HIV Advocacy Plan

Suriname
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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 Suriname, to help end the HIV epidemic and advance health and rights for all.

In Suriname, as of the end of 2017, approximately 4900 people were living with HIV, translating to approximately 1.4% of all adults ages 15-49 in the country. For the past fifteen years, approximately 250 people have become newly infected with HIV every year. The HIV epidemic in Suriname in concentrated among several key populations. These key populations include gay men and other men who have sex with men (MSM), transgender and gender non-conforming people, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs.

Suriname is making progress toward the UNAIDS 95-95-95 fast track targets for HIV testing, treatment and viral suppression but has a long way to go. Of the 4,900 estimated people living with HIV in Suriname, only 62% (3,044) were diagnosed, 48% (2,392) were on ART and 37-43% (1,800-2100) had achieved viral suppression in 2016.

Among key populations, service providers report reaching over 1000 MSM and over 2400 female sex workers each year with HIV rapid testing and other HIV outreach and prevention services. However, this is likely only reaching a fraction of the 10-20,000 people at highest risk for HIV in Suriname. The latest IBBS survey conducted in 2018 confirms this, finding that only one-third of MSM and two-thirds of female sex workers interviewed said that they had been reached by HIV outreach efforts. Outreach to female sex workers seems to be successfully reaching people who have undiagnosed HIV, but outreach efforts to gay men and other MSM are struggling to find and engage the men who are at highest risk.

PrEP (use of antiretrovirals to prevent HIV) has become available through private providers in Suriname, but PrEP is not yet provided by the public health system. Thus, few people at risk for HIV are likely accessing this intervention. Self-administered HIV test kits are also not yet generally available.

Universal health coverage (UHC) along with targeted health services for key populations would likely help to increase rates of HIV treatment and HIV viral suppression. However, the UHC Index for Suriname, averaging population coverage rates of 16 essential health services, shows only about 49% coverage as of 2017. Government spending on health accounts for only 52% of total health spending (about US$ 488 per person), with health insurance accounting for 35% of health spending, and a full 22% of the country’s health spending coming from individuals and households as out-

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The costs of testing and treatment for STIs can sometimes be an out-of-pocket cost for people, depending on their insurance, and complete blood count (CBC) hemogram monitoring for people living with HIV is also an out-of-pocket cost not covered by the health system. This out-of-pocket cost burden on people potentially seeking care is a barrier to health for people who are poor and a disincentive for people living with HIV or at risk for HIV to seek health care.

Compared to neighbouring Guyana or other Anglophone Caribbean countries, Suriname has a relatively high index ratings for gender development and gender equality and has broad laws and policies in place to prohibit discrimination of all forms in work, education, housing, health care and legal services. However, despite Suriname having an average per capita income that classifies it as an upper middle income country, the country has income inequality that is 12% higher than the Caribbean average, and thus had an inequality-adjusted HDI score of .557 in 2017, which was only 94% of the average for all Latin American and Caribbean countries and 88% of the average for high-income countries. Approximately 49,000 people in the Suriname population are living in multidimensional poverty with another 23,000 people at risk, and thus over 72,000 people in Suriname may have limited resources for transportation and costs related to health services. Advocacy is needed to increase total health spending in Suriname with a focus on increasing coverage of services and also reducing out-of-pocket costs.

Suriname has two laws in place that impede efforts to prevent and treat HIV among key populations. Suriname’s Penal Code Article 66 criminalizes women for publicly soliciting sex or engaging in sex work and Article 294 of the Criminal Code criminalizes people living with HIV for behaviors that might transmit HIV, a criminalization that has been shown to have no effect on preventing these behaviors but that places people under threat of arbitrary criminal prosecution. Regarding gender identity, an appeals case involving the Ministry of Home Affairs Civil Registration Office concerning the ability of transgender individuals to update legal documents to reflect their gender identity in the public registry is ongoing.

Suriname law prohibits discrimination, and the Ministries of Health, Education and Labour all have policies to prevent and address discrimination. But interviews with gay men, sex workers, transgender people, and people living with HIV conducted for the IBBS and other studies also hear anecdotes of experiences of stigma and discrimination and fears about breaches of confidentiality in health care, employment and education. Fears about loss of confidentiality are cited as a reason that people living with HIV (PLHIV) choose to not access health care, not register for insurance or benefits, and not report instances of discrimination or other human rights violations. Interviews also hear of employers that mandate HIV testing and fire employees who are HIV positive, and insurance companies that stop insurance for people living with HIV.

Key populations also report experience of interpersonal violence, gender-based violence and sexual violence; and a lack of trust in law enforcement and the legal justice system to protect against or respond to this violence. In reporting of human rights violations to the CVC Shared Incident Database, 20% of 150 reported incidents involved physical violence. The Suriname Ministry of
Justice and Police is publicly committed to protecting people’s rights and ensuring access to justice, and during the Universal Periodic Review (UPR) 2016 in Geneva, the Minister of Justice and Police, Dr. Mrs. van Dijk-Silos LLM, affirmed this commitment to human rights and recommended the creation of a Diversity and Inclusion Committee to advise and assist the Ministry of Justice and Police.

In Suriname’s 2018 Legal Environment Assessment, interviews suggested that key populations rarely report and seek redress for discrimination, violence or other human rights violations because of lack of faith that justice will be done. The 2013 Suriname National HIV Strategic Plan describes initial planning for a national Human Rights Commission and a Human Rights Desk to help document and combat instances of discrimination, violence and other human rights violations in employment, education and health care and to document needs for legal services. Global Fund funding for Suriname in its 2015-2018 grant agreement included funding for the establishment of this Human Rights Desk and related complaints mechanisms and database. As of 2019, it is not clear whether these are established or functional.

**Universal health service coverage and improved attention to equality and non-discrimination in education, employment and health care in Suriname can be achieved.**

More than 10 non-governmental organizations and groups are involved in advocacy related to HIV. These include (in alphabetical order) CARIFLAGS, Chances for Life, Cocon, Double Positive, HE+HIV, the LGBT Platform, Loving Hands, Parea, Suriname Men United, SUCOS, Trans in Action (TIA), Urban House, and YAM.

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

- Support for government agencies in program design and planning, 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 Suriname 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 related to mental health, substance use, or gender-based violence;
• Building political support for stronger policies and programs for health and rights, including through organizing coalitions of service providers, educators, employers, faith leaders, and media; 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, several Suriname advocates met during 2017 and 2018 with the support of the Caribbean Vulnerable Communities Coalition (CVC) to discuss HIV-related advocacy needs in Suriname. 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 Suriname, 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 five strategic objectives:
1. **Advocate for improved standards and trainings for police** to help key populations to be protected and seek redress against violence and abuse.
2. **Advocate for Suriname laws and policies related to gender identity.**
3. **Advocacy for increased attention from Ministry of Education to prevent bullying in schools.**
4. **Strengthen advocacy capacity** of implementing partners to plan, coordinate and implement advocacy activities.
5. **Monitor and evaluate implementation** of activities under this plan to inform further advocacy work in Suriname.

The outcomes of this advocacy plan will be:
1. **All advocates** will be supported for regular national coalition meetings and trainings to improve advocacy coordination and capacity related to HIV, sexual and reproductive health and rights, gender identity, access to justice, and achievement of broader Sustainable Development Goals;
2. **All advocates** will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Suriname.
METHODOLOGY FOR DEVELOPMENT OF THIS ADVOCACY PLAN

The development of this advocacy plan was informed by national stakeholder meetings involving civil society partners.

1. A 2-day workshop was held in 2017 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 Suriname.
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.
3. 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.”
BACKGROUND SITUATION ASSESSMENT

HIV AND THE HEALTH OF KEY POPULATIONS

In Suriname, as of the end of 2017, approximately 4900 people were living with HIV, translating to approximately 1.4% of all adults ages 15-49 in the country. For the past fifteen years, approximately 250 people have become newly infected with HIV every year.

The HIV epidemic in Suriname in concentrated among several key populations. These key populations include gay men and other men who have sex with men (MSM), transgender and gender non-conforming people, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs. Best available data from the National AIDS Plan suggest that HIV prevalence rates are 9-15% among MSM, 1-4% among female sex workers, at least 20% among male sex workers and at least 30% among transgender women. Most people living with HIV and at risk for HIV are in in Paramaribo, where the largest concentration of the Suriname population lives.

Key populations at high risk for HIV in Suriname are also at high risk for other sexually transmitted infections (STIs) such as gonorrhea, chlamydia, and syphilis. Approximately 3000 people contract an STI other than HIV each year in Suriname, and a disproportionate burden falls on key populations. The combined HIV-TB disease burden is also relatively high; approximately 1 in 4 persons diagnosed with TB is also HIV positive and this has played a substantial role in HIV mortality in Suriname.

As in the rest of the Caribbean, populations at high risk for HIV in Suriname 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. Insurance coverage and services for mental health and substance use and addiction are limited.

ACCESSIBILITY AND QUALITY OF HIV-RELATED SERVICES

Suriname is making progress toward the UNAIDS 95-95-95 fast-track targets for HIV testing, treatment and viral suppression. Research suggests key populations in Suriname are generally aware of HIV testing and have some access to HIV testing. For people testing HIV-positive, health referrals and services are in place to offer people HIV treatment. In 2017, the Suriname Ministry of Health adopted the "Treat All" policy, which may help to accelerate access to HIV treatment and care.

As of 2016, Suriname had a long way to go to achieve the 95-95-95 HIV targets. Of the 4,900 estimated people living with HIV in Suriname, only 62% (3,044) were diagnosed, 48% (2,392) were on ART and 37-43% (1,800-2100) had achieved viral suppression in 2016.
Among key populations, service providers report reaching over 1000 MSM and over 2400 female sex workers each year with HIV rapid testing and other HIV outreach and prevention services. However, this is likely only reaching a fraction of the 10-20,000 people at highest risk for HIV in Suriname. The latest IBBS survey conducted in 2018 confirms this, finding that only one-third of MSM and two-thirds of female sex workers interviewed said that they had been reached by HIV outreach efforts. Outreach to female sex workers seems to be successfully reaching people who have undiagnosed HIV, but outreach efforts to gay men and other MSM are struggling to find and engage the men who are at highest risk.

The World Health Organization has published guidelines and program implementation tools that define the package of services for each key population affected by HIV, including for gay men and other men who have sex with men (MSM), transgender and gender non-conforming people, sex workers, youth, migrants and mobile populations, incarcerated persons and people who use drugs. For example, for sex workers or young gay men, the World Health Organization defines a combination of interventions that should be made available by health systems, which include comprehensive sex education, screening and services for mental health and addictions, STI screening and treatment, and access to HIV treatment, PrEP and PEP.

The WHO also provides guidance for making services accessible, acceptable, and affordable, including involvement of clients in service design and peer-based implementation, provision of services in community settings, trainings of health service providers to reduce stigma and discrimination in health settings, and sensitization of law enforcement, social welfare agencies, and other public services to reduce barriers to care.

Of the WHO-recommended HIV interventions for key populations, PrEP (use of antiretrovirals to prevent HIV) has become available through private providers in Suriname, but PrEP is not yet provided by the public health system. Thus, few people at risk for HIV are likely accessing this intervention. Self-administered HIV test kits are also not yet generally available.

For prevention of HIV and other STIs among adolescents, the Health and Family Life (HFLE) curricula in Suriname, called the Basic Life Skills Program, includes sensitization about gender, gender equality and sexual and reproductive health. However, this program is still referred to by the State as a ‘pilot’ and is not integrated into the school curriculum or into mandatory teacher training.

The UHC Index for Suriname, averaging population coverage rates of 16 essential health services, shows only about 49% coverage as of 2017. Total health spending in Suriname was 4.8% of the country’s GDP, but this amounted to only about US$ 939 per person as of 2016, with government spending accounting for 52% of this amount (about US$ 488 per person), health insurance accounting for 35% of health spending, and a full 22% of the country’s health spending coming from individuals and households as out-of-pocket spending. The costs of testing and treatment for STIs can sometimes be an out-of-pocket cost for people, depending on their insurance, and complete blood count (CBC) hemogram monitoring for people living with HIV is also an out-of-pocket cost not covered by the health system.
Published expert analyses of country health financing indicate that there is capacity to increase Suriname government investments in health, and also potential 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 Suriname government spending on HIV, currently at US$ 2.3 million per year, could be increased to US$ 3.5 million annually by 2030.\(^24\)\(^25\)

Increased spending on HIV and health would allow for greater coverage of interventions such as STI testing and treatment and PrEP, and measures such as hiring more health service providers, expanding facility hours of operations, delivering mobile services to youth and key populations, and/or funding additional community-led and community-based services to increase accessibility and uptake of health services.

**SOCIAL, ECONOMIC AND LEGAL CONTEXTS OF THE HIV RESPONSE**

Progress toward ending HIV and improving the health of key populations in Suriname will be heavily influenced by contexts of poverty, lack of education, gender-based discrimination and violence, and lack of recourse to legal protection and justice.

The Government of Suriname is a signatory to the 2030 Sustainable Development Goals (SDGs) and as such, 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).

Suriname has made progress since 2000 on several of these human development issues. Since 2005, there have been increases in indicators such as average numbers of schooling, life expectancy and the country’s overall human development index (HDI). Compared to neighbouring Guyana or other Anglophone Caribbean countries, Suriname has a relatively high index ratings for gender development and gender equality and has broad laws and policies in place to prohibit discrimination of all forms in work, education, housing, health care and legal services.\(^26\)\(^27\)

However, despite Suriname having an average per capita income that classifies it as an upper middle income country, the country has income inequality that is 12% higher than the Caribbean average, and thus had an inequality-adjusted HDI score of .557 in 2017, which was only 94% of the average for all Latin American and Caribbean countries and 88% of the average for high-income countries.\(^28\) Approximately 49,000 people in the Suriname population are living in multidimensional poverty with another 23,000 people at risk, and thus over 72,000 people in Suriname may have limited resources for transportation and costs related to health services.\(^29\)\(^30\)

Suriname has two laws in place that impede efforts to prevent and treat HIV among key populations. Suriname’s Penal Code Article 66 criminalizes women for publicly soliciting sex or engaging
in sex work and Article 294 of the Criminal Code criminalizes people living with HIV for behaviors that might transmit HIV, a criminalization that has been shown to have no effect on preventing these behaviors but that places people under threat of arbitrary criminal prosecution. Regarding gender identity, an appeals case involving the Ministry of Home Affairs Civil Registration Office concerning the ability of transgender individuals to update legal documents to reflect their gender identity in the public registry is ongoing.

Suriname law prohibits discrimination, and the Ministries of Health, Education and Labour all have policies to prevent and address discrimination. But interviews with gay men, sex workers, transgender people, and people living with HIV conducted for the IBBS and other studies also hear anecdotes of experiences of stigma and discrimination and fears about breaches of confidentiality in health care, employment and education.31 32 Fears about loss of confidentiality are cited as a reason that people living with HIV (PLHIV) choose to not access health care, not register for insurance or benefits, and not report instances of discrimination or other human rights violations.33 Interviews also hear of employers that mandate HIV testing and fire employees who are HIV positive, and insurance companies that stop insurance for people living with HIV.

Key populations also report experience of interpersonal violence, gender-based violence and sexual violence; and a lack of trust in law enforcement and the legal justice system to protect against or respond to this violence. 34 In reporting of human rights violations to the CVC Shared Incident Database, 20% of 150 reported incidents involved physical violence. The Suriname Ministry of Justice and Police is publicly committed to protecting people’s rights and ensuring access to justice, and during the Universal Periodic Review (UPR) 2016 in Geneva, the Minister of Justice and Police, Dr. Mrs. van Dijk-Silos LLM, affirmed this commitment to human rights and recommended the creation of a Diversity and Inclusion Committee to advise and assist the Ministry of Justice and Police.

In Suriname’s 2018 Legal Environment Assessment, interviews suggested that key populations rarely report and seek redress for discrimination, violence or other human rights violations because of lack of faith that justice will be done:

“Suriname people do not or barely stand up for their rights. ... One of the fundamental reasons is the stakeholders’ lack of faith that justice will be done. Additionally court rulings often take too long and the judicial system does not work properly. If for example members from the target group go to the police, they are often not treated correctly and are laughed at. ... People are involved in all kinds of networks and are in patronizing dependency relationships. Hence one is afraid to take legal action as they can be excluded, fall victim to repressive measures and may not be able to do business anymore. Surinamese small-scale society is seen by some as an obstacle. There are too few visible activists filing lawsuits. And the activists out there do not have that much room to settle their affairs on different fronts. The pool of people in organizations is small.”

The 2013 Suriname National HIV Strategic Plan describes initial planning for a national Human Rights Commission and a Human Rights Desk to help document and combat instances of discrimi-
nation, violence and other human rights violations in employment, education and health care and to
document needs for legal services. Global Fund funding for Suriname in its 2015-2018 grant
agreement included funding for the establishment of this Human Rights Desk and related com-
plaints mechanisms and database. As of 2019, it is not clear whether these are established or
functional.

CURRENT HIV-RELATED ADVOCACY IN SURINAME

More than 10 non-governmental organizations and groups are involved in advocacy related to HIV.
These include (in alphabetical order) CARIFLAGS, Chances for Life, Cocon, Double Positive, HE+HIV,
the LGBT Platform, Loving Hands, Parea, Suriname Men United, SUCOS, Trans in Action (TIA),
Urban House, and YAM.

These organizations generally work with each other and within broader coalitions in Suriname
advocating for gender equality, sexual and reproductive health and rights, legal justice, and
government accountability. Broad categories of advocacy currently happening in Suriname include:
- Support for government agencies in program design and planning, 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 Suriname have limited capacity. Many of them have
no full-time staff or only one or two people paid for the work. 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 Suriname, to help end to the HIV epidemic in Suriname and advance health and rights for all.

STRATEGIC OBJECTIVES

This plan defines five strategic objectives:

1. Advocate for improved standards and trainings for police to help key populations to be protected and seek redress against violence and abuse.
2. Advocate for Suriname laws and policies related to gender identity.
3. Advocacy for increased attention from Ministry of Education to prevent bullying in schools.
4. Strengthen advocacy capacity of implementing partners to plan, coordinate and implement advocacy activities.
5. Monitor and evaluate implementation of activities under this plan to inform further advocacy work in Suriname.

INTENDED OUTCOMES

The outcomes of this advocacy plan will be:

1. All advocates will be supported for regular national coalition meetings and trainings to improve advocacy coordination and capacity related to HIV, sexual and reproductive health and rights, gender identity, access to justice, and achievement of broader Sustainable Development Goals;
2. All advocates will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Suriname.
### 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 Introduce improved standards and trainings for police to help key populations to be protected and seek redress against violence and abuse.</td>
<td>1.1.1 Use the regional Shared Incident Database and interviews to document key population experiences of violence and abuse across all regions of Suriname, and role of police as protectors or perpetrators</td>
<td>Suriname Network for Advocacy involving 8 NGOs</td>
<td>CARIFLAGS, Chances for Life, Double Positive, HE+, Suriname Men United, SUCOS</td>
<td>July-December 2019</td>
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<td></td>
<td>1.2 Improve Suriname laws and policies related to gender identity.</td>
<td>1.2.1 Conduct a policy analysis and produce a policy briefing about needs for improving Suriname laws related to gender identity.</td>
<td>Suriname Network for Advocacy involving 8 NGOs</td>
<td>CARIFLAGS, Chances for Life, Double Positive, HE+, Suriname Men United, SUCOS</td>
<td>July-December 2019</td>
</tr>
<tr>
<td>1.3 Increase attention from Ministry of Education to prevent bullying in schools.</td>
<td>1.3.1 Conduct interviews to document experience of bullying in schools across all regions of Suriname.</td>
<td>Suriname Network for Advocacy involving 8 NGOs</td>
<td>CARIFLAGS, Chances for Life, Double Positive, HE+, Suriname Men United, SUCOS</td>
<td>July-December 2019</td>
<td></td>
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<tr>
<td>1.4 Increase attention from Ministry of Labour to prevent workplace</td>
<td>1.4.1 Use the regional Shared Incident Database and interviews to document key population experiences of workplace discrimination and compulsory HIV testing</td>
<td>Suriname Network for Advocacy involving 8 NGOs</td>
<td>CARIFLAGS, Chances for Life, Double Positive,</td>
<td>July-December 2019</td>
<td></td>
</tr>
<tr>
<td><strong>STRATEGIC OBJECTIVE</strong></td>
<td><strong>ACTIVITY</strong></td>
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<td>2. Strengthen the capacities of implementing partners to plan, coordinate and implement advocacy initiatives</td>
<td>discrimination and compulsory HIV testing</td>
<td>1.1.12 Produce a policy briefing to summarize recommendations for improved policies, employer trainings, and/or policy enforcement 1.1.13 Meet with the Ministry of Labour to present and discuss findings and possible actions</td>
<td>HE+, Parama, Suriname Men United, SUCOS</td>
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<tr>
<td>3. Monitor and evaluate implementation of the Advocacy Plan</td>
<td>Set up an advocacy network – the Suriname Network for Advocacy involving 8 NGOs. Support capacity of advocates to implement Advocacy Plan activities</td>
<td>2.1.1 Organize regular advocate coalition meetings to reinforce advocate collaboration and knowledge 2.1.2 Organize trainings of advocates about media, to increase capacity to convey clear unified messages 2.1.3 Organize trainings of advocates about technical policy analyses that generate evidence, describe evidence-based arguments, and articulate proposals for change.</td>
<td>Suriname Network for Advocacy involving 8 NGOs</td>
<td>All advocacy partners</td>
<td>July-December 2019</td>
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<td></td>
<td>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>Suriname Network for Advocacy involving 8 NGOs</td>
<td>All advocacy partners</td>
<td>July-December 2019</td>
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</tbody>
</table>
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 CFAN in Suriname

IMPLEMENTING PARTNERS AND ALLIES

Below is an initial list of partners and allies who will be involved in implementing this advocacy plan.

<table>
<thead>
<tr>
<th>Partners/Ally</th>
<th>Sector</th>
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<tbody>
<tr>
<td>NACC</td>
<td>Government</td>
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<tr>
<td>CariFLAGS</td>
<td>NGO</td>
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<tr>
<td>Chances for Life</td>
<td>NGO</td>
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<tr>
<td>Cocon</td>
<td>NGO</td>
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<td>NGO</td>
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<td>HE+HIV</td>
<td>NGO</td>
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</table>
ENDNOTES

1 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
2 UNAIDS Suriname Country Profile, 2018
6 ibid
8 UNDP. Human Development Indices and Indicators: 2018 Statistical Update.
9 http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/SUR.pdf
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15 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
16 UNAIDS Suriname Country Profile, 2018
17 CCM report 2018. Data are limited. Among MSM, a 2011 study found an HIV prevalence of 9.2%, and the 2018 IBBS found HIV prevalence of 9.6% among young MSM aged 16-24 years old and 15.3% among older MSM ≥ 25 years old. Among female sex workers, a 2012 study found HIV prevalence of 3.8% and the 2018 IBBS found HIV prevalence of 1%. Research showed much higher prevalence among male sex workers and transgender women, but sample sizes were very low.
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