HIV Advocacy Plan

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

In Trinidad and Tobago, as of the end of 2017, approximately 11,000 people were living with HIV, translating to 1.1% of all adults ages 15-49 in the country. Approximately 400-500 people were becoming newly infected with HIV every year. The HIV epidemic in Trinidad and Tobago is concentrated among several key populations including 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.

Trinidad and Tobago 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. Fewer than half of all people at highest risk, such as gay men, are testing on an annual basis, and CD4 counts among newly diagnosed people indicate that a substantial proportion are being diagnosed late in their infection. Of the 11,000 people living with HIV in Trinidad and Tobago, only 6700 (62%) had started HIV treatment and an unknown subset of these people were achieving viral suppression – an essential indicator of treatment success and inability to transmit the virus. PrEP – the daily pill that can protect HIV-negative people from HIV -- is not yet provided by the Trinidad and Tobago health system, and therefore very few people at risk for HIV are likely accessing this intervention.

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 Trinidad and Tobago, averaging population coverage rates of 16 essential health services, shows only about 54% coverage as of 2017. Government spending on health accounts for only 52% of total health spending (about US$ 1100 per person) and much of the remainder – 37% of total health spending --comes from individuals and households as out-of-pocket spending. 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.

Approximately 8000 people in Trinidad and Tobago are living in multi-dimensional poverty with another 15,000 people at risk, and thus over 20,000 people may have limited resources for transportation and costs related to health services. Advocacy is needed to increase total health spending in Trinidad and Tobago with a focus on increasing coverage of services and also reducing out-of-pocket costs.
The Trinidad National HIV Strategic Plan 2013-2018 prioritized training and competency standards among health professionals as an important component of that national plan, in part to address public fears of stigma, discrimination, and potential breaches of confidentiality as a barrier to HIV services. The 2018 Legal Environment Assessment has recommended updating national health policies to ensure specific competencies of health providers to ask and counsel patients and provide referrals about sexual health, mental health, possible trauma and partner violence, and substance use issues. The 2018 Legal Environment Assessment has also recommended that health facilities do more to post and promote the national Patient Charter of Rights and Obligations, which provides for the right of patients to file a complaint when they experience discrimination, abuse or other violations.

The Trinidad and Tobago Ministry of Education has indicated that the national Health and Family Life (HFLE) curricula is to be a component on the curriculum in all primary and secondary schools, and the Ministry of Education in collaboration with UNFPA and UNESCO has provided training for teachers and principals as HFLE master trainers. Advocates recommend further work by the Ministry of Education to improve and implement HFLE education, along with mobile youth health programs run by the Ministry of Youth Affairs and district youth offices, to ensure that adolescents are fully informed about sexual and reproductive health and rights, including prevention of sexually transmitted diseases and early pregnancies.

Trinidad and Tobago 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. These include the Sexual Offenses Act which criminalizes sex work, and the Dangerous Drugs Act, which criminalizes possession of even small amounts of drugs. Legally, adolescents younger than 19 years of age need parental consent to access health services, and the 2018 Legal Environment Assessment recommended that national policies and guidelines be improved by adopting “Gillick competency” and “Fraser Guidelines” approaches to determine capacity to consent.

Finally, Trinidad and Tobago hosts a large number of migrants, recently from Venezuela but also people from throughout the Caribbean coming to Trinidad for work and education. The 2018 Legal Environment Assessment recommends that Trinidad and Tobago should ensure that migrants can access the same quality of HIV prevention, treatment and care services that are available to citizens by expressly allowing all people to register with health services regardless of their citizenship or residency status and offer equal rights and standards of protection to migrants, visitors and residents who are not citizens as is offered to citizens.

**Universal health service coverage and quality, school-based sexual health education, and an improved legal rights environment in Trinidad and Tobago can be achieved.**

More than 10 non-governmental organizations are involved in the HIV response in Trinidad and Tobago. These include (in alphabetic order) the Alliance for Justice and Development (AJD), Caiso,
ComTalk, Family Planning Association (FPATT), Fire Circle, Friends for Life, Jabulous, Living Waters, Patient Advocate Mission (PAM), Positive People, Red Initiatives, Trinidad and Tobago Trans Coalition (TTTC), and the YMCA Society for Youth Empowerment.

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

- Participation in and support for the National AIDS Coordinating Committee 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 Trinidad and Tobago 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 Trinidad advocates met during 2017 and 2018 with the support of the Caribbean Vulnerable Communities Coalition (CVC) to discuss HIV-related advocacy needs in Trinidad and Tobago. 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 Trinidad and Tobago, 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 competency and quality standards in Trinidad and Tobago health services** to increase uptake of HIV-related services and reduce stigma and discrimination

2. **Advocate for HFLE education related to sexuality and sexual health in Trinidad and Tobago schools.**

3. **Communicate to the general population and key stakeholders to improve public awareness, understanding and support for migrant and refugee health and rights**

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 Trinidad and Tobago.

The outcomes of this advocacy plan will be:

1. **Advocates for PLHIV and other key populations** will be supported to monitor health facilities, assess needs, and work with the government and health providers to improve trainings and enforcement of competency and quality standards,

2. **Advocates for sexual and reproductive health and rights (SRHR)** will be supported to advance SRHR education in Trinidad and Tobago schools;

3. **Advocates for migrant health and rights** will be supported for coalition work and public engagement to build public awareness, understanding and support for migrants in Trinidad and Tobago

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

5. **All advocates** will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Trinidad and Tobago.
**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 Trinidad and Tobago.

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 Trinidad and Tobago, as of the end of 2017, approximately 11,000 people were living with HIV, translating to 1.1% of all adults ages 15-49 in the country. Approximately 400-500 people were becoming newly infected with HIV every year.

The HIV epidemic in Trinidad and Tobago is concentrated among several key populations including 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. UNAIDS and PANCAP estimate that these key populations and their sexual partners represent at least two thirds of all HIV cases and new HIV infections in the region each year, translating to at least 7500 of Trinidadians living with HIV and 300-400 people newly infected each year.

Incidence and prevalence data are limited for each key population. In total, approximately 6800 of Trinidad’s people living with HIV are men and 3900 are women. Bio-behavioural surveillance surveys and modes of transmission studies in Trinidad and Tobago suggest that gay men and other men who have sex with men (MSM) account for approximately one third of all prevalent and incident cases (thus about 4000 gay men living with HIV and 150-250 men becoming HIV-positive each year). This finding that aligns with data from Jamaica and other Anglophone Caribbean countries.

A portion of the new HIV infections in Trinidad and Tobago may be happening among adolescents (ages 10-19) and young adults (ages 20-24). Young adults represent 12% of new HIV diagnoses in Trinidad and Tobago, and school health surveys among adolescents ages 13-15 find that over a third of adolescent boys and one in five adolescent girls say that they are sexually active.

Key populations at high risk for HIV in Trinidad and Tobago are also at high risk for other sexually transmitted infections (STIs) such as gonorrhoea, chlamydia, and syphilis. Approximately 3000 people contract an STI other than HIV each year in Trinidad and Tobago, and a disproportionate burden falls on key populations. As in the rest of the Caribbean, populations at high risk for HIV in Trinidad and Tobago 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

Trinidad and Tobago is making progress toward the UNAIDS 95-95-95 fast track targets for HIV testing, treatment and viral suppression. Research indicates that key populations are generally aware of HIV testing. HIV testing is provided free of charge in the public sector, and same-day
testing is available at more than 75 sites including hospitals, STI clinics, primary health care centres, and community organizations. Testing is also offered through workplaces and during Carnival, World AIDS Day and Regional Testing Day. For people testing HIV-positive, referrals and services are in place to offer people HIV treatment.

However, Trinidad and Tobago has a long way to go to achieve the 95-95-95 HIV targets. Research suggests that fewer than half of all people at highest risk, such as gay men, are testing on an annual basis, and CD4 counts among newly diagnosed people indicate that a substantial proportion are being diagnosed late in their infection. Of the 11,000 people living with HIV in Trinidad and Tobago, only 6700 (62%) had started HIV treatment and an unknown subset of these people were achieving viral suppression – an essential indicator of treatment success and inability to transmit the virus. PrEP – the daily pill that can protect HIV-negative people from HIV -- is not yet provided by the Trinidad and Tobago health system, and therefore very few people at risk for HIV are likely accessing this intervention.

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. All of the countries in the Caribbean have committed to increased coverage of essential health services, including basic hospital access, access to essential medicines, and universal access when needed to treatment for HIV, tuberculosis, malaria and viral hepatitis.

However, the UHC Index for Trinidad and Tobago, averaging population coverage rates of 16 essential health services, shows only about 54% coverage as of 2017. Trinidad and Tobago is characterized by the World Bank as a high-income country, and total health spending is 5.1% of GDP, amounted to about US$ 2100 per person as of 2016, a relatively high amount of health spending among Caribbean countries. But government spending accounts for only 52% of this amount (about US$ 1100 per person) and much of the remainder – 37% of total health spending -- comes from individuals and households as out-of-pocket spending. 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. Approximately 8000 people in Trinidad and Tobago are living in multi-dimensional poverty with another 15,000 people at risk, and thus over 20,000 people may have limited resources for transportation and costs related to health services. Advocacy is needed to increase total health spending in Trinidad and Tobago with a focus on increasing coverage of services and also reducing out-of-pocket costs.

Fears of stigma, discrimination, and potential breaches of confidentiality are also a barrier to HIV services for key populations in Trinidad and Tobago, as in other Caribbean countries. A public attitude poll carried out in 2013 in 29 locations under the auspices of UNAIDS on sexual and reproductive health, abuse, violence and discrimination, revealed that nearly half of patients had concerns about confidentiality and stigma related to seeking an HIV test.

The Trinidad National HIV Strategic Plan 2013-2018 prioritized training and competency standards among health professionals as an important component of that national plan. The 2018 Legal
Environment Assessment conducted in Trinidad and Tobago noted the ongoing need for trainings and enforcement of competency standards for health providers. The 2018 Legal Environment Assessment recommended updating national health policies to ensure competency of health providers to provide non-stigmatizing quality care, with specific competencies to ask and counsel patients and provide referrals about sexual health, mental health, possible trauma and partner violence, and substance use issues. The 2018 Legal Environment Assessment also recommended that health facilities do more to post and promote the national Patient Charter of Rights and Obligations, which provides for the right of patients to file a complaint when they experience discrimination, abuse or other violations.

The Trinidad and Tobago Ministry of Education has indicated that Health and family life (HFLE) curricula is to be a component on the curriculum in all primary and secondary schools, and the Ministry of Education in collaboration with UNFPA and UNESCO has provided training for teachers and principals as HFLE master trainers. Advocates recommend further work by the Ministry of Education to improve and implement HFLE education, along with mobile youth health programs run by the Ministry of Youth Affairs and district youth offices, to ensure that adolescents are fully informed about sexual and reproductive health and rights, including prevention of sexually transmitted diseases and early pregnancies.

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

Trinidad and Tobago has one of the highest overall human development index (HDI) scores in the Caribbean, with relatively high per capita income, a diverse economy, and high rates of education. As a signatory to the Sustainable Development Goals, Trinidad and Tobago has endorsed goals of further 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).

Trinidad and Tobago also has a robust public dialogue underway about human rights, played out in broadcast and print media, as people discuss laws and societal obligations related to work, education, housing, health care, gender roles and gender equality, drug use, immigration, and legal justice. This public discussion may be gradually changing public awareness and attitudes, including tolerance and non-discrimination related to key populations. Evidence from the 2011 UNICEF multiple indicator cluster survey (MICS) suggested significant improvements in public acceptance of people living with HIV, and a 2013 UNAIDS-sponsored survey found that over half of people interviewed expressed tolerance of people who are gay or lesbian and felt that persons should not be treated differently because of their sexual orientation.

However, surveys of the public and of employers in many Caribbean countries, including Trinidad and Tobago, have documented stigmatizing attitudes and a willingness to discriminate against people on the basis of sexual orientation, gender non-conformity, or history of sex work, drug use or incarceration. Gender inequality, discrimination and violence also remain a problem for
Trinidad and Tobago. For example, according to the 2018 National Women’s Health Survey, almost one in three women have experienced physical violence from a partner, and over 10,000 women are likely to currently be in abusive relationships.\textsuperscript{31}

Trinidad and Tobago 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. These include the Sexual Offenses Act which criminalizes sex work, and the Dangerous Drugs Act, which criminalizes possession of even small amounts of drugs.\textsuperscript{32} Legally, adolescents younger than 19 years of age need parental consent to access health services, and the 2018 Legal Environment Assessment recommended that national policies and guidelines be improved by adopting “Gillick competency” and “Fraser Guidelines” approaches to determine capacity to consent.

Trinidad and Tobago hosts a large number of migrants, recently from Venezuela but also people from throughout the Caribbean coming to Trinidad for work and education. The 2018 Legal Environment Assessment recommends that Trinidad and Tobago should ensure that migrants can access the same quality of HIV prevention, treatment and care services that are available to citizens by expressly allowing all people to register with health services regardless of their citizenship or residency status and offer equal rights and standards of protection to migrants, visitors and residents who are not citizens as is offered to citizens.

**Current HIV-related advocacy in Trinidad and Tobago**

More than 10 non-governmental organizations are involved in the HIV response in Trinidad and Tobago. These include (in alphabetic order) the Alliance for Justice and Development (AJD), Caiso, ComTalk, Family Planning Association (FPATT), Fire Circle, Friends for Life, Jabulous, Living Waters, Patient Advocate Mission (PAM), Positive People, Red Initiatives, Trinidad and Tobago Trans Coalition (TTTC), and the YMCA Society for Youth Empowerment.

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

- Participation in and support for the National AIDS Coordinating Committee 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 organizations have limited capacity for advocacy. Most have only small amounts of funding for services from government sources such as the HIV Secretariat, the Ministry of Social Development and Family Services, or the Ministry of Community Development, and thus have small budgets and limited staffing. 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 outlines some investments that can be made to 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 Trinidad and Tobago, to help end to the HIV epidemic in Trinidad and Tobago and advance health and rights for all.

STRATEGIC OBJECTIVES

This plan defines three strategic objectives:

1. Advocate for the enactment and enforcement of competency and quality standards in Trinidad and Tobago health services to increase uptake of HIV-related services and reduce stigma and discrimination
2. Advocate for HFLE education related to sexuality and sexual health in Trinidad and Tobago schools.
3. Communicate to the general population and key stakeholders to improve public awareness, understanding and support for migrant and refugee health and rights
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 Trinidad and Tobago.

INTENDED OUTCOMES

The outcomes of this advocacy plan will be:

1. Advocates for PLHIV and other key populations will be supported to monitor health facilities, assess needs, and work with the government and health providers to improve trainings and enforcement of competency and quality standards,
2. Advocates for sexual and reproductive health and rights (SRHR) will be supported to advance SRHR education in Trinidad and Tobago schools;
3. Advocates for migrant health and rights will be supported for coalition work and public engagement to build public awareness, understanding and support for migrants in Trinidad and Tobago
4. All advocates will be supported for regular national meetings and trainings to improve advocacy coordination and capacity related to HIV, SRHR, migrant rights, and achievement of broader Sustainable Development Goals;
5. All advocates will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Trinidad and Tobago.
6. All advocates will collectively report and reflect on the implementation of these planned activities to inform further advocacy work in Trinidad and Tobago.
## 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. Improve HFLE education related to sexuality and sexual health in Trinidad and Tobago schools</td>
<td>1. Produce a policy briefing containing the evidence and arguments for improving HFLE educational curricula, teaching requirements and teacher resources related to sexuality and sexual health.</td>
<td>FPATT, NACC</td>
<td>AJD, ComTalk, FireCircle, Jabulous, FFL, PAM, Positive People, TTTC, YMCA/SYE</td>
<td>July-December 2019</td>
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<tr>
<td></td>
<td>1. Advocate for the enactment and enforcement of competency standards and quality standards related to key populations into medical / healthcare trainings and certification requirements.</td>
<td>1. Document key population patient experiences related to health service quality and competency</td>
<td>FPATT, NACC, PAM</td>
<td>AJD, ComTalk, FireCircle, Jabulous, Positive People, TTTC, YMCA/SYE</td>
<td>July-December 2019</td>
</tr>
<tr>
<td>2. Communicate to the general population and key stakeholders for improved awareness of legal, social and health barriers faced by PLHIV and key populations</td>
<td>2. Improve public awareness, understanding and support for migrant and refugee health and rights</td>
<td>2. Develop a policy briefing and clear informational materials about the links between the rights of refugees and migrants and the priorities of public health, social justice and universal human rights.</td>
<td>UNHC, Living Waters</td>
<td>AJD, ComTalk, FireCircle, FFL, Jabulous, NACC, PAM, Positive People, TTTC, YMCA/SYE</td>
<td>July-December 2019</td>
</tr>
<tr>
<td>STRATEGIC OBJECTIVE</td>
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| 3. Strengthen the capacities of implementing partners to plan, coordinate and implement advocacy initiatives | 3.1 Create a stronger in-country NGO network for joint advocacy in Trinidad and Tobago  
3.2 Support capacity of advocates to implement Advocacy Plan activities | 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. | NACC               | All partners   | July-December 2019 |
| 4. Monitor and evaluate implementation of the Advocacy Plan                         | 4.1 Document implementation of Advocacy Plan activities                  | 3.1.1 Convene all advocacy partners to collectively report and reflect on implementation of Advocacy Plan activities                                                                            | NACC               | All partners   | July-December 2019 |
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 Trinidad National AIDS Commission

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>Alliance for Justice and Development (AJD)</td>
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<td>Caiso</td>
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<td>ComTalk</td>
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<td>Friends for Life</td>
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<td>Jabulous</td>
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<td>Living Waters</td>
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<td>Patient Advocate Mission (PAM)</td>
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<td>Positive People</td>
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<td>Red Initiatives</td>
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<td>Trinidad and Tobago Trans Coalition (TTTC)</td>
<td>NGO</td>
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<tr>
<td>YMCA Society for Youth Empowerment</td>
<td>NGO</td>
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</table>
ENDNOTES

1 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
2 Ibid
4 National Biological and Behavioural Surveillance Survey (BBSS),
5 UNAIDS. Miles to go.
6 Jamaica Modes of Transmission study 2012
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9 UNAIDS. Miles to go: The response to HIV in the Caribbean. 2018.
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16 KPMG. Islands of progress: the Caribbean’s journey to UHC. 2018.
20 UNDP. The 2018 global multidimensional poverty index (MPI).
23 A Mandate to Act: Findings from a Poll on Public Attitudes to Sexual and Reproductive health, Violence, Abuse and Discrimination, Trinidad and Tobago, 2013
25 Pemberton C and Joseph J. National Women’s Health Survey for Trinidad and Tobago. 2018
28 UNAIDS, A Mandate to Act, 2013
29 UNAIDS (2014). Public Attitudes on Gender Inequality, Sexual and Reproductive Health and Discrimination: Trinidad and Tobago by CADRES. p. 22 - 25.
31 Pemberton C and Joseph J. National Women’s Health Survey for Trinidad and Tobago. 2018
32 In April 2018, the Supreme Court of Trinidad and Tobago in Jason Jones v. Attorney General of Trinidad and Tobago 274 struck down Sections 13 and 16 of the Sexual Offences Act, which criminalized buggery. The basis of the court’s decision is that the provisions infringed the dignity of the claimant, an openly gay man, and was therefore in violation of the Constitution of Trinidad and Tobago.