de Los Santos, was arrested on charges of corruption and money laundering for drug trafficking organizations. His assistant, a PNP major, a PNP agent, and seven other individuals were also detained in an operation in which 2.1 tons of illicit substances, 30 cars, and approximately one million balboas were seized.

In 2016 the former Agriculture Institute director general under the current administration, Edwin Cardenas, was detained under charges of mismanagement of more than six million balboas of public funds. The fourth anticorruption prosecutor charged Cardenas for wrongdoings from July 2014 through April 2015. Cardenas was released on bail in February. The case continued under the inquisitorial system.

In August the Second Superior Court ordered the separation from office of the mayor of Chagres in Colon Province on charges of embezzlement and document forgery. The 2012 case was under the inquisitorial system.

Former minister of the presidency Demetrio “Jimmy” Papadimitriu and former minister of public works Jaime Ford, both in the Martinelli administration, were detained in September for alleged links to bribes paid by Brazilian multinational construction company Odebrecht. Both faced money-laundering charges. The cases were under the inquisitorial system.

After two years in a private hospital undergoing medical treatment for an undisclosed illness, former internal revenue director under the Martinelli administration, Luis Cucalon, was taken to prison. Cucalon faced embezzlement charges for favoring a company with a direct contract for tax collection. The case was being processed under the inquisitorial system and saw several delays. Cucalon claimed medical problems and changed lawyers several times to keep moving hearing dates. After four postponements, the judge called for a closed-door hearing in October. Only prosecutors and defense lawyers, in addition to Cucalon, were able to attend. The hearing was closed to media since judges have discretion on whether to allow media presence or not under the inquisitorial system.
Financial Disclosure: The law requires certain executive and judiciary officials to submit a financial disclosure statement to the Comptroller General’s Office. The information is not made public unless the official grants permission for access to the public.

Section 5. Governmental Attitude Regarding International and Nongovernmental Investigation of Alleged Abuses of Human Rights

A number of domestic and international human rights groups generally operated without government restriction, investigating and publishing their findings on human rights cases. Government officials generally were cooperative and responsive to their views.

Government Human Rights Bodies: The ombudsman, elected by the National Assembly, has moral but not legal authority. The Ombudsman’s Office received government cooperation and operated without government or party interference; it referred cases to the proper investigating authorities.

Section 6. Discrimination, Societal Abuses, and Trafficking in Persons

Women

Rape and Domestic Violence: The law criminalizes rape of men or women, including spousal rape, with prison terms of five to 10 years. The government generally implemented criminal aspects of the law better than protection aspects. Rapes constituted the majority of sexual crimes investigated by the PNP and its Directorate of Judicial Investigation.

The law against gender violence stipulates stiff penalties for harassment and both physical and emotional abuse and provides for prison terms of up to 30 years for murder. Officials and civil society organizations agreed that domestic violence continued to be a serious crime.

As of September the Attorney General’s Office reported 13 killings of women in domestic violence-related crimes.

The Ombudsman’s Office continued its program “Mujer Conoce tus Derechos” (Woman, Know Your Rights), which included a wide distribution of flyers.
There was a lack of shelters for victims of domestic abuse. In June the government, through the National Institute for Women’s Affairs, opened a shelter in Puerto Escondido, Colon, for victims of domestic abuse and offered social, psychological, medical, and legal services.

**Sexual Harassment:** The law prohibits sexual harassment in cases of employer-employee relations in the public and private sectors and in teacher-student relations. Violators face a maximum three-year prison sentence. The extent of the problem was difficult to determine, because convictions for sexual harassment were rare, pre-employment sexual harassment was not actionable, and there was a lack of formal reports.

**Coercion in Population Control:** There were no reports of coerced abortion, involuntary sterilization, or other coercive population control methods. Estimates on maternal mortality and contraceptive prevalence are available at: [www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/](http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/).

**Discrimination:** The law prohibits discrimination based on gender, and women enjoyed the same legal status and rights as men. The law recognizes joint property in marriages. The law mandates equal pay for men and women in equivalent jobs. The Ministry of Social Development and the National Institute of Women promoted equality of women in the workplace and equal pay for equal work, attempted to reduce sexual harassment, and advocated legal reforms. Although an illegal hiring practice, some employers continued to request pregnancy tests.

**Children**

**Birth Registration:** The law provides citizenship for all persons born in the country, but parents of children born in remote areas sometimes had difficulty obtaining birth registration certificates. The National Secretariat for Children, Adolescents, and the Family estimated the registration level of births at 92 percent.

**Child Abuse:** The Ministry of Social Development maintained a free hotline for children and adults to report child abuse and advertised it widely. The ministry provided funding to children’s shelters operated by NGOs in seven provinces and continued a program that used pamphlets in schools to sensitize teachers, children, and parents about mistreatment and sexual abuse of children.
Early and Forced Marriage: The minimum legal age for marriage is 18. The government prohibits early marriage even with parental permission.

Sexual Exploitation of Children: Officials continued to prosecute cases of sexual abuse of children in urban and rural areas, as well as within indigenous communities. Officials believed that commercial sexual exploitation of children occurred, including in tourist areas in Panama City and in beach communities, although they did not keep separate statistics.


Anti-Semitism

Jewish community leaders estimated there were 15,000 Jews in the country. There were no known reports of anti-Semitic acts.

Trafficking in Persons

See the Department of State’s Trafficking in Persons Report at www.state.gov/j/tip/rls/tiprpt/.

Persons with Disabilities

The law prohibits discrimination based on physical, sensory, intellectual, or mental disabilities; however, the constitution permits the denial of naturalization to persons with mental or physical disabilities. The law mandates access to new or remodeled public buildings for persons with disabilities and requires that schools integrate children with disabilities. Despite provisions of the law, persons with disabilities experienced discrimination in a number of these areas.

Panama City’s bus fleet was not wheelchair accessible. Metro elevators were frequently locked and could not be used. A lack of ramps further limited access to the stations. Most businesses had wheelchair ramps and accessible parking spaces as required by law, but in many cases, they did not meet the government’s size specifications.
Some public schools admitted children with mental and physical disabilities, but most did not have adequate facilities for children with disabilities. Few private schools admitted children with disabilities. The high cost of hiring professional tutors to accompany children to private schools—a requirement of all private schools—precluded many students with disabilities from attending.

The government-sponsored Guardian Angel program continued to provide a monthly subsidy of 80 balboas for children with significant physical disabilities. To qualify, the parents or guardian of a child must be living in poverty and must submit a medical certification specifying the degree of the disability and the child’s dependency on another person. Authorities conducted home visits to ensure the beneficiaries’ guardians used the funds for the intended purpose.

In June and July, the Ministry of Labor hosted job fairs for persons with disabilities for positions in the logistics field. Twenty persons were reported hired.

In August experts with the UN Convention on the Rights of Persons with Disabilities visited the country and found that the classification of disabilities by medical authorities did not take into consideration the barriers faced by the individuals with each disability.

**National/Racial/Ethnic Minorities**

Minority groups were generally integrated into mainstream society. Prejudice was directed, however, at recent immigrants, the Afro-Panamanian community, and indigenous Panamanians. Cultural and language differences and immigration status hindered the integration of immigrant and first-generation individuals from China, India, and the Middle East into mainstream society. Additionally, some members of these communities were reluctant to integrate.

The Afro-Panamanian community continued to be underrepresented in positions of political and economic power. Areas where they lived lagged in terms of government services and social investment. The government created the National Secretariat for the Development of Afro-Panamanians, focused on the socioeconomic advancement of this community. The secretariat was designed to work with the national census to ensure an accurate count of Afro-descendant Panamanians.

The law prohibits discrimination in access to public accommodations such as restaurants, stores, and other privately owned establishments; few complaints were
filed. The Ombudsman’s Office intervened in several cases before students with Rastafarian braids were permitted entry into public school classrooms.

There were reports of racial discrimination against various ethnic groups in the workplace. Lighter-skinned persons continued to be overrepresented in management positions and jobs that required dealing with the public, such as bank tellers and receptionists.

**Indigenous People**

The law affords indigenous persons the same political and legal rights as other citizens, protects their ethnic identity and native languages, and requires the government to provide bilingual literacy programs in indigenous communities. Indigenous individuals have the legal right to take part in decisions affecting their lands, cultures, traditions, and the allocation and exploitation of natural resources. Nevertheless, they continued to be marginalized. Traditional community leaders governed legally designated semiautonomous areas (called comarcas) for five of the country’s seven indigenous groups. The government also unofficially recognized eight other traditional indigenous government authorities. Government institutions recognize that these eight regions have traditionally been and still are organized indigenous settlements and territories not included when the original comarcas were created. Government officers still meet with traditional organized authorities from the community and many have requested recognition of their land via collective titles.

In August the Naso community was granted collective title to 423 acres of land in Bocas del Toro Province. Approximately 30 indigenous communities await grants for collective land titles.

The Ngabe and Bugle continued to oppose the Barro Blanco dam project, which was nearing completion. The Ngabe-Bugle and the government continued to negotiate details of the dam’s operation.

Although the country’s law is the ultimate authority in indigenous comarcas, many indigenous persons misunderstood their rights and, due to their inadequate command of the Spanish language, failed to use available legal channels. In response the government with NGO support conducted information sessions on the accusatory justice system in indigenous comarcas. The government also translated disability rights legislation into indigenous languages.
Societal and employment discrimination against indigenous persons was widespread. In September a Ngabe youth leader alleged that two local celebrities used racial slurs and discriminatory rhetoric to denigrate him and the Ngabes. The youth leader filed a formal complaint at the Public Ministry. Employers frequently denied indigenous workers basic rights provided by law, such as a minimum wage, social security benefits, termination pay, and job security. Laborers on the country’s agricultural plantations (the majority of whom were indigenous persons) continued to work in overcrowded and unsanitary conditions. The Ministry of Labor conducted limited oversight of working conditions in remote areas.

Education continued to be deficient in the comarcas, especially beyond the primary grades. There were not enough teachers in these remote and inaccessible areas, with many multigrade schools often poorly constructed and lacking running water. In June, two teachers died in an accident on the road to their schools in the Ngabe comarca. This sparked a 60-day strike in 43 of the schools in the comarca as teachers demanded better work conditions, including safety bonuses, better life insurance, and improved roads. Access to health care was a significant problem in the indigenous comarcas, despite government investment in more health infrastructure as well as staff. This was reflected in high rates of maternal and infant mortality and malnutrition. The government continued to execute the Indigenous Development Plan jointly developed with indigenous leaders in 2013.

Acts of Violence, Discrimination, and Other Abuses Based on Sexual Orientation and Gender Identity

The law does not prohibit discrimination based on sexual orientation. There was societal discrimination based on sexual orientation and gender identity, which often led to denial of employment opportunities.

The PNP’s internal regulations describe homosexual conduct by its employees as against policy and potentially grounds for dismissal. Harassment of lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons by security forces was a major complaint of LGBTI rights organizations.

On July 1, LGBTI rights advocates organized without impediment the 13th annual pride parade. For the first time, the president’s spouse participated and was a flag bearer during the parade. For the third year in a row, the Panama City mayor and vice mayor were joined by members of the diplomatic corps.

HIV and AIDS Social Stigma
The law prohibits discrimination against persons with HIV/AIDS in employment and education. Discrimination continued to be common due to ignorance of the law and a lack of mechanisms for ensuring compliance. LGBTI individuals reported mistreatment by health-care workers, including unnecessary quarantines.

The 2015 government’s National Network for the Continued Integral Attention of Persons with HIV/AIDS continued during the year. The Ministry of Social Development collaborated with the NGO PROBIDSIDA to conduct HIV/AIDS outreach to students in public junior and high schools. During the year PROBIDSIDA also worked with the Ministry of Public Security “Barrios Seguros” program to provide HIV/AIDS training and free testing services to at-risk youth from vulnerable communities. Youth who tested positive received medical treatment.

**Section 7. Worker Rights**

**a. Freedom of Association and the Right to Collective Bargaining**

The law provides for the right of private-sector workers to form and join unions of their choice subject to the union’s registration with the government. Public servants may not form unions but may form associations that can bargain collectively on behalf of members. In August the Ministry of Labor submitted to the National Assembly a draft law to allow public servants to form unions and bargain collectively.

The law provides for the right of private-sector workers to strike. The Administrative Career Law grants public-sector employees the same right when the strike has been deemed legal and when a minimum percentage of workers cover essential positions, as set out in the law. The right to strike does not apply in areas deemed vital to public welfare and security, including police. The law provides all private-sector and public-sector workers the right to bargain collectively, prohibits employer antunion discrimination, and protects workers engaged in union activities from loss of employment or discriminatory transfers. It requires reinstatement of workers terminated for union activity.

The law places several restrictions on these rights, including requiring Panamanian citizenship to serve on a trade union’s executive board, requiring a minimum of 40 persons to form a private-sector union (either by company across trades or by trade across companies), and permitting only one trade union per business establishment.
The International Labor Organization continued to criticize the 40-person minimum as too large for workers wanting to form a union within a company; domestic unions, as well as the government and private sector, reiterated their support for keeping the figure at 40 individuals.

Forty public servants are required to form a worker’s association. Member associations represent public-sector workers such as doctors, nurses, firefighters, and administrative staff in government ministries. The law stipulates there may not be more than one association in a public-sector institution and permits no more than one chapter per province.

In the private sector, the labor code provides that if the government does not respond to a registration application within 15 days, the union automatically gains legal recognition. In the public sector, unions gain legal recognition automatically if the General Directorate for Administrative Public Sector Careers does not respond to registration applications within 30 days.

A majority of employees must support a strike, which must be related to the improvement of working conditions, a collective bargaining agreement, or in support of another strike of workers on the same project (solidarity strike). In the event of a strike, at least 20 to 30 percent of the workforce must continue to provide minimum services, particularly public services as defined by the law, such as transportation, sanitation, mail delivery, hospital care, telecommunications, and public availability of essential foodstuffs.

 Strikes in essential transportation services are limited to those involving public passenger services. The law prohibits strikes for the Panama Canal Authority’s employees but allows unions to organize and bargain collectively on such issues as schedules and safety. It also provides for arbitration to resolve disputes. By law the National Federation of Public Servants (FENASEP), an umbrella federation of 21 public-sector worker associations, is not permitted to call strikes or negotiate collective bargaining agreements. Individual associations under FENASEP may negotiate on behalf of their members. FENASEP leaders noted that collective bargaining claims were heard and recognized, but they reported a lack of changes afterwards, particularly regarding firings without cause. FENASEP discussed structural changes with President Varela to promote equity and provide adequate treatment of the public sector as a sector with established rights like that of unionized groups. During the year FENASEP focused on the lack of job stability, the lack of a policy for salary beyond the minimum wage, salary gap and equal pay for men and women, and the lack of indemnity pay for unjustified firings.
Supreme Court decisions recognize that collective agreements negotiated between employers and unorganized workers have legal status equivalent to collective bargaining agreements negotiated by unions. Executive decrees provide that an employer may not enter into collective negotiations with nonunionized workers when a union exists and that a preexisting agreement with nonunionized workers cannot be used to refuse negotiations with unionized workers. The labor ministry’s *Manual of Labor Rights and Obligations* provides that unorganized workers may petition the ministry regarding labor rights violations and may exercise the right to strike.

An executive decree protects employees from employer interference in labor rights, specifically including “employer-directed unions,” and mandates that workers be able to choose unions freely, without penalty.

Since the beginning of the Varela administration in 2014, the government approved more than 20 applications it received for union formations and denied two based on evidence of company owners’ influence.

In addition to the court system, the Conciliation Board of the labor ministry has the authority to resolve certain labor disagreements, such as internal union disputes, enforcement of the minimum wage, and some dismissal issues. The law allows arbitration by mutual consent, at the request of the employee or the ministry in the case of a collective dispute in a public-service company. It allows either party to appeal if arbitration is mandated during a collective dispute in a public-service company. The separate Labor Foundation’s Tripartite Conciliation Board has sole competency for disputes related to domestic employees, some dismissal issues, and claims of less than 1,500 balboas.

For public-sector workers, the Board of Appeal and Conciliation in the Ministry of the Presidency hears and resolves complaints. The board refers complaints it cannot resolve to an arbitral tribunal, which consists of representatives from the employer, the workers’ association, and a third member chosen by the first two. Tribunal decisions are final.

The government and employers generally respected freedom of association and the right to collective bargaining; however, the inspections and notifications departments lacked funding and inspectors to enforce labor laws adequately. Employers often hired employees under short-term contracts to avoid paying benefits that accrue to long-term employees. Employers in the maritime sector
also commonly hired workers continuously on short-term contracts but did not convert them to permanent employees as required by law. The law states that employers have the right to dismiss any employee without justifiable cause before the two-year tenure term. As a result employers frequently hired workers for one year and 11 months and subsequently laid them off to circumvent laws that make firing employees more difficult after two years of employment. This practice is illegal if the same employee is rehired as a temporary worker after being laid off, although employees rarely reported the practice.

b. Prohibition of Forced or Compulsory Labor

The law prohibits all forms of forced labor of adults or children. The law establishes penalties of 15 to 20 years’ imprisonment for forced labor involving movement (either cross-border or within the country) and six to 10 years’ imprisonment for forced labor not involving movement.

While prostitution is legal, according to media reports, forced labor continued to be a problem in the commercial sex industry, often due to disputes between women and their employers over wage amounts agreed in oral contracts.

Also, see the Department of State’s Trafficking in Persons Report at www.state.gov/j/tip/rls/tiprpt/.

c. Prohibition of Child Labor and Minimum Age for Employment

The law prohibits the employment of children under age 14, although children who have not completed primary school may not begin work until age 15. The family code permits children ages 12 to 14 to perform domestic and agricultural work with regard to schedule, salary, contract, and type. The labor code allows children ages 12 to 15 to perform light work in agriculture if the work is outside regular school hours. It also allows children over the age of 12 to perform light domestic work and says employers must ensure the child attends school through primary school. The law does not limit the total number of hours these children may work nor define the light work children may perform. The law prohibits 14- to 18-year-old children from engaging in potentially hazardous work such as work with electrical energy, explosives, or flammable, toxic, and radioactive substances; work underground and on railroads, airplanes, and boats; and work in nightclubs, bars, and casinos.
Youths under age 16 may work no more than six hours per day or 36 hours per week, while those 16 and 17 may work no more than seven hours per day or 42 hours per week. Children under 18 may not work between 6 p.m. and 8 a.m.

The Ministry of Labor generally enforced the law effectively in the formal sector, enforcing child labor provisions in response to complaints and ordering the termination of unauthorized employees. It did not do so in the informal economy. Employers who endanger the physical or mental health of a child may face two to six years’ imprisonment. The law includes punishment of up to 12 years’ imprisonment for anyone who recruits children under age 18 or uses them to participate actively in armed hostilities.

The National Office for Children, Youth, and Family implemented programs to identify children engaged in the worst forms of child labor, to remove them from exploitative situations, and to provide them with services. The Ministry of Labor offered training on the topic of child labor and lessons learned to various stakeholders.

Also, see the Department of Labor’s Findings on the Worst Forms of Child Labor at www.dol.gov/ilab/reports/child-labor/findings/.

d. Discrimination with Respect to Employment and Occupation

Labor laws and regulations prohibit discrimination regarding race, gender, religion, political opinion, citizenship, disability, social status, HIV status and other communicable diseases, but they do not do so on the basis of sexual orientation, and/or gender identity. In October the Ministry of Labor announced the adoption of the UN Development Program’s Gender Equality certification program in the public and private sectors to promote gender equality in the workplace.

Discrimination in employment and occupation occurred with respect to race, sex, gender, disability, sexual orientation and/or gender identity, and HIV-positive status (see section 6). Discrimination against migrant workers also occurred (see section 6).

e. Acceptable Conditions of Work

The minimum hourly wage for private-sector employees does meet the monthly poverty line. Public servants’ monthly minimum wage does meet the monthly
poverty line. Food and the use of housing facilities were considered part of the salary for some workers, such as domestic and agricultural workers. Minimum monthly salaries for domestic workers ranged from 225 balboas to 250 balboas. The agricultural sector and the marine and aviation sectors received the lowest and highest minimum wages, respectively.

The law establishes a standard workweek of 48 hours, provides for at least one 24-hour rest period weekly, limits the number of hours worked per week, provides for premium pay for overtime, and prohibits compulsory overtime. There is no annual limit on the total number of overtime hours allowed. If employees work more than three hours of overtime in one day or more than nine overtime hours in a week, excess overtime hours must be paid at an additional 75 percent above the normal wage. Workers have the right to 30 days’ paid vacation for every 11 months of continuous work, including those who do not work full time. The Ministry of Labor is responsible for setting health and safety standards. Standards set were generally current and appropriate for the main industries in the country. The labor code requires employers to provide a safe workplace environment, including the provision of protective clothing and equipment for workers.

The Ministry of Labor generally enforced these standards in the formal sector. The inspection office comprises two groups: the Panama City-based headquarters group and the regional group. As of November within the headquarters there were 34 inspectors reported, including nine general labor inspectors, four child labor inspectors, and 12 safety inspectors in the construction industry. The construction industry paid the salaries of construction industry inspectors, although the inspectors remained ministry employees. The regional branches had 55 inspectors. As of September the Ministry of Labor had conducted labor inspections nationwide. Allowable fines for violations were low and generally insufficient to deter violations. During the year, however, the government levied fines according to the number of workers affected, resulting in larger overall fines. The ministry issued fines for migration violations, for safety and security violations, for general labor issues violations, and for violations related to child labor.

Reports of violations relating to hours of work existed, especially in the maritime sector, where unions reported shifts of 14 to 24 hours. These long shifts reportedly resulted in fatigue-based occupational safety and health risks. Reports also indicated that neither the Maritime Authority nor the labor ministry conducted inspections regarding working conditions in the maritime sector. Canal Zone unions and workers experienced difficulties accessing the justice system to adjudicate complaints due to delays and other deficiencies of the Labor Relations
Board, which is the court of first instance on labor matters in the Canal Zone. Reports also indicated violations relating to hours of work for coffee harvest workers, who often lacked formal contracts and were vulnerable to coercion from the employer.

Inspectors from the Ministry of Labor and the occupational health section of the Social Security Administration reported conducting periodic inspections of hazardous employment sites. The law requires the resident engineer and a ministry construction industry inspector to remain on construction sites, establish fines for noncompliance, and identify a tripartite group composed of the Chamber of Construction, SUNTRACS (the largest union of construction workers in the country), and the ministry to regulate adherence.

Most workers formally employed in urban areas earned the minimum wage or more. Approximately 40 percent of the working population worked in the informal sector, and many earned well below the minimum wage. In most rural areas, unskilled laborers, including street vendors and those involved in forestry, fishing, and handicraft production, earned three to six balboas per day without benefits. The Ministry of Labor was less likely to enforce labor laws in most rural areas (see section 6, Indigenous People).

Some construction workers and their employers were occasionally lax about basic safety measures, frequently due to their perception that it reduced productivity. Equipment was often outdated, broken, or lacking safety devices, due in large part to a fear that the replacement cost would be prohibitive.

Workers could not remove themselves from situations that endangered health or safety without jeopardy to their employment, and authorities did not effectively protect workers in this situation.
Tab 4
Panama: Situation of sexual minorities, including treatment by society and authorities; implementation of legislation related to the treatment of sexual minorities; state protection and support services (2011-June 2013)

1. Legislation

Homosexuality in Panama was legalized in July 2008 (AHMNP 2010, 16; AngloINFO n.d.a). According to an article published by AngloINFO, an English language website that provides general information to people living in a region which they are not totally familiar with (n.d.b), "gay couples [in Panama] have no official rights and same-sex relationships, marriages or unions are not recognized," which means that they are not entitled to the same protections and civil rights that heterosexual couples have (AngloInfo n.d.a).

According to AngloINFO, "[t]he constitution of Panama states that there can be no discrimination by gender, but there are no gay anti-discrimination laws in effect" (n.d.a). The leader of the New Men and Women Association of Panama [Asociación de Hombres y Mujeres Nuevos de Panamá, AHMNP] which is the country's main LGBT organization (US 19 Apr. 2013, 25), explained in an
article published by SentidoG, a news source from Buenos Aires, that [translation] "sexual orientation is not covered by Panamanian law, which 'produces a legal vacuum' that facilitates discrimination" (17 May 2010). Infobae América, a digital news source based in Buenos Aires, also cites the leader of AHMNP as saying that there is no law that protects sexual minorities in fields such as education, work or the health system (Infobae 15 Sept. 2010).

SentidoG reports that, on 17 May 2010, a group of gays and lesbians filed, before the Panamanian Congress, a draft bill to [translation] "ban' discrimination and homophobia" proposing a punishment of six months to one year imprisonment for anyone who "discriminates or physically or verbally assaults a person for their sexual orientation" (SentidoG 17 May 2010). According to Agencia EFE, a Spanish language news agency (n.d.), the bill has not been discussed (16 May 2012).

2. Treatment by Society

According to a survey made by Dichter & Neira, a company that provides market and public opinion surveys (n.d.), the results of which were published in 2010 in La Estrella de Panamá, a Panamanian newspaper published since 1853 (La Estrella de Panamá n.d.), almost 80 percent of the Panamanian population [translation] "rejected the idea" of homosexual marriages (ibid. 14 Sept. 2010). Corroborating information could not be found among the sources consulted by the Research Directorate.

An article published by the Inter-American Institute for Human Rights (Instituto Interamericano de Derechos Humanos, IIDH) states that [translation] "homosexuals, lesbians and transgenders complain about the constant teasing and harassment that they suffer in the streets" (IIDH Oct. 2010). According to the leader of AHMNP, there is a [translation] "very strong institutional and societal discrimination and homophobia' in Panama" (Agencia EFE 16 May 2012). According to a 2010 national report by the AHMNP on the humans rights for the LGBT population in Panama, which is based on data provided by AHMNP, news articles, studies, articles, and court orders between June 2009 and June 2010, and which was sent to the Research Directorate by a representative, the presence of discrimination and homophobia in everyday life is [translation] "so ingrained and accepted that some [people] do not even notice [it]" (AHMNP 2010, 14).

The AHMNP 2010 report also indicates that LGBT people receive [translation] "rude and contemptuous treatment" when they ask for health services and that a great number of these complaints were received by the AHMNP in the last year (AHMNP 2010, 17). According to a representative from the VIH-AIDS program at the Ministry of Health, [translation] "discrimination in medical centers and in hospitals does not come so much from the doctors but rather from nurses and administrative staff" (IIDH Oct. 2010, 2).

According to the AHMNP report, some people were transferred to other jobs because of their sexual orientation (2010, 18). The US Department of State's Country Reports on Human Rights Practices for 2010, 2011 and 2012 also indicate that people were "often" denied employment opportunities because of their sexual orientation (US 8 Apr. 2011, 25; ibid. 24 May 2012, 22; ibid. 19 Apr. 2013, 25).

According to SentidoG, three students complained that they were barred from receiving their university diploma because of their sexual orientation (17 May 2010).

3. Treatment by authorities

According to AngloInfo, "gay men and women are banned from joining the armed forces or the police force" (AngloInfo n.d.a). Country Reports for 2012 and 2011 stated that
Harassment of lesbian, gay, bisexual, and transgender (LGBT) persons by security forces was a major complaint of the [AHMNP], but formal complaints were rare due to the perception that the reports were not taken seriously or that complaints could be used against claimants in the absence of non-discrimination legislation. (US 24 May 2012, 22; ibid. 19 Apr. 2013, 25)

In addition, "regular incidents in which security forces refused to accept complaints of harassment of transgender individuals" were reported by the Panamanian Association of Transgender People in 2010 (US 19 Apr. 2013, 25).

In 2013, three transgender people were detained in the airport over gender identity issues (ibid.). IIDH cites the leader of the Panamanian Association of Transgender Persons (Asociación Panameña de Personas Trans, APPT), an organization devoted to LGBT rights (ILGA n.d.), as saying that trans people sex workers are harassed by the police (IIDH Oct. 2010, 1). She said that the police "exhibit them and laugh at them [and] sometimes [the police officers] take away their money when they are taken to the police station" (ibid.). The Country Reports 2010 also stated that some police officers refused to aid or to take to the hospital a stabbed transsexual who was a minor and that "[n]o known investigations were pending at year's end" (8 Apr. 2011, 25). Country Reports 2011 indicates that, according to the AHMNP, six transgender people where arrested in 2010, and later released, on the basis of the sodomy law which was repealed in 2008 (US 24 May 2012, 22). According to the AHMNP 2010 report, four people were arrested for "alleged violations of public morality" because they were "dressed as women" (AHMNP 2010, 15). The report indicates that, according to the complaints, the police have justified the arrests by arguing that "people who have changed their appearance have violated the law, but do not make any mention of which law or regulation" (ibid., 15). Agence France-Presse cites the leader of AHMNP as saying that, according to the annual report produced by his organisation and presented to the Office of the Ombudsperson, at least 25 people were "unreasonably' arrested by the police, who argued that a man cannot go dressed as a woman on the street" (AFP 11 Aug. 2010). Further information could not be found among the sources consulted by the Research Directorate.

La Estrella de Panamá reports that six lesbians were denied child custody because of their sexual orientation (18 May 2011). The 2010 AHMNP report indicates that a lesbian was barred from adopting a child because "the situation of lesbianism is a social risk that harms the best interest of the child" (AHMNP 2010, 23). In March 2011, two women were arrested by the police for kissing in public (La Estrella de Panamá 30 Mar. 2011; US 24 May 2012, 22). La Estrella de Panamá reports that, according to one of the women involved, the police used "excessive force" and considered the kissing as a "serious lack of public decency and public morals" (La Estrella de Panamá 30 Mar. 2011). However, in their report, the police claimed that the women were arrested for drinking in public (ibid.; US 24 May 2012, 22). La Estrella de Panamá cites the leader of AHMNP as saying that this type of situation is seen everyday and in many times police officers have hit many trans[gendered people] and lesbians, because they tend to be more aggressive with them than with homosexuals" (La Estrella de Panamá 30 Mar. 2011). Corroborating information could not be found among the sources consulted by the Research Directorate.

4. Support Services

Information on support services for sexual minorities in Panama was scarce among the sources consulted by the Research Directorate.

According to AngloInfo, the AHMNP, which was founded in 1996, "remains the only lesbian and gay group in Panama" (AngloInfo n.d.a). AngloInfo adds that other attempts at creating lesbian and gay...
organisations have been defeated by an article in the constitution that forbids any association that is "contrary to morality" (ibid.).

According to PortalSida, an [translation] "Internet platform which provides tools to support global collaboration and knowledge sharing between networks and organizations responding to the AIDS epidemic" (n.d.a), the AHMNP

[translation]

help[s] to improve the quality of life of GLBT people, MSM [men having sex with men] and WSW [women having sex with women], through the promotion and provision of comprehensive preventive health, education and counselling, with an emphasis on respect and defence of human rights and diversity of the Panamanian population. (n.d.b)

According to the Shadow Report 2009 presented to the UN Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) by APPT and the International Gay and Lesbian Human Rights Commission (IGLHCR), the APPT was established in 2007 to assist transgender women (APPT and IGLHRC Nov. 2009, 3). More precisely, they educate "transgender women on various topics that affect them so that they learn that if their rights are threatened they should go to their courthouse" (ibid).

An article published by La Estrella de Panamá indicates that [translation] "there are, in Panama, pseudo-doctors who offer treatments to "revert" from homosexuality [such as] hypnosis therapies to change the [sexual] orientation" of a person (La Estrella de Panamá 2 June 2013). There are also centers that "admit patients until they are 'cured' from what they consider a disease" (ibid.). Cited in this same article, a psychologist indicated that [translation] "hormones, hypnosis, psychotherapy and even less orthodox methods such as the electroshock have been and are used in Panama, and touted as a panacea to reverse homosexuality and cause a 'change in the patient's sexual orientation'" (ibid.). Corroborating information could not be found among the sources consulted by the Research Directorate.

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim for refugee protection. Please find below the list of additional sources consulted in researching this Information Request.

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Additional Sources Consulted
Oral sources: Attempts to contact the following individuals and organizations were unsuccessful within the time constraints of this Response: Asociación Panameña de Personas Trans; Comisión Nacional de Derechos Humanos en Panamá; Panorama Católico; Inter-American Institute of Human Rights; International Gay and Lesbian Human Rights Commission; Panama - Defensoría del Pueblo; The People's Movement for Human Rights Education.

Internet sites, including: Aid for Aids Panama; Amnesty International; British Broadcasting Corporation; CastleGayGuide.com; Centers for Disease Control and Prevention; Council for Global Equality; Council on Hemispheric Affairs; ecoinet; Factiva; Fédération internationale des ligues des droits de l'homme; Freedom House; GlobalGayz.com; Global Rights; Human Rights Watch; International Crisis Group; International Gay and Lesbian Human Rights Commission; LegalInfo Panama; Minority Rights Group International; Norway - Landinfo; Panamá América; Panama - Ministerio de Gobierno, Ministerio de Relaciones Exteriores, Ministerio de Salud; The People's Movement for Human Rights Education; Pink Choice; Pink News; Prensa Latina; UK Gay News; United Nations - ReliefWeb, Refworld, Joint United Nations Programme on HIV/AIDS, World Health Organization; United States - United States Agency for International Development.

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**Countries**

- Panama

**Topics**

- Lesbian, gay, bisexual, transgender and intersex (LGBTI)
- Persecution on the basis of sexual orientation or gender identity
- State protection
Tab 5
HIV AND AIDS IN LATIN AMERICA THE CARIBBEAN REGIONAL OVERVIEW
KEY POINTS

- Impressive progress has been made in Latin America in increasing the number of people who know their HIV status and receive treatment.
- Latin America has shown strong commitment to funding its HIV response, yet many services for high-risk groups are being funded by donors.
- The Caribbean has the second highest HIV prevalence after sub-Saharan Africa.
- The percentage of people in the Caribbean with suppressed viral loads is well below the global average.
- Of the Caribbean countries, 11 out of 16 rely heavily on external funding.
- Barriers to progress include violence and stigma towards key affected populations and those living with HIV in Latin America and the Caribbean.

**Caribbean (2018)**

- **340,000** people living with HIV
- **1.2%** adult HIV prevalence (ages 15-49)
- **16,000** new HIV infections
- **6,700** AIDS-related deaths
- **56%** adults on antiretroviral treatment*
- **42%** children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2019

**Latin America (2018)**

- **1.9m** people living with HIV
- **0.4%** adult HIV prevalence (ages 15-49)
- **100,000** new HIV infections
- **35,000** AIDS-related deaths
- **63%** adults on antiretroviral treatment*
- **48%** children on antiretroviral treatment*

*All adults/children living with HIV

Source: UNAIDS Data 2019
Explore this page to find out more about the people most affected by HIV in Latin America and Caribbean, testing and counselling, prevention programmes, antiretroviral treatment availability, barriers to the response, funding and the future of HIV in Latin America and Caribbean.

An estimated 2.2 million people were living with HIV in Latin America and the Caribbean in 2018 (1.9 million in Latin America and 340,000 in the Caribbean). This equates to an HIV prevalence of 0.4% in Latin America and 1.2% in the Caribbean. In the same year, there were 100,000 new infections in Latin America and 16,000 in the Caribbean, and 41,700 people died from AIDS-related illnesses (35,000 in Latin America and 6,700 in the Caribbean).\(^1\)

Antiretroviral treatment (ART) coverage has been relatively high and AIDS-related deaths relatively low in Latin America for many years. However, little progress has been made on slowing the rate of new infections in the last decade, which overall have fallen by just 1% between 2007 and 2017, and new infections among young people within key populations are on the rise. However, AIDS-related deaths over the same period have fallen by 12%.\(^2\)

In 2018, 80% of people living with HIV in Latin America were aware of their HIV status. Of those who were aware, 62% were accessing antiretroviral treatment (ART). Of those on treatment, 55% were virally suppressed.\(^3\)

There has been moderate progress made on both prevention and treatment in the Caribbean. The annual number of new HIV infections among adults in the Caribbean declined by 18% between 2010 and 2017, and deaths from AIDS-related illness fell by 23%. In this part of the region, there was a large gap in awareness of HIV status at the start of the HIV testing and treatment cascade.\(^4\)

In 2018, 72% of people living with HIV in the Caribbean were aware of their HIV status. Of those who were aware, 77% were accessing antiretroviral treatment (ART). Of those on treatment, 74% were virally suppressed.\(^5\)

Nearly 90% of new infections in the Caribbean in 2017 occurred in four countries - Cuba, Dominican Republic, Haiti and Jamaica - while 87% of deaths from AIDS-related illness occurred in the Dominican Republic, Haiti and Jamaica. Haiti alone accounts for nearly half of annual new HIV infections and AIDS-related deaths.\(^6\)
Despite its small population size, the Caribbean has a high HIV prevalence globally at 1.2% (West and Central Africa stands at 1.5% and the highest prevalence global is in East and Southern Africa at 7%).

Latin America and the Caribbean has a concentrated epidemic, which means HIV prevalence is low among the general population but among certain groups such as men who have sex with men and transgender women, prevalence is particularly high. Young people are also disproportionately affected by HIV in the region.

In 2017, gay men and other men who have sex with men accounted for 41% of HIV infections in Latin America, and key populations and their sexual partners represented more than three quarters of new infections overall. In the Caribbean, gay men and other men who have sex with men accounted for nearly a quarter of new infections in 2017. In total, key populations and their sexual partners represented two thirds of new infections.

Brazil has played a key leadership role in the reinvigoration of HIV prevention in Latin America. However, the election of Jair Bolsonaro of the Social Liberal Party (PSL) as president in October 2018 could significantly reverse the progress made on HIV in Brazil and possibly the wider region, as well as deny human rights for many vulnerable populations. Bolsonaro has described himself as a ‘proud homophobe’ and is opposed to state-funded treatment for people living with HIV. Many in Brazil’s LGBTI community say they experienced an increase in violence and threats during the election campaign and there were record numbers of murders of LGBTI Brazilians between 2016 and 2018.
Populations most affected by HIV in Latin America and the Caribbean

Men who have sex with men (MSM)

Men who have sex with men (sometimes referred to as MSM) are the group most affected by HIV in Latin America and the Caribbean.

In the Caribbean, HIV prevalence among gay men and other men who have sex with men is particularly high in Trinidad and Tobago (32%), Bahamas (25%) and Haiti (13%). The lowest prevalence percentages are still high at 5% in Guyana and around 6% in Suriname and Cuba.  

In Latin America, HIV prevalence among this population is lowest in Guatemala and El Salvador at around 7%. Most other countries have prevalence ranging between 11% and 17%, although Bolivia, Mexico and Paraguay all report prevalence above 20% (25%, 21% and 21%, respectively).

There are many reasons for high levels of HIV transmission among this group. In 2014, only 51% of men who have sex with men were reported to have access to HIV services, a level that has remained unchanged for several years. Moreover, access to HIV testing among men who have sex with men varies enormously from country to country, ranging from 5% to 70%.

Homophobia and the 'machismo' (or aggressively masculine) culture are common throughout the region and sex between men is highly stigmatised. Large numbers of men who have sex with men also have sex with women, forming a 'bridge' population.
As one civil society worker explains, men who have sex with men are often hesitant to reveal how they became infected with HIV. Many are mistakenly classed as heterosexual:

“Unless he’s a total queen, a man will always be [counted as] heterosexual. Plus, people don’t want to be recognised [as homosexual].”

- Ruben Mayorga, civil society worker, Guatemala City

**Transgender people**

Transgender women are highly affected by HIV in Latin America and the Caribbean. HIV prevalence among this group is thought to be 49 times higher than among the general population.

In countries where data is collected on this key population, transgender women experience some of the highest HIV prevalence. In Latin America, recorded prevalence is lowest in El Salvador at 7.4% and highest in Ecuador at 35%. It is over 20% in Colombia, Costa Rica, Guatemala, Panama and Paraguay. In the Caribbean, data on transgender people is scarce, with only Guyana and Cuba reporting HIV prevalence, which stands at 8% and 20%, respectively.

Research has shown that between 44% and 70% of transgender women have felt the need to leave, or were thrown out of their homes. One study from Mexico indicated that 11% of transgender women living with HIV were excluded from family activities.

Transgender people in the region have fewer educational and social opportunities, often resorting to sex work for an income. Country-level data collected between 2011 and 2015 also shows much higher HIV prevalence among transgender women sex workers compared to other sex workers. Transgender people also face high rates of violence. According to the Observatory of Murdered Trans People, 2,016 transgender people were reported as murdered between 2008 and 2015 across the world, 1,573 (78%) of them were in Latin America and the Caribbean. The highest number of these murders occurred in Brazil, where 938 were reported.

Such high levels of stigma and violence remain significant barriers to transgender people accessing HIV services.

**Sex workers**

HIV also disproportionately affects sex workers, although there are variations between country situations and genders. In Latin America, around 1% of sex workers in Chile, Colombia, Costa Rica, Guatemala, Paraguay, Peru and Uruguay were living with HIV in 2017, compared to around 5% in Bolivia, Brazil and Panama. In the Caribbean, where reported, prevalence ranges from between 2% in Jamaica to 22% in Guyana.
Male and transgender sex workers tend to be more affected by HIV than cis-female sex workers. For example, 69% of male sex workers in Suriname were estimated to be living with HIV in 2014, compared to 4% of female sex workers.²⁷

Testing coverage among sex workers is higher among female sex workers (ranging from 39% to 98%) than male sex workers (ranging from 17% to 70%). Condom use during last transactional sex ranges from 57% in Belize to greater than 95% in Panama and Antigua and Barbuda.²⁸

Across the region, particularly in the Caribbean, sex workers experience a range of human rights violations and social injustices, including the denial of access to healthcare, poor working conditions, violence and harassment by law enforcement. Sex workers are also frequently marginalised by social and religious institutions and subject to discrimination. For these reasons, many people who engage in sex work do so covertly.

One study of female sex workers in Argentina reported that 24.1% had experienced sexual abuse; 34.7% reported rejection; 21.9% reported having been beaten; while 45.4% reported having been arrested because of their sex work activity. Higher levels of inconsistent condom use were also reported among those who experienced sexual abuse, rejection and police detention.²⁹

All these factors act as significant barriers to sex workers accessing effective HIV prevention and treatment services.

People who inject drugs (PWID)

An estimated 1.9 million people inject drugs (PWID) Latin America and the Caribbean. A wide-ranging evidence review, published in 2017, found 51% of people who inject drugs (sometimes referred to as PWID) are aged 25 and under, a higher proportion than any other region in the world.³⁰

Reliable HIV-related data on people who inject drugs is extremely limited. The 2017 evidence review mentioned above estimates prevalence at 35.7% in Latin America and 13.5% in the Caribbean. However, this is based on the only data available, which came from just five Latin American countries, and one Caribbean territory (Puerto Rico).³¹ The only country reporting prevalence among people who inject drugs to UNAIDS in 2017 was Mexico, which estimated it to be 2.5%.³²

This lack of data affects the planning and development of effective, targeted responses for people who inject drugs.

UNAIDS estimates that 2% of all new HIV infections in Latin America and 1% in the Caribbean were the result of unsafe injecting practices in 2017,³³ levels that are disproportionately high, considering only 0.5% of people in Latin America and 0.4% in the Caribbean are thought to inject drugs.³⁴

In Puerto Rico, where poor access to sterile injecting material has been identified as a significant contributor to the HIV epidemic, 51% of people who died while living with HIV between 1981 and 2013 acquired the infection via unsafe injection practices.³⁵

Young people
Young people in Latin America and the Caribbean, especially those who are from key populations, are disproportionately at risk of HIV infection. One factor contributing to this are the barriers to accessing prevention services.

In many countries minors require parental or guardian consent to test for HIV. In Mexico and Panama, adolescents have to be accompanied by a parent, a legal guardian or another state-recognised person in order to receive their test results. In Paraguay, health staff can request authorisation to conduct an HIV test in the absence of parents or guardians.

However, a few countries in the Caribbean have developed policies allowing minors to access HIV testing without parental consent, either allowing it at any age (such as in Guyana) or above the age of 14 (as in Trinidad and Tobago).³⁶

In the Caribbean, the cultural norm of young women (aged 15-24) having sexual relationships with older men increases their risk of HIV infection. In Haiti, for example, HIV prevalence among young women is more than double that among young men.³⁷ Between 9% and 24% of young women in the region reported having sex with a man at least 10 years older than themselves within the last 12 months. Other risk factors, such as multiple sexual partners and inconsistent condom use, compound the risk of age mixing in these countries.³⁸

In Latin America, high prevalence among gay and other men who have sex with men results in young men being significantly more likely to be living with HIV than young women.³⁹
HIV testing and counselling (HTC) in Latin America and the Caribbean

In 2017, 77% of people living with HIV in Latin America and 73% of people living with HIV in the Caribbean were aware of their status.40

Different approaches to testing are being taken in the region to increase the number of people who are aware of their status. Around a third (62%) of LAC countries that offer testing services within flexible hours, are generally provided by civil society organisations (CSOs).41

HIV self-tests are available in the Bahamas, Brazil, El Salvador, Jamaica, Peru, and Trinidad and Tobago. However, as of 2017, most governments were yet to document their use, provide them at subsidised cost, or use this method to expand testing to people from key populations, whose need is significantly greater due to the concentrated nature of the epidemic.42

An exception is Brazil, which introduced self-testing kits in 2015. These kits were made available free of charge from pharmacies, medication distribution centres, health services and government health programmes, as well as through the mail. The oral self-testing kits feature clear instructions and a telephone helpline.43

Just under two-thirds of countries in the region (68%) offer testing in community centres. Argentina, Dominica, Guatemala, Jamaica, Mexico and Paraguay allow HIV testing to be done by trained individuals who are not health professionals.44

Late HIV diagnosis is a serious issue in Latin America and the Caribbean. In at least half the countries in the region, one in three people had a CD4 count under 200 when tested for the first time.45 46
Barriers to testing are numerous. For example, in the majority of the countries, testing centres are concentrated in large cities, creating problems for people living in non-urban communities. Although 92% of countries provide sensitivity training for healthworkers involved in HIV screening for key populations, civil society organisations in 12 countries that participated in national consultations on HIV prevention reported a lack of sensitivity among these professionals. Furthermore, many countries do not collect data on testing for transgender women or female sex workers, which obstructs initiatives to increase testing among these key populations.  

HIV prevention programmes in Latin America and the Caribbean

In 2017, there were 100,000 new infections in Latin America and 15,000 in the Caribbean. Brazil, which has 35% of the total population of people living with HIV in Latin America and 47% of new infections in 2017, has been at the forefront of renewed HIV prevention efforts in Latin America. However, the election of President Bolsonaro of the far-right PSL party in October 2018 has the potential to reverse progress.

In the Caribbean, renewed commitment to combination prevention that is tailored to key populations is needed to accelerate reductions in new HIV infections.

Condom availability and use

Although limited in scope, the latest available data from Latin America and the Caribbean indicates that condom use varies widely.

Men engaging in sex with a non-regular partner are more likely than women to use condoms. The lowest rates of condom use at last high-risk sex among women range from 20% in Barbados and Guatemala to 76% in Cuba. Among men, the lowest reported rates are in Barbados (42%) and Chile (49%), and highest in Cuba (80%) and Colombia (71%).

In the Caribbean, levels of condom use among young people (aged 15-24 years) who are having sex with non-regular partners ranged from 67% in Belize to 79% in Jamaica among young men and 49% in the Dominican Republic to 57% in Jamaica among young women.

The regional median for condom use among men who have sex with men in their most recent sexual encounter is 63%; among female sex workers 80%; and among transgender women 88%.

All countries provide free condoms to key populations and young people but levels are often inadequate. Only one third procure condoms using domestic resources. It is essential to increase the availability, access, affordability and use of condoms (and compatible lubricants) among key populations through targeted distribution schemes.

HIV awareness, education and approach to sex education

Most countries in the Caribbean provide comprehensive sexuality education (CSE) in primary and secondary schools, which includes topics beyond the reproductive system to include HIV, sexual orientation and gender identity.
transmitted infections, sexuality, gender identity and gender equality.

Knowledge about HIV among young people (aged 15-24 years) in the Caribbean is highest in Cuba where 76% of young women and 80% of young men are aware of HIV and how to prevent it. In the rest of the Caribbean, it is much lower at around 40 to 50%.\textsuperscript{55}

An exception to this is Haiti, where CSE is not available. As a result, just 37% of 15 to 24-year-olds in Haiti have good knowledge about HIV prevention.\textsuperscript{56} In Latin America, implementation of CSE has slowed down in most countries due to a lack of agency within education ministries. Some countries, such as Brazil and Chile, are moving youth-friendly CSE services into schools. Venezuela has one of the highest teenage pregnancy rates in Latin America yet comprehensive sexuality education in schools is not mandatory.\textsuperscript{57}

As a result, in most Latin American countries, only around 30% of young people are aware of HIV and how to prevent it, with the exception of Peru where 75% of young women are aware of HIV prevention.\textsuperscript{58}

**Preventing mother-to-child transmission (PMTCT)**

Mother-to-child transmission of HIV in Latin America stood at 11.4% in 2017, down from 16.2% in 2010. This largely reflects the strength of programmes in Brazil and Mexico - two countries that are home to 62% of people living with HIV in the region. Almost 75% of pregnant women living with HIV in 2017 received antiretrovirals to prevent vertical transmission of HIV and protect their own health. In addition, almost half (46%) the infants exposed to HIV received early infant diagnosis, a crucial intervention for early initiation of treatment.\textsuperscript{59}
Seven countries and island states in the Caribbean have been validated as having eliminated mother-to-child transmission of HIV: Anguilla, Antigua and Barbuda, Bermuda, the Cayman Islands, Cuba, Montserrat, and Saint Kitts and Nevis. The rate of mother-to-child transmission (including breastfeeding) in the Caribbean in 2017 was 13.3%. This is significantly lower than the 18.7% rate in 2010. PMTCT treatment coverage was 75% in 2017, and almost half (48%) of HIV-exposed infants received an early infant diagnosis before eight weeks of age.\textsuperscript{60}

As a result, new HIV infections among children (aged 0-14 years) have declined across Latin American and the Caribbean, down from an estimated 4,700 in 2010 to 3,500 in 2017. Progress was greatest in the Caribbean, where new infections among children fell from an estimated 2,300 in 2010, to 1100 in 2017.\textsuperscript{61,62}

Source: UNAIDS estimates 2018. 2018 Global AIDS Monitoring
However some countries continue to lag behind. PMTCT coverage is 21% in Guatemala, and 49% in Mexico. Difficulties in reaching those belonging to key affected populations, such as indigenous people, sex workers and young women, contribute to these low coverage rates.

**Pre-exposure prophylaxis (PrEP)**

Brazil is the only country in Latin America where pre-exposure prophylaxis (PrEP) is available through the public sector. The country’s Ministry of Health aims to provide PrEP to more than 50,000 sex workers, gay men and other men who have sex with men, and transgender people between 2018 and 2023. In Chile, Costa Rica, Guatemala, Mexico and Uruguay, PrEP can be obtained through private healthcare providers, the internet or research projects.

The Bahamas and Barbados were the only Caribbean countries providing PrEP through the public health system in 2018, although PrEP is available through private providers in the Dominican Republic, Jamaica and Suriname. It is not yet available in Cuba, Dominica or Haiti.

**Harm reduction**

Access to harm reduction programmes across Latin America and the Caribbean is extremely limited.
Only eight countries provide needle and syringe programmes (NSPs): Argentina, Brazil, Colombia, Dominican Republic, Mexico, Paraguay, Puerto Rico and Uruguay. In some cases, coverage of NSP services is believed to have declined due to the reduction in the number of people who inject drugs, such as in Argentina, Brazil and Uruguay.67

In 2016, the proportion of people using sterile injecting equipment the last time they injected drugs stood at 54% in Brazil, 71% in Mexico and 92% in Paraguay. No other countries in the region reported official data on this or any other indicator relating to drug use, further highlighting the severe lack of information about this key population.68

The close of Global Fund support has had a big impact on NSP provision in Mexico. NGOs in Tijuana and Cd. Juarez report that distribution of needles and syringes per person who injects drugs fell by between 60% and 90%.69

As of 2016, opioid substitution therapy (OST) services were only available in Argentina, Brazil, Colombia, Mexico and Puerto Rico.70

Antiretroviral treatment availability in Latin America and the Caribbean

Access to antiretroviral treatment (ART) across Latin America and the Caribbean is uneven and far behind many other regions. Treatment coverage was 61% of all people living with HIV in Latin America in 2017 and 57% in the Caribbean.71 72

By 2017, 45% of countries in the region had adopted a ‘treat all’ policy whereby anyone testing positive for HIV is offered treatment, regardless of the level of viral progression.73 However, coverage varies hugely between countries: from 36% in Bolivia to 67% in Peru (in Latin America) and from 31% in Belize to 66% in Cuba (in the Caribbean).74 75

The success of treatment also varies, indicated by differing levels of viral suppression among people living with HIV. Viral suppression is achieved when the level of HIV in someone’s blood is so low the virus becomes undetectable, meaning they will not be able to transmit HIV on to others and should be in good health. Data is limited, although UNAIDS reports overall viral suppression to be 52% in Latin America and 40% in the Caribbean. Again, suppression varies widely between countries. In Latin America it ranges from 21% of people on treatment in Panama to 59% in Brazil. In the Caribbean it ranges from 17% of people on treatment in Jamaica to 43% in Cuba, Dominican Republic and Suriname.76

In 2018, a study into adherence to ART in Latin America and the Caribbean found the average adherence rate to be 70% (it is estimated that to achieve viral suppression an adherence rate of 95% is needed). Factors that contribute to poorer levels of adherence include substance misuse, stigma, depressive symptoms and high pill burden.77

Key populations and young people often face barriers to accessing treatment. For example, research from Puerto Rico found that people who inject drugs constitute the highest percentage of people living with HIV who did not have access to treatment (between 41% and 53%). This was despite the fact that highest retention rate once they initiated treatment.78
A study among 13 to 17-year-olds living with HIV in Peru found most barriers to adherence centred on a lack of family or caregiver support, a history of declining health due to previous poor adherence, side effects from ART, and misinformation about treatment.\(^\text{79}\)

### Drug resistance

HIV-transmitted drug resistance (HIVTDR) remains at a moderate level in Latin America and the Caribbean at 7.7%. However, a wide-ranging evidence review published in 2016 found it to be increasing, rising more rapidly in the Caribbean than in Latin America.\(^\text{80}\)

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### Civil society’s role and HIV in Latin America and the Caribbean

There is a strong presence of civil society organisations (CSOs) and community-led networks in Latin America and the Caribbean, with civil society instrumental in both the region’s HIV response and human rights activism, particularly in Latin America. For example, Latin America is now recognised as a major leader in the global LGBTI movement.

“This victory is much more than just the legal challenge and constitutional reforms. It is a rallying cry for the LGBT community and our allies to stand up and be counted! This represents the first significant
in the history of the English speaking Caribbean that we have become truly visible and in a populist and meaningful manner. Yes, there was pushback but we are pushing forward in ways never seen before. This is the Rosa Parks moment for LGBT people of the Caribbean and we shall NEVER sit in the back of the bus again."

- LGBT activist Jason Jones after winning a legal case against the government of Trinidad and Tobago, challenging the legality of a law prohibiting same-sex relationships.

In 2016, Civicus reported that civil society in Latin America and the Caribbean is coming under increasing pressure. According to the report, much of the danger for civil society results from webs of corruption that mesh the interests of politicians and other public officials with those of large private entities and, in some cases, organised crime.

HIV and tuberculosis (TB) in Latin America and the Caribbean

While tuberculosis (TB) is far less of a severe public health issue than in parts of Africa and Asia, it remains a significant problem in some countries in the region, and particularly affects people living with HIV.

Although some countries are now moving towards eliminating TB, eight are still experiencing significant TB epidemics. In 2016, more than half of people newly infected with HIV were concentrated in four countries: Brazil, Peru, Mexico and Haiti. Among those newly infected with TB in the region, 13% were living with HIV. In 2015, around 6,000 people living with HIV died from TB.

Health system weaknesses continue to undermine TB diagnoses in the region. In the Americas, according to PAHO/WHO data, 50,000 people with tuberculosis were not diagnosed in 2015. Early detection and effective treatment are essential to prevent TB-related deaths, especially among people living with HIV.

Inadequate linkages to care after diagnosis, poor follow-up, failure to reach the people most at risk of disease - particularly marginalised populations, including people who use drugs, prisoners and migrant workers - and poor treatment outcomes contribute to the lack of progress.

Barriers to the HIV response in Latin America and the Caribbean

Legal, cultural and socio-economic barriers

Discrimination against key populations and HIV-related stigma continue to proliferate through many societies in the region, and discriminatory practices are widespread in health and other sectors.
Key populations and women living with HIV are subject to practices such as forced sterilisation and denial of health services. Discriminatory and punitive laws and policies further limit access to services. 87

Some Latin American countries have passed national drug policy reforms in recent years, shifting away from a punitive approach. Despite this progress, across the region large numbers of people who use drugs are still imprisoned. Around one in five prisoners in the region are detained due to drug-related offences and their numbers have been rising. 88

Latin America offers a contradictory narrative when it comes to men who have sex with men, and LGBTI people. Some countries have made significant progress in recognising LGBTI rights. For example, Argentina, Brazil, Chile, Colombia, Costa Rica, Ecuador, Mexico and Uruguay allow marriage or civil unions between people of the same sex. 89

However, the region has the highest rate of violence against LGBTI people in the world. Transgender people, in particular, face very high levels of transphobia. Furthermore, the arbitrary detention of transgender women, including torture and inhumane treatment, is not investigated and prosecuted. Transphobia is reported to be widespread among police forces in Guatemala and Honduras. 90

Discriminatory laws against sex between men exist in the majority of Caribbean countries. While seldom enforced, existing legislation has the impact of institutionalising discrimination against men who have sex with men. 91 However, in 2018 a legal case against the government of Trinidad and Tobago challenging the legality of a law prohibiting same-sex relationships suggests things might be changing. Although the government has appealed the decision, the move forward is seen as a significant step for LGBTI rights in the Caribbean. 92

The region’s culture of ‘machismo’ and gender inequality drives all forms of gender-based violence and gender inequality. Cis-boys and men are expected to be manly and have an exaggerated masculine pride. Cis-women are expected to be submissive to their husbands. People who do not fit into these accepted norms of masculine and feminine behaviours face stigma, rejection, discrimination, harassment and violence.

Intimate partner violence is a major issue in a number of countries. In Colombia and Nicaragua, more than one in three women reported being physically or sexually assaulted by a partner in the previous 12 months, compared with around one in six women in Dominican Republic and Haiti, one in seven in Cuba and one in 10 women in Guatemala, Mexico and Peru. 93

The majority of countries in Latin America and the Caribbean have no restrictions on entry, stay and residence for people living with HIV. Nicaragua and Paraguay have restrictions on the permanent stay of people living with HIV who have been in the country longer than three months. In both countries, resident permits are withdrawn in the case of a positive HIV test. 94

Social protection for people affected by HIV

HIV can push people and families into poverty by reducing household capacity and increasing medical costs. In response to this, some countries in Latin Amer
introduced social protection measures to mitigate against the negative impacts suffered by those affected by HIV.95

In Uruguay, the 'Social Card' is a social protection programme aimed primarily at transgender women. Cardholders receive US $30 a month to buy food and cleaning products. The initiative reaches 1,000 people, the majority of whom belong to the transgender community.96

**Structural and resource barriers**

The cost of antiretroviral medicines (ARVs) remain an issue. Many countries in the region are classified as middle-income, and do not benefit from access to the price reductions available to low-income countries. In Venezuela, the economic crisis makes it difficult to procure and distribute medical commodities, including for HIV testing and treatment. Shortages of antiretroviral medicines, opportunistic infection treatment and condoms are common.97 98

Stock-outs of ARVs are another major structural obstacle. While efforts have been made to decrease the likelihood of this happening, 10 countries reported at least one stock-out in the previous 12 months when an analysis took place in 2012.99

In the Caribbean, efforts to reach men and boys, and particularly gay men and other men who have sex with men, are constrained by health services insufficiently tailored to their needs and limited community-based services.100 101

**Stigma and discrimination**

Many people remain ignorant and fearful of HIV and AIDS, and myths about HIV and how it’s transmitted persist. UNAIDS reports that in several Latin American countries, at least one third of people said they would not buy vegetables from a person who is living with HIV. Discrimination towards people living with HIV by healthcare workers is common to varying degrees. In Paraguay, 17% of people living with HIV said they had been denied healthcare services because of their HIV status within the last 12 months, and 20% said that healthcare professionals had revealed their HIV status to others without consent. In Nicaragua, discrimination was less frequent, reported at 4% and 8% respectively.102 103

Larger numbers of people in the Caribbean stigmatise and discriminate in similar ways. For example, in Jamaica, 71% of people said they would not buy vegetables from a vendor who is living with HIV, as did 58% of people in Haiti and 49% of people in Dominican Republic.104

A number of Caribbean countries are showing progress in addressing the stigma and discrimination experienced by key populations. A regional transgender advocacy coalition works on issues relating to human rights, social justice and HIV. In Cuba reports are encouraging: less than 1% of gay men and other men who have sex with men and about 2% of female sex workers said they had avoided taking an HIV test in the previous 12 months due to stigma and discrimination.105
“[His family] fed him in the same plate ever, and like that, he had his own cup, glass, fork, knife, spoon, you get the idea, he was isolated by his own family. His razors where always trashed, and his tooth brush too, also, no one was ever taking care of his pills... One week before he died, in the middle of a discussion because of having AIDS he was thrown out of his house by his older sister... he died alone.”

- Lover of an HIV-positive man in Honduras

Data issues

A lack of data is a major issue in the region. Data is particularly lacking on people who inject drugs and transgender people, as well as on a number of key indicators such as treatment adherence and viral suppression.

Funding for HIV in Latin America and the Caribbean

The total funding available for the HIV response has nearly doubled over the last decade, with more than 95% coming from domestic resources. Between 2006 and 2017 domestic resources increased by 189%, and international resources decreased by 11.6%. It is estimated than an additional US$ 293 million, a 9.3% increase, is needed to reach the 2020 funding target.

Funding for the Caribbean's HIV response in particular has been declining since 2012, mostly because international support has been gradually withdrawn. In 2017, the United States President’s Emergency Plan for AIDS Relief provided 57% of all HIV resources in the Caribbean and the Global Fund to Fight AIDS, Tuberculosis and Malaria provided 8%.

In 2017, approximately US$ 315 million was available for HIV programmes in the Caribbean, half of what is needed to reach the UNAIDS 90-90-90 targets by 2020. Domestic funding for prevention programmes is also low.

In Haiti, which has the largest epidemic in the region, the HIV response is more than 90% externally funded and reliant on external support.

The future of HIV in Latin America and the Caribbean

While some countries in Latin America and the Caribbean have made significant progress, particularly in terms of treatment availability, it has been patchy. Even where treatment is available, a number of cultural and legal barriers prevent many groups from accessing the services they need. For example, homophobic crimes, which need to be addressed by laws and policies that protect the rights of all people.
Prevention programming needs to focus on key populations and although regional prevention targets have been endorsed by country stakeholders, and by prominent civil society organisations, financial investment in prevention is lacking.\textsuperscript{115 116}

Brazil has played a major part in advancing Latin America’s HIV response and improving rights for LGBTI people and other marginalised communities. The success of the far-right is seen as a severe threat to progress in Brazil, with unwelcome consequences for Latin America as a whole.

In the Caribbean, early diagnosis and linking to care, retention in treatment and adherence need special attention. In addition, focusing on the knowledge and service access gaps facing young people and key populations is necessary.\textsuperscript{117 118}

In both sub-regions, implementing sensitisation programmes that target national uniformed personnel, aimed at reducing stigma and discrimination towards key affected populations and people living with HIV, are needed in order to reduce hate crimes and improve access to HIV, health and other essential services.

There is also a pressing need for better quality data on a number of key populations and for national strategic information systems to be strengthened to make sure that progress is effectively monitored.\textsuperscript{119}
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Tab 6
Prevalence of HIV, Syphilis, and Other Sexually Transmitted Infections among MSM from Three Cities in Panama

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Department of Epidemiology and Threat Assessment, United States Military HIV Research Program, Walter Reed Army Institute of Research, Rockville, MD USA
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Abstract

Respondent-driven sampling (RDS) was used to conduct a biobehavioral survey among men who have sex with men (MSM) in three cities in the Republic of Panama. We estimated the prevalence of HIV, syphilis, and other sexually transmitted infections (STIs), sociodemographic characteristics, and sexual risk behaviors. Among 603 MSM recruited, RDS-adjusted seroprevalences (95% confidence intervals) were: HIV—David 6.6% (2.2–11.4%), Panama 29.4% (19.7–39.7%), and Colon 32.6% (18.0–47.8%); active syphilis—David 16.0% (8.9–24.2%), Panama 24.7% (16.7–32.9%), Colon 31.6% (14.8–47.5%); resolved HBV infection—David 10.0% (4.8–16.8%), Panama 29.4% (20.0–38.3%), and Colon 40.6% (21.9–54.4%); herpes simplex virus type 2—David 38.4% (27.9–48.9%), Panama 62.6% (52.8–71.0%), and Colon 72.9% (57.4–85.8%). At least a third of MSM in each city self-identified as heterosexual or bisexual. HIV prevalence is concentrated among MSM. Preventive interventions should focus on increasing HIV and syphilis testing, and increasing promotion of condom awareness and use.
Keywords: HIV, Syphilis, Sexually transmitted diseases, Sexual behavior, Respondent-driven sampling, Sampling hidden populations, Panama

Introduction

Panama has a population of 3,405,813 people\(^1\) and since the first HIV diagnosis in 1984, has had 12,313 cases of HIV. The country has the third highest HIV prevalence in Central America, which is estimated at 0.8\% in the general population,\(^2\) a male/female ratio of 3:1, and a death rate of 67.1\%. The main mode of transmission reported is through heterosexual contact followed by homosexual and bisexual. However, for a third of the cases, the mode of transmission is unknown.\(^3/4\)

In Panama and Central America, a situation analysis of stigma and discrimination related to homophobia, transphobia (prejudice expressed against transgender people), the sex trade, and people living with HIV, reported that health centers are still places of discrimination.\(^5\) A group of experts from the Americas who met in 2009 to address the health promotion and health care needs of men who have sex with men (MSM) reported that the MSM population postponed clinical attention for extensive periods of time or chose not to disclose their sexual orientation in previous visits to health care facilities. Such barriers to care make categorizing the type of transmission that affects the country difficult.

Research shows that MSM are at higher risk of contracting HIV than the general population, even in countries with generalized epidemics. Most data on the relative contribution of MSM to the HIV epidemic as a whole has been generated in high-income countries, including the United States, Australia, and Western European countries.\(^6/7\) In Central America, HIV prevalence among MSM range from approximately 6\% in Honduras to 17\% in Mexico which is similar to HIV prevalence in South America which range from 9\% in Uruguay to 20\% in Chile.\(^8\) The last sero-survey among MSM in Panama, conducted more than 10 years ago, reported an HIV prevalence of 8.9\% and low prevalence of other sexually transmitted infections (STIs).\(^9\) Current HIV and other STI prevalence estimates among MSM subgroups are unknown. According to UNAIDS/WHO, surveillance studies can provide valuable information for the design of specific interventions where HIV is concentrated in subgroups that have high-risk behavior,\(^10\) but these interventions should be carried out according to the sociocultural characteristics of each group. We conducted a survey to estimate the prevalence of HIV and other STIs, and high risk behaviors among MSM.

Materials and Methods

Design and Setting

This cross-sectional biological and behavioral survey took place in three major cities in the Republic of Panama—David, Panama, and Colon. Panama, a port city and the capital and home to 50\% of the total population of the country, is located south of the Panama Canal on the Pacific coast and is a high transit area due to tourism and commerce. Colon, also a port city, located on the north of the Panama Canal on the Atlantic coast, is the second most important economic center in the country because of the presence of the Duty Free Trade Zone. However, it has high unemployment and low income populations unlike other cities. David, the smallest of the three cities and representative of rural areas of the country, is the capital city of the province of Chiriqui, which borders Costa Rica on the country’s western border.

Population

Respondent-driven sampling (RDS) methods\(^11/12\) were used to recruit males who (1) self-identified as MSM (homosexual, bisexual, or transgender), (2) were 18 years and older, (3) had engaged in sex with another man or men in the last 12 months, and (4) who lived and/or worked in the survey city or in
surrounding areas for at least 6 months and presented to the study site with a valid coupon. The RDS method was chosen as it allows recruitment of hidden populations such as MSM, drug users, and sex workers\textsuperscript{11–15} and has been used in 120 studies in more than 20 cities and with more than 32,000 individuals.\textsuperscript{16,17} The target sample size per city was determined by sample size calculations, estimates of MSM in each city reported by key informants, the extent of networking among this population, and budgetary and logistical feasibilities of recruitment of MSM. Target sample sizes of 300 in Panama and 200 each in David and Colon were calculated to estimate an HIV prevalence of 10\% with a precision of ±2.65\% and a minimum design effect of 1.5. The interviewers and “seeds” were selected before recruitment began. Additional seeds were chosen later to boost recruitment. Recruitment occurred from January 1 to October 14, 2011 in David, from January 28, 2011 to January 6, 2012 in Panama, and from July 5 to December 12, 2011 in Colon.

**Procedures**

Several local organizations that work with MSM and transgendered persons provided valuable information about site locations, schedules, seed candidates, possible incentives, questionnaire validation and local population slang, and the selection of the personnel who work comfortably with MSM populations. Study procedures involved (1) interviews of candidate seeds and selection, (2) interview and blood collection from recruits.

Seeds were selected from candidates based on size of self-reported social and geographic networks of MSM, likelihood of referring three participants to the study, diversity of demographic characteristics, sexual identity, education level, employment status, nongovernmental organization/NGO membership, place of residence, and availability for participation in the study.

Coordinators at study sites screened recruits who presented with a valid coupon for eligibility and provided information about the study. Coordinators used a form to record responses to the eligibility criteria and their perceptions about the recruits’ sexual orientation. Each city had a different coupon code, thereby preventing participants in one city to be part of the survey in another. After recruits provided written informed consent, interviewers administered two questionnaires (one on risk assessment and another on social networks), provided pre- and posttest HIV counseling, performed a HIV rapid test via fingerstick, and collected a 10-mL blood sample. A recruit who met eligibility criteria and participated received three coupons and an incentive for participation. A participant also received an incentive for recruitment. InColon, additional incentives were provided in order to increase the recruitment rate. Male condoms and lubricants were always distributed in addition to incentives.

Prior to receiving test results, participants were offered posttest counseling for STIs, prevention education on the importance of correct and consistent use of condoms and lubricants, hepatitis B vaccination, the risk of intravenous drug use, and prompt treatment for syphilis. If applicable, participants were referred to health institutions for medical attention. Also at this visit, participants were asked to provide the age, relationship, and reason for rejection for potential recruits who chose not to participate in the study, i.e., rejected coupons.

**Ethical Considerations**

The Institutional Review Boards of the Walter Reed Army Institute of Research (Washington, D.C., USA) and the National Bioethics Committee (Republic of Panama) reviewed and approved the study protocol. Written consent was obtained from all participants prior to enrollment in the study. Recruitment code numbers were used to track RDS recruitment, and names were not collected; the written consent form could be signed with a real or fictitious name.
Laboratory Measures

Blood collection, transfer, testing, and laboratory assays used in this survey have been described previously in a survey of female sex workers. In brief, blood samples were evaluated for HIV [antibody to HIV (anti-HIV) and p24 antigen], antibody to hepatitis C virus (anti-HCV), hepatitis B surface antigen (HBsAg), antibody to hepatitis B core antigen (anti-HBc), antibody to herpes simplex type 2 virus (anti-HSV2), and syphilis. All serological tests, except HIV rapid tests, syphilis, and anti-HSV2 testing were conducted on an AxSYM (Abbott, Wiesbaden, Germany) using microparticle enzyme immunoassay (MEIA) technology and were repeated in duplicate if initial testing was reactive. Syphilis testing was performed using rapid plasma reagin (RPR) and anti-HSV2 using enzyme-linked immunoassay (ELISA). For HIV, samples were repeated in duplicate irrespective of the initial MEIA result.

Positive screening results were confirmed for HIV (Western Blot), HCV (recombinant immunoblot assay/RIBA), and syphilis (Treponema pallidum hemagglutination assay/TPHA). HIV infection and HCV seropositivity were defined as a repeat reactive MEIA confirmed by a positive Western blot for HIV or a positive RIBA for HCV. Participants who tested HBsAg positive and anti-HBc negative were considered HBV infected. Resolved HBV infection was defined as a positive anti-HBc and negative HBsAg. Active syphilis infection was defined as positive results for both RPR and TPHA assays.

Data Analysis and Management

The recruiter-recruit relationship was tracked by using Coupon Manager V 3.3 software which facilitates tracking of recruitment, coupon numbers, and respondent compensation. Each coupon had its unique code that linked participants to their recruiters. The eligibility screening and/or interview questionnaires elicited information on age, education, employment status, income, other demographics, social networking, sexual orientation, sexual behavior, in the prior 2 months with each partner type and focused on number of sexual partners, regular female or male partnerships, preference of oral, vaginal or anal sex, insertive or receptive intercourse, condom use, drug, and alcohol use. Network size was determined by responses in increasing order of preference to three social network questions on the social network questionnaire (1) “How many MSM or trans persons do you know who live in this city?” (2) “How many of these persons you know are over the age of 18 years?” (3) “How many of these persons over 18 years have you seen or spoken to in the last 30 days?”

Unadjusted sample proportions and measures of central tendency for continuous variables were calculated excluding nonrandomly sampled seeds. We used respondent-driven sampling analysis tool (RDSAT) version 6.0 to generate adjusted population proportions and 95% confidence intervals, to estimate within-group recruitment (or homophily), and to calculate the number of waves required to reach sample equilibrium for key variables reported here. RDSAT population estimates adjust for each participant’s network size and differential recruitment patterns or homophily. Questionnaire and laboratory results were double-data entered into a FileMaker Pro database. Responses to eligibility criteria captured by interviewers were double-data entered into Excel 2007 spreadsheets. All data management and unadjusted analyses were performed with SAS 9.2 (SAS, North Carolina, USA).

Results

Recruitment Characteristics

Of the MSM recruited from three cities in Panama, the numbers of seeds and waves they generated varied by city. Six seeds in David, 9 seeds in Panama, and 6 seeds in Colon generated 22, 12, and 6 maximum waves, respectively (Fig. 1a–c); one seed in Panama was nonproductive. Seeds in Panama had the largest average network size (295.3, interquartile range/IQR 25.0–100.0) followed by Colon (46.7, IQR 20.0–80.0) while seeds in David had the smallest (21.7, IQR 12.0–30.0). Similar to seeds in...
Panama, recruits also had the largest network size (mean, IQR: Panama 48.8, 4.0–20.0; David 18.6, 5.0–20.0; Colon 17.3, 4.5–20.0). Thirty-three percent of recruits who were issued coupons participated in the survey. All variables of interest met equilibrium in all three cities except for sex worker status in Colon; seven waves were needed for equilibrium to be reached while only six waves were attained in the longest chain (Fig. 1c). The final unadjusted analyses excluded the nonrandomly sampled seeds and included 204 recruits from David, 306 from Panama, and 93 from Colon for a total of 603 participants. Five recruits who presented to the study site were excluded from analysis for not having a coupon. Recruits reported “interested in this subject” as the most common reason for enrolling in the study (David 66.0 %, Panama 62.0 %, Colon 68.0 %) followed by wanting to know their HIV status (David 22.0 %, Panama 36.0 %, Colon 20.0 %) and if “I have sexually transmitted disease” (David 39.0 %, Panama 31.0 %, Colon 19.0 %).
Recruitment chains among participants in David, Panama, and Colon. Nonrandomly sampled seeds are indicated as diamond shapes. Recruits are indicated as circles. a David. b Panama. c Colon.
RDS-Adjusted HIV, Syphilis, and Other Viral STI Prevalence

HIV prevalence varied by city, from the lowest of 6.6 % in David, 29.4 % in Panama to the highest of 32.6 % in Colon (Table 1). These differences were mirrored by active syphilis infection rates (David 16.0 %, Panama 24.7 %, Colon 31.6 %) and HSV-2 seropositivity rates (David 38.4 %, Panama 62.6 %, Colon 72.9 %) (Table 1). Hepatitis B infection prevalence was highest in Panama (3.4 %) whereas resolved HBV infection prevalence was highest in Colon (40.6 %) (Table 1). Only two recruits (0.8 %, 95 % C.I. 0.0–1.2 %) were HCV-seropositive and both were from Panama; RDSAT estimates could not be generated for David and Colon.
### TABLE 1
Prevalence of HIV and other sexually transmitted infections among men who have sex with men from three cities, Panama, 2011–2012

<table>
<thead>
<tr>
<th>Sexually transmitted infections</th>
<th>David, N = 204</th>
<th></th>
<th>Panama, N = 306</th>
<th></th>
<th>C</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Unadjusted prevalence</td>
<td>Adjusted prevalence</td>
<td>(95 % C.I.)</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
<td>%</td>
</tr>
<tr>
<td><strong>HIV</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infected</td>
<td>16</td>
<td>8.0</td>
<td>6.6</td>
<td>(2.2–11.4)</td>
<td>76</td>
</tr>
<tr>
<td>Uninfected</td>
<td>187</td>
<td>92.0</td>
<td>93.4</td>
<td>(88.6–97.8)</td>
<td>230</td>
</tr>
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<td>–a</td>
<td>–a</td>
<td>0</td>
</tr>
<tr>
<td><strong>Syphilis</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infected</td>
<td>35</td>
<td>17.0</td>
<td>16.0</td>
<td>(8.9–24.2)</td>
<td>77</td>
</tr>
<tr>
<td>Uninfected</td>
<td>168</td>
<td>82.0</td>
<td>84.0</td>
<td>(75.8–91.1)</td>
<td>229</td>
</tr>
<tr>
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<td>1</td>
<td>1.0</td>
<td>–a</td>
<td>–a</td>
<td>0</td>
</tr>
<tr>
<td><strong>HSV-2</strong></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Seropositive</td>
<td>74</td>
<td>36.0</td>
<td>38.4</td>
<td>(27.9–48.9)</td>
<td>182</td>
</tr>
<tr>
<td>Seronegative</td>
<td>129</td>
<td>63.0</td>
<td>61.6</td>
<td>(51.1–72.1)</td>
<td>123</td>
</tr>
<tr>
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<td>1</td>
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<td>–a</td>
<td>1</td>
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<tr>
<td><strong>HBV</strong></td>
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<td></td>
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<tr>
<td>Infected</td>
<td>1</td>
<td>0.5</td>
<td>2.2</td>
<td>(0.0–4.7)</td>
<td>14</td>
</tr>
<tr>
<td>Resolved</td>
<td>19</td>
<td>9.0</td>
<td>10.0</td>
<td>(4.8–16.8)</td>
<td>86</td>
</tr>
<tr>
<td>Uninfected</td>
<td>183</td>
<td>90.0</td>
<td>87.8</td>
<td>(81.5–94.1)</td>
<td>206</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.5</td>
<td>–a</td>
<td>–a</td>
<td>0</td>
</tr>
</tbody>
</table>

*C.I. confidence interval

*aIndicates no results were generated

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RDS-Adjusted Sociodemographic and Behavioral Characteristics

A majority of MSM reported being single (76.8-87.6 %), employed (52.4-69.6 %), and of Panamanian nationality (96.8-99.9 %) (Table 2). Age, income, and education attained at the time of the survey differed by city (Table 2). Recruits from David were younger (median age 24 years, IQR 20–30 years), earned less (median income USD 300, IQR 75–416), and were more educated (over half had attended technical schools or university) whereas recruits from Colon were more similar to those from Panama in age (median age 26 years, Colon IQR 22–38, Panama IQR 22–32), income (median income (IQR), Colon USD 400 (250–700); Panama; USD 450 (IQR 300–700)), and education (attended/completed secondary school, Panama 55.6 %; Colon 53.4 %)(Table 2).
TABLE 2

Summary of sociodemographics and prevalence of sexual behaviors among men who have sex with men from three cities, Panama, 2011–2012

```markdown
<table>
<thead>
<tr>
<th>Sociodemographic/Behavioral Variable</th>
<th>City A</th>
<th>City B</th>
<th>City C</th>
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</thead>
<tbody>
<tr>
<td>Age in years</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation</td>
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</tr>
<tr>
<td>Number of sex partners</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequency of sex with partners</td>
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<td></td>
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</tbody>
</table>
```

(Continued)
### Characteristics

<table>
<thead>
<tr>
<th>City</th>
<th>N</th>
<th>Unadjusted prevalence</th>
<th>Adjusted prevalence</th>
<th>(95 % C.I.)</th>
<th>N</th>
<th>Unadjusted prevalence</th>
<th>Adjusted prevalence</th>
<th>(95 % C.I.)</th>
</tr>
</thead>
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<td><strong>Sociodemographic</strong></td>
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</tr>
<tr>
<td><strong>Age</strong></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 or less</td>
<td>110</td>
<td>54.0</td>
<td>61.0</td>
<td>(47.8–69.3)</td>
<td>130</td>
<td>42.0</td>
<td>38.0</td>
<td>(28.2–47.4)</td>
</tr>
<tr>
<td>25–30</td>
<td>44</td>
<td>22.0</td>
<td>15.7</td>
<td>(9.5–24.9)</td>
<td>83</td>
<td>27.0</td>
<td>31.9</td>
<td>(23.1–41.0)</td>
</tr>
<tr>
<td>31+</td>
<td>49</td>
<td>24.0</td>
<td>23.4</td>
<td>(15.6–34.6)</td>
<td>92</td>
<td>30.0</td>
<td>30.1</td>
<td>(21.3–40.4)</td>
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<td>d</td>
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<td>1.0</td>
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<tr>
<td><strong>Highest level of education</strong></td>
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<td></td>
</tr>
<tr>
<td>Attended/completed primary</td>
<td>10</td>
<td>5.0</td>
<td>7.7</td>
<td>(2.3–13.7)</td>
<td>13</td>
<td>3.0</td>
<td>2.6</td>
<td>(0.3–6.6)</td>
</tr>
<tr>
<td>Attended/completed secondary</td>
<td>74</td>
<td>36.0</td>
<td>37.7</td>
<td>(28.1–51.1)</td>
<td>148</td>
<td>48.0</td>
<td>55.6</td>
<td>(46.1–65.1)</td>
</tr>
<tr>
<td>Technical/University</td>
<td>119</td>
<td>58.0</td>
<td>54.6</td>
<td>(41.7–65.7)</td>
<td>149</td>
<td>49.0</td>
<td>41.8</td>
<td>(32.4–51.9)</td>
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<td>1.0</td>
<td>d</td>
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<td>1.0</td>
<td>d</td>
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<td><strong>Marital status</strong></td>
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</tr>
<tr>
<td>Single</td>
<td>171</td>
<td>84.0</td>
<td>81.3</td>
<td>(71.9–89.6)</td>
<td>263</td>
<td>86.0</td>
<td>87.6</td>
<td>(80.7–93.2)</td>
</tr>
<tr>
<td>Nonsingle</td>
<td>32</td>
<td>16.0</td>
<td>18.7</td>
<td>(10.4–28.1)</td>
<td>41</td>
<td>13.0</td>
<td>12.4</td>
<td>(6.8–19.3)</td>
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<tr>
<td>Missing</td>
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<td>0.0</td>
<td>d</td>
<td>d</td>
<td>2</td>
<td>1.0</td>
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<td>d</td>
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<td><strong>Nationality</strong></td>
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<tr>
<td>Foreign national</td>
<td>1</td>
<td>0.0</td>
<td>0.1</td>
<td>(0.0–0.1)</td>
<td>12</td>
<td>4.0</td>
<td>3.2</td>
<td>(1.0–6.2)</td>
</tr>
</tbody>
</table>

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**C.I.** confidence interval

aNonsingle marital status included participants who were married, or divorced, or widowed, or cohabiting

bRDSAT estimates could not be generated since recruitment was from a single group

cStatistics are not presented for those who did not check the response
dIndicates no results were generated
While a majority of participants from the three cities self-identified as homosexual (49.8–55.8 %), at least a third in each city self-identified as heterosexual or bisexual (33.0–47.5 %)(Table 2). At least one among five participants (19.8–39.9 %) reported a sexual preference for both men and women or women only (Table 2). In each city, a majority of participants reported having had two or more sexual contacts with different persons within 2 months of the interview (3 cities, median, 2 (IQR1-3)). Up to three-quarters of participants (56.7–71.3 %) reported engaging in receptive anal intercourse with men. Less than half of participants in Panama and Colon, and a little over half in David, reported always using a condom for anal sex with men who were not regular partners. Self-reported prior sexual contact with person(s) from other countries was highest in Panama (46.4 %).

Discussion

We conducted a cross-sectional biobehavioral survey among MSM in the Republic of Panama and utilized respondent-driven sampling for recruitment in three cities over a span of approximately 6–12 months. Among the MSM in the three cities we surveyed who were young (median of 24–26 years), RDS-adjusted HIV, syphilis, and HSV-2 prevalences were high. We found HIV prevalence was 8–40 times higher than the 2011 overall estimate of 0.8 % among the general population in Panama aged 15–49 years, and considerably higher than an overall estimate of 8.9 % reported by the last study conducted among MSM in the cities of Panama and Colon, which used convenience sampling.\(^9\) Syphilis infection rates, ranging from 16–32 %, were at least 16 times higher than the prevalence of approximately 1 % reported among MSM in the last study. A survey among another high risk group—female sex workers (FSWs) who were recruited by venue-based, time-space sampling in the three cities—revealed an HIV prevalence of 2–4.2 %.\(^9,18\) HSV-2 seropositivity rates in Panama (62.6 %) and Colon (72.9 %) were higher than 44.3 % reported previously among MSM by Soto et al. Our survey among FSWs sampled from Panama and Colon in 2009–2011 revealed HSV-2 seropositivity rates of 71.2 and 76.7 %, respectively.\(^18\)

Although estimates in populations generated by methodologically different surveys may not be comparable due to varying precision, HIV prevalence among MSM in two of the three Panamanian cities we studied ranked highest when compared to estimates from reporting countries in the Western hemisphere cited in the UNAIDS 2012 Global Report\(^8\); prevalence in Central American cities ranged from approximately 6–17 % and in South American cities from 9–20 %. In 2012, the highest prevalence among MSM in the range of 31–37 % was reported among Central African countries. Compared to other countries in the world, Panama is reported to provide good treatment coverage and moderately high levels of testing among MSM; of those eligible for treatment, 40–59 % were reported to have been receiving antiretroviral treatment at the end of 2011 and level of HIV testing among MSM was 50–74 % in 2011, a level comparable to the United States.\(^8\) However, given the top reasons for participation in the survey, it is probable participants did not know their status. The high HIV rates we observed indicate young sexually active MSM populations in the three Panamanian cities continue to experience concentrated epidemics, defined as a prevalence >5 % in a high risk subpopulation and <1 % in the general population.\(^19\)

Targeting HIV preventive efforts to high risk subpopulations is recommended for concentrated epidemics.\(^10\) An understanding of the drivers of ongoing HIV transmission is necessary to design effective prevention programs. In this survey, 33–47 % who participated self-identified as heterosexual or bisexual despite having met the eligibility criteria of having had sex with a male within the previous 12 months. Other studies among MSM in the region have reported similar findings.\(^20,21\) Creswell et al. in 2012 reported over 40 % of MSM self-identified as heterosexual or bisexual in a RDS study reporting adjusted HIV prevalences of 8.8 and 10.8 % in two cities of El Salvador.\(^20\) Tabet et al. found
29.2 % of MSM in Peru self-identified as heterosexual or bisexual in a cross-sectional study which used snowball sampling for recruitment.\textsuperscript{21} It is possible our findings reflect the discrimination MSM experience which may be associated with HIV transmission. Homophobia has been recognized as a driver of the HIV epidemic among MSM in that it prevents men from accessing HIV prevention programs such as HIV and STI testing, counseling, and free condom, mental health, and education services.\textsuperscript{22} Future studies clearly are needed in order to define whether or not this is a specific driver of the epidemic in Panama.

At most, 55 % reported always using a condom for anal sex with nonregular partners. While Panama places in the upper third quartile for condom use among MSM among reporting countries in the world,\textsuperscript{8} higher condom use among young MSM should remain a target for prevention programs to interrupt further secondary transmission of HIV and STI among this population and to prevent transmission to women. At least one in five participants reported having sex with men and women or women only. Furthermore, results of this survey indicate bridging to MSM from other countries; almost a quarter to half of participants in the three cities reported prior sexual contact with a person or persons from other countries. Phylogenetic analysis of HIV subtypes isolated from MSM and other risk groups recruited in prior and ongoing biobehavioral surveys may provide an understanding of the extent of connections within and between groups. However, prevention programs should continue to target increased HIV testing and more condom use among young MSM and their partners to decrease secondary transmission and decrease the potential for HIV transmission from MSM to other populations.

There were limitations to this survey. We did not elicit information as to whether participants who tested HIV positive in the survey had known their status nor did we estimate whether infections diagnosed in the survey were prevalent or incident. Consequently, it is difficult to determine whether high prevalence of HIV infection we observed were due to a high incidence from transmission among MSM who were unaware of their infection or good treatment coverage of HIV-positive individuals who were aware of their infection status and had been linked to care before participation in the survey. MSM who participated in this survey were young and sexually active. Our results may not be representative of older MSM who were not recruited by RDS perhaps due to factors such as a reluctance to disclose their behavior possibly from the prevalent stigma and discrimination against MSM in Panama,\textsuperscript{5} knowing their HIV status, or being more established economically which precluded having time to participate in the survey, or being attracted by remuneration for participation. While RDS has been used widely for reasons of being an effective data collection method for inaccessible populations and being logistically easy to implement, estimates and confidence intervals generated from RDS have received criticism for not being representative of the target population and for being insufficiently precise.\textsuperscript{23}

Our findings reveal several potential targets for preventive intervention programs. Prevalence of resolved or natural immunity to hepatitis B was comparatively lower in Panama and David and more than half of the participants we surveyed were HBV uninfected. These rates indicate an opportunity for intervention with HBV vaccination among MSM in these cities who are generally at higher risk of infection. A majority of participants reported interest in the survey as the primary reason for participation followed by HIV testing and wanting to know their STI status. Other preventive measures include increased sexual health programs for MSM which include HIV and STI testing and counseling, condom distribution, and risk reduction.

### Conclusions
HIV prevalence was high among young sexually active MSM we surveyed in three cities in Panama. The HIV and syphilis epidemics are concentrated in men who have sex with men in these cities. Prevention programs should target increased testing and treatment for HIV and STI, condom awareness and use among MSM.

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Disclaimer

The views expressed are those of the authors and should not be construed to represent the positions of the Ministry of Health, Panama, the Instituto Conmemorativo Gorgas de Estudios de la Salud, or the U.S. Department of Defense.

Footnotes

SH and GA contributed equally to the manuscript

References


Tab 7
Homosexuality in Central America (Part One)

By By: Isaiah Singleton, Savannah State University

In February of 2008, Luis Alberto Rojas Marin’s life changed forever. According to CNN reporter, Marilia Brocchetto, the 26-year old Peruvian was arrested by police officers while heading home a little after midnight. During the six hours that he was detained, Luis reported that he was stripped naked, raped with a police baton and verbally assaulted by the officers simply because of his sexuality.

People across the globe face severe consequences including beatings, verbal and physical abuse, torture, and even death for embracing their sexuality. They face inequality and discrimination for how they look, who they love, and, in particular, because of who they are.

Although horrifying, Luis’ case is not isolated. CNN reports that an estimated 600 people died across Central America from anti-LGBT violence in the 15 months between January 2013 and March 2014.

Al Jazeera journalist, Nina Lakhani, reported that, in 2015 Aldo Alexander Peña was brutally beaten on his way home after he marched in a Gay Pride parade in San Salvador, El Salvador.

Peña was born in a women’s body but he was excited to march through the capital for the first time since taking male hormone therapy. Things took a turn for the worst when the bus driver would not stop at Peña’s desired destination. They began arguing and the bus driver called the police.

According to Lakhani, Peña said “There were eight or nine national police officers waiting for me when the bus stopped. They wouldn’t let me speak. They started insulting me, calling me a lesbian, and put me in a headlock.”

Peña is an activist with the non-governmental organization (NGO)- El Salvador Generation of Transgender Men. Fortunately, another member of the activist group witnessed the beating and alerted others, who brought a lawyer and other representatives to the police stations. Unfortunately, by the time they arrived, Peña had been severely beaten. His eyes were bloodshot. Blood was coming out of his nose and mouth and he suffered a fractured eye socket and broken jaw.
In another case from Lima, Peru, 19-year old Joel Morelo’s unrecognizable corpse was found in a ditch on November 22, 2013. His throat had been cut. His fingers, toes, and genitals were sliced off, and his remains were stuffed into a straw mattress, then set on fire. Police were only able to identify him by his bracelet.

These stories illustrate the extreme dangers that Latino lesbians, gays, bisexuals, and transgenders face on a daily basis.

Central America is composed of seven countries- Panama, Costa Rica, Nicaragua, Honduras, El Salvador, Guatemala, and Belize. This region has some of the world’s highest rates of violence against the LGBT community. But, ironically, it also has some of the most progressive laws promoting LGBT equality and protection. Gay rights include, but are not limited to, same-sex marriage, same-sex adoption, and sexual/romantic relationships.

Although LGBT persons may experience certain legal issues that their non-LGBT counterparts do not face, same-sex relationships are legal in Panama. Homosexuality was legalized in July of 2008 following the repeal of a 1949 law that prohibited it.

Before the law was repealed, same-sex couples faced from three months to a year in prison plus a fine of $60-$500 fine.

Even though the gay community in Panama is growing, gays do not have official rights, which means that same-sex relationships, marriages, and civil unions are not recognized by the government. This makes homosexual couples ineligible for certain protections and civil rights enjoyed by heterosexual couples.

Only about 12 percent of Panamanians support the legalization of same-sex marriage according to blogger, Omar Fuentes, who runs the blog, Casa de Montana.

According to CNN’s Brocchetto, “while many LGBT rights in the United States are tied up in legal wrangling in individual states, in Latin America, laws about same-sex marriage and adoption, changing gender on national ID cards, and anti-discrimination laws all went into effect in the past decade- many of them before the US Supreme Court legalized same-sex marriage.”

Born and raised in Panama City, Panama, Ricardo Beteta Bond, 59, has experienced a lifetime of discrimination and violence because of his sexuality. For the last fourteen years, Bond has been a Human Rights Activist in Panama fighting for equality and social justice.

“When I was a child, I was very subjective (about gender),” said Bond. “When I
was a teenager, I used to dance in ballet. This created a lot of issues in my family, at school, and even my neighborhood. I was bullied several times and raped twice.”

Along with the physical threats, Bond has also been exposed to verbal abuse via social media.

“It is not easy,” Bond said. “14 years ago, I decided that enough was enough and became an activist fighting for social justice and gay rights. People are afraid. They have a reason to be afraid because we have no protection under the law.”

Bond runs a Gay, Lesbian, Bisexual, and Transgender (GLBT) organization called, “Asociación Hombres y Mujeres Nuevos de Panamá (AHMNP)” or the Association for New Men and Women of Panama GLBT which was founded in 1996. In 2008, this group convinced the former Panamanian President, Martín Erasto Torrijos, to sign the Presidential Decree No. 332 which repealed the anti-homosexuality laws enacted in 1949. It also established the legal age of consent at 18.

AHMNP became the first nationally recognized GLBT organization in Panama. “We are the first ones to be legalized in Central America because, before us, many organizations would hide under the assumption that they were (health) organizations that fought HIV/AIDS because they could not become legalized as a GLBT organization,” Bond said. “This debate went on for about five years while the authorities argued that our organization of homosexuals was detrimental to the morals and values of the society.”

This legalization made it possible for AHMNP to conduct the first study of HIV in Panama among gay men which linked the prevalence of the disease to the stigma of homophobia and a lack of medication.

“When we did the second study of HIV prevalence, we found out that in less than nine years, HIV prevalence in gay men has gone from 10.6 percent to 23 percent,” Bond said.

HIV (Human Immunodeficiency Virus) attacks the immune system. AIDS (Acquired Immune Deficiency Syndrome), which is not a virus, refers to a variety of symptoms caused by HIV. Homophobia or the irrational hatred, intolerance, and fear of lesbian, gay, bisexual, and transgender (LGBT) people has a huge connection to HIV/AIDS.

Worldwide HIV outbreaks has always been linked to negative attitudes towards the LGBT community, especially targeting men who have sex with other men (MSM) and are affected by both diseases.
The LGBT community has experienced specific barriers to treatment including violence, human rights violations, stigmas, and discrimination. Social homophobia, which is the criminalization of same-sex relationships or gender impersonation, prevents the LGBT community from having full access to vital HIV prevention measures such as testing, treatment, and care services. As a result, some people infected with HIV remain undiagnosed or are diagnosed later after HIV has become more aggressive and harder to treat.

According to AVERT, a charity geared towards sharing important HIV/AIDS information, “Research has shown that men who have sex with men may exhibit less health-seeking behavior and have greater levels of depression, anxiety and substance misuse because of the stigmas they face.”

As a result, AHMNP presented a complaint to the United Nations Human Rights committee that the Panamanian government was violating its right of free assembly. Also, other international health organizations wanted to study HIV prevalence in Panama but, because of homophobia, the police would not allow it. “The national authorities do not recognize our population,” Bond said. “We have problems with the national police where they enact social cleansing. You cannot even walk around the street holding hands or kissing in public.”

The Panamanian National police force, who act as the official law enforcement arm of the government, has a chapter in its bylaws prohibiting members of the GLBT community from joining their ranks.

Most police officials are either evangelicals or pastors, so the question of protecting the morals of the Panamanian society is geared “to police and tourists who are more exposed to that kind of atmosphere,” Bond said. “This worries me because some people come to Panama because it is characterized as being gay-friendly.”

According to Bond, politicians in Panama seek to inhibit gender ideology by promoting the idea that the LGBT community wants to harm the country and erode “family moral values”. He continues, “I do not think it’s fair to the country, the activists, or to the tourists who come to Panama.”

Gay Pride month is celebrated each June. In Panama, there are a number of pride events and marches throughout the month. AHMNP was the first organization to create a gay pride parade in Panama but Bond said the celebration of Pride month in Panama was not created for the gay community living there, but for tourist visitors.

“There’s this group that wants to make Casco Viejo, which is the most expensive
part of town with all the expensive restaurants and bars, for tourists," he said. “A lot of people from Panama cannot afford to go to Casco Viejo.”

He also said there are people in Panama who want to sell tourist packages to Americans, especially when bars and clubs are depicted as “gay-friendly” when they really are not. “Americans tend to believe this and come to Panama only to be detained while showing public displays of affection such as holding hands and kissing.”

(The second part of this story will be continued next month.)
Tab 8
Dario Garcia, who lives in Panama, volunteers to visit people who are HIV-positive to see whether they are taking their medications. Garcia himself is HIV-positive. "I feel alone," he says. "I believe the most support I have now is from others who
A short man with a ponytail peeks through a crack in a sheet-metal fence, calling out to see if anybody's home. His name is Dario Garcia and he is checking on some people with HIV to make sure they're taking their meds.

Garcia walks through the muddy yard, past chickens and scrawny dogs, to the cinder block house.

Inside, he finds two men, both indigenous and HIV-positive. At first, they want to talk to Garcia. Then, they spot someone outside — a neighbor or a family member. They clam up. One man backs into the corner of the room. If he could dissolve into the ash-gray wall, he would. Nobody else in the household knows they have HIV, and the men are afraid to be overheard. Garcia quickly changes the subject. A few minutes later, he leaves.

"I still find people with this fear that others will simply hear the word 'HIV' spoken around them," Garcia says in Spanish. "They automatically shut down and don't talk."

Garcia, who holds a law degree, is a volunteer for a nongovernmental organization called Viviendo Positivamente, or Living Positively. He says the stigma surrounding HIV is strong. And he knows this firsthand — he, too, is HIV-positive.
"The greatest discrimination that exists for a person with HIV is in their own family," Garcia says.

Garcia is an ethnic Ngabe, the largest indigenous group in Panama, and he is heartsick about the crisis his people are facing. In other parts of the world, the rate of new HIV infection is on the decline. Here, it's spiking. About 150,000 people live in the Comarca Ngabe-Bugle territory, and AIDS is the now the second-leading cause of death there, accounting for more than 8 percent of deaths. Approximately 2.5 percent of people who live in the Comarca Ngabe-Bugle carry the virus.

**What's behind the spike**

Arlene Calvo, a research professor at the University of South Florida's Panama City campus, says HIV was unheard of in Ngabe territory until recently. The first case wasn't identified until 2001, decades after the virus first ravaged other parts of the world. And now that it's here, it's entrenched.
Arlene Calvo, a research professor at the University of South Florida, says the lack of access to health care is one of the biggest barriers to controlling the outbreak.

"It went from having just a few cases to after a few months having 100 identified cases, and probably a year after that having over 500 cases," Calvo says.

Calvo says there are likely many more Ngabes with HIV who haven't been detected, and others are so sick when they are first diagnosed that there's no way to arrest the disease.

"You have to understand that this is a very rural area, not comparable to rural U.S.," Calvo says.

The terrain is rugged and mountainous, and many communities aren't connected by roads. Some villages don't have electricity or running water. Blood tests must be administered in a hospital by a lab technician, which can mean an eight- to 10-hour trip for the patient, much of it on foot. Calvo says the lack of access to care is one of the biggest barriers to controlling the outbreak.

"Even if you're healthy, it is very difficult," Calvo says. "Imagine being sick and trying to do this."

Many Ngabes with HIV get antiretroviral treatment at a clinic in the little town of San Felix. The doctor here, Cesar Gantes, says the No. 1 reason HIV has exploded among the Ngabe people is the lack of economic opportunity in their communities. Many indigenous men lead nomadic lifestyles, traveling to work at coffee harvests on plantations in western Panama, Costa Rica and Nicaragua. They contract HIV while away, then bring it back home.
"When they migrate, they are outside the control of their communities, and their sex practices can diversify," says anthropologist Patricia Ponce. And that can include sex with other men. She says women who leave their communities can often end up in the sex trade.

Additionally, Gantes says there are no pharmacies to buy condoms in the Ngabe territory, so it can be difficult to get them. While treatment for HIV is free at the clinic, funded by the government, only about half of his patients continue it, largely because they don't have money for transportation.

"And it is not permitted to talk about sex to our students," Gantes says. "This is a big barrier that we have because teachers cannot teach freely about sex."

In 2010, Gantes had 30 people in treatment for HIV/AIDS. By the end of last year, the number had jumped to approximately 550. Other Ngabes seek treatment at clinics in the cities of Santiago, David and Changuinola.

Gantes has a solution in mind for those who can't make it to a clinic. "We are putting together a proposal to get a mobile clinic to bring medical services to the most strategic places inside the Comarca Ngabe-Bugle so that patients don't have to pay so much to get here," he says.

Indigenous communities across Latin America are seeing a similar spike. In such communities in Panama and Honduras, for instance, the prevalence of HIV is six times higher than among the overall population of those countries.

Ponce says myths about HIV's transmission persist across Latin America's indigenous communities, according to the few studies that have been conducted.

"They think that through touching, hugging, through sharing food or bathrooms, or through mosquito bites that the virus can be spread," Ponce says. "They are full of these myths."

**Shunned but still hopeful**
Rosmery Pascasio, from the Ngabe community of Llano Ñopo, worked as part of a project to educate young people about HIV and how to seek treatment. The project’s funding has ended, but Pascasio continues to do the work as a volunteer.

"Many young people who contracted HIV don't have a future right now because they think they are going to die," Pascasio says. "We're teaching them that they can continue treatment, continue working, continue living ... and they can help other young people who don't know how to get treatment."

One of the young men she has worked with is 31-year-old Mendoza. Sitting on a bench underneath a mango tree in a park in the town of Tolé, Mendoza says he knows that people with HIV can be shunned, so he doesn't want to use his full name.

"I wouldn't want another person to live through what I have," he says.

He is studying to be a teacher so he can help younger generations of Ngabes. Mendoza is more fortunate than many HIV patients here. He still lives in his village, and his family, especially his mother, is supportive and helps him receive treatment.

"She has supported me in everything," Mendoza says. "At least I have somebody who can help me blow off steam."

Garcia is not as fortunate.

"My parents don't accept me because, apart from being HIV-positive, I am also gay," Garcia says.

In the 13 years since his diagnosis, he says, he has never had the support of his parents.

"I feel alone," he says. "I believe the most support I have now is from others who have been diagnosed."

The people he helps, those who have been diagnosed with HIV, they are his real family now.
Jacob McCleland is the news director at KGOU public radio in Norman, Okla.

Correction

May 30, 2018

An earlier version of this post incorrectly said that Dario Garcia is a lawyer. He has a law degree but is not a practicing lawyer.

panama  hiv
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New HIV/AIDS Bill Slammed by Panamanian Human Rights Groups as “Moralistic”

Louisa Reynolds

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New HIV/AIDS Bill Slammed by Panamanian Human Rights Groups as “Moralistic”

by Louisa Reynolds
Category/Department: Panama
Published: 2018-03-01

A bill on the treatment of people with HIV/AIDS put forward by Panama’s health ministry, the Ministerio de Salud, in August 2017 has drawn criticism from human rights groups, which have raised concerns over its “moralistic” and religious overtones.

The health ministry says the bill was drawn up after a nine-month discussion with organizations working with people with HIV/AIDS, with the aim of updating the current legal framework, which was established in 2000. Although the bill purportedly aims to fight HIV-stigma and discrimination and ensure HIV/AIDS patients receive treatment, the International Community of Women Living with HIV (ICW) says the bill doesn’t address the problems of the most vulnerable groups, such as men who have sex with men, transgender women, sex workers, and prisoners.

According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), Panama has one of the highest HIV/AIDS rates in Central America, with 16,493 people diagnosed among its population of 3.5 million. Since 1984, 26,879 cases of HIV/AIDS have been recorded in the country. The worst affected demographic group are young people between the ages of 15 and 19 (NotiCen, June 23, 2011).

Women make up 28% of the country’s HIV/AIDS patients, and 42.7% of those women are pregnant. The provinces with the highest HIV/AIDS incidence are the Panama City metropolitan area with 461; San Miguelito, with 212; the Ngäbe-Buglé indigenous territory, with 173; and Colón, with 139.

The HIV stigma

The government says the new bill seeks to fight the stigma of having HIV. Since 2016, the health ministry has provided free and universal HIV treatment and is now seeking to increase HIV testing, after launching a national campaign in 2015. Panama began to offer free HIV tests for pregnant women, key populations, and adolescents in 2016.

In June 2017, Panama’s first lady, Lorena Castillo de Varela, delivered a forceful speech against the stigmatization of HIV patients during the opening of the 40th meeting of the UNAIDS coordinating board in Geneva, Switzerland.

“Discrimination is a serious violation of human rights,” she said. “It is illegal, immoral and inhumane. We all deserve to live with dignity,” Castillo the UNAIDS special ambassador for AIDS in Latin America, said everyone should have access to health and education services without fear of harassment, mistreatment, or exclusion. Fighting discrimination was the first step toward ending the AIDS epidemic, she said. Castillo also highlighted the progress made by Panama to expand HIV testing services for young people and key populations, such as gay men and other men who have sex with men, transgender people, and sex workers.
**Protections in the bill**

At first sight, the new bill appears to be in line with the goal of fighting the AIDS epidemic by reducing HIV-stigma. Article 41, for example, forbids employers from demanding STD and/or HIV tests from job seekers or employees and clearly states that discrimination against HIV positive employees, including unfair dismissal, is a punishable offense.

Article 43 forbids insurance providers and banking institutions from requesting HIV tests from potential customers and from denying health insurance plans or credit services to individuals based on their serologic status.

The bill clearly states that public and private health care providers cannot refuse to treat HIV/AIDS patients, and it penalizes any institution that denies medical treatment to people with HIV/AIDS or fails to provide counseling services before and after HIV tests are performed.

These points seek to address concerns highlighted by the Stigma and Discrimination Index, a survey conducted by UNAIDS in Panama by interviewing 790 people with HIV. The latest survey, published in 2016, revealed 27% of people with HIV did not receive counseling when they were tested for the virus and 9% were denied medical treatment as a result of their condition. A further 25% were advised by health care workers not to have children.

An exposé on the treatment of HIV/AIDS patients in Panama, published by local news channel TVN Noticias in March 2016, highlights the loneliness and isolation that many people who live with HIV/AIDS face, as well as the importance of fighting discrimination.

“When the HIV/AIDS patient tries to use the health care services, he or she is made to feel that he or she is no longer a person, and is treated as ‘the individual with AIDS.’ If there are 10 people in the waiting room, nine will be seen, and the one with HIV/AIDS will be left until last,” Orlando Quintero, director of the advocacy group Fundación pro Bienestar y Dignidad de las Personas Afectadas por el VIH/SIDA (PROBISIDA) told TVN Noticias.

“This [testing positive for HIV] means losing your job, being unable to pay your bills, having to undergo treatment and facing your family. It’s a very difficult predicament,” he added.

**‘Abstinence and fidelity’**

Although Bill 518 appears to tackle the issue of HIV-stigma, the controversy surrounding stems from the wording of article 18, which calls for the health ministry to launch sex education campaigns with an emphasis on abstinence, delaying sexual intercourse, and “fidelity” as a strategy to prevent socially transmitted diseases (STDs).

In February, a coalition of NGOs and human rights organizations working with HIV/AIDS patients and key populations such as gay men and sex workers issued a statement voicing their objections to what they regard as a “moralistic” approach to the HIV/AIDS issue.

“Our experience as civil society organizations has taught us that moralistic programs and initiatives have not been effective in terms of fighting the AIDS epidemic,” the NGOs said in a statement. “In fact, this type of intervention increases the stigma and discrimination that have acted as a barrier to effective prevention programs.”
The joint statement added: “Strategies such as abstinence and fidelity, for example, which are based on religious and moral values and concepts, make the vulnerable groups worst affected by the epidemic invisible and keep them away from prevention efforts based on scientific evidence and relevant to their own lifestyle. How can you advocate fidelity or abstinence when talking to a sex worker about HIV prevention?”

-- End --
Tab 10
A pesar de que el virus de inmunodeficiencia humana (VIH) fue descubierto hace tres décadas, aún persiste el estigma y la discriminación contra las personas que, al ser portadoras, buscan servicios de salud.

Esta situación quedó retratada en un informe elaborado por el Programa Conjunto de las Naciones Unidas sobre el VIH/sida (Onusida) en conjunto con entidades del país, en el que fueron entrevistadas más de 790 personas.
El documento, denominado Índice de Estigma y Discriminación a personas con VIH, arrojó que el 27% de las personas con VIH no recibió consejería cuando se hizo la prueba y el 9% ha percibido que se le niega la atención por su condición. Al mismo tiempo, **25% fue aconsejado por personal médico para no tener hijos.**

Aurelio Núñez, jefe del Programa Nacional de ITS/VIH/sida del Ministerio de Salud (Minsa), dijo que los resultados del informe reflejan una percepción y no una realidad, pero deben respetarse.

Sin embargo, afirmó que para remediar la situación se lleva adelante un programa de capacitación en las instituciones del Estado, respecto al trato previo y posterior al diagnóstico.

Además, el Despacho de la Primera Dama se unió por primera vez a la campaña mundial de Onusida Cero Discriminación.

La iniciativa, que se desarrollará por un año, tiene como objetivo crear un clima de respeto, solidaridad e inclusión para que todas las personas con VIH puedan vivir sin temor a ser atacadas, criminalizadas o estigmatizadas.

**RETO PENDIENTE**

Las personas que viven con el virus de inmunodeficiencia humana (VIH) en Panamá son sometidas a actos de discriminación todos los días y este rechazo se experimenta en su vida cotidiana y al momento de buscar atención médica o un trabajo.

Así lo revela el Índice de Estigma y Discriminación a personas con VIH en Panamá, elaborado por el Programa Conjunto de las Naciones Unidas sobre el VIH/sida (Onusida), el Ministerio de Salud (Minsa) y otras instituciones, y para cuyo cálculo fueron entrevistadas más de 790 personas en las provincias de Panamá, Colón, Coclé, Herrera, Los Santos, Chiriquí, Veraguas y Bocas del Toro.

El estudio, dado a conocer el pasado 1 de marzo en el marco del Día de Cero Discriminación, tenía como objetivo conocer los planteamientos de las personas con VIH de diferentes edades, sexo, niveles educativos y condiciones socioeconómicas sobre los diferentes aspectos relacionados con el estigma y discriminación, y los derechos de las personas que portan el virus.

**SALUD Y DISCRIMINACIÓN**

La investigación arrojó que el 27% de las personas que viven con VIH encuestas no recibió consejería cuando se realizó la prueba del virus. Mientras, 9% ha percibido que se le niegan los servicios de salud por su condición clínica.

El documento muestra que en aspectos de salud sexual y reproductiva también existe presión por parte del personal de salud, pues el 19% de las mujeres embarazadas con VIH encuestas dijo haberse sentido presionada para que se esterilizara y el 25% fue aconsejada por el personal médico para no tener hijos.

En ese sentido, Onusida para América Latina y el Caribe, mediante un cuestionario que respondió a este medio, puntualizó que solo la mujer puede decidir si desea tener un hijo o no, ya que ser madre es parte de sus derechos sexuales y reproductivos y el rol del personal de salud es proporcionar información, asesoramiento y el apoyo que la mujer necesita para tomar una decisión informada.
El organismo internacional sostiene que tener hijos es una opción para las personas que viven con VIH, porque las investigaciones indican que el conjunto completo de medidas de prevención (asesoramiento, pruebas, asistencia prenatal exhaustiva y asesoramiento pertinente y terapia antirretroviral) puede reducir el riesgo de transmisión materno-infantil a menos de 2%.

De hecho, las estadísticas del Minsa hasta octubre de 2015 dan cuenta de que en Panamá solo el 2.6% de los contagios se ha dado directamente de madre a hijo; mientras que el 70% por transmisión sexual, 1% por transmisión sanguínea y 26% desconoce la forma en que se contagió con el virus.

La socióloga de la Coalición Panameña por la Educación Integral en Sexualidad, Rubiela Sánchez, sostuvo que a pesar de todos los avances reportados en la sociedad en cuanto a salud y los derechos humanos, siguen presente retos, porque cuando a la mujer se le diagnostica positiva es estigmatizada y discriminada más que el hombre, ya que se juzga no solo por su condición de positiva, sino que se comienza a cuestionar con mayor ímpetu la forma de cómo adquirió el virus.

Sánchez enfatizó que la ciencia ha avanzado lo suficiente para que hombres y mujeres con diagnóstico positivo puedan tener hijos. Lo que debe recomendado el personal de salud a la mujer es ser disciplinada, con controles prenatales y a ser adherente a la terapia antirretroviral.

Tanto Onusida como Sánchez concluyen que la discriminación se registra más al momento de buscar atención médica.

Según el organismo internacional, en los índices captados en los países de América Latina lo que más destaca es la discriminación hacia las personas con VIH en los servicios de salud.

Incluso, Onusida plantea que a una de cada ocho personas con VIH en el mundo se le niega el acceso a la atención médica por discriminación.

Los informes de estigma y discriminación muestran, por ejemplo, que en Colombia se negó los servicios de salud al 27% de las personas encuestadas por su condición; y en Argentina el 19% sufrió lo mismo.

VIDA COTIDIANA DIFÍCIL

Los panameños que viven con VIH –al menos 14 mil 115 personas, según el Minsa– no solo tienen que enfrentar la discriminación al momento de buscar atención médica o asistencia para tener sus hijos, sino también en su vida cotidiana. De hecho, el 52% de los encuestados expresó que las personas murmuran acerca de su condición; 25% ha sufrido violencia verbal; 14% perdió el empleo; y 12% fue obligado a cambiar de domicilio, debido a la presión de sus vecinos.

Además, el índice de Onusida en Panamá evidenció que una de cada cinco personas que vive con el virus se culpa a sí misma y tiene baja autoestima; es decir, se culpa internamente por su situación.

‘UNA PERCEPCIÓN’

"Las cifras reflejan una percepción y no una realidad", manifestó Aurelio Núñez, jefe del Programa Nacional de ITS/VIH/sida del Minsa, al consultarlo sobre los resultados del Índice de Estigma y Discriminación a personas con VIH.

Sin embargo, consideró también que, a pesar de ello, la encuesta debe respetarse porque definitivamente hay mucha gente que sufre discriminación, pero no por el hecho de tener VIH, sino porque parte del personal de salud tiene un manejo poco profesional; sencillamente, porque el país "no está enfocado en la calidad del servicio y eso es en muchas áreas, no solo en el sistema de salud".

“Lo que sí es cierto es que es totalmente intolerable que cualquier persona que va a buscar cualquier servicio sea maltratada”, dijo.

Para remediar la situación, informó que se lleva adelante un programa de capacitación en las instituciones del Estado, respecto al trato previo y posterior al diagnóstico.

Núñez hizo un llamado a las personas que en algún momento hayan sido discriminadas por su condición para que presenten las denuncias.

https://www.prensa.com/sociedad/Eliminar-discriminacion-VIH-reto-pendiente_0_4445555527.html
Agregó que es consciente de que aún queda mucho trabajo por hacer para incentivar a las personas a que se hagan las pruebas; para promover medidas de protección, informar sobre los medicamentos para tratar esta condición y educar sobre las infecciones de transmisión sexual.

En lo que respecta a educación, Núñez coincidió con Orlando Quintero, presidente de la Fundación Pro Bienestar y Dignidad de las Personas Afectadas por el VIH/sida (Probidsida), quien sostuvo que es necesario que todos los sectores de la población asuman su compromiso para evitar que el VIH se siga propagando entre la población.

Además, añadió que la discriminación por parte del personal médico se registra más cuando las personas están en la etapa sida.

CAMPAÑA

Frente a toda esta situación de estigma, aislamiento y abandono que viven las personas con VIH, el Despacho de la Primera Dama lanzó hace unos días por primera vez en Panamá la campaña Cero Discriminación con el lema: “Sé la transformación que deseas ver”.

La iniciativa tiene como objetivo crear un clima de respeto, solidaridad e inclusión para que todas las personas puedan vivir sin temor a ser atacadas, criminalizadas o estigmatizadas.

Panamá se une por un año a los esfuerzos mundiales de la campaña de Onusida Cero Discriminación, lanzada en diciembre de 2013 por Michel Sidibé, director ejecutivo de este organismo internacional, en colaboración con la galardonada en 1991 con el Premio Nobel de la Paz, Daw Aung San Suu Kyi, defensora de los derechos humanos.
Exclusion Persists for HIV

March 26, 2016

Notwithstanding the human immunodeficiency virus (HIV) was discovered three decades ago, the stigma and discrimination persists against individuals who, because of their condition, search for medical care.

This situation was recorded in the report prepared by the Joint United Nations Programme on HIV/AIDS (UNAIDS) in conjunction with national entities, in which more than 790 individuals were interviewed.

The document entitled Stigma and Discrimination of Individuals with HIV Index, shows that 27% of individuals with HIV did not receive counseling when they had the test and 9% perceived that medical care was denied to them because of their condition. At the same time, 25% was counseled by medical staff against having children.

Aurelio Núñez, chief of the national program STD/HIV/AIDS of the Ministry of Health (Minsa), stated that the results of the report reflect a perception and not a reality, but they need to be respected.

However, he affirmed that to remediate the situation the state institutions are carrying out a program regarding the treatment to be provided before and after the diagnosis.

Furthermore, the office of the first lady joined for the first time in the UNAIDS worldwide campaign Zero Discrimination.

The initiative, which will be carried out for a year, has the objective to create a climate of respect, solidarity and inclusion so that all those individuals with HIV can leave without fear of being attacked, criminalized or stigmatized.

PENDING CHALLENGE

The individuals who live with the human immunodeficiency virus (HIV) in Panama are subject to acts of discrimination every day and this rejection is experienced in their everyday life and at the time of searching for medical care and employment.

This is what the Stigma and Discrimination Index reveals of those individuals with HIV in Panama, such Index was prepared by the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Ministry of Health (Minsa) and other institutions, and for which calculus more than 790 individuals from the provinces of Panama, Colon, Cocle, Herrera, Los Santos, Chiquiri, Veraguas and Bocas del Toro were interviewed.

The report, which was published this past March 1 within the framework of Zero Discrimination Day, had the objective of learning the approaches of those individuals with HIV of different ages,
HEALTH AND DISCRIMINATION

The report shows that 27% of the interviewed individuals who live with HIV did not receive counseling when they tested for the virus, while 9% perceived that medical care was declined because of their clinic condition.

The document shows that, in aspects of sexual and reproductive health, pressure from the medical staff exists, as 19% of the interviewed pregnant women with HIV stated to have felt pressured to undergo sterilization, and 25% was advised by the medical staff not to have children.

In this respect, UNAIDS in Latin America and the Caribbean, through a questionnaire that answered to this media, pointed out that only the woman can decide whether she wishes to have a child or not, because being a mother is part of her sexual and reproductive rights, and the medical staff role is to provide information, advice and support to those women in need so they can make an informed decision.

The international organization maintains that having a child is an option for those individuals that live with HIV because the investigations indicate that the full set of preventive measurements (advice, tests, comprehensive prenatal care, and relevant counseling and antiretroviral therapy) can reduce the risk of mother-to-child transmission to less than 2%.

In fact, Minsa statistics up to October 2015 show that in Panama, only 2.6% of the transmissions come directly from mother-to-child, while 70% occur through sexual transmission, 1% through blood transmission and 26% does not know the way in which they have been infected with the virus.

The sociologist for the Panamanian Coalition for the Comprehensive Education in Sexuality, Rubiela Sánchez, maintained that, notwithstanding the advances in society pertaining to health and human rights, challenges remain because when women is diagnosed as positive it is stigmatized and discriminated more than men, due to the fact that women is judged not only because of their condition as positive but also the method of transmission is called into question with greater impetus.

Sánchez emphasized that science has advanced sufficiently for men and women with a positive diagnostic to be able to have children. What the medical staff should recommend to women is being disciplined, with prenatal checks and to adhere to antiretroviral therapy.

Both UNAIDS and Sánchez concluded that discrimination is registered with more frequency when searching for medical care.

According to the international organization, in the indexes captured from Latin American countries what is most highlighted is the discrimination towards individuals with HIV during health services.

Even UNAIDS suggests that one in eight individuals with HIV in the world gets access to medical care denied because of discrimination.
The reports on stigma and discrimination show, for example, that in Colombia 27% of interviewed individuals got access to medical care denied due to their condition; in Argentina 19% suffered the same result.

**DIFFICULT EVERYDAY LIFE**

The Panamanians who live with HIV – at least 14 thousand 115 individuals, according to Minsa – not only have to confront discrimination at the time of looking for medical care or assistance to have their children, but also during their everyday life. In fact, 52% of the interviewed individuals expressed that people murmur about their condition; 25% suffered verbal assault; 14% lost their job; and 12% was forced to change their home due to the pressure by their neighbors.

Additionally, the UNAIDS index in Panama evidenced that one in five individuals that live with the virus blames themselves and have low self-esteem; in other words, they blame themselves internally for their situation.

**‘A PERCEPTION’**

“The figures reflect a perception and not a reality”, stated Aurelio Núñez, chief of the national program STD/HIV/AIDS of the Ministry of Health (Minsa), when asked about the results of the Stigma and Discrimination Index of individuals with HIV.

However, he also considered that, nonetheless, the poll must be respected because definitely there are a lot of people that suffer discrimination, but not due to having HIV but because part of the medical staff handles them unprofessionally; simply put, the country “is not focused in the quality of the service and that is true for many areas, not only in the health system.”
CERTIFICATE OF TRANSLATION

I, Noe S. Hamra, am competent to translate from Spanish into English, and certify that the translation of *Exclusion Persists for HIV* is true and accurate to the best of my abilities.

__________________________
(signature of translator)

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