HIV Advocacy Plan

Guyana
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EXECUTIVE SUMMARY

**What is advocacy?** Advocacy is the active promotion and defense of an opinion, a cause, a policy and/or a group of people.

**What is this advocacy plan?** This document is an advocacy plan that articulates an initial set of priority advocacy objectives and activities, defined by advocates in Guyana, to help end the HIV epidemic in Guyana and advance health and rights for all.

In Guyana, as of the end of 2017, approximately 8200 people were living with HIV, translating to approximately 1.7% of all adults ages 15-49 in the country. Approximately 300-500 people were becoming newly infected with HIV every year.

The HIV epidemic in Guyana is concentrated among several key populations. Guyana’s current National Strategic Plan lists sex workers, gay men and other men who have sex with men (MSM), transgender people, and loggers and miners as having relatively high rates of HIV. Youth, migrants and mobile populations, and people who use drugs are not specifically noted by the Guyana government as key populations for HIV, but age, mobility, and substance use are described as possible correlates of HIV risk and service access for sex workers, MSM, transgender people and loggers and miners. Women and adolescent girls account for approximately half the burden of the HIV epidemic.

For HIV prevalence rates among key populations, the 2014 integrated HIV bio-behavioral surveillance (IBBS) research in Guyana calculated a 6.1% HIV prevalence rate among female sex workers, 5.5% HIV prevalence among male sex workers, 4.9% HIV prevalence among MSM, 7.8% HIV prevalence among transgender people and 9.7% HIV prevalence among transgender sex workers.

In relation to the UNAIDS targets for HIV testing, treatment and viral suppression, the Guyana government reports that 7281 (89%) of the 8200 people living with HIV in Guyana have been diagnosed, 6698 (82%) have been linked to at least one medical care visit, 5431 (66%) have started HIV treatment, and 5200 (63%) have achieved viral suppression.

A key challenge for Guyana’s HIV response is reaching all of the approximately 15,000 people at highest risk with regular HIV testing and prevention to reduce the numbers of new HIV infections and find the approximately 1000 people who are HIV-positive and undiagnosed. Targeted HIV testing efforts among key populations in 2017 reached approximately 4000 female sex workers and 2800 MSM with HIV testing and related provision of condoms, lubricant packets and information about health and linkage to services. However, this effort is reportedly not identifying large numbers of people who are positive and thus might not be reaching those at greatest risk of HIV. PrEP is also not available as a prevention option for people at risk for HIV, although the community
The organization SASOD Guyana is reported to be seeking international partnerships and funding to pilot PrEP access for MSM and transgender persons in Georgetown.

For HIV treatment and care, Guyana adopted a “Treat All” strategy in 2018 and people can access HIV treatment in specialized public HIV centres or primary health centres. The National Care and Treatment Centre in Georgetown is the largest public provider of HIV treatment and now has expanded evening hours of operation four nights per week. Approximately 2000 PLHIV – almost a quarter of all PLHIV in Guyana - receive HIV treatment and care at the two privately run PUSH clinics in Georgetown.

Retention in HIV treatment and care for key populations in public sector health facilities is hurt by poor quality of care due to high turnover rate of health personnel. Low salaries in the public sector have resulted in staff leaving their positions or migrating once they have acquired additional professional competencies and skills. This has created a burden and cost on the health system, as it needs to provide new staff with a 6-month training and time to acquire a standard level of HIV-specific competencies including training about stigma, discrimination, confidentiality and appropriate services and referrals related to sex workers, MSM, and transgender people. The Ministry of Public Health is currently systematically assessing the quality of HIV rapid test services throughout the country, but there are no quality control assessments or measures implemented in HIV treatment sites, and no systematic community-based monitoring.

Total health spending in Guyana was 4.5% of the country’s GDP in 2016 which amounted to about US$ 377 per person, with government spending accounting for 57% of this amount (about US$ 215 per person) and much of the remainder (an average of US$ 147 per person per year) coming from individuals and households as out-of-pocket spending. Furthermore, although Guyana is categorized by the World Bank as an “upper middle income country,” approximately 26,000 people in the Guyana population are living in multi-dimensional poverty with another 45,000 people at risk, and thus over 70,000 people in Guyana may have limited resources for transportation and costs related to health services. As a result, the UHC Index for Guyana, averaging population coverage rates of 16 essential health services, shows only about 40% coverage as of 2017.

Guyana currently covers 62% of its national HIV effort through domestic resources. The country is rapidly reducing its reliance on international donors such as the Global Fund and USAID. Published expert analyses of country health financing suggest that Guyana’s overall health spending can increase from US$ 377 per person to US$ 486 per person by 2030, and that the government can increase its spending on the HIV effort from the current US$ 5-6 million up to US$ 8 million per year by 2030.

Sex workers, gay men and transgender people in Guyana continue to report extensive social and economic exclusion, including rejections by family and local communities and barriers to housing, employment and education. In the 2014 IBBS research, for example, approximately 12% of MSM experienced stigma daily and approximately 30% of transgender youth and adults encountered stigma every day or regularly. A 2018 report by the Georgetown Law Human Rights Institute,
Georgetown University Law Center, found that in Guyana LGBT individuals have "...difficulties in finding formal employment as a result of discriminatory policies and attitudes." Moreover, in a 2014 UNICEF survey, only 23% of people surveyed expressed accepting attitudes toward people living with HIV.

Key populations also report high rates of interpersonal violence, gender-based violence and sexual violence. In reporting of human rights violations to the CVC Shared Incident Database, over 30% of 400 reported incidents involved physical violence. These statistics align with the rates of verbal abuse and violence experienced by key populations elsewhere in the Caribbean, where surveys among sex workers, gay men, and transgender people show that more than half typically say they have experienced physical violence as well as verbal abuse and threats.

Guyana also continues to have several laws and policies in place that impede efforts to prevent and treat HIV among key populations and violate international human rights agreements and standards. Both sex work and sex between men remain illegal in Guyana. Criminalization of sex work and sex between men has the effect of preventing people from seeking law enforcement’s help and protection against crime and violence and increasing vulnerability of sex workers to violence and exploitation.

In Guyana, complaint mechanisms are available in health centres, and some pro-bono legal and paralegal services are provided to key populations through community-based organizations. Community organizations have also organized sensitization meetings and trainings with police, employers, faith leaders, and media to build awareness and trust and improve the ability of key populations to report and seek redress for rights violations. Five local organizations - Comforting Hearts, Guyana Sex Worker Coalition (GSWC), Guyana Trans United (GTU), Guyana’s Society against Sexual Orientation Discrimination (SASOD Guyana), and United Bricklayers – are collaborating with CVC in a regional human rights observatory and shared incident reporting database to document individual cases, aggregate and analyse reported violations. Then they support individuals to seek redress and support systematic changes to prevent future human rights abuses. Still, these services and programmes are underfunded and unable to meet the full potential demand.

**These challenges can be overcome.** The Guyana economy, on a per capita basis, has nearly doubled since 2000 and the country has the potential resources – including funding and human capital – to end the HIV epidemic and improve the health and wellbeing of key populations in the context of improving overall national employment, education, gender equality, and access to justice.

More than 10 non-governmental organizations are involved in advocacy related to HIV. These include CRN+, Comforting Hearts, Guyana Sex Worker Coalition (GSWC), GuyBow, Guyana Trans United (GTU), G+ Network, Hope for All, LCF, Patois, SASOD Guyana, United Bricklayers, and Youth Challenge. Their work includes:

- Support for the National AIDS Programme Secretariat and other government agencies in collaborative program design and planning, decision-making, service implementation and monitoring and evaluation.
• Education and mobilization of key populations and allied constituencies to be visible and vocal about their needs for health and rights.

• Advocacy meetings with health facilities, schools, employers, law enforcement, prosecutors and police to build awareness about key laws and policies related to HIV and human rights.

• Advocacy to document and intervene in cases where people experience barriers to care or other human rights violations.

Further advocacy can help Guyana to reach its 95-95-95 targets for HIV testing, treatment and viral suppression and broader national goals for health, economic opportunity, education, gender equality and human rights for all. Civil society advocates have an important role in:

• Articulating the needs of key populations for services such as HIV, STI and TB screening, access to HIV treatment, PrEP and PEP, and services for mental health and addictions;

• Building political support for stronger policies and programs for health, including through organizing coalitions of service providers, educators, employers, faith leaders, and media in all ten districts of Guyana; and

• Use coalitions, media and public pressure to hold institutions and leaders -- including heads of government agencies, legislators, service providers, educators, employers, and faith leaders -- accountable to stated national goals of ending the HIV epidemic and attaining all Sustainable Development Goals.

Given this potential for stronger HIV-related advocacy, more than 10 Guyana organizations met during 2017 and 2018 with the support of the Caribbean Vulnerable Communities Coalition (CVC) to discuss HIV-related advocacy needs in Guyana. At those meetings, participants developed an initial set of priority HIV advocacy strategies and activities described in this plan.

This advocacy plan:

(i) summarizes HIV-related advocacy needs in Guyana, including laws, policies and other barriers for key populations in accessing HIV-related services and broader rights;

(ii) describes an initial set of advocacy strategies and activities focusing on improving laws, policies and accountability of all stakeholders to national goals and commitments for health and rights.

This plan defines four strategic objectives:

1. **Advocate for the enactment and enforcement of laws, policies and other protocols** to increase uptake of HIV-related services and reduce stigma and discrimination, with a focus on:

   - Advocating for improved quality of health services, including for increased government funding for health worker salaries and enforcement of competency and quality standards.
   - Advocating for the repeal of offences related sex work in Guyana, and respect for human rights of all.

2. **Communicate to the general population and key stakeholders** for improved awareness of legal, social and health barriers faced by PLHIV and key populations, with a focus on:
- Advocating for faith-based leader and congregation awareness, understanding and support for health and rights of all, including people who are sex workers and people of diverse sexual orientations and gender identities.
- Advocating for increased public awareness about importance of HIV treatment adherence and family support

3. **Strengthen advocacy capacity** of implementing partners to plan, coordinate and implement advocacy activities.
4. **Monitor and evaluate implementation** of activities under this plan to inform further advocacy work in Guyana.

The outcomes of this advocacy plan will be:

1. Increased community-based monitoring of patient experience in health facilities with documentation of incompetent or poor-quality care, and regular meetings with the National AIDS Programme Secretariat and other Ministry of Health officials to **advocate for adequate funding and oversight to meet competency and quality standards**;
2. Further advocacy engagement in policy discussions about **repealing offences related to sex work in Guyana and enforcement of policies to respect human rights of sex workers**.
3. Increased **communications with faith leaders and congregations** about the need to support the health and rights of all, including people who are sex workers and people of diverse sexual orientations and gender identities.
4. Increased **public communications about importance of HIV treatment adherence** and family support.
5. **All advocates** will be supported for regular national meetings and trainings to improve advocacy coordination and capacity related to HIV, SRHR, UHC and achievement of broader Sustainable Development Goals;
6. **All advocates** will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Guyana.

**Methodology for Development of This Advocacy Plan**

Intensive and extensive national consultations and stakeholder meetings across ministries, government and quasi agencies, as well as civil society partners informed the development of this advocacy plan.

1. A 2-day workshop was held August 11-12, 2017 in Georgetown with government and civil society leaders. At that workshop, participants (i) reviewed gaps and opportunities for HIV-related advocacy and (ii) developed a priority set of advocacy activities to be implemented in Guyana.
2. A validation meeting was held in 2018 to review the draft advocacy priorities and discuss and agree key activities to be undertaken and by which agency. This advocacy plan was then drafted in May 2019 and circulated to country stakeholders for review and input, and then
was finalized. CVC then provided funding for advocacy activities in this plan through the CVC/COIN Caribbean Civil Society project entitled “Challenging Stigma and Discrimination to Improve Access to and Quality of HIV Services in the Caribbean.”

3. Following the draft, there was a one-day workshop to finalize the draft and implementation plan. An Advocacy Validation meeting was held on July 18, 2019 to review the draft advocacy priorities and discuss and agree key activities to be undertaken and by which agency.
BACKGROUND SITUATION ASSESSMENT

HIV AND THE HEALTH OF KEY POPULATIONS

In Guyana, as of the end of 2017, approximately 8200 people were living with HIV, translating to approximately 1.7% of all adults ages 15-49 in the country.\textsuperscript{12} Approximately 300-500 people were becoming newly infected with HIV every year.

The HIV epidemic in Guyana is concentrated among several key populations. Guyana’s current National Strategic Plan lists sex workers, gay men and other men who have sex with men (MSM), transgender people, and loggers and miners as having relatively high rates of HIV. Youth, migrants and mobile populations, and people who use drugs are not specifically noted by the Guyana government as key populations for HIV, but age, mobility, and substance use are described as possible correlates of HIV risk and service access for sex workers, MSM, transgender people and loggers and miners. Women and adolescent girls account for approximately half the burden of the HIV epidemic.

For HIV prevalence rates among key populations, the 2014 integrated HIV bio-behavioral surveillance (IBBS) research in Guyana calculated a 6.1% HIV prevalence rate among female sex workers, 5.5% HIV prevalence among male sex workers, 4.9% HIV prevalence among MSM, 7.8% HIV prevalence among transgender people and 9.7% HIV prevalence among transgender sex workers.

Populations at high risk for HIV are also at high risk for other sexually transmitted infections (STIs) such as gonorrhoea, chlamydia, and syphilis. Approximately 3000 people in Guyana contract an STI each year, and the 2014 Guyana IBBS research found that 12.3% of sex workers and 1.2% of MSM had had a symptomatic STI during the previous 12 months. As in the rest of the Caribbean, populations at high risk for HIV in Guyana are also likely to have needs related to behavioural health, including issues of depression and substance use that correlate closely with minority stress and economic and social marginalization.

ACCESSIBILITY AND QUALITY OF HIV-RELATED SERVICES

In relation to the UNAIDS targets for HIV testing, treatment and viral suppression, the Guyana government reports that 7281 (89%) of the 8200 people living with HIV in Guyana have been diagnosed, 6698 (82%) have been linked to at least one medical care visit, 5431 (66%) have started HIV treatment, and 5200 (63%) have achieved viral suppression.\textsuperscript{13}

A key challenge for Guyana’s HIV response is reaching all of the approximately 15,000 people at highest risk with regular HIV testing and prevention to reduce the numbers of new HIV infections and find the approximately 1000 people who are HIV-positive and undiagnosed. Targeted HIV testing efforts among key populations in 2017 reached approximately 4000 female sex workers and 2800 MSM with HIV testing and related provision of condoms, lubricant packets and information
about health and linkage to services. However, this effort is reportedly not identifying large numbers of people who are positive and thus might not be reaching those at greatest risk of HIV. PrEP is also not available as a prevention option for people at risk for HIV, although the community organization SASOD Guyana is reported to be seeking international partnerships and funding to pilot PrEP access for MSM and transgender persons in Georgetown.

The Guyana government has committed to funding up to three community organizations starting in 2019 for key population HIV outreach and prevention efforts through a Social Contracting pilot, to complement the national HIV testing efforts through 4 mobile units and 62 fixed sites, which might help more HIV-undiagnosed people to know their HIV status. Efforts by the USAID-funded Advancing Partners & Communities (APC) Project suggest that peer to peer prevention outreach, partner notification by people newly seroconverting, and integration with linkage to care may be the most effective approach to reaching people who are as-yet undiagnosed.

For HIV treatment and care, Guyana adopted a “Treat All” strategy in 2018 and people can access HIV treatment in specialized public HIV centres or primary health centres. The National Care and Treatment Centre in Georgetown is the largest public provider of HIV treatment and now has expanded evening hours of operation four nights per week. Approximately 2000 PLHIV – almost a quarter of all PLHIV in Guyana - receive HIV treatment and care at the two privately run PUSH clinics in Georgetown.

Sustaining and scaling up rates of HIV treatment and viral suppression has been hindered by stockouts of basic health supplies and HIV-related supplies at public health centres, including HIV treatments, viral load testing reagents, and HIV rapid tests. Further, a 2019 field assessment of HIV services found that "newly diagnosed PLHIV need to undergo a pre-initiation counseling process that includes 32 indicators and usually takes two months to complete before they are allowed to start treatment, which may lead to LTFU (although no figures are available). The MoPH has plans to reduce that window to one month, but even that period may be unnecessarily long for most patients. Occasionally, a few patients are deferred treatment initiation for longer periods of time: during the field visit, the National Care and Treatment Centre reported having five persons waiting to start therapy for more than one year as “they were not ready.”

Retention in HIV treatment and care for key populations in public sector health facilities is also hurt by poor quality of care due to high turnover rate of health personnel. The government of Guyana has training programmes, supported in part by the Global Fund, to train community health workers, law enforcement personnel and employers about human rights and key populations. Public health centres have also absorbed large numbers of trained and experienced healthcare workers from the previous programmes supported by the Global Fund and PEPFAR. However, low salaries in the public sector have resulted in staff leaving their positions or migrating once they have acquired additional professional competencies and skills. This has created a burden and cost on the health system, as it needs to provide new staff with a 6-month training and time to acquire a standard level of HIV-specific competencies including training about stigma, discrimination, confidentiality and appropriate services and referrals related to sex workers, MSM, and transgender people. The
Ministry of Public Health is currently systematically assessing the quality of HIV rapid test services throughout the country, but there are no quality control assessments or measures being implemented in treatment sites, and in particular in relation to barriers to access, stigma and discrimination, breaches of confidentiality or adherence to “Treat All” national policy.

These problems in the public health sector are warning signs for the two privately-run PUSH clinics in Georgetown, providers for approximately 2000 PLHIV – almost a quarter of all PLHIV in Guyana. These two clinics are about to lose their funding from the US CDC, and although the government of Guyana is considering ways to support the continuation of HIV services at those clinics, it may likely insist on parity of salaries and costs with the public centres, which could badly erode staffing and quality of care.

Total health spending in Guyana was 4.5% of the country’s GDP in 2016 which amounted to about US$ 377 per person, with government spending accounting for 57% of this amount (about US$ 215 per person) and much of the remainder (an average of US$ 147 per person per year) coming from individuals and households as out-of-pocket spending. Furthermore, although Guyana is categorized by the World Bank as an “upper middle income country,” approximately 26,000 people in the Guyana population are living in multi-dimensional poverty with another 45,000 people at risk, and thus over 70,000 people in Guyana may have limited resources for transportation and costs related to health services. As a result, the UHC Index for Guyana, averaging population coverage rates of 16 essential health services, shows only about 40% coverage as of 2017.

Guyana currently covers 62% of its national HIV effort through domestic resources and is rapidly reducing its reliance on international donors such as the Global Fund and USAID. Published expert analyses of country health financing indicate that Guyana’s government has capacity to increase investments in health and to increase government investments specifically on HIV and targeted HIV-related services for key populations. Two reports published in the Lancet in April 2019 by the Global Burden of Disease Health Financing Collaborator Network suggest that Guyana’s overall health spending can increase from US$ 377 per person to US$ 486 per person by 2030. Further, the government can increase its spending on the HIV effort from the current US$ 5-6 million up to US$ 8 million per year by 2030.

In summary, advocacy is needed for high-quality HIV-related health care in Guyana. This advocacy needs to:

- Monitor patient experience of health services to document instances of stockouts, stigma and discrimination, breaches of confidentiality, and lack of appropriate competent services and referrals (including access to PrEP, STI testing and treatment, and other sexual and reproductive services).
- Conduct analyses of the systematic patterns and factors of these lapses and provide the Ministry of Public Health with recommendations for improvements.
- Communicate publicly about the importance of scaling up high-quality health care, including high quality HIV testing, prevention, and treatment, to increase public support and political support to address gaps in health services.
Progress toward ending HIV and improving the health of key populations in Guyana is influenced heavily by contexts of poverty, lack of education, gender-based discrimination and violence, and lack of recourse to legal protection and justice.

As a signatory to the 2030 Sustainable Development Goals (SDGs), the Government of Guyana has endorsed goals of reducing poverty and exclusion from work and housing (SDG1), reducing disparities in access to education (SDG4), reducing gender inequality and gender-based violence (SDG5 and SDG16), reducing political and social exclusion (SDG10), and increasing access to legal services and justice (SDG16).

Guyana has made progress since 2000 on several of these human development issues. The country’s economy, on a per capita basis, nearly doubled since 2000 and there have been increases in indicators such as average numbers of schooling, life expectancy and the country’s overall human development index (HDI).

However, Guyana lags behind most other Caribbean and Latin American countries in measures of overall human development and equality of income, education and life expectancy. Guyana had an inequality-adjusted HDI score of .53 in 2017, which was lower than that of Jamaica, Belize or other Anglophone Caribbean countries and only 90% of the average for all Latin American and Caribbean countries.21

Guyana’s indices for gender development and gender equality also lag behind the rest of the Anglophone Caribbean and other Latin American and Caribbean countries. Human rights assessments report that gender-related discrimination is widespread and deeply ingrained, that gender-based discrimination in employment is widespread and not challenged, and that women earn far less on average than men.

Sex workers, gay men and transgender people in Guyana continue to report extensive social and economic exclusion, including rejections by family and local communities and barriers to housing, employment and education. In the 2014 IBBS research, for example, approximately 12 12% of MSM experienced stigma daily and approximately 30% of transgender youth and adults encountered stigma every day or regularly.22 A 2018 report by the Georgetown Law Human Rights Institute, Georgetown University Law Centre, found that in Guyana LGBT individuals have “...difficulties in finding formal employment as a result of discriminatory policies and attitudes.”23 Moreover, in a 2014 UNICEF survey, only 23% of people surveyed expressed accepting attitudes toward people living with HIV.

As noted previously, the government of Guyana provides training for health providers, law enforcement personnel and employers about stigma, discrimination, and confidentiality related to HIV and key populations, but people continue to report stigma, discrimination and breaches of confidentiality in health services against sex workers, LGBT people and people living with HIV.24
Key populations also report high rates of interpersonal violence, gender-based violence and sexual violence. In reporting of human rights violations to the CVC Shared Incident Database, over 30% of 400 reported incidents involved physical violence. These statistics align with the rates of verbal abuse and violence experienced by key populations elsewhere in the Caribbean, where surveys among sex workers, gay men, and transgender people show that more than half typically say they have experienced physical violence as well as verbal abuse and threats.\textsuperscript{25}

Surveys of people living with HIV in Georgetown conducted by Advancing Partners & Communities (APC) show that the main reason that people do not follow up on referrals and seek HIV treatment and care is a fear of breach of confidentiality and discrimination, with poverty and lack of money for transportation or other aspects of health care being another key reason.

Guyana also continues to have several laws and policies in place that impede efforts to prevent and treat HIV among key populations and violate international human rights agreements and standards. Both sex work and sex between men remain illegal in Guyana. Criminalization of sex work and sex between men has the effect of preventing people from seeking law enforcement’s help and protection against crime and violence and increasing vulnerability of sex workers to violence and exploitation.

Guyana has recently made international headlines in the November 2018 Caribbean Court of Justice decision striking down a section in an 1893 Guyana colonial vagrancy law that made cross-dressing in public an offence.\textsuperscript{26} The Guyana government has also permitted a gay pride parade in Georgetown. In addition, some surveys have suggested that the Guyanese public is becoming more tolerant or accepting of homosexuality.\textsuperscript{27} Advocates are now working to have the sections of the national law criminalizing sex between men removed as unconstitutional as a strategy to reduce discrimination and violence against LGBT people, improve protections, and redress against discrimination and violence.

Fear of discrimination and breaches of confidentiality, and the lack of recourse against these, dissuade people from seeking HIV and STI testing, treatment, care and prevention. An effective HIV response therefore requires that people have access to mechanisms for lodging complaints in case of human rights violations and securing redress and equal access to legal justice.

In Guyana, complaint mechanisms are available in health centres, and some pro-bono legal and paralegal services are provided to key populations through community-based organizations. Still, available legal aid services are underfunded and unable to meet the full potential demand. This means that persons living with HIV and other key populations may be unable to access legal assistance to address discrimination issues, obtain assistance regarding health care, employment, and housing access, or meet basic legal needs such as the drafting of a will.

Community organizations have also organized sensitization meetings and trainings with police, employers, faith leaders, and media to build awareness and trust and improve the ability of key populations to report and seek redress for rights violations. Five organizations - Comforting Hearts,
Guyana Sex Worker Coalition (GSWC), Guyana Trans United (GTU), Guyana’s Society against Sexual Orientation Discrimination (SASOD Guyana), and United Bricklayers – are collaborating with CVC in a regional human rights observatory and shared incident reporting database to document individual cases, aggregate and analyse reported violations. They then support individuals to seek redress and support systematic changes to prevent future human rights abuses. These efforts are reaching hundreds of people and still need to be scaled up to ensure access and support to all 8200 PLHIV and the additional 15-20,000 people at highest risk for HIV in Guyana.

CURRENT HIV-RELATED ADVOCACY IN GUYANA

More than 10 non-governmental organizations are involved in advocacy related to HIV. These include CRN+, Comforting Hearts, Guyana Sex Worker Coalition (GSWC), GuyBow, Guyana Trans United (GTU), G+ Network, Hope for All, LCF, Patois, SASOD Guyana, United Bricklayers, and Youth Challenge.

These organizations generally work with each other and within broader coalitions in Guyana advocating for gender equality, sexual and reproductive health and rights, legal justice, and government accountability. Broad categories of advocacy currently happening in Guyana include:

- Support for the National AIDS Programme Secretariat and other government agencies in collaborative program design and planning, decision-making, service implementation and monitoring and evaluation.
- Education and mobilization of key populations and allied constituencies to be visible and vocal about their needs for health and rights.
- Advocacy meetings with health facilities, schools, employers, law enforcement, prosecutors and police to build awareness about key laws and policies related to HIV and human rights.
- Advocacy to document and intervene in cases where people experience barriers to care or other human rights violations.

However, these HIV advocacy organizations in Guyana have limited capacity. Many of them have no full-time staff or only one or two people paid for the work. Most are based in Georgetown without a strong organizing or advocacy presence in all ten districts of Guyana. Organizational budgets are typically less than US$ 25,000 per year and consist of small short-term project funding. This tends to mean that organizational leaders are focused on day-to-day services along with official meetings and calls, and a struggle to keep each of their organizations afloat.

There is a need and opportunity to invest in advocacy at a greater scale. Advocacy is, at its essence, about communications and influence, aimed at not only creating and defining obligations but also holding those in power to be accountable to those obligations. Advocates have a crucial role in society by creating and leveraging accountability between stakeholders, such as accountability between branches of government or between government and civil society.

The following is an advocacy plan that can support advocates to conduct focused policy work, develop collective advocacy strategies, organize coalitions, and work to hold institutions and
leaders accountable to national goals for ending the HIV epidemic and promoting health and rights for all.
ADVOCACY IMPLEMENTATION PLAN

PURPOSE OF PLAN

This advocacy plan articulates an initial set of priority advocacy objectives and activities, defined by advocates in Guyana, to help end the HIV epidemic in Guyana and advance health and rights for all.

STRATEGIC OBJECTIVES

This plan defines four strategic objectives:

1. **Advocate for the enactment and enforcement of laws, policies and other protocols** to increase uptake of HIV-related services and reduce stigma and discrimination, with a focus on:
   - Advocating for improved quality of health services, including for increased government funding for health worker salaries and enforcement of competency and quality standards.
   - Advocating for the repeal of offences related to sex work in Guyana, and respect for human rights of all.

2. **Communicate to the general population and key stakeholders** for improved awareness of legal, social and health barriers faced by PLHIV and key populations, with a focus on:
   - Advocating for faith-based leader and congregation awareness, understanding and support for health and rights of all, including people who are sex workers and people of diverse sexual orientations and gender identities.
   - Advocating for increased public awareness about importance of HIV treatment adherence and family support.
   - Sensitize HCWs?

3. **Strengthen advocacy capacity** of implementing partners to plan, coordinate, implement and apply advocacy activities.

4. **Monitor and evaluate implementation** of activities under this plan to inform further advocacy work in Guyana.

The outcomes of this advocacy plan will be:

1. Increased community-based monitoring of patient experience in health facilities with documentation of incompetent or poor-quality care, and regular meetings with the National AIDS Programme Secretariat and other Ministry of Public Health officials to **advocate for adequate funding and oversight to meet competency and quality standards**.

2. Further advocacy engagement in policy discussions about **repealing offences related to sex work in Guyana and enforcement of policies to respect human rights of sex workers**.
3. Increased **communications with faith leaders and congregations** about the need to support the health and rights of all, including people who are sex workers and people of diverse sexual orientations and gender identities.

4. Increased **public communications about importance of HIV treatment adherence** and family support.

5. **All advocates** will be supported for regular national meetings and trainings to improve advocacy coordination and capacity related to HIV, SRHR, UHC and achievement of broader Sustainable Development Goals; Duplication?

6. **All advocates** will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Guyana.
## Advocacy Implementation Matrix

<table>
<thead>
<tr>
<th>Strategic Objective</th>
<th>Activity</th>
<th>Output</th>
<th>Responsible Agency</th>
<th>Partners</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Advocate for the enactment and enforcement of new and relevant laws, policies and other protocols to reduce stigma and discrimination and increase uptake of prevention and treatment services</td>
<td>1.1 Advocate for the repeal of offences related to sex work in Guyana, and respect for human rights of all.</td>
<td>1.1.1 Produce policy briefs with evidence-based arguments to decriminalize offences related to sex work in Guyana and enforce policies to respect human rights of sex workers.</td>
<td>Caribbean Sex Work Coalition (CSWC)</td>
<td>Grassroots Justice Movement Artistes In Direct Support (AIDS), United Brick Layers (UBL)</td>
<td>July-December 2019</td>
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<td>1.1.2 Meet with Ministry of Public Security Service, Ministry of Public Health, Ministry of Social Protection and Ministry of Legal Affairs to engage in policy discussions</td>
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<td>1.2 Advocate for the improved quality of health services, including for increased government funding for health worker salaries and enforcement of competency and quality standards</td>
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<td>1.3 In each of 10 regions, use Incident Database and interviews to document key population human rights violations</td>
<td>National Coordinating Coalition (NCC)</td>
<td>Justice Corp CRN+, CSWC, GSWC, GuyanBow, Guyana Trans United (GTU), G+ Network, SASOD Guyana</td>
<td>July-December 2019</td>
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<td>1.4 Meet with Ministry of Public Health and service providers about competency and quality standards in relation to key populations and the need for adequate funding and oversight to meet these standards in all regions</td>
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<td>2.1 Improve awareness, understanding and support for health and rights of all, including people who are sex workers and LGBTQ people, among faith leaders and communities</td>
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<td>2.1.1 Compile international best practice and resource materials for engaging with faith communities about sex work and rights.</td>
<td>Artistes In Direct Support (AIDS), United Brick Layers (UBL)</td>
<td>PANCAP Guyana Sex Work Coalition (GSWC), Caribbean Sex Work Coalition (CSWC)</td>
<td>July-December 2019</td>
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<td></td>
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<td>2.1.2 Meet with faith-based leaders and congregations to advance understanding that “Sex workers rights are human rights” and understanding of diverse sexual orientations and gender identities.</td>
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<tr>
<td>Strategic Objective</td>
<td>Activity</td>
<td>Output</td>
<td>Responsible Agency</td>
<td>Partners</td>
<td>Timeline</td>
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<tr>
<td>2.2 Increase public awareness about importance of HIV treatment adherence and family support</td>
<td>2.1.3 Design and/or disseminate materials and graphics to be used by PLHIV and allies to communicate the importance of HIV treatment adherence (and concept of U=U) and family support.</td>
<td>CRN+, G+ Network</td>
<td>Justice Corps, Linden Care Foundation, NCC, Comforting Hearts, GuyBow, SASOD, Guyana</td>
<td>July-December 2019</td>
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<td></td>
<td>2.1.4 Encourage PLHIV and allies to post campaign materials and personal messages and images on their social media platforms</td>
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<td>2.1.5 Utilize mass media to share campaign and key messages with the general population</td>
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<td>3. Strengthen the capacities of implementing partners to plan, coordinate and implement and apply advocacy initiatives</td>
<td>3.1 Support capacity development and provide resources for advocates to implement Advocacy Plan activities</td>
<td>2.1.1 Organize regular advocate coalition meetings to reinforce advocate collaboration and knowledge</td>
<td>NCC, Guyana Equality Forum (GEF)</td>
<td>AIDS, CRN+, Comforting Hearts, CWC, GSWC, GuyBow, Guyana, Trans United (GTU), G+ Network, Hope for All, LCF, Patois, Grassroots Justice Movement, UBL, Youth Challenge WAD</td>
<td>July-December 2019</td>
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<td></td>
<td>2.1.2 Organize trainings of advocates about media, to increase capacity to convey clear unified messages</td>
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<td>2.1.3 Organize trainings of advocates about technical policy analyses that generate evidence, describe evidence-based arguments, and articulate proposals for change.</td>
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<td>Fund organizations to implement activities for the Advocacy Plan</td>
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<td>4. Monitor and evaluate implementation of the Advocacy Plan.</td>
<td>4.1 Document implementation of Advocacy Plan activities</td>
<td>3.1.1 Convene all advocacy partners to collectively report and reflect on implementation of Advocacy Plan activities</td>
<td>NCC</td>
<td>All NGO partners</td>
<td>July-December 2019</td>
</tr>
</tbody>
</table>
Priority Activities

Two priority activities were identified for implementation using the US 3,500 available through CVC/COIN. These activities were as follows order of priority:

**Priority 1:** Design and/or disseminate materials and graphics to be used by PLHIV and allies to communicate the importance of HIV treatment adherence (and concept of U=U) and family support. In implementing this activity, related materials previously produced on adherence by the NGO Advancing Partners and Communities (APC), will first be obtained in order to avoid duplication of effort. CRN+ was identified as the responsible agency for this activity.

**Priority 2:** Produce a policy brief with evidence-based arguments to decriminalize offences related to sex work in Guyana and enforce policies to respect human rights of sex workers.

**Management of the Plan**

Effective implementation means that the plan has to be properly managed. Therefore, the coordination of partners and implementation activities must be synergized and cohesive being led by one managing partner. This managing partner/secretariat will be the NCC.

**Implementing Partners and Allies**

Below is an initial list of partners and allies who will be involved in implementing the Plan.

<table>
<thead>
<tr>
<th>Partners/Ally</th>
<th>Sector</th>
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<tbody>
<tr>
<td>NAPS Guyana</td>
<td>Government</td>
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<tr>
<td>CRN+</td>
<td>NGO</td>
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<tr>
<td>Comforting Hearts</td>
<td>NGO</td>
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<tr>
<td>Guyana Equality Forum (GEF)</td>
<td>Network of CSOs</td>
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<td>Guyana Sex Worker Coalition (GSWC)</td>
<td>NGO</td>
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<td>GuyBow</td>
<td>NGO</td>
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<td>Guyana Trans United (GTU)</td>
<td>NGO</td>
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<td>Grassroots Justice Movement</td>
<td>NGO</td>
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<td>GRPA</td>
<td>NGO</td>
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<tr>
<td>G+ Network / Ultra Plus Support Group</td>
<td>NGO</td>
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<tr>
<td>Help and Shelter</td>
<td>NGO</td>
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<tr>
<td>Hope for All Foundation</td>
<td>NGO</td>
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<tr>
<td>Juncanta Juvant Friendly Society</td>
<td>NGO</td>
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<td>Justice Corp</td>
<td>NGO</td>
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<td>LCF</td>
<td>NGO</td>
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<td>SASOD Guyana</td>
<td>NGO</td>
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<td>Organization</td>
<td>Type</td>
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<tr>
<td>United Bricklayers</td>
<td>NGO</td>
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<tr>
<td>Youth Challenge</td>
<td>NGO</td>
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<tr>
<td>Women Across Differences</td>
<td>NGO</td>
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</tbody>
</table>
ENDNOTES

1 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.


5 UNDP. The 2018 global multidimensional poverty index (MPI).

6 Hogan et al. An index of the coverage of essential health services for monitoring UHC within the SDGs, Lancet Global Health 2017.


11 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.

12 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.

13 In some Ministry of Public Health, Global Fund and UNAIDS reporting, 5431 people (66%) have started HIV treatment and 5200 (63%) have achieved viral suppression, although other reports indicated 3,875 people were taking HIV treatment. Not sure whether the higher numbers are due to conflation of linkage, treatment, and viral suppression, or whether the lower number is incomplete reporting or a more accurate accounting due to stockouts and loss to follow up?


17 UNDP. The 2018 global multidimensional poverty index (MPI).

18 Hogan et al. An index of the coverage of essential health services for monitoring UHC within the SDGs, Lancet Global Health 2017.


21 UNDP. Human Development Indices and Indicators: 2018 Statistical Update.


24 Human Rights Institute, 2018; Brown, 2018

25 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.

26 See https://www.outrightinternational.org/content/caribbean-court-justice-declares-guyana%E2%80%99s-cross-dressing-law-unconstitutional

27 Caribbean Development Research Series Inc (2013) Attitudes towards homosexuals in Guyana, CADRES,