Analysis of the HIV Response for Gay Men, Transgender Persons and other Men who have Sex with Men (GTM) and Persons Who Use Drugs (PWUD)

March 31

2014

Haiti, Guyana and Suriname
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The Lobi Planned Parenthood Association
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ACRONYMS

AFD  Agence Française de Développement  KAP  Key Affected Populations
AIDS  Acquired Immuno Deficiency Syndrome  LGBT  Lesbians, Gays, Bisexuals and Transgenders
AJWS  American Jewish World Service  LGBTI  Lesbians, Gays, Bisexuals, Transgenders and Intersex
AMFAR  American Foundation for AIDS Research  MARPS  Most at-risk Populations
APAAC  Association pour la Prévention de l’Alcoolisme et autres Accoutumances Chimiques  MDG  Millennium Development Goals

ART  Anti-retroviral Treatment  MEM  Multilateral Evaluation Mechanism
ARV  Anti-Retro Viral  MINUSTHA  Mission des Nations Unies pour la Stabilisation en Haïti
BBSS  Biologic Behavioural Surveillance Survey  MOH  Ministry of Health
BCC  Behavioural Change Communication  MOT  Modes Of Transmission
BSS  Behavioural Surveillance Survey  MSM  Men who have Sex with Men
CADRES  Caribbean Development Research Services  MSPPP  Ministère de la Santé Publique et de la Population
CANU  Customs Anti-Narcotics Unit  MTR  Medium Term Review
CAREC  Caribbean Epidemiology Centre  NAC  National AIDS Committee
CARICOM  Caribbean Community  NANCOM  National Anti-Narcotics Commission
CARIMIS  Caribbean Men Internet Survey  NANCOS  National Anti-Narcotics Commission’s Secretariat
CBO  Community Based Organisation  NAP  National AIDS Programme
CCM  Country Coordinating Mechanism  NAPS  National AIDS Programme Secretariat
CDC  Centre for Disease Control  NASA  National AIDS Spending Assessment
CICAD  Canadian International Development Agency  NCPI  National Composite Policy Index
COIN  Centro de Orientación eInvestigación Integral  NGO  Non-Governmental Organisation
CONALD  Commission Nationale de Lutte contre la Drogue  NSP  National Strategic Plan
CRN+  Caribbean Regional Network of PLHIV  OAS  Organisation of American States
CRSF  Caribbean Regional Strategic Framework  OHD  Observatoire Haïtien des Drogues
CVC  Caribbean Vulnerable Communities Coalition  OVC  Orphans and Vulnerable Children
DCP  Direction Centrale de la Pharmacie  PAHO  Pan American Health Organisation
DOL  Department of Labour  PANCAP  Pan Caribbean Partnership on AIDS
DU  Drug Users  PCHA  Presidential Commission on HIV/AIDS
EMMUS  Enquête de Mortalité, Morbidité et Utilisation des Services  PEPPFAR  US Presidential Emergency Plan for AIDS Relief
ERT  Equal Rights Trust  PLHIV  People Living with HIV
ESTHER  Ensemble pour une Solidarité Thérapeutique Hospitalière  PMTCT  Prevention of Mother-To-Child Transmission
En Réseau  FBO  Faith Based Organisation  PNH  Police Nationaled’Haiti
FESB  Fondation Esther Boucicault-Stanislas  POZ  ObjectifZéroSida
FOSREF  Fondation pour la Santé Reproductive et l’Education Familiale  PSI  Population Services International
FSW  Female Sex Worker  PWUD  Persons who use drugs
GAC  General Administration of Customs  RCC  Rolling Continuing Channel
GARP  Global AIDS Response Progress  SASOD  Society Against Sexual Orientation Discrimination
GDF  Guyana Defence Force  SMU  Suriname Men United
GDP  Gross Domestic Product  SRH  Sexual and Reproductive Health
GFATM  Global Fund to fight AIDS TB and Malaria  STI  Sexually Transmitted Infection
GPF  Guyana Police Force  SW  Sex Worker
GRA  Guyana Customs and Revenue Authority  TB  Tuberculosis
GSWC  Guyana Sex Workers Coalition  TFM  Transitional Funding Mechanism
GTM  Gay Men, Trans and other MSM  TG  Transgender
GTU  Guyana Trans United  UN  United Nations
HCRMO  Haitian Coalition of Religious & Moral Organizations  UN Women  UN Entity for Gender Equality and the Empowerment of Women
HFLE  Health and Family Life Education  UNAIDS  Joint United Nations Programme on HIV/AIDS
HIV  Human Immunodeficiency Virus  UNDP  United Nations Development Programme
HLM  High Level Meeting  UNESCO  UN Educational Scientific and Cultural Organisation
HSDU  Health Sector Development Unit  UNFPA  United Nations Population Fund
IADB  Inter-American Development Bank  UNHCR  United Nations High Commission for Refugees
IDAHO  International Day against Homophobia  UNICEF  United Nations Children’s Fund
IEC  Information, Education and Communication  UNODC  United Nations Organisation on Drugs and Crime
ILO  International Labour Organisation  USAID  United States Agency for International Development
INCB  International Narcotics Control Bureau  VCT  Voluntary Counselling and Testing
IOM  International Organisation for Migration  VDH  Volontaires pour le Développement d’Haiti
WFP  World Food Programme
Acknowledgments

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CVC/COIN, under the management of Santo Rosario, has commissioned the analysis. The coordination and guidance was provided by John Waters, with administrative support from John Santana and further support from Louise Tillotson.

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Special thanks to SEROvie for facilitating the logistics during the visit in Haiti and to my former UNAIDS colleagues in Guyana and Haiti.

In all three countries, all governments, international, civil society partners and other partners have demonstrated their availability, a high level of commitment and remarkable collaboration spirit. The list is attached in the annexes of this document. Great appreciation is expressed here to each of them.

Last, but not least, I am pleased and grateful to acknowledge the contribution of Marcus Day who reviewed the final draft of this document and provided highly valuable inputs.

Michel de Groulard
Consultant
Port of Spain, March 31, 2014
Situation Analysis of the HIV Response for Gay men, transgender persons and other men who have sex with men (GTM) and persons who use drugs (PWUD) in Haiti, Suriname and Guyana

Context

The Caribbean Vulnerabilised Groups Project is a five-year regional project which responds to HIV and AIDS among Caribbean sex workers, men who have sex with men, socially excluded youth, and people who use drug. El Centro de Orientación e Investigación Integral (COIN) and the Caribbean Vulnerable Communities Coalition (CVC) have come together to implement this project with COIN as sub-recipient of a Pan Caribbean Partnership against HIV and AIDS (PANCAP) Grant provided by the Global Fund to Fight Malaria, Tuberculosis and Malaria.

The Vulnerabilised Groups Project supports populations who are systematically discriminated against and are placed in positions of heightened vulnerability for acquiring HIV and AIDS. While prevention efforts in the Caribbean have had some success over the past two decades, the epidemic is concentrated among people who society tries to exclude and demonize. In some countries, Behavioural and Sero-prevalence Studies have found HIV prevalence as high as 27% among sex workers and 32% among men who have sex with men¹. Young people between the ages of 15 and 24, account for the highest number of new HIV infections². Despite these glaring statistics, Caribbean states have chosen to focus almost exclusively on targeting the wider population and have developed generalised responses rather than programmes and interventions tailored to the prevention needs of the specific groups. CVC/COIN’s mandate is to work with community organisations, coalitions and social movements to develop model programme interventions for vulnerabilised groups that highlight civil society contributions to the HIV and AIDS response and can be scaled up by national programmes.

The formal agencies associated with State have found it a challenge to collect data from vulnerabilised populations and while community has been more successful in this area, the development of true partnerships has been few. The same cultural barriers that keep formal agencies from connecting with vulnerabilised populations also create barriers to collaboration with community. Community is seen, not as a collaborator and equal partner, but as “access”, a vehicle in which researchers can obtain access to communities they could not reach alone. Criminalisation, stigma and discrimination contribute to the perception that these groups are “hard to reach”. The result of this lack of collaboration has been the substantial gaps in evidence to support the claims of a concentrated epidemic in the Caribbean.

Following similar initiatives in other countries in the first phase of the project, CVC/COIN has embarked on conducting a Situational Analysis of HIV and AIDS responses for persons who use drugs (PWUD) and gay men, transgender persons and other men who have sex with men (GTM) in Suriname, Guyana and Haiti.

The purpose of the situational analysis is to provide a better understanding of the existence, access and use of HIV services for persons who use drugs and gay men, transgender persons and other men who have sex with men in Suriname and Guyana, in both the governmental and the nongovernmental sectors, as well as to identify areas of need for improved programming.

This situational analysis was conducted in the context of a growing interest in GTM and PWUD programming in the region, including advocacy from funding partners (Global Fund and PEPFAR), with support from CARICOM/PANCAP and UNAIDS.

**Background**

Gay men, transgender persons and other men who have sex with men (GTM) and persons who use drugs (PWUD) are largely under-served in terms of HIV prevention, treatment, and care services. While the HIV response of countries in the Caribbean has made considerable progress over the last decade, this has not included appropriate attention to these populations. Available data and research findings indicate that GTM and PWUD are at high risk for HIV infection and disproportionately affected by HIV.

The available data describing the HIV situation, in terms of prevalence and treatment coverage, in Suriname, Guyana and Haiti as of in 2012 is summarized as follows:

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<tr>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Haiti</td>
<td>10,175,000</td>
<td>2.1%</td>
<td>150,000</td>
<td>43,229</td>
<td>71,987</td>
<td>60%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Suriname</td>
<td>535,000</td>
<td>1.1%</td>
<td>4,000</td>
<td>1,372</td>
<td>2,076</td>
<td>66%</td>
<td>6.7%</td>
</tr>
<tr>
<td>Guyana</td>
<td>795,000</td>
<td>1.3%</td>
<td>7,200</td>
<td>3,717</td>
<td>4,001</td>
<td>93%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

No information is reported from countries on HIV prevalence in transgender persons or in persons who use drugs.

**Methodology to assess the state and condition of the HIV response for GTM and PWUD**

The report describes programmes and services that serve the needs of GTM and PWUD in the three countries and review perceptions of key players in terms of gaps, areas of opportunity and current priorities.

1. **Desk review**

The research reviewed available documents (published and grey literature) in each of the three countries, such as national strategic plans, national policies on HIV, youth, gender, sex work and drug use, epidemiology publications, country reports on HIV estimates, country progress reports, mid-term

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reviews of High Level Meeting (HLM) targets, National Commitments and Policy Instrument (NCPI), NASA country reports, and size estimates of most at risk populations. It reviewed special studies and surveys conducted in the 3 countries, especially modes of transmission studies, where they exist, and behavioural and HIV prevalence studies conducted on GTM and PWUD. A review of findings of the Caribbean Men Internet Survey (CARIMIS) for each of the 3 countries was also conducted.

2. On-site visits

On-site visits to all 3 countries allowed the HIV response to GTM and PWUD to be reviewed through Key Informant Interviews (KI) in terms of programme implementation, resource allocation and political commitment in the framework of existing legislations related to drug use, transgender persons and adult consensual same sex relations, as well as immigration acts. The country visits were conducted in January and February 2014.

These interviews allowed for a 360 degree review by interviewing key stakeholders from:

- The National AIDS programmes
- External funding partners, essentially the PEPFAR programmes and the Global Fund (CCM), and other bilateral donors (particularly in Haiti and Suriname) as well as the UN partners
- Civil society organisations and community groups, including faith-based organisations

3. Report

The report of this exercise provides a description of services made available through the National HIV responses in each of the 3 countries, including combination HIV prevention, HIV testing and counselling, treatment and care, as well as psychosocial support.

The report also provides recommendations for improved HIV response targeting GTM and PWUD for each country. It does so for the National AIDS Programmes, for civil society groups and international partners in-country, as well as for regional partners. This includes existing regional programmes currently being implemented (Regional Global Fund Grant).

Area of focus

The report specifically describes and comments on the legal and policy environments as well as the social determinants as they relate to drug use and consensual same sex relations among adults. The report proceeds to describe how all of this impacts programme implementation, data collection, research and access to services.

The report also pays particular attention to a possible mismatch between HIV burden in GTM and PWUD. Further, it addresses resource allocation for prevention and for human rights interventions needed to address the stigma and discrimination targeting both these groups. Finally the report considers whether the proposed recommendations of the study for the HIV response are sustainable in terms of resources and technical capacities.
Stakeholder interest, influence and importance

PANCAP, with oversight from the CARICOM Directorate on Human and Social Development, and under guidance of the UN Special Envoy on HIV for the Caribbean and support from UNAIDS, is implementing the “Justice for All” programme aimed at reducing the social stigma on PLHIV and vulnerable populations through social dialogues (national consultations and regional consultation).

UNAIDS and PEPFAR are supporting countries in developing investment cases. They are doing so to ensure strategic investment and the financial sustainability of the HIV responses through improved efficiency and resource allocation, which match the profile of the epidemic and particularly the prevention priorities.

As major funding partners, the Global Fund and PEPFAR are advocating for prioritizing programmes which target key populations -- including GTM and DU -- and have identified this prioritization as conditionality for approval of funding.

The engagement of the United system includes UNAIDS, PAHO/WHO, UNFPA, UNICEF, ILO, UNODC, UNESCO, UN Women, WFP and the World Bank. In addition, MINUSTHA and IOM are active in Haiti.

UNAIDS is supporting countries to achieve the 10 HLM targets by 2015 (2011 political declaration) and eliminating stigma and discrimination is one of the priority targets for the Caribbean, which includes removing punitive laws that hamper HIV prevention and access to services.

Networks of PLHIV and of vulnerable communities are advocating for reducing stigma and discrimination at all levels, and activist groups are challenging governments on certain aspects of immigration acts and on the constitutionality of punitive laws.

Among others, community and civil society groups include:

- In Suriname: Suriname LGBT Platform, Suriname Men United, He and HIV, Proud to be, StichtingLobi, De Stem, StichtingLiefdevolleHanden and others;
- In Guyana: Artistes in Direct Support (A.I.D.S.), the Society against Sexual Orientation Discrimination (SASOD), the Guyanese Network of PLHIV, the Guyana Sex workers Coalition, Guyana Trans United, the Salvation Army, the Phoenix Project and others;
- In Haiti: SEROVie, KOURAJ, POZ, FOSREF, VDH, The Esther Boucicault Foundation, Housing Works, the Platform of PLHIV, GHESKIO, APAAC and others

PAHO supports countries’ efforts to measure the population size and HIV prevalence of groups at highest risk, as well as to implement effective interventions with a focus on prevention and reduction of stigma and discrimination. A blueprint for the provision of comprehensive care to MSM is intended to strengthen the ability of health care providers to address health needs of MSM within the context of health promotion and health care delivery.

National AIDS programmes welcome support from national, regional and international partners to ensure appropriate decisions are made by policy makers, based on evidence.
HAITI

With an estimated population of 10,085,214 in 2010, of which 35% is under 15 and 58.4% in the 15-64 age group, Haiti has an estimated 150,000 persons living with HIV (more than half of the total number of persons living with HIV in the Caribbean). The life expectancy at birth is 53 years, which is the lowest in the Caribbean.

The devastating earthquake on 12 January 2010 left thousands of people struggling to access shelter, water and food. Many lived and some are still living in temporary camps. The vulnerability of people living with HIV has increased due to the breakdown of support systems and lack of access to sufficient food, as well as difficulties in accessing antiretroviral therapy. In addition, the vulnerability of already vulnerabilised groups of the population who are living in camps -- including women and girls, but also gay men and transgender persons -- was also increased, as same-sex relations were seen by some as the cause of the disaster, as a divine punishment.

The HIV prevalence among the population age 15-49 is estimated at 2.2%. It is higher among women (2.7%) than among men (1.7%). The proportion of women living with HIV increased slightly from 2.3% in 2005 to 2.7% in 2012, while HIV prevalence in men decreased slightly from 2.0% to 1.7% over the same period. In 2012, 62% of persons newly diagnosed with HIV were women. However, 69% of men have never had an HIV test, versus 50% of women. HIV prevalence in MSM is 18.1%, while there is no data on HIV prevalence among people who use drug. HIV prevalence is significantly higher in post-earthquake refugees’ camps (3.9%), particularly in women (5.7%).

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5 Unpublished reports from SERovie and KOURAJ
The prevalence of HIV varies within the country in the various geographical areas (“départements”), from 3% to 1.4%\(^7\).

In 2012, a total of 28,114 new HIV cases were reported to the National database. 6,930 cases (24.6%) had a CD4 count test and 3,903 cases (13.8%) received an ARV prescription.

In June 2013, among the estimated 150,000 persons living with HIV, 77,000 were eligible for ARV treatment. 69,000 have been enrolled in a treatment programme and 48,000 were receiving treatment regularly (ART coverage is 62%). 13,732 new patients have been enrolled in 2012, 62.2% of which are women\(^8\).

1. The National Strategic Plan

In 2013, the Haitian Government revised the 2008-2012 National Strategic Plan and extended it until 2015, with clear objectives and planned interventions in the areas of risk and vulnerability reduction, impact reduction, human rights promotion, sustainability, monitoring the epidemic and response evaluation. The challenges related to governance and coordination, are also clearly identified. The population groups targeted for risk and impact reduction include sexually active men and women, with special attention paid to vulnerability of youth, women and girls, female sex workers and other specific groups such as bus and truck drivers, the uniformed services, out of school youth, street children and “restavek”. There is no mention of persons who use drugs anywhere in the document, although the link between drug use and HIV is acknowledged.

With 18.1% HIV prevalence\(^9\), MSM represent the most affected group (8.3% in female sex workers and 2.1% in pregnant women). MSM are identified as a group with higher numbers of sexual partners. However the only intervention targeting MSM, among all other identified specific groups, is peer education training on condom use and sexual abstinence. All other interventions, in prevention, treatment and care, as well as stigma reduction and human rights promotion are directed to women and girls, youth and PLHIV in general. The non-governmental partners include women’s groups, FBOs and networks of PLHIV. There is no mention of CBOs working with MSM. Issues related to the transgender population and male sex work, are totally absent from the document.

At the time of the country visit, the document was still in a draft format, to be finalised and validated by January 31, 2014. It will be used as the reference document for the development of the concept note of the next Global Fund application, according to the new funding model instructions.

The National AIDS Programme acknowledges the gaps in the draft strategic plan and is committed to reviewing it with the relevant stakeholders, which will ensure a better quality document to support the development of the concept note for the next Global Fund application.

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\(^7\)2006 Mortality, Morbidity, and Service Utilization Survey (EMMUS-IV)
\(^8\)Ministry of Public Health and the Population: Haiti Report on the Mid-Term Review Towards the 10 Political Declaration Targets, Haiti, June 2013
\(^9\)Prévalence VIH et utilisation du condom parmi les hommes ayant des rapports sexuels avec d’autres hommes (HARSAH), PSI, Haïti 2012
The NAP has also confirmed that the behavioural and HIV prevalence PSI survey in MSM will be repeated, in the second part of the year 2014 (results to be available in early 2015). In addition, size estimates of drug users and MSM populations, as well as transgender populations, will be conducted in collaboration with UNAIDS and PAHO/WHO.

2. Available Reports

In the last submitted AIDS progress report, MSM are listed as one of the groups targeted by the plan, among other groups including people living in camps, PLHIV, youth, pregnant women, sexually active women, OVCs, sex workers, persons with reduced mobility and the general population. In the conclusion, the report admits that vulnerable groups, such as sex workers and MSM, given their high level of HIV prevalence, should benefit from suitable interventions.

Looking at resource allocations in programme implementation over a 3-year period (2009-2011), the total budget allocated to HIV prevention was $78,532,421 of which a total of $55,676 (0.07%) was specifically affected to MSM programmes\textsuperscript{10}.

Interestingly $1,715,508 (2.2% of the prevention budget) were allocated to risk reduction programmes targeting IV drug users, while no data can be found on the scope of IV drug use nor on HIV prevalence in this group.

The 2012 mid-term review report also mentions the high prevalence in MSM (2012 PSI study), but does not report on any intervention.

On drug use, the report states that prevention of new infections in drug users is a priority, but it is not addressed in the multi-sectorial national strategic plan. The National Drug Commission indicates that drug use (marijuana and crack-cocaine) is highly prevalent in youth, including in schools, while IV drug use is very sporadic. A few NGOs provide PWUD information on HIV, but there no data on HIV prevalence in PWUD. The report gives the list of participants in the MTR National consultation. No MSM organisation participated. The National Drug commission and one NGO providing services to drug users were consulted.

The report of the 2012 Mortality, Morbidity, and Service Utilization Survey (EMMUS-V) has 2 chapters (63 pages of the 350 pages of the report) on HIV, including general HIV data, information on knowledge, attitudes and practices, as well as on risk and vulnerability. The situation of MSM is not mentioned anywhere in this report.

3. The National AIDS Programme

The National AIDS Programme of the Ministry of Health comprises different types of actors that implement a range of interventions in HIV prevention, care and treatment for PLHIV coordinated by the Haitian Government in collaboration with national and international partners.

Haiti’s HIV/AIDS programme has achieved significant successes over the years with a declining HIV prevalence, and treatment outcomes that move the country closer to universal treatment. This success is tied to a strong foundation for HIV care that was in place before external funding became available that includes national guidelines prepared by the Ministry of Health, political commitment, non-governmental organisations and the assistance of the Global Fund to Fight AIDS, TB, and Malaria, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and other private donors.

In spite of challenges such as human resource shortages, widespread poverty, and limited infrastructure, the programme is providing integrated, comprehensive services.

The NAP recognises that MSM is one of the key priority group and that the draft NSP needs to be reviewed. The NAP is committed to conduct size estimates for the MSM and drug users’ populations. The BSS conducted with support from PSI in 2012 will be repeated next year.

4. Commission Nationale de Lutte contre la Drogue (CONALD)

Since 31 May 2002, the governing body for government policies in the fight against drugs has been the National Drug Commission (CONALD), chaired by the Prime Minister and headed by a coordinator. Its mandate is to define national policy on abuse and illicit drug trafficking, implement national policy against the use and trafficking of narcotic drugs and psychotropic substances, coordinate the activities of the various government departments and non-governmental, national and international organisations, and propose measures to improve the means at the disposal of these NGO services.

CONALD works closely with all public and private institutions working on prevention, treatment, rehabilitation and social reintegration. CONALD also works on the control of illegal substances, trafficking and money laundering.

CONALD coordinates the areas of demand reduction, supply reduction, control measures, the national drug observatory, international cooperation, program evaluation and research. CONALD has an annual budget to finance its activities and the activities of the central technical office, which is independent of the budget of other government agencies. The sources of financing for the budget are government allocations.

The supply reduction section coordinates actions of the Ministry of Justice, the National Police of Haiti (PNH), the General Administration of Customs (GAC), the Directorate General of Immigration, and the Central Directorate of Pharmacy and Control of Chemicals (DCP/CSC). It maintains relations with other Ministries and public institutions on specific issues affecting the supply reduction.

At this point, harm reduction is not part of the CONALD policies.

At the international level, the Section is responsible for collecting information on behalf of institutions such as UNODC, the International Narcotics Control Bureau (INCB), the Inter-American Drug Abuse Commission (CICAD) and its Multilateral Evaluation Mechanism (MEM). It is also responsible for monitoring MEM recommendations (2010 report).
CONALD is currently planning (and seeking funding) for a national survey on drug use among the population 15 to 64 years of age.

One of the concerns of CONALD, particularly since the 2010 earthquake, is the situation of street children who, according to CARITAS and AMI (2007 study), are increasingly using marijuana, as well as crack cocaine. This is associated with (and related to) risky sexual practices. Since 2005 focus groups have been organised on drug use in children.

CONALD is willing to collaborate more with the Ministry of Health, the National AIDS Programme, and Gheskio on improving strategic information on drug use and HIV (offering HIV testing and counselling to drug users) and on integrating HIV prevention in the drug prevention and demand reduction programmes.

5. Homophobia

There is no law against homosexuality in Haiti: Male to male relationships are legal and there is no legal punishment for male to male (or female to female) relationships; the age of consent is equal for heterosexuals and homosexuals. There are no anti-discrimination laws that protect LGBT persons and minority groups.

However, the level of homophobia in the society is very high with reported cases of health personnel denying care and treatment to persons perceived as being homosexuals. Within the past six months, incidents of homophobic protests and acts of violence seem to be increasing. In July 2013, an “anti-gay” march was organised, led by the Haitian Coalition of Religious and Moral Organizations (HCRMO), protesting against an alleged government project on legalising same sex marriage.

On that occasion, several gay men were physically assaulted, with reports of 2 persons killed, which were not confirmed. The government has issued statements condemning the violence and promoting tolerance and equality.

More recently, the premises of a gay activist organisation (Kouraj) were attacked and vandalised. Members of the group have received threats, leading the organisation to close its office temporarily and to look for new premises. The CARIMIS report for Haiti shows that more than 50% of the respondents report having been verbally abused and 38% physically assaulted (almost half of them within the past 4 weeks). Another confirmed incident was a mob attack on a private Port-au-Prince residence during an engagement party for two men.

There are reports that in some instances judiciary officials denied LGBT people access to justice because of their sexual orientation. In response to increased advocacy and activism by LGBT and other human rights groups during the past year, LGBT persons experienced a higher degree of hostility from more conservative or traditional segments of society than in previous years. Religious and other conservative organizations actively opposed the social integration of LGBT persons and discussion of their human and

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6. Drug Use and HIV

The Haitian government has developed a national strategy on trafficking and drug use, adopted in March 2011 and currently being implemented until 2015. As a result of the work of the national institutions involved, it is the basis for all national programmes on drug supply and demand reduction.

The Haitian Observatory on Drugs (OHD) is responsible for compiling, analysing and centralising in a database, all information and statistics generated by national institutions involved in addressing drug trafficking and substance abuse. However, the data collected from supply reduction and demand reduction institutions are partial and fragmented.

The Republic of Haiti, while not a drug producing country itself, is at the crossroads of major producing countries in the South and major users in the North. Due to Haiti’s weak institutions and its prime location on a trafficking route, the country is very vulnerable to pressure from drug traffickers. The illegality of drugs and related criminal activities remain an instrument of corruption and a threat to the political and economic stability, undermining the judicial system and perpetuating climate of violence in Haitian society.

The Republic of Haiti has ratified several conventions on drugs, including the 1961 Convention on Narcotic Drugs and its 1972 Protocol, the 1971 Convention on Psychotropic Substances and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances.

Haiti has adopted a decree (January 1962) to regulate the introduction, manufacturing and sale of narcotics by pharmacists and a decree (December 1975) on the trade and use of narcotics, amended in 1979 and 1982 to increase penalties for offenders.

Policy and programmatic intervention on drugs and on drug use are coordinated by the National Drug Commission; activities of demand reduction are mainly implemented by one non-governmental organisation, the Association for Prevention of Alcoholism and other Chemical Addictions (APAAC).

Although the issue is acknowledged in the National Strategic Plan, there is no policy on drug use and HIV. Data on HIV in drug users are not collected, mainly due to the lack of budget allocation.

7. International Partners

7.1. The United Nations

The response from the United Nations includes UNAIDS, UNDP, UNICEF, UNFPA and PAHO/WHO, as well as specific interventions from the UN Stabilization Mission in Haiti (MINUSTAH).

UNDP is the Principal Recipient for the Global Fund Grant. As a result, UNDP only reports on priorities and activities which are part of the current GF project. For UNDP/GF, MSM represent a priority group, together with sex workers and youth. Prevention activities include condom promotion and psychological treatment.
support through support to CBOs (FOSREF and SEROVIE), as well as peer education and sensitisation on HIV prevention. The 2012 PSI study on gender, sex workers and MSM will be repeated in 2014 (data to be published in 2015). The need to review the draft strategic plan is clear, particularly for application to the GF and the requirements of the new funding model (the next submission will combine TB and HIV), as the current document is very weak on vulnerable groups, particularly MSM. One of the priorities identified is to strengthen VCT and care and support services for MSM, where they would not face stigma and discrimination. The issue of having “gay-friendly services” is still being debated, as it may eliminate discrimination, but reinforce the stigma.

Over the past 2 decades, UNICEF has been leading, along with PAHO/WHO, the process of advancing the PMTCT agenda. UNICEF also took the lead in developing programmes to address HIV prevention in young people who are part of key populations, and young people living with HIV.

UNICEF is supporting specific activities for youth who are sex workers, MSM or drug users, in collaboration with GHESKIO. There is a need to replicate these activities throughout the country and develop VCT services.

UNFPA is developing programmes for sex workers, including gender-based violence (particularly on transgender) and sex education for young male and female sex workers. This is done through support to specific NGOs. There is no programme specifically on MSM, but there is recognition that the draft strategic plan is extremely weak in this area and the needed revision for developing a GF proposal is an opportunity for improvement.

PAHO/WHO provides training for health sector personnel following the resolution of the PAHO 52nd Directing Council (October 2013) to promote equitable access to health care for lesbians, homosexuals, bisexuals and transsexuals (LGBT), approved by all Ministers of health and other delegates from North, South and Central America and the Caribbean in their countries’ policies, plans and legislation. PAHO is a member of the steering committee of the “Martus” tool, a secure information management tool that allows creating a searchable and encrypted database to protect sensitive information and shield the identity of victims or witnesses who provide testimony on human rights abuses. This project is implemented by Housing Works, with support from UNAIDS. PAHO is also a member of the Observatory of Homophobia and is supporting a consultant in communication for an anti-homophobia campaign.

UNAIDS has long history of working with SEROVIE and also provides support to the newly formed gay activist group “KOURAJ”. For the past three years, UNAIDS has been supporting events on the occasion of the International day against Homophobia (IDAHO), observed every year on May 17. UNAIDS is coordinating the UN agenda on the ten targets, including eliminating stigma and discrimination and removing punitive laws, towards reaching the three zeros. UNAIDS is also supporting the “Martus” initiative on human rights abuses.

UNAIDS also expressed concerns on the national strategic planning process, noting that there was very limited participation of vulnerable populations in the consultations, while the plan was drafted in a time of increased homophobia in the society. As a direct or indirect result, the vulnerable populations are only mentioned, with almost no activities planned for MSM. While addressing needs of women and girls
as a priority is relevant, it cannot be dissociated from the role of men, including MSM, as almost half of them also have female partners, as CARIMIS findings have evidenced. UNAIDS is therefore encouraging MSM organisations to draw the attention of the Ministry of Health to the gaps related to the most affected, most vulnerable groups, and to the most stigmatised and most discriminated groups, thus demanding a revision of the draft document to be more in line with the profile of the epidemic. This will also be an opportunity to strengthen the plan and to support the preparation of a concept note for the upcoming GF application by meeting the criteria of the new funding model.

UNAIDS, in collaboration with PEPFAR, is supporting the government of Haiti to develop an investment case to ensure strategic investment and the financial sustainability of the HIV response through improved efficiency and resource allocation that matches the profile of the epidemic, and in particular the prevention priorities.

7.2. The US Government (PEPFAR/USAID)

The PEPFAR programme has indicated that they are not involved in any activity related to drug use and HIV.

As far as the HIV response for MSM is concerned, PEPFAR is supporting NGOs such as FOSREF, SERovie and KOURAJ initially for condom distribution, as well as for addressing social and environmental issues, especially stigma and discrimination generated when young gays and lesbians are coming out to their families and friends.

Compared to the situation only 3 years ago, PEPFAR is of the view that substantial progress has been achieved in reducing stigma and discrimination. An indication of this progress is a budget allocation by the Ministry of Health for provision of lubricants together with condoms. A fair amount of data has been collected on MSM networks and on HIV prevalence, resulting in better designing of activities. There are now 24 MARPS-friendly facilities nationwide.

However this is happening in a very conservative society, with strong influence from various religious groups, including fundamentalist churches. The Government is issuing statements with messages of tolerance and respect for all. At the same time, there is a need for more work in education and in social dialogue for better social equality.

The situation of transgender persons is still not adequately addressed, in part because of the limited amount of data on this group, and in particular on the size of the transgender population.

PEPFAR works closely with the Ministry of Health and the Government of Haiti and relevant partners and networks to push the human rights agenda, particularly the right to access appropriate health services for gay men, other men who have sex with men and transgender persons. This is supported by the research component of the PEPFAR programmes, including the 2010 qualitative survey which looks at how and why sexually active persons (including MSM) are seeking sexual partners and the BSS and HIV prevalence survey, which will be repeated in the second part of 2014.
PEPFAR is working with the UN and civil society partners to support the CCM in the development of the Global Fund concept note as a first step in the new funding proposal, in preparation for the full proposal, based on the revised version of the NSP.

PEPFAR is also supporting the process of developing an investment case for Haiti, with the objective of improved efficiencies and revised allocation choices. However, PEPFAR indicated that support from the US Government for the HIV response in Haiti will continue in the short and medium term, with likely reductions in funding.

7.3. The Global Fund to fight AIDS, tuberculosis and malaria

The grant currently being implemented consolidates two previous Global Fund HIV grants to Haiti to provide an integrated approach to HIV services. Services covered by the constituent grants will continue to be funded.

Prevention activities include behaviour change communication campaigns, promotion of condom use targeted towards youth, female sex workers and men who have sex with men; voluntary counselling and testing; antiretroviral prophylaxis for pregnant women to prevent mother-to-child transmission of the virus; initiating TB prophylaxis for newly detected seropositive persons; and blood safety precautions.

Treatment will focus on providing antiretroviral therapy for people living with advanced HIV infection, and treatment for sexually transmitted infections and opportunistic infections. Care and support activities will focus on community-based interventions.

The CCM is chaired by the First Lady of the Republic of Haiti. The two vice-chairs are representatives from civil society (PLHIV and Press/Media). UNDP is the Principal Recipient.

8. The Civil Society

8.1. The SEROvie Foundation

SEROvie is a grassroots organization which has been providing HIV prevention and support services to men who have sex with men (MSM) since 1999. The organization has a dual focus on health and human rights, seeking to empower its clients to break a cycle of discrimination, poverty, and HIV infection. SEROvie is governed by an executive board. The director coordinates activities assisted by officers responsible for each geographical region (see below).

SEROvie has developed significant expertise in community-based and peer-led initiatives that respond to the unique needs of these populations. SEROvie provides direct HIV and AIDS prevention and support services to over 3,000 LGBT individuals and sex workers in five geographical regions in Haiti and offers a safe, educational and supportive space for Haiti’s LGBT community to meet, organize and provide mutual support.

The financial support includes the Global Fund (USD 135,000 per year), AJWS to support human rights for LGBT (USD 50,000 per year), the UN HCR for victims of violence in refugees camps (USD 100,000 in
2013), PSI for the project “PrevSida” in 3 departments (USD 45,000) and CVC/COIN from the regional GF grant for activities of peer education (USD 23,000 in 2014). The French NGO “AIDES” is developing a support plan from which SEROvie (and KOURAJ) would benefit in 2014.

SEROvie manages a resource centre which provides information and documentation on sexual health and sexual rights. SEROvie has also developed expertise in community-based and peer-led initiatives providing direct HIV prevention and support services to LGBT persons and sex workers throughout five geographical regions in Haiti (Cap-Haitien, Port-au-Prince and surrounding areas, Jacmel, Cayes –Jacmel, Marigot, Lavallee, Gonaives and Les Cayes) and also offers a safe, educational and supportive space for Haiti’s LGBT community to meet, organize and provide mutual support.

When the earthquake hit Port-au-Prince on January 12, 2010, SEROvie was conducting an HIV prevention workshop. Within seconds, the office was destroyed and 14 participants and members lost their lives. In response to the earthquake, SEROvie conducted a community assessment which included 10 focus groups, over 30 individual interviews and 300 anonymous questionnaires to identify the most pressing post-disaster needs of MSM and other LGBT in Haiti. Access to safe, confidential and specialized medical services for LGBT were the highest priority need, yet hospital overcrowding and social stigma associated with homosexuality created barriers, preventing MSM from accessing HIV prevention and care services from government structures.

Volunteer peer educators provide education on HIV prevention, provide support for HIV/STI testing and offer referrals for testing and treatment. Through home visits support is provided to people living with HIV and their families. They also facilitate focus groups, prevention activities, as well as condom and lubricant demonstrations and distributions. The peer educators, counsellors and staff work together to provide support for victims of homophobic violence, both physical and mental.
SEROvie developed a vocational training program to give MSM/LGBT skills and knowledge to support themselves and their families, in an effort to decrease risky behaviours.

SEROvie distributes condoms at all of its functions and has a free stock at its office. Since the earthquake SEROvie has also distributed approximately 2,700 hygiene kits with necessities such as soap, razors, shampoo etc. Between February and May 2011, SEROvie also distributed oral rehydration solutions (ORS) with the hygiene kits during the cholera epidemic. Thirty people were also trained to provide door-to-door cholera prevention.

In 2011 SEROvie established a clinic through a pilot project supported by the Elton John Foundation and the UNHCR. The clinic offers HIV testing (including a mobile unit, as part of the “PrevSida” project) and counselling as well as treatment for STIs and associated symptoms, but there is no ARV treatment at this point.

SEROvie has established a cyber-centre at its Port-au-Prince office. The centre is open to the community and holds monthly information technology trainings. The centre also serves as a community centre and a gateway for communication with other similar LGBT groups around the world.

In 2012 at the Washington International AIDS Conference, SEROvie received a Red Ribbon Award for its work in the prevention of sexual HIV transmission.

SEROvie supports the development of a lesbian gay, bisexual and transgender (LGBT) network throughout Haiti while providing MSM with education opportunities and job training.

Recently Haiti’s Ministry of Health approved funding and asked SEROvie to help in implementing activities for sex workers and the LGBT community in ten districts throughout the country.

**8.2. KOURAJ**

KOURAJ is a group of “masisi” activists, created to empower homosexuals and transgender persons in Haiti regarding their fundamental human rights, in order to reinforce a veritable “masisi” community in the country. The term "masisi" includes all persons who have been or may be discriminated against or stigmatized due to sexual orientation or gender identity. Today, “masisi” is a universal stigmatizing and derogatory term used by Haitian society. KOURAJ is willing to use the force of stigma to unite the community and transform insult into pride.

The need for KOURAJ came from the experiences of the January 2010 earthquake, when the gay community was perceived as having caused the disaster as a divine punishment for their “mortal sins”. This stigma was added to the daily lived experience of discrimination and violence.

KOURAJ’s members meet once a month to validate through a vote decisions made by the Executive Committee, in an effort to promote a spirit of citizenship, as necessary political engagement and solidarity.
KOURAJ works primarily in domestic and international communications and public awareness, providing a militant spirit to the LGBT community in Haiti. KOURAJ seeks to unify all LGBT persons in respect of their rights, and to change discriminatory mentalities and challenge stereotypes of Haitian society.

KOURAJ is organized around a large, informal network throughout the country allowing rapid dissemination of information in order to react directly to news and events that affect the LGBT community. KOURAJ brings an alternative perspective to the Haitian media with an aim of creating its own radio station that will allow KOURAJ to effectively disseminate positive messaging about the LGBT community.

KOURAJ supports and promotes LGBT culture and arts in Haiti by organizing events where members of the community may perform in a safe space. KOURAJ is also in the process of organizing the first ever gay and lesbian film festival in Port-au-Prince to lead up to the International Day against Homophobia and Transphobia.

At the time of the country visit, the premises of KOURAJ were closed following a recent attack and damage of equipment and documents. KOURAJ is in search of a new location for the office.

KOURAJ receives financial support from the American Jewish World Service (AJWS), to run the office and support in country travels. AJWS also supports training in organisational capacity. A total amount of US$ 25,000 was provided in 2013.

KOURAJ is currently (January to June 2014) implementing a project on HIV and human rights of MSM training supported by CVC/COIN (Vulnerabilised Groups GF Project) in 5 areas (Port-au-Prince, Tabarre, Carrefour, Gressier and Leogane). The amount of the grant is US$ 20,000.

The objective is to educate and train twenty MSM on issues related to HIV and human rights, who will in turn become agents to prevent and reduce the risk and vulnerability of their peers while promoting a better understanding their rights and their development. Training sessions on HIV and human rights in the MSM community are organised to promote prevention with respect to their rights and build skills to reduce the vulnerability of the MSM community. KOURAJ is organising shelters for young LGBT persons who end up on the street following discrimination from their families. However, they cannot accommodate persons under the age of 18 who are referred to Social Welfare facilities under the Ministry of Social Affairs.

The President and the Vice-President were interviewed separately. It seems that the Vice-President is representing the organisation on the CCM. They are working together to search for funding for the upcoming International Day against Homophobia (IDAHO) on May 17, 2014.

The group indicates that the main concern of the community is police abuse and this risk of violence leads to difficulty of acceptance of their own sexual orientation, which in turn results in internalized homophobia. Some schools do not accept LGBT students. KOURAJ has a plan for a national campaign to address social and cultural issues leading to homophobia, supported by radio and TV spots.

KOURAJ is included in the plan of the French NGO “AIDES” for support in 2014.
8.3. ObjectifZéroSida (POZ)

POZ was established in 1995 with the mission of reducing the impact of HIV and AIDS and other STIs. POZ does so through community mobilisation and provision of support to young men, women, couples, families, people living with HIV and society in general.

POZ offers direct services from various centres across Haiti. At these centres, it provides confidential voluntary HIV testing, pre- and post-test counselling, a telephone helpline, support and treatment of STIs other than HIV; support for victims of sexual and gender-based violence; general consultations, and support groups.

POZ tackles stigma and discrimination in a number of ways. They work with people openly living with HIV, on the radio and TV, as well as at community events like concerts. They also reach out to religious leaders and other community representatives, encouraging them to change their attitudes towards people living with HIV, and use their positions to change perceptions of HIV in their communities.

POZ operates ‘Telephone Bleu’, a helpline to give young people and people living with HIV 24-hour access to an anonymous information service providing support and guidance on HIV/AIDS, sexual and reproductive health, and gender-based violence.

POZ is involved in HIV prevention, encouraging safer sex practices by disseminating information, promoting condom use, doing behaviour change counselling, and performing community outreach activities.

POZ also has a clinic and laboratory to provide blood profiles, urine tests, pregnancy tests and HIV tests. The site provides a safe, confidential environment where individuals can meet, ask questions, receive information, education and communication (IEC) material and condoms and get involved in support groups.

POZ organises support groups to encourage people to access and adhere to treatment. These groups are also an important space for people to build their social support networks, and increase their self-esteem. POZ have also helped establish support groups for gay men and other MSM.

POZ reacted quickly to the earthquake in 2010, and despite the collapse of their central office buildings, were able to re-establish their work within two weeks, operating from tents. They also adapted to the humanitarian context, taking HIV prevention messages to the camps of displaced people through outreach workers and loudspeaker vans.

8.4. Foundation for Reproductive Health and Family Education (FOSREF)

Since 1988 FOSREF has promoted and offered services on sexual and reproductive health, as well as HIV prevention. Target populations include sexually active men and women, youth, sex workers and PLHIV.
FOSREF offers testing and treatment services for STIs and HIV prevention services, including VCT to youth, sex workers and men and women who are sexually active across the country. FOSREF developed communication and training materials for target populations.

8.5. Volunteer Service for the Development of Haiti (VDH)

VDH was created in 1988 as a non-profit, non-religious, non-political NGO by young Haitian professionals to share their knowledge and skills for the benefit of the community.

VDH works in 3 main areas, Health of Young People, Socio-economic Insertion and Community Participation.

For youth, the areas of intervention include education on STIs and HIV, sexual negotiation, gender equality, drug use, teenage pregnancy, peer education and peer counselling training, testing, community mobilisation, and stigma and discrimination reduction. The work of VDH is to facilitate the socio-economic integration of young people through Community Participation and Development.

This year, VDH mobilized 127 young people in the metropolitan area, deployed in 12 areas, carrying prevention messages on HIV, cholera and malaria. They distributed 43,200 condoms and 14,000 flyers on HIV. A partnership was developed with a carnival band to march in the streets of Pétionville with HIV messages, with support from MSPP, BPD, CCM, USAID, UNDP, PAHO/WHO, PSI and FOSREF.

VDH, in the ESTHER project has intensified efforts in the metropolitan area of Port-au-Prince, for HIV testing and prevention among young people. For the period August 2012 to September 2013, 8,550 young people, including 4,685 girls were sensitized and 2,221 people were tested, including 1,444 girls.

8.6. Esther Boucicault-Stanislas Foundation (FEBS)

FEBS aims to improve the quality of life for people living with HIV in and around Saint-Marc, Haiti by providing quality care and support services while reducing stigma and discrimination. Services include up-to-date and appropriate HIV counselling, psychological support, AIDS education and prevention, and grassroots advocacy. FEBS has been at the forefront of working with people living with HIV, LGBT, and other marginalized communities.

FEBS operates in the region of Saint-Marc, a costal port town located in Western Haiti, with a population of approximately 100,000. It is the principal county in the Department of Bas Artibonite. FEBS constituents include gay and transgender individuals and sex workers affected by the HIV epidemic. FEBS provides services to 500 people including AIDS orphans, PLHIV and people on ARV treatment.

FEBS has established a track record of leadership in working with lesbian, gay, bisexual, and transgender individuals.

Over the years, FEBS has organized national AIDS Day marches against stigma and discrimination as part of their World AIDS Day activities. The Jacmel Declaration on Human Rights for People Living with HIV and AIDS singles out sexual minorities as persons deserving equal human rights and access to HIV
prevention services and care. This resolution followed a very heated debate and tense discussion by the assembled leadership, but the presence of several openly gay men encouraged straight leadership to support the emphasis on this vulnerable population.

8.7. Housing Works

Since 2008, Housing Works has worked with Haitian organizations and coalitions of people living with HIV to help stem the spread of the disease and to empower sexual minorities, including LGBT and sex workers, to become full participants in Haitian society.

After the 2010 earthquake, Housing Works immediately responded with emergency aid, helping with the operations of one existing health clinic and establishing two others for those displaced by the natural disaster. Since then, Housing Works has opened an office in Port-au-Prince to join the advocacy efforts of grassroots Haitian AIDS groups, working closely with the “Plateforme Haitienne Des Associations de PVVIH” (PHAP+), a coalition of more than a dozen Haitian AIDS advocacy and service groups.

Housing Works has provided support for the creation of KOURAJ and has established a community-based structure for the protection and promotion of LGBT human rights, particularly civil rights.

The goal is to create lasting cultural change that will bring people living with HIV and LGBT people out of the margins and into a position where they can collectively and forcefully advocate for their human rights and basic protections.

LGBT advocacy in Haiti currently aims to work with political leadership to change the violence, marginalization, and stigma that LGBT persons still face. Through the support of the Levi Strauss Foundation, Housing Works has helped spearhead grassroots advocacy for LGBT persons and has established Haiti’s first LGBT conferences. These conferences serve as a much-needed opportunity for the LGBT community to come together to address homophobia, discrimination, and stigma in Haiti.

On the occasion of the International Day Against Homophobia and Transphobia (IDAHO) conference, country leaders came together to address violence against LGBT persons and to discuss ways to protect the local communities from discrimination related to sexual orientation, gender identity and expression.

Housing Works and its partners launched the MARTUS tracking system in 2013, a secure software program that safely and securely collects data on human rights violations in communities all around the world. The implementation of this software in Haiti will help community leaders track discrimination against Haitians living with HIV/AIDS, LGBT citizens, and violence against Haitian women and girls.

Local LGBT and other community-based leaders have been trained to use the MARTUS software and it is available across a number of Haitian organizations in 5 main regions of the country. Once collected, Housing Works and its partners will use this information to advocate and engage dialogue with Haitian politicians, as well as to develop policies to protect the rights of vulnerable populations.
Housing Works has supported an HIV prevalence study among MSM and sex workers in Haiti through the Elton John AIDS Foundation for the national BBSS in 2011, and it continues to commit to providing additional resources for the upcoming BBSS-2014.

9. The Haitian Group for the Study of Kaposi’s Sarcoma and Opportunistic Infections (GHESKIO)

GHESKIO Centre in Port-au-Prince was the first institution dedicated to HIV/AIDS, and has provided continuous medical care since 1982 – never once shutting its doors or charging fees. GHESKIO’s mission includes maternal and child health and nutrition, provision of clean water and sanitation, primary education, vocational training, and micro-finance programs.

GHESKIO provides integrated primary care services, including HIV counselling, AIDS care, prenatal care, and management of tuberculosis and sexually transmitted infections. Through conducting research, GHESKIO develops HIV/AIDS treatment and prevention models for Haiti. Through training, GHESKIO expands these models to the national level.

Central to the GHESKIO model is the concept that an individual at risk or living with HIV should be quickly identified and provided access to a package of services including VCT, management of STIs, tuberculosis screening and treatment, reproductive health services, HIV care including ARV, and PMTCT services. GHESKIO receives about 100,000 patient visits annually.

GHESKIO provides research training supported by NIH and clinical training supported by PEPFAR. Through clinical and operational research, GHESKIO seeks to develop treatment and prevention models for HIV/AIDS and related diseases. The main focus is HIV, STIs, and tuberculosis. GHESKIO established an Institutional Review Board (IRB) responsible for reviewing the ethics of research protocols.

With support from PEPFAR and the Global Fund, GHESKIO provides ARV therapy to adults, adolescents, and children. Through the integration of primary care and social support programs, GHESKIO addresses
barriers to provision of ART, including poverty, malnutrition, and tuberculosis. GHESKIO provides nutritional and financial support to the most impoverished patients (multivitamins and monthly stocks of food, as well as financial support through a micro credit program).

GHESKIO has expanded its model program to 25 private and public hospitals and health clinics throughout the country as a part of the Haitian HIV Care and Prevention Network.

Following the 2010 earthquake that devastated Port-au-Prince, GHESKIO set up a “tent city” to house over 7,000 refugees and provided them with shelter, security, food, clean water, health services and educational opportunities.

GHESKIO is a model of a community-based health care organization that responds to the continually emerging needs of impoverished and vulnerable populations.

GHESKIO has indicated that they no longer record the reported route of transmission of persons who are newly diagnosed with HIV infection, as the information reported by clients, particularly on sexual orientation, proved not to be reliable. However GHESKIO will support the modes of transmission study scheduled to start in the coming weeks, under the coordination of UNAIDS.

On drug use, GHESKIO is of the view that the dynamics of transhipment have shifted, at least partially, after the 2010 earthquake to other countries, including the Dominican Republic. However IV drug use may be more prevalent than commonly estimated, given growing numbers of deportees and the availability of various substances in the illicit trafficking activities in the region.

GHESKIO is offering to provide technical support to establish a more systematic programme for HIV testing of drug users who benefit from services of the drug demand reduction facilities, APAAC in particular.

10. Association pour la Prévention de l’Alcoolisme et autres Accoutumances Chimiques (APAAC)

The Association for the Prevention of Alcoholism and Other Chemical Addictions (APAAC) is a Haitian non-governmental, non-profit organisation, which has worked since 1986 on drug addiction and alcoholism. Its various activities are financed by local and international donor funds. APAAC provides prevention services and a rehabilitation and documentation centre open to all.

The aim is to prevent the use and abuse of drugs and alcohol through activities addressing all aspects of drug use for all segments of society with a community approach. APAAC identifies and analyses factors associated with drug and alcohol use, especially among young people, by conducting field surveys as well as information and training sessions. They also seek to address the causes of drug and alcohol use, through prevention education programs and structuring school and community networks.

Prevention programmes in schools include training students in select institutions to become peer educators on drug use. As part of the sensitisation and information process, APAAC has reached more than 300 schools and more than 120 community organisations. Activities include workshops on drugs and HIV. More than 450 prevention agents and 150 peer educators have been trained. Primary
sensitisation campaigns are essential as the level of acceptance of drug users in the society is very low, resulting in a low level of political commitment.

The treatment programme consists essentially in a drug rehabilitation programme for men and support groups to ensure follow up once the residential phase has been completed. During the phases of the treatment programme, clients known to be HIV positive are referred to relevant health facilities. There is no HIV testing programme.

A stronger collaboration with the Ministry of Health is necessary, as there is no systematic HIV testing or counselling. The National AIDS Programme is involved, but follow up is lacking. APAAC was not part of national consultations on the revision of the NSP. It would be technically possible to test clients for HIV, but there is no budget for it.

The MINUSTHA is supporting the programme through a community violence reduction project (a 6-month project to be renewed). At this point, there is no HIV screening in the MINUSTHA programme, but there may be an opportunity to include testing for HIV and other STIs in the future. There is a need for more data collection, through studies on the level of prevalence of drug use in the population and on HIV prevalence among drug and alcohol users.

A law is before the parliament on reducing alcohol consumption among minors.

UNODC has provided financial support to small projects in the past and contacts have been established with PAHO/WHO, but there had not been any follow up at the time of the visit.

11. In summary

According to the most recent data collected on HIV prevalence among MSM, this group is by far the most affected population in the country. Given the level of rejection of same-sex relations by the society, and the level of internalized homophobia, most MSM in Haiti also have sex with women (many are married). This increases the risk of HIV transmission to female partners of MSM. While many transgender people are involved in sex work and in drug use, this population is ignored in plans and research. This is recognised by the National AIDS Programme and other government institutions and is a matter of concern for all international partners and a major worry for most non-governmental partners in country.

However, the seriousness of HIV in MSM and transgender individuals is not translated into a national priority in the strategic plan, neither in HIV prevention, nor in treatment care and support. It is absent from the human rights component of the NSP and very weakly reflected in the research agenda. Very little is reported in the 2012 GARP or MTR reports and it is ignored in the EMMUS-V report.

The draft National Strategic Plan is being revised with more meaningful input from civil society and support from the UN system. This is, in fact, a precondition for developing the concept note for the next application to the Global Fund in line with the framework of the new funding model. A revised NAP will provide a better basis for the development of an investment case for Haiti, better efficiency and resource allocation, and will ensure the sustainability of the programmes.
The civil society organisations dealing with the MSM and transgender populations have the potential to take a leadership role in this process with the support of international partners. Opportunities to mobilise additional funding to support community organisations exist, including new sources of funding. However, there should be better coordination among community organisations to ensure better collaboration and joint initiatives, including collaboration on resource mobilisation. This process will be supported by existing or upcoming initiatives on strategic information (MOT study, size estimates, repeat of HIV prevalence surveys and investment case).

In recent cases of homophobic violence, the reactions of the various LGBT organisations have shown weakness in the coordination of communication messages.

There are governmental and non-governmental structures in place to address the needs of drug users. Those structures have limited capacity and use traditional approaches to rehabilitation and detoxification. Harm reduction is not part of the policy. The rehabilitation programmes do not include rehabilitation for women. There was no mention of LGBT persons, while youth would not be admitted until they reach the age of access to services.

The need to explore and address the link between drug use and HIV is acknowledged in the National Strategic Plan and by the National AIDS Programme, and in particular the need for data collection and analysis. However at this point, the various programmes do not address sexual behaviours and practices associated with drug use. Clients known to be living with HIV are usually referred to appropriate health services.

Both the National Anti-Drug Commission and the drug demand reduction programmes are willing to strengthen collaboration with the health sector to improve strategic information on HIV and drug use and to include HIV prevention in their programmes. GHESKIO has indicated that it would stand ready to support HIV testing of clients of APAAC. UNAIDS has indicated that it will coordinate a mode of transmission study to start in the coming weeks.

The overlap between drug use and other risk and vulnerability (sex work, MSM, transgender, youth, sexual violence) also needs to be supported by more data and targeted with more tailored programming.

The resources of the various programmes are limited and there is no proper data to guide the resource allocations from government, private and external resources. The sustainability of the existing programmes is therefore at risk.

12. **Recommendations**

12.1. **To the UN system and major donors**

Support community organisations to take a leadership role in the process of revising the NSP and developing the GF concept note;

Provide technical assistance to MOT, size estimates and HIV prevalence studies on the targeted groups;
Advocate to government institutions for better resource allocations, guided by the available strategic information, for a better impact and ensured sustainability of the programmes;

12.2. To the National AIDS Programme

Coordinate the revision of the draft NSP to meet the requirements of the GF for the development of the concept note and the proposal according to the new funding model;

Ensure that resource allocation to programmes meets the priorities of the country epidemic, as identified by existing strategic information documents;

Include civil society organisations at all levels of the decision making, strategic planning and programme implementation processes;

Develop and implement training programmes for health care workers to reduce stigma and discrimination towards MSM and transgender persons and PWUD;

Advocate at the highest political level for implementation of programmes across the country to reduce homophobia in Haitian society and ensure that homophobia is addressed in the human rights section of the NSP;

Support APAAC and CONALD in searching for funding and technical collaboration for HIV testing, data collection and analysis; with concurrent harm reduction training

12.3. To the National Anti-Drug Council

Conduct a study among PWUD to assess the relation between drug use and other behaviours, practices and vulnerabilities, in order to better understand the link between drug use and HIV;

Implement capacity building in the treatment centres, in order to take into consideration sexual behaviours, practices and sexual orientations and better address the HIV risk related to drug use;

Develop a technical partnership with GHESKIO and APAAC for a voluntary HIV testing programme of PWUD who access demand reduction services;

Advocacy and lobbying at the level of the National Anti-Drug Council should promote a harm reduction approach in the national policy;

The findings of the MOT should guide and possibly re-orient resource allocation, for better impact and improved sustainability;

12.4. To the Community organisations

Take a leadership role in the revision of the draft NSP, include actions against homophobia in any human rights initiative (including in the NSP) and prioritise MSM and transgender persons in HIV prevention and care and treatment programmes;
Coordinate advocacy activities on LGBT rights among LGBT groups and their support organisations in order to generate consistent messages and a common strategy to address the opposition to gay rights, particularly from the fundamentalist religious groups;

Establish low threshold services for street engaged populations in select “hot spots” to service the community.

Coordinate resource mobilisation strategies among LGBT groups to attract new donors;

**12.5. To CVC/COIN**

Provide support to a coordination strategy among LGBT and TG organisations on advocacy and fund raising;

Support special studies among MSM, transgender persons and drug users;

Share experiences from other countries on national consultations and media campaigns on stigma and discrimination and homophobia;

Ensure support from PANCAP and CARICOM in providing political support and advice to Haiti to review priorities on the HIV response to reflect MSM and DU issues, based on the outcome of this situation analysis, to enhance the impact of the national response and to improve efficiency and allocation choices.
SURINAME

The Republic of Suriname is a constitutional, democratic republic, with a 51-member unicameral National Assembly elected for a five-year term. The President, as head of government, appoints a sixteen-minister cabinet.

The economy of Suriname is dominated by the bauxite industry, which accounts for more than 15% of its GDP and 70% of export earnings. Other main export products include rice, banana and shrimp as well as oil and gold.

Suriname has an estimated population of 541,638, inhabitants, 44.5% of which lives in the District of Paramaribo. Amerindians, the original inhabitants of Suriname, form 3.7% of the population, East Indians 37%, Surinamese Creoles 31% and Javanese 15%. The rest are Surinamese Chinese, Maroons, Europeans, Arabs, Jewish and Brazilians.

Suriname has a generalized epidemic (and pockets of concentrated epidemics in vulnerable populations), with an estimated prevalence of 1% of the adult population (age 15-49)\(^{12}\). These estimates are consistent with the HIV prevalence of 1% found among pregnant women for over than 5 years. The prevalence in MSM and sex workers is higher than the general adult population, i.e. 6.7% among MSM in 2004 and 6.7% among sex workers in the capital city Paramaribo in 2009\(^{13}\).

1. **The National Strategic Plan**

The National Strategic Plan for a multisectoral approach to HIV/AIDS guides the HIV response in Suriname. The 5 priority areas for strategic interventions include national coordination, policy and

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\(^{13}\) Ministry of Health: Suriname Country Progress Report 2010-2011. Suriname, April 2012
capacity building, prevention of further spread of HIV, treatment, care and support, reduction of stigma and discrimination of PLHIV and strategic information for policy development and service provision.

The NSP outlines a multisectoral approach involving other ministries and all relevant sections of society. It also serves as the national framework for expanding and strengthening the multisectoral response against HIV/AIDS. In 2009 the Ministry of Health (MOH) set up a structure for leadership of the national HIV response. There is strengthened coordination of the HIV response through establishment of a national multisectoral HIV Board, with its Technical Working Groups on Prevention, Treatment and Care and Monitoring and Evaluation as its working arms.

The plan mentions that among male sex workers (mostly transgenders) the share of HIV-positive persons was 36% in 1998. More recent data on HIV prevalence among sex workers in clubs was not available when the NSP was developed. In 1998, among MSM (including male sex workers) and in 2005 (exclusive of sex workers), HIV prevalence were reported at 20% and 7% respectively. At that time, a study was being conducted into the sexual behaviour of men in prisons. Although there are indications that unsafe anal sex is not limited to man-to-man contact but also occurs in heterosexual relations, no data was available in this regard. Further studies were seen as necessary to establish the characteristics and extent of sexual networks of men, their sexual behaviour, knowledge and attitudes.

The NSP mentions that a study of the National Anti-Drugs Council had shown that only 0.3% of the estimated 800 to 1,000 drug users are using IV drugs. Although there is not much drug injection taking place, in general, an increase has been observed. The plan was willing to monitor needles and materials used by PWUD. The sexual networks of drug users and the risks of HIV transmission was another topic to be monitored.

The Ministry of Health is currently developing a new Strategic Plan that will cover the period 2014-2020. Annual operational plans will also be developed to accompany the new NSP. The operational plan will also be fully costed. The 2014-16 NSP is expected to be ready at the end of July 2014.

In addition to re-orienting health services to be more accommodating of men, health services (and providers) should be oriented to recognize and serve persons with differing sexual orientations.

The revised NSP will contain development and implementation mechanisms for reducing self-stigma and for eliminating employment discrimination. It will include MSM and SWs in IEC materials, and implement programmes to reduce stigma and discrimination in the general population while maintaining a mechanism for addressing S&D complaints.

2. Available Reports

The latest GARP report was submitted in April 2012. Most of the data is from 2009 and 2010.

Suriname has recognized the need to implement intensive surveillance on populations whose behaviours place them at increased risk of HIV, and has also identified subpopulations whose specific behaviours are driving forces of the HIV epidemic (male and female sex workers and their clients, men having sex with men, prisoners, STI clinic clients and gold miners).
In 2010, HIV testing was included in the BSS study for MSM, but because of a high refusal rate for taking the HIV test by 20% of surveyed MSM, the conclusions might not be valid. Based on the estimated HIV prevalence generated from Spectrum software, indeed the SW’s prevalence is declining steadily but the prevalence of MSM is declining much slower and is probably stable at 6%.

Of the persons tested for HIV in Suriname, the prevalence among the tested men is higher compared to women. An explanation is that women are being tested regularly because of the PMTCT program, compared to the men who are mostly being tested when they have symptoms.

The 2012 mid-term review acknowledges that very limited data is available on MSM in Suriname. The existing information suggests that condom use is about 50%.\textsuperscript{14} Condom and lubricant use among MSM has increased and knowledge about HIV/STIs has improved, however HIV prevalence among MSM is inconclusive, as the 2010 BSS did not provide reliable data.

The report indicates that Suriname has engaged in a wide range of prevention interventions targeting the general population and high risk groups, particularly MSM and sex workers. Outreach to MSM evolved over time from basic information dissemination to active involvement and one-on-one information sharing using BCC models from PSI. Additionally, 2 new MSM organizations were created and support behaviour change communication among MSM. The National AIDS programme provides an adequate supply of condoms and lubricants and funding for prevention is available from the Ministry of Health. Needs assessments for all subpopulations, particularly MSM, are needed and must be followed up with the development and adaptation of existing outreach methods. Developing innovative approaches and methods to reach “hidden” populations is a priority.

The report also recognises that reluctance to access services --including care and treatment services-- due to a perception of high levels of stigma and discrimination is reducing the number of persons accessing care while simultaneously increasing the challenges related to adherence. Training all health care workers on stigma and discrimination (to include HIV and all health issues) will be necessary to create environments in health facilities that facilitate access. Efforts to reduce stigma and discrimination in the general population through increasing efforts and involvement of community based organizations are also needed.

\textbf{3. The National AIDS Programme}

The National AIDS Programme (NAP) is a government agency under the Ministry of Health. The NAP coordinates the national strategic planning process and the implementation of the national strategic plan. Today the NAP is integrated into health services, with a coordinator for care and treatment, a coordinator for prevention and a focal point for surveillance, monitoring and evaluation.

There are an estimated 4,000 persons living with HIV in Suriname. The estimated number of people in need for ARV treatment is 2,076 (2010 WHO recommendations). In 2013 the number of persons who were receiving treatment was 1,372 (66% coverage).

\textsuperscript{14} Ministry of Health: Suriname Report on the Mid-Term Review Towards the 10 Political Declaration Targets, Suriname, June 2013
There is no data on drug use and HIV; however the NAP indicated that some data should be available at the psychiatric hospital where drug users receive treatment. The hospital is testing patients for HIV and data may be available in hard copy from the testing forms. It appears that the NAP, while recognising that substance abuse is a risk factor for HIV, has not been taking responsibility for this data collection.

The last data on HIV prevalence in MSM is 6.7%\(^\text{15}\). A BSS with HIV prevalence will be conducted in 2014. In addition, a “modes of transmission” (MOT) study and a populations size estimates will complete the picture and inform the programmes and the revised strategic planning process.

Suriname has identified subpopulations with increased risk of HIV infection and populations who are driving forces of the HIV epidemic, including male and female sex workers, clients of sex workers, men having sex with men, prisoners, STI clinic clients and gold miners.

In the past years HIV prevalence studies have been conducted among high risk subpopulations. For sex workers there is a visible decline in prevalence. In order to draw conclusions for MSM, more HIV prevalence data is needed.

Sexual education that encompasses all aspects of sexuality, including diverse sexual orientations, is implemented in secondary schools. There is a need to increase the level of community awareness on HIV and sexuality.

ARV treatment, CD4 count and viral load testing are provided to all in need, free of charge by the government’s programmes. Adherence to treatment remains a challenge in part due to stigma and discrimination, including self-perceived stigma in MSM. There is a reluctance to initiate ART to the homeless population due to adherence concerns.

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The government of Suriname, through the Ministries of Health and Finance, has secured adequate funding to provide high quality care for PLHIV. This includes funding for the procurement of antiretroviral drugs and drugs for opportunistic infections and to make treatment widely available. The care and treatment system have been enhanced through treatment protocol development and staff training. Free treatment services are available to Surinamese nationals as well as irregular citizens. In addition, social support for PLHIV and free social insurance are provided by the Ministry of Social Affairs to Surinamese citizens.

The Ministry of Health’s efforts to engage other sectors include working with the Ministry of Social Affairs and Labour and coordination and support of NGOs working with sex workers, MSM and PLHIV.

4. The National Anti-Drug Council

The National Anti-Drug Council was established in 1998 under the Ministry of Health, as Suriname’s national anti-drug authority. The governing agencies include the Ministry of Health, the Ministry of Justice and Police, the Ministry of Education, the Ministry of Social Affairs, and representatives of Primary Prevention, Secondary Prevention, and Tertiary Prevention, the Psychiatric Centrum Suriname, the Public Prosecution Office, the Suriname Business Association, and the Inter-Religious Council.

The Council coordinates the areas of demand reduction, supply reduction, control measures, the national drug observatory, international cooperation, programme evaluation and research. Its annual budget is integrated in the budget of the Ministry of Health. Sources of financing include government allocation and international cooperation.

The Intervention Area 6 of the 2011-2015 National Drug Master Plan aims at measuring and controlling the correlation between alcohol and drug use and HIV/AIDS. This area of the plan includes collection of qualitative and quantitative data on the relation between drug use and HIV. This is in order to increase awareness on the issue in AIDS information campaigns -- specifically the increased risk of unsafe sex as a consequence of drug use.

The bureau of National Security is conducting the second household survey, to complete existing data from the first household survey, on alcohol, cocaine and marijuana. The prevalence of IV drug use is very low, mainly in prison populations deported from the Netherlands or North America.

Counselling and testing is provided at the treatment centres and at the Psychiatric Centre Suriname, however, it appears that the information on drug use, which is collected on the HIV testing form, is not entered in the database. As the forms are archived, it should be possible to retrieve the information at least on the proportion of drug users among new HIV infections over a certain period of time. In addition, there is undocumented information from one of the treatment centres, that among 50 clients who were tested, 2 were positive for HIV, which, if verified and validated, would give the prevalence of HIV of 4% in this particular treatment centre.

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5. Homophobia

There is no punishment for same-sex relations in Suriname; male to male relationships are legal, as are female to female relationships. However the age of consent is different for heterosexuals and homosexuals (16 for heterosexuals and 21 for homosexuals).

Although there is no law in Suriname that prohibits homosexuality in practice, LGBTs are stigmatized and discriminated against. The law doesn’t provide any regulation if a person changes their gender. Many experience discrimination from their family, in their workplace or school, etc. Suriname has many different ethnic and religious groups and some of them are against LGBT practices.

According to the government, Suriname is not ready for specific protective legislation or policies for LGBT people. The government asserts that in order to do so, a public discussion would be needed, engaging all sectors of society.

The situation of transgender persons in Suriname is quite unique in the Caribbean. Contrary to most countries in the region, a transgender person can get employment in the public sector and in some private businesses (shops). However, this sometimes generates problems in the workplace (use of male or female bathrooms) for individuals with lower levels of acceptance or tolerance.

Recently a transgender person was beaten and threatened by her neighbours because of her gender identity and expression. Many transgender persons are not getting the medical treatment they need since the medical system does not recognize them by their ‘new’ gender identity. They often buy illegal hormones and inject themselves without medical guidance. One transgender woman has taken legal action to press for legal recognition of her appropriate gender in her passport. It is anticipated that this case will be brought to the Inter-American Commission on Human Rights.

LGBT issues have been placed in the health sector as the funding made available to the HIV epidemic has allowed it. Although it was a safe start and helped put MSM, transgenders, sex workers and their health rights on the agenda, the specific issues of lesbian and bisexual women were not been well addressed.

In Suriname, an initial shift is now taking place towards a more human rights-based approach. Homosexuality is a topic that is in the media almost every week. Last year a media award was given to a news agency that covered a topic about the recognition of LGBT rights in Suriname. LGBT rights are more and more on the political agenda.
Interestingly, Suriname has an historical tradition of same-sex relationships and a distinctive culture has developed around them. The “Mati” are working class women who typically have children and engage in sexual relationships with men and with women, either consecutively or simultaneously, while others are only involved with women. These same-sex relationships may have developed in response to the social displacement of enslavement. While a rich Mati culture developed throughout the 20th century, many Mati have migrated to the Netherlands for economic opportunities in recent years.

6. Drug Use and HIV

Suriname has a Strategic Drugs Master Plan covering the period 2011-2015. There is a central coordinating authority, the National Anti-Drug Council, for activities of demand reduction, supply reduction and control measures. Two NGOs (Stichting Liefdevolle handen and Stichting De Stem) and a psychiatric centre provide care, treatment and support to drug users, through rehabilitation and detoxification programmes.

Suriname has national laws and regulations with respect to the issue of drugs in accordance with international conventions.

There are statistics on demand reduction and supply reduction, as well as on control measures. However, there is no data on the societal impact of illicit drugs. In particular, data on HIV in drug users, although present on the testing forms, is not analysed.

7. The International Partners

7.1. The United Nations

The United Nations system in Suriname is present with PAHO/WHO, UNDP, UNICEF and UNFPA. Other agencies, including UNAIDS, ILO, UNESCO and UN Women, are part of the Suriname UN country team, with no permanent representation in the country. The UN Resident Coordinator is based in Trinidad & Tobago. The UNAIDS office of Guyana also covers Suriname.

PAHO has been supporting the Ministry of Health in conducting the BSS in 2011 in terms of a needs assessment and organising focus groups. PAHO has developed a training module on men’s health and the first workshop on this training was held in 2012. Through the GF transitional funding mechanism, PAHO is providing technical assistance in developing proper referral systems and in promoting healthy lifestyle approaches.

UNDP is willing to support the human rights components of the National HIV response, in particular for the MSM and transgender populations.

According to UNICEF, an implementation plan for children and HIV is needed. A presidential task force for children and adolescents has been established for policy development.

UNFPA is supporting sexual and reproductive health programmes and HFLE programmes, pushing for implementation of the 2008 Mexico Declaration on comprehensive sexuality education. However there is no guidance from the Ministry of Education for teachers. UNFPA is also supporting the Medical
Mission in the Interior, in health promotion and health service provision. UNFPA has programmes for youths involved in sex work, but the involvement with MSM and drug users is low. It was mentioned that UNFPA does not target male sex workers.

From its office based in Guyana, UNAIDS supports the national strategic planning process, the reporting process (GARP and mid-term review) and the development of the Global Fund concept note, ensuring a focus on key populations, including MSM and transgender populations.

7.2. The Global Fund to fight AIDS tuberculosis and malaria

Since 2005, the Global Fund has been supporting the NAP in the implementation of the NSP in care and treatment (ARV provision) and in other areas. Today the support for the ARV treatment programme has ended and the GF continues to support the programme in specific areas. Currently Suriname receives support from the transitional funding mechanism for an amount of US$ 386,275. The programme supported by this grant focuses on vulnerable populations, including sex workers, men who have sex with men, youth, gold miners and the armed forces. Funded activities include mass media campaigns, outreach programs, training of peer educators, promoting male and female condom use and enhancing the national basic life skills curriculum to include all schoolchildren, out-of-school youth and parents.

The CCM is in the process of preparing a concept note according to the instructions of the new funding model to be submitted in October 2014, before the development of a full proposal.

7.3. The U.S. Government

Started in 2009, PEPFAR’s Caribbean Regional Programme is coordinated from the U.S. Embassy in Barbados and the Eastern Caribbean. Five other U.S. Embassies are part of the regional programme including Suriname. With a focus on partnership and country ownership, the programme works closely with the National AIDS Programme and other regional partners including UNAIDS, PAHO, the World Bank and the Global Fund.

The U.S. Caribbean Regional HIV and AIDS Partnership Framework is the five-year strategy document, and the U.S. Caribbean Regional HIV/AIDS Partnership Framework Implementation Plan is the five-year implementation document. The Partnership Framework programme areas include prevention, strategic information, laboratory strengthening and health systems strengthening.

In Suriname, the PEPFAR programme provides mini grants for education and HIV prevention in schools, including in the Interior.

7.4. The Inter-American Development Bank

In 2006 the Government of Suriname and the Inter-American Development Bank signed a technical cooperation agreement for the implementation of a project named “Support to the National Strategic Plan for HIV/AIDS” for an amount of US$ 750,000\textsuperscript{17}. The general objective of this project was to

\textsuperscript{17} IADB: Final Evaluation Report: Support to the National AIDS Program. Suriname, July2010
contribute to the achievement of the Millennium Development Goal of halting the HIV epidemic and begin to reverse its spread by the year 2015. The specific purpose of the project was to reduce behaviours that are conducive to HIV transmission, as well as stigma and discrimination of people living with HIV. The project ended in 2010.

Although IADB does not have an HIV programme at this point, there is an interest in participating in the initiatives related to the financial sustainability of the HIV response and the post-2015 agenda.

7.5. The French Embassy

Given the vicinity to French Guiana, the French institutions have established collaboration with Suriname in the area of HIV. The French NGO “AIDES” from its office in Cayenne and sub-office in Saint Laurent-du-Maroni have working relationships with the Suriname LGBT platform and are in the process of developing a Caribbean regional cooperation programme, to be funded by the French Agency for Development (AFD). The office of the AFD in the French Embassy in Paramaribo is facilitating the process.

The health institutions of French Guiana and the Pasteur Institute are supporting HIV testing alongside the Maroni River.

8. The Civil Society

8.1. He and HIV Foundation

“He and HIV” is an organization, established in 2010, working to raise awareness of the community on how to deal with men who have sex with men living with HIV, MSM +. This NGO comprises 6 persons, serving about 40 regular clients.

The mandate is to promote acceptance and equality of MSM living with HIV, contribute to the reduction of stigma and discrimination related to homosexuality and HIV, and promote the well-being and healthy lifestyle of MSM +.

The organisation provides support group sessions. Although the attendance is relatively low (5 to 7 persons) it is regular and consistent. Home capacity building and social support for families and partners are also provided. Finally He and HIV organises “Healthy Weekends” where members and clients can spend quality time together, away from their usual environment.

From a Global Fund component (transitional funding mechanism) managed by StichtingLobi (sub-recipient), He and HIV is currently implementing a HIV testing initiative for MSM. HIV testing is offered in gay-friendly places and in private gay parties, with support from the regional GF grant implemented through CVC/COIN. Information collected from persons who are tested includes age, nationality, ethnicity, sexual orientation, risk factors and STIs. The target is to test 150 persons.

He and HIV also received funding from AMFAR and from CVC/COIN for organising peer counselling and establishing referral systems to Health and Social Affairs services.
8.2. Proud to be

Proud to be MSM is a Facebook forum that started in 2011. The themes include discussions on HIV, the needs and availability of condoms and lubricants, HIV treatment (adherence and follow up), how to take care of a relative who lives with HIV, as well as reports collected on homophobic behaviours.

The discussions on the forum show that some persons still get fired because of their HIV status, some employers and companies request an HIV test for employment (casinos and an airline are mentioned among those). The recourse structures are not used. There is a need for enforcement of existing policies and legislations. The Human Rights Desk which was established a few years ago under the CRN+ GF grant is still needed. It is felt that MSM are ignored in the government’s discussions on HIV.

8.3. Suriname Men United

Suriname Men United was established in December 2006, to serve all gay men and other men having sex with men living in Suriname, focusing on a healthy lifestyle to prevent HIV transmissions. Support was provided by CAREC and from a cooperation agreement with the Netherlands before the launching of the organisation, to conduct a needs assessment and to provide office space.

Suriname Men United regularly distributes condoms and lubricants to visitors of gay clubs in Paramaribo. Condoms and lubricants can also be obtained at the Suriname Men United office.

Information on access to health services is provided through website messages, and support groups are facilitated. Through a partnership with the United Nations, SMU was able to be part of the national strategic planning process, particularly in the areas of human rights, psychosocial care, research and prevention.

The participation in the strategic planning process has allowed better relationships with the Ministry of Health. In HIV prevention, SMU developed specific IC materials for MSM and sex workers. Access to condoms and lubricant as well as information sharing, remain the priorities of the work of SMU.

The contribution of the LGBT community is improving and it is committed to advocate further for more engagement from the government. A new BSS is planned for 2014 and more studies will need to be conducted (size estimates and modes of transmission). The debate on establishing MSM-friendly clinics versus integration of services is continuing.

There is still strong opposition to addressing LGBT issues from some fundamentalist religious groups, as well as from the Maroon community. This is affecting the LGBT population, and more specifically transgender people.
8.4. The LGBT Platform Suriname

The LGBT Platform - a network of 5 organizations - was established in August 2011 after a member of parliament tabled an anti-homosexuality motion in Parliament aimed at destroying the root causes of homosexuality, which was presented as a disease. The motion received little support in parliament, and eventually the MP in question was forced to apologize. This was the start of a long debate in Surinamese society on LGBT issues.

The LGBT Platform Suriname wants to secure the rights of LGBT and create more awareness about the rights of LGBT and acceptance of people with a different sexual orientation or gender identity. Their first activity was to organize a National Coming Out Day (NCOD) and walk in October 2011, bringing together a group of 300 persons with official permission from the President of Suriname.

The LGBT Platform Suriname works towards creating more public awareness by providing information about homosexuality. Several members have shared their personal stories in the media to empower those who struggle with their sexuality and the response of their loved ones. Building alliances with women organizations, NGOs, members of the unions and media, religious leaders and parliamentarians is part of the process of developing a long-term lobbying and advocacy plan.

The major challenge is to find ways to deal with the homophobic response of several religious groups and persons in Suriname. More relevant groups, NGOs and companies should be involved to include sexual orientation in their policies.

Collecting data on violation of and discrimination against LGBT should be more systematic, to provide the scientific evidence to advocate to the government where actions should be taken to ensure that each citizen of Suriname can live a life free of stigma and discrimination. One of the Surinamese companies has a policy for formal registered same-sex partners to be fully recognized.
The Platform receives funding from CIDA (Canada) under the “human rights for all” campaign. The Netherlands government is supporting a project on equal rights in the workplace. There has been a positive response and strong support from 15 parliamentarians.

Cooperation has been established with the French NGO AIDES in neighbouring French Guiana, in advocacy and LGBT rights. “AIDES” is also supporting an HIV testing programme on the Maroni River with support from the Pasteur Institute. Concerns have been raised regarding how and where the data collected is kept and processed.

8.5. The Lobi Planned Parenthood Association

StichtingLobi was founded in 1968 and has since worked in the field of sexual and reproductive health. The prevention of HIV/AIDS is on the list of assistance in Lobi, including testing.

To address the right to family planning and reproductive health, StichtingLobi has clinics in Paramaribo, Nw.Nickerie, Moengo and Lelydorp, providing services in the areas of family planning, cervical cancer screening, breast ultrasound, pregnancy and research.

Since its inception Lobi has been supporting men and women who face issues with their sexuality through individual guidance, whether or not in a relationship. In recent years it has increasingly helped women and children who are victims of sexual violence. The Lobi Foundation recognizes the right of everyone to participate in family planning with information, education and care.

Lobi Foundation offers HIV testing and counselling, and counselling for HIV positive couples (HIV in a relationship). ARV treatment is also provided in clinics without any discrimination. Although HIV testing is offered to men and women, it appears that less men are tested, compared to women. MSM in particular should be encouraged to test for HIV on a much larger scale. Lobi is willing to develop communication messages on this issue and on behaviour change.

8.6. Stichting Double Positive

Foundation Double Positive was established on February 2, 2009. The main activity of the foundation is offering (psychosocial) support, care and counselling to women and young girls living with HIV/AIDS, and also to their direct family and social environment. This is being provided by peer counsellors and social workers.

8.7. Moiwana

Moiwana is a non-governmental organization engaged in the observance of national and international standards concerning human rights. The basic principle of the organization is to be independent from every government, political party, ideology, religion and every economic interest.

8.8. New Beginnings Consulting and Counselling Services (NBCCS)

NBCCS was established in August, 2007. The NBCCS consultancy team works on health education, advocacy, eradication of stigma and discrimination, strengthening of PLHIV and other populations at
risk, youth empowerment and counselling, as well as Christian Health and Family Life Education and faith-based counselling. The GF transitional funding mechanism is providing support for a sexworkers programme in the interior.

8.9. Women’S Way Foundation

Women’s Way Foundation was established on the 31 May 2011. Its goal is to strengthen the personal emancipation of women who (also) love other women within CARICOM, to stimulate awareness and acceptance of society regarding the gay identity of women within CARICOM, and also to stimulate the well-being and health of women who have sex with women (WSW).

8.10. StichtingLiefdevolleHanden

The Foundation LiefdevolleHanden (“Loving Hands”) was officially established in December 2009. It is governed by a board of seven members, all women, and assisted by an Advisory Board of five people. The purpose is to provide support to women who are psychologically and socially vulnerable, especially sex workers and persons who use drugs.

The programmes are aimed at promoting health and reducing health risks of groups and individuals who are susceptible to using drugs and to HIV infection, such as female sex workers and drug users. Clients are essentially women with HIV, and in particular those who have been victims of sexual abuse and gender-based violence. Women receive ambulatory care and support as well as peer counselling for drug users on treatment. Sex workers are provided with condoms and information on HIV prevention.

LiefdevolleHanden also provides rehabilitation programmes and shelter for men who use drugs (there is room for 20 men). The programme, open to all men who are willing to enter rehabilitation on a voluntary basis, includes training, counselling, and a special programme on rehabilitation and work therapy. The full programme is for a period of 18 months, supported by the Ministry of Social Affairs and a contribution from the clients. Only rehabilitation is offered, as harm reduction is not done in Suriname. The programme also provides support in job searches which contributes to preventing relapses.

The gaps of the programme include a lack of data on drug use and HIV related to drug use. MOT would be welcome. There is no shelter for women who use drugs.

8.11. De Stem

Stichting De Stem (“Foundation Voice”) is a Christian Rehabilitation Organisation for PWUD, founded in April 1997. As a Non-Governmental Organization, De Stem receives subsidies from the Ministry of Social Affairs and Housing to provide support for drug users in Suriname through rehabilitation programmes and preventive care.

De Stem has a capacity for sheltering 30 persons (men of 18 and over only) for 18 month rehabilitation programme. At the time of the visit, 16 beds were occupied. The clients contribute SRD675 (US$ 200) per month, representing one third of the cost. The rest is subsidized by the government and various
donors. In 2011, the Ministry of Social Affairs and Housing provided SRD 80,000 (US$ 24,000) to support the programmes.

'The Light' is a magazine of the Foundation, published monthly in the newspaper Times of Suriname.

A study on the quality of treatment for drug users was commissioned by the Foundation and conducted by the Academy of Social Studies - Social Work & Services. The study examined how to provide optimal care that enables clients to rehabilitate after their stay and how to help to support the professionalization of social workers. Recommendations were issued on the professionalization of treatment provision by the Foundation.

The Foundation claims a success rate of 30%. When support is provided to get a job and decent accommodation at the end of the programme the risk of relapse is reduced.

The Foundation also has a programme for youth aged 12 to 18 and another on domestic violence.

The Foundation does not collect data on HIV among the clients. Potential sexual activity of persons who are enrolled in the programme (and live in the shelter for 3 to 6 months) is ignored and awareness programmes on sexuality and HIV are not in place.

9. In summary

Data on HIV prevalence in MSM is 10 years old, but indicates that MSM are the most affected population in the country. More recent data is urgently needed and should be available at the end of 2014, from the upcoming BSS.

Contrary to most countries in the Caribbean and due to laws inherited from the Dutch system, Suriname’s legal environment does not criminalise same sex relations among consenting adults and allows transgender persons to get employment. Attempts by fundamentalist parliamentarians to criminalise homosexuality were stopped by the Speaker of the House. Meanwhile 30% of parliamentarians granted strong support to the LGBT platform initiatives against homophobia. The President of the Republic also showed support by giving permission to use a venue for the LGBT march.

However, the level of homophobia remains significant in Surinamese society and in the health sector, mainly fuelled by some fundamentalist religious groups and some ethnic communities.

The civil society organisations dealing with MSM and transgender populations are small and have limited resources. There is an initiative to bring them together in order to deliver a common message under a joint strategic approach. This has proved to be effective given the level of support that the platform received from the Parliament and from the Government. It should also be encouraged to access innovative sources of support with a joint proposal, keeping each organisation with its own mandate and its own implementation plan.
All UN and non-UN partners are committed to placing a stronger focus on key populations and human rights approaches, but only when needs are evidenced by updated and comprehensive strategic information.

There are governmental and non-governmental structures in place to address the needs of drug users. Those structures are weak and have limited capacity, with a very traditional (and religiously-guided) approach to rehabilitation and detoxification. Harm reduction is not part of the policy. The rehabilitation programmes do not include rehabilitation for women.

The need to explore and address the link between drug use and HIV is acknowledged, in particular the need for data collection and analysis. There are indications that HIV prevalence in drug users might be in the vicinity of 4%. However at this point, the various programmes do not address sexual behaviours and practices associated with drug use. In some instances sexual behaviours can even be a cause for exclusion from the programme, when occurring in a treatment centre. Clients known to be living with HIV are usually referred to appropriate health services.

The overlap between drug use and other risk and vulnerability (sex work, MSM, transgender, youth, sexual violence) also needs more data.

The resources of the various programmes are limited and there is no proper data to guide the resource allocations from government, private and external resources. The sustainability of the existing programmes is therefore at risk.

10. Recommendations

10.1. To the UN system and major donors

Provide technical assistance and capacity building to community organisations who are taking a leadership role in the process of revision of the NSP and development of the GF concept note;

Provide technical support as necessary for conducting MOT, size estimates and HIV prevalence studies in MSM and drug users;

Provide technical assistance to the ongoing strategic planning process to revise and update the National strategic plan in order to ensure that the programmes for HIV in MSM and drug users are prioritised, particularly in the areas of HIV prevention, treatment and care and strategic information using a rights-based approach;

Support the process of development on the Global Fund concept note in the coming 5 months and subsequently the development of the full proposal;

Advocate to government institutions for better resource allocations guided by the available strategic information, for better impact and ensured sustainability of the programmes.
10.2. To the National AIDS Programme

Coordinate the revision of the draft NSP to meet the requirements of the GF for the development of the concept note and the proposal according to the new funding model;

Conduct a “Modes of Transmission” study and a size estimate of key populations; the findings of these studies would also guide and possibly re-orient resource allocation, for better impact and improved sustainability;

Coordinate the BSS to be conducted later in 2014;

Ensure the inclusion of the civil society organisations at all levels of the decision making and programme implementation processes;

Develop and implement training programmes for health care workers to reduce stigma and discrimination towards MSM, transgender persons and drug users;

As information on drug use is collected on the HIV testing forms, a review of the archived testing forms should be conducted in order to evaluate the proportion of drug users among newly diagnosed HIV infections;

10.3. To the National Anti-Drug Council

Conduct a study among drug users to assess the relation between drug use and other behaviours, practices and vulnerabilities in order to better understand the link between drug use and HIV;

Implement capacity building in the treatment centres, in order to take into consideration the sexual behaviours, practices and orientations of vulnerable populations and better address the HIV risk related to drug use;

Provide low threshold services that are safe for and friendly towards PWUD, LGBT people and women;

Develop pilot peer programs that target LGBT and sex worker drug users with harm reduction interventions.

10.4. To the Community organisations

Take a leadership role in the revision of the draft NSP, in including homophobia in any human rights initiative (including in the NSP), and in prioritising MSM and transgender persons in HIV prevention, care and treatment programmes;

Coordinate advocacy activities on LGBT rights among LGBT groups and their support organisations, through the LGBT Platform, in order to come up with consistent messages and a common strategy to address the opposition to gay rights, particularly from the fundamentalist religious groups;

Coordinate resource mobilisation strategies among LGBT groups to attract new donors;
Advocacy and lobbying at the level of the National Anti-Drug Council should promote harm reduction approach in the National policy.

10.5. To CVC/COIN

Provide support to the LGBT platform for a coordinated approach on advocacy and fund raising;

Facilitate technical support and resource mobilisation for studies to be conducted among drug users;

Share experiences from other countries on national consultations and media campaigns on stigma, discrimination and homophobia;

Support piloting of model community-based, low threshold harm reduction programmes for PWUD
GUYANA

Guyana is a sovereign country on the northern coast of South America, and one of the 3 Caribbean nations that isn’t an island. The country was colonized by the Netherlands and then became a British colony for more than 200 years before gaining independence in 1966.

The estimated population in 2012 is 795,000, of which 30% is under the age of 15 and 64% in the 15-64 age group. The life expectancy at birth is 67 years. 90% of Guyana's population lives on the coastal strip, which accounts for only 10% of the total land area. Guyana has a very ethnically heterogeneous population. The East Indians are the largest ethnic group with 44% of the population. The second largest group is the Afro-Guyanese (30%). 17% of the population is of mixed heritage, and the indigenous Amerindians make up 9%. Guyana has an estimated 7,200 persons living with HIV.

According to epidemiological data available in 2011, the prevalence of HIV among the general population has steadily decreased since 2004, from 2.4% to 1.1% in 2012. The proportion of all deaths attributable to AIDS has also steadily declined since 2002, from 9.5% to 4.2% in 2009. The Biologic Behavioural Surveillance Survey (BBSS) 2009 showed a decrease in the HIV prevalence among female sex workers, from 26.6% in 2005 to 16.6% in 2009. A slight decrease was observed among MSM, from
21.2% in 2005 to 19.4% in 2009. Female sex workers and men who have sex with men remain disproportionately affected by the epidemic.\(^\text{18}\)

The Presidential Commission on HIV/AIDS (PCHA) is the Government body established to support, coordinate, and oversee the national HIV/AIDS response under the aegis of the Office of the President. The National AIDS Programme Secretariat, under the Ministry of Health, is the implementing institution and the Secretariat of the PCHA.

The Country Coordinating Mechanism (CCM) provides oversight to the Global Fund grants, with representation from government, civil society including NGOs and faith-based organizations, private sector, donor agencies, academia, most-at-risk-populations and PLHIV.

The National AIDS Committee (NAC) is an independent advocacy body for civil society and the private sector, responsible for providing the Minister of Health with recommendations and advising on HIV and AIDS policies, educational, training and public information activities; and measures to improve programmes and the effectiveness of national response.

1. **The National Strategic Plan**

The Government of the Cooperative Republic of Guyana has confirmed the multi-stakeholder inclusion of government, civil society, the private sector and key populations in governance, planning and implementation of Guyana’s National HIV Strategic Plan 2013 to 2020, named The HIVision2020.

The document is aligned with national development and health sector strategies and is committed to the principles of human rights, gender equality, inclusiveness, accountability, value for money and sustainability.

The plan takes into consideration the priorities for national development and specifically for the prevention and control of HIV, the regional priorities as guided by the Caribbean Regional Strategic Framework (CRSF) and the international commitments to the Political Declaration on HIV and AIDS and the Millennium Development Goals (MDGs).

The priority areas of focus are Coordination, Prevention, Care, Treatment and Support, Integration and Strategic Information. The plan was developed through extensive consultations with the key stakeholders from government and non-government sectors and agencies, civil society organizations, the private sector, the faith community, PLHIV, members of key populations at higher risk, MSM and FCSW.

Guyana’s epidemic is generalized, with pockets of concentration in vulnerable groups. Adult HIV prevalence has been on a steady decline since 2004. The estimated prevalence among adults 15-49 is

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1.1% in 2011. The epidemic continues to disproportionately affect the working population of the country, with people in the 25-49 year age range accounting for 67.2% of cases in 2012.

While significant progress has been made controlling the epidemic in the general population, two rounds of a Biological and Behavioural Surveillance Survey (BBSS) have found high prevalence among men who have sex with men (MSM). A small decrease was observed for MSM, from 21.2% in 2005 to 19.4% in 2009. Other vulnerable populations at increased risk are female sex workers (16.6%), miners (3.9%) and prisoners (5.2%). High levels of intimate partner violence and stigma and discrimination, directed both to people living with HIV and on the basis of sexual orientation, continue to drive the epidemic, as do the poor health seeking behaviours of men and limited access to sexual and reproductive health services for young people. Recent efforts to address these include an amended Child Sexual Offenses Bill and regulations under the Occupational Safety and Health Act of 1997 to enforce an HIV/AIDS workplace policy. The 2013-2020 National HIV/AIDS Strategic Plan looks to integrate all HIV-related services within the health care system including sexual and reproductive health and health promotion.

![HIV Prevalence among various populations](image)

There is no data on HIV prevalence in drug users. 55% of the population is concentrated in regions 3 and 4, accounting for almost 80% of HIV cases.

The plan recognises that information on key populations who are at higher risk is inadequate. As the National programme aims to have a better understanding of its epidemic, several populations with higher HIV prevalence, including MSM, are still living within an environment where there is inadequate legislative support. Improved understanding of these through further analyses, including secondary data analysis, triangulation of data and other methodologies, are needed. Still unknown for key populations is the population size estimate which has become critical for programming. A “modes of

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transmission study” would more clearly define for Guyana the sources of infections and thus allow for better targeting of the response.

<table>
<thead>
<tr>
<th>Region</th>
<th>% Population</th>
<th>% HIV Cases in 2012</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
<tr>
<td>Total</td>
<td>100.0</td>
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</tr>
</tbody>
</table>

Distribution of HIV Cases by Region 2012

The plan states clearly that HIV programming is developed and delivered to ensure equitable access to all services regardless of age, gender, ethnicity, sexual orientation or any other demographic characteristics, and with additional consideration given to special populations at higher risk for HIV infection.

It also states that prevention programmes are to be intensified and made stronger for maximum reach to all, and particularly the key populations at higher risk, including PLHIV, MSM, transgender persons, sex workers and their clients, prisoners, miners and loggers.

In all activities in prevention, care, treatment and support, priority is clearly given to key populations, with a human rights approach and support to community organisations. Of particular interest, a few activities can be mentioned:

- Improved support for community education, including faith based/workplace-based education and advocacy regarding human rights of MSM, SW transgender people, PLHIV, and other targeted populations
- Ensured equitable access to needs-responsive health services for Key Populations at Higher Risk- MSM, FCSW, miners and loggers, prisoners and other targeted populations, such as clients of sex workers, youth and women.
- Capacity of a multi-disciplinary team (particularly social workers) built to address social, economic and psychosocial issues among all PLHIV with consideration for the key populations at higher risk as a specific subpopulation.
- Conducted HIV/AIDS risk assessments, behavioural and biological surveys for different vulnerable populations

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Overall the HIVision 2020 is a comprehensive document that has identified the priorities for prevention, treatment, care and support, as well as protection and promotion of human rights, as a cross-cutting theme. It shows also that the issues of efficiency and allocation choices are clearly guiding the plan for sustainability of the programmes.

2. Available Reports

The latest GARP report indicates that the Ministry of Health continues to coordinate the MARPS response in close collaboration with its partners. Interventions have focused on preventing the spread of HIV and other STIs among female sex workers (FSWs) and men who have sex with men (MSM) populations. Seven NGOs are currently implementing HIV education and other prevention programmes that target these two populations. They received significant capacity building in addressing the issues affecting these specific populations and in the monitoring and evaluation of their programmes. The 2012 mid-term review reports that efforts are being strengthened to reach key populations at higher risk, with a comprehensive prevention package, based on combination prevention. A third round of BBSS is being conducted in 2013 and Guyana will implement the Priorities for Local AIDS Control Efforts (PLACE) methodology in order to better understand how to reach key populations with appropriate interventions. Conducting size estimates and modes of transmission studies will more clearly define for Guyana the sources of infection and will allow for better targeting of the response.

An ongoing priority is to address stigma and discrimination which discourages people from seeking the information and services that will protect them from HIV infection, from adopting safer behaviours, and from accessing HIV care and treatment services.

The Ministry of Health claims leadership in this area, with a policy that explicitly includes sexual orientation training for health workers and public awareness campaigns. Efforts to criminalize wilful transmission of HIV were averted but stigma and discrimination persists, including within the health sector, and negatively affects uptake in the HIV care and treatment programme as well as in other HIV services. Recognising that discrimination from health care workers has been revealed as a significant challenge, 140 health care workers were trained to serve MSM and SW in a non-judgemental and non-discriminatory manner. A stigma and discrimination policy was developed and approved for health care facilities. A total of 143 MSM were trained as peer educators in 2010, with support from external partners.

3. Homophobia

In Guyana, under the sexual offence act, male to male relationships are illegal and liable to imprisonment for 10 years or more. Female to female relationships are legal.

In Guyana, while the Constitution recognizes the right to non-discrimination on the grounds of age, sex, gender, ethnicity, and religion, enforcement is limited and these freedoms are undermined by buggery laws and the Gross Indecency Act, as well as specific laws against sex work and drug use. There are no specific protections for PLHIV, transgendered, MSM, SW, migrant and mobile populations. In addition, there are no effective mechanisms for redress or penalties for discrimination.
Under the Sexual Offences Act, male to male relationships are illegal and liable to imprisonment for 10 years or more. Female to female relationships are legal.

Section 352 of the Act defines “gross indecency” with a male person as: "Any male person, who in public or private, commits, or is a party to the commission, or procures or attempts to procure the commission, by any male person, of an act of gross indecency with any other male person shall be guilty of misdemeanour and liable to imprisonment for two years."

Section 353 criminalizes buggery and states that "Everyone who attempts to commit buggery, or assaults any person with the intention to commit buggery, or being a male, indecently assaults any other male person, shall be guilty of felony and liable to imprisonment for ten years."

Section 354 on buggery states, "Everyone who commits buggery, either with a human being or with any other living creature, shall be guilty of felony and be liable to imprisonment for life."

In addition, the Guyanese Summary Act criminalizes cross-dressing with the following: “anyone who being a man, in any public way or public place, for any improper purpose, appears in female attire; or being a woman, in any public way or public place, for any improper purpose, appears in a male attire.”

Civil society groups led by SASOD recently challenged the constitutionality of this legislation. The Supreme Court held in September 2013 that cross-dressing was permitted, provided not for “improper purposes,” leaving the law less than clear on this issue and subject to further legal challenges.

In this context, the level of homophobia in society is high. NGOs and MSM groups report widespread discrimination of persons based on their real or perceived sexual orientation, including discrimination in employment, access to education, and in other public settings. LGBT persons are fearful of reporting crimes that have been committed against them because they believe or are told that charges will also be brought against them because of their sexual orientation or gender identity and expression.

In August 2013 authorities recovered the body of a gay man, who had been accused of being involved in "homosexual practices" and had been the victim of regular threats and harassment. Two other cases of violence and murders have been reported last year (January and November 2013) in male sex workers and transgender persons, making it a total of 3 murders in 2013. Investigations of these cases usually do not result in arrests and prosecutions. Police lack capacity and resources to investigate the cases.

Civil society organizations say it is common for the police to use the law to intimidate men who are gay or perceived to be gay.

An opinion poll on “Attitudes towards Homosexuals in Guyana 2013” (implemented by the Barbados-based institution “CADRES”) fills an important vacuum in the investigation of the situation of lesbian, bisexual, gay, transgender and intersex (LBGTI) persons in Guyana. It exposes the attitudes, beliefs and perceptions that justify and excuse discrimination and maltreatment of citizens with differing sexual orientations.

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4. **Drug Use and HIV**

Alcohol and marijuana are the drugs most commonly used in Guyana. Crack cocaine is becoming more popular as it is relatively affordable. Consumption of all psychotropic substances is increasing, with a particular rise in the incidence of crossover addiction. In addition, the potency of locally grown cannabis is increasing, impacting local consumption. There are indications of possible widespread use of sniffing agents such as gasoline and glue among students.

Guyana’s ability to deal with drug use is limited by insufficient financial resources and the approach only oriented to support rehabilitation programmes. There are two residential facilities for treatment of substance use: the Salvation Army and the Phoenix Recovery Centre partially funded by the Government. Since 2007, the Ministry of Health has run modest demand reduction programmes in the media, schools and prisons, as well as outpatient talk-therapy treatment. The University of Guyana initiated a demand reduction curriculum through OAS/CICAD funding.

The Government of Guyana has passed legislation against the threat of drug trafficking. The government is also drafting a new Drug Strategy Plan and the government’s Inter-Agency Task Force on Narcotics & Illicit Weapons is reviewing an inception report.

As a matter of policy, the Government of Guyana does not encourage or facilitate the illicit production or distribution of narcotic or psychotropic drugs or other controlled substances, or the laundering of proceeds from illegal drug transactions.

The relation between drug use and HIV does not appear to be addressed among the priorities of the various programmes. Harm reduction is not part of the policy.

5. **The National AIDS Programme**

The National AIDS Programme Secretariat (NAPS), operating from within the Ministry of Health (MOH), is the technical agency responsible for coordination, implementation and the monitoring and evaluation of the national response. The NAPS provides support to the PCHA on technical issues and provides technical support to Line Ministries and Civil Society organizations implementing HIV programmes.

The Health Sector Development Unit (HSDU) has responsibility for coordinating donor funded projects for the Ministry of Health which includes HIV funded projects.

The Government of Guyana was one of the first in the region to offer ART free of charge to all eligible persons. In June 2013, among the estimated 7,200 persons living with HIV, 4,000 were eligible for ARV treatment. 3,700 were receiving treatment regularly (ART coverage is 93%). Guyana also achieved 95% coverage through its PMTCT programme.

As Guyana works to sustain these achievements, it must also keep pace with the changing epidemiology of the disease by intensifying efforts to reduce vulnerability to HIV among the key populations at higher risk, as detailed in HIVision2020. Guyana remains committed to the integration of HIV prevention,
treatment, and care into the primary health care system in order to increase access to services throughout the country.

The government will take over the treatment costs (supported by the Global Fund since 2003) within the next 3 years, starting in 2014, based the 350 CD4 threshold. The treatment guidelines will be revised in December 2014 to address the 2013 WHO recommendations (500 CD4).

The NAPS has observed a high level of alcohol and cannabis use in the country, as well as an increase in tattooing in MSM, transgender persons and drug users, however no data is collected.

6. The National Anti-Narcotics Commission (NANCOM)

Established in 1997, NANCOM is the national authority to coordinate national anti-drug policies. NANCOM is under the supervision of the Office of the President and is responsible for the coordination of the areas of demand reduction, supply reduction, development programs related to the prevention or reduction of illicit crop cultivation, drug production or trafficking, control measures, the drug observatory, institutional cooperation, program evaluation and international, regional, and bilateral cooperation. The National Anti-Narcotics Secretariat (NANCOS), the technical central office of the Commission, is under the responsibility of the Permanent Secretariat of the Ministry of Home Affairs.

There is no annual budget for the national authority. The budget for NANCOS is integrated with the budget of the Secretariat of the Ministry of Home Affairs and other government agencies, and it is financed through government allocations and international cooperation. Each agency under NANCOM has its own budget to carry out its activities within the National Strategy. This budget does not seem to be adequate as competing national demands for scarce financial resources result in reduced funding.

The supply reduction is coordinated through four major agencies, the Guyana Police Force (GPF), Guyana Customs and Revenue Authority (GRA), the Customs Anti-Narcotics Unit (CANU), and the Guyana Defence Force (GDF). Their interventions are aimed at reinforcing boarder control in vulnerable areas, in an attempt to diminish the role of Guyana as a transhipment point. The GDF supports law enforcement agencies with boats, aircraft and personnel, but has limited capacity and lacks law enforcement authority.

Guyana is a transit country for cocaine to the United States, Canada, the Caribbean, Europe, and West Africa. Cocaine originating in Colombia is smuggled to Venezuela and onward to Guyana by sea, air or land borders with Brazil, Venezuela, and Suriname. Cocaine is often concealed in legitimate commodities and smuggled via commercial maritime vessels, air transport, human couriers, or postal services.

The value of cocaine seized by Guyanese authorities in 2011 (the last year for which statistics are available) totalled $42 million. Traffickers are attracted by the country’s poorly monitored ports, remote airstrips, intricate river networks, porous land borders, and weak security sector capacity.

The demand reduction, through education and treatment, is the responsibility of the Ministry of Health (Drug Demand Reduction Services). The impact of the programme is limited due to the lack of political will and the absence of policy, including on drug use and HIV. In terms of demand, alcohol is the first
issue, followed by marijuana and crack-cocaine. According to NANCOM, there is a very low rate of injecting drug use, mainly in returning Guyana citizens deported from North America.

The drug demand reduction programmes include treatment, research, surveillance and education (school population, out of school youth and parents). The programmes need to be expanded beyond the regions currently covered (limited to regions 4, 3, 1 and 7). The education programmes should focus more on parents (dialogue between parents and children, identification of warning signs). The programme also represents an opportunity for a contribution to the HIV response, through research and education.

The treatment programmes are implemented by two NGOs, mostly targeting men and lack involvement of key stakeholders.

7. International Partners

7.1. The United Nations

The response from the United Nations includes UNAIDS, UNDP, UNICEF, UNFPA and PAHO/WHO. ILO had a programme on AIDS in the work place, which is closing down this year.

UNICEF conducted a study last year on young key affected populations. This study explores the vulnerability of Young Key Affected Populations (ages 10-24) to HIV. It examines the behavioural and socio-cultural factors that make adolescents vulnerable. The study gathered information from 352 adolescents in rural, hinterland and urban contexts. The researcher also conducted interviews with key persons in the world of adolescents including teachers, employers, parents, probation officers, religious leaders and their peers. The adolescents engaged in the study included men who have sex with men, in school youth, youth in contact with the law, commercial sex workers and out-of-school youth.

Through HFLE programmes, the issue of drug use is addressed. This allows UNICEF to take the lead in developing programmes to address HIV prevention in young people who are part of key populations, and young people living with HIV, including training programmes on stigma and discrimination issues.

UNFPA is developing programmes for sex workers, including transgender women and young male and female sex workers, which address gender-based violence and provide sex education.

PAHO/WHO provides training for health sector to promote equitable access to health care for LGBT persons.

UNAIDS has long history of working with Artistes in Direct Support and the Society Against Sexual Orientation Discrimination (SASOD). UNAIDS is coordinating the UN agenda on the ten targets, including eliminating stigma and discrimination and removing punitive laws, towards reaching the three zero.

UNAIDS has been supporting and providing close guidance on the national strategic planning process, including the participation of vulnerable populations in the consultations. UNAIDS is therefore encouraging MSM organisations to draw the attention of the Ministry of Health on the gaps related to the most affected, most vulnerable groups, and the most stigmatised and most discriminated groups.
and to demand a revision of the draft document to be more in line with the profile of the epidemic. This will also be an opportunity to strengthen the plan and to support the preparation of a concept note for the upcoming GF application by meeting the criteria of the new funding model.

UNAIDS, in collaboration with relevant partners, is supporting the government of Guyana to develop an investment case to ensure strategic investment toward financial sustainability of the HIV response through improved efficiency and resource allocation that match the profile of the epidemic.

7.2. The Global Fund to fight AIDS, tuberculosis and malaria

Starting in 2003, the programme has been supporting the expansion of multisectoral efforts outlined in the National Strategic Plan. The programme seeks to reduce the spread of HIV and resulting morbidity and mortality, and to mitigate the social and economic impact of the epidemic in the country.

Activities have included provision of antiretroviral therapy and voluntary counselling and testing, support services for orphans and other vulnerable children (OVC), and condom distribution and implementation of behaviour change campaigns to reduce stigma and discrimination. Funds have also been used to provide treatment and prophylaxis for opportunistic infections, support services for OVC and home-based care for people living with HIV.

The programme ended in March 2010 and then was approved for funding under the RCC with an approved grant ceiling of $18,337,100 (Years 1-3). The Grant was signed in June 2010 with a total grant amount of $34,109,447 ($20,150,872 under Round 3 + $13,958,575 RCC incremental amount). It aims to scale up the response in prevention, treatment, care and support, based on the achievements reached in the previous five years and by building on and consolidating the strengths of the Round 3 Grant.

The phase II of the RCC was approved and signed in December 2013, for implementation until March 2016. The signed agreement for phase II includes 3 sub-recipients: The Guyana Business Coalition (US$ 0.5M), IOM (US$ 1.5M) and Cicatelli Associates (US$ 1.6M). The funds will then have to be reprogrammed until December 2017, in order to re-align to the GF new funding model. This 21 month extension would require contribution from the Guyana Government which has not been decided at this point. The phase II and its extension will narrow down the focus on key populations (MSM, sex workers, miners and loggers).

The program focuses on the effectiveness of the National Strategy and will continue to expand the treatment and care and support services, while strengthening the capacity to measure, monitor and evaluate the results of these efforts and the underlying epidemiology. In the interest of sustainability and the scale up of treatment, care and support services, the programme will intensify and focus the prevention efforts on the most at risk and vulnerable groups, which include people engaging in concurrent sexual relations and sex work, MSM, mine workers and pregnant women.

7.3. The US Government

In Guyana, PEPFAR programmes are implemented by five USG agencies: the Department of Defence (DOD), the Department of Labour (DOL), the Department of Health and Human Services through the
Centres for Disease Control and Prevention (CDC), Peace Corps, and the United States Agency for International Development (USAID). These agencies support a coordinated interagency management model which leverages and builds upon agency-specific strengths and expertise.

PEPFAR programming in Guyana has made an important strategic shift from direct service delivery to capacity building. The prevention area is critical, given that the bulk of existing and new infections continue to be concentrated among high-risk and vulnerable groups, prioritising MSM and sex workers.

On drug use, including IV and non-IV drug use, the CDC is supporting programmes to mitigate problematic drug use. There may be an opportunity for the CDC to support data collection or special surveys on drug use and HIV in MSM and transgender persons.

USAID has prioritized MSM and sex workers. Drug users are not part of the priority populations of the US Government’s programmes in Guyana. This might be due to the fact that PWUD are not considered a target population in the CARICOM Caribbean.

USAID is supporting the BSS and size estimates study, by providing technical assistance in building local capacities. The USAID programmes support 11 NGOs across the country in the areas of prevention and care which target MSM and sex workers.

8. The Civil Society

8.1. Artistes in Direct Support (A.I.D.S.)

“Artistes in Direct Support” (A.I.D.S) is a community-based organization of volunteers whose area of work is HIV education through the use of theatre. This non-profit, non-governmental organisation comprises staff and volunteers of varying ages and experiences, who use their talents in music, drama and dance to promote HIV/AIDS/STI education through the performing arts, media and peer education.

Since its inception in 1992, the organisation has been growing and is now a registered body of 50 persons, 10 seniors and 40 youths. “Artistes in Direct Support” is responsible for the communication aspect of a USAID-funded project, the production of television, radio and print advertising, and brochures, targeting MSM and other key populations.

“Artistes in Direct Support” has been involved in street theatre and peer education and drama workshops. A video production, "A Force to Reckon" was recently completed and is aired on all the television stations in Guyana.

The organisation provides telephone and walk-in counselling services, and distributes HIV/AIDS-related material. They conduct an ‘In School Youth Programme’, an ‘Out Of School Youth Programme’, workplace interventions and other outreach initiatives. A.I.D.S. often responds to requests coming from schools on how to support children or teachers who are gay. Community outreach and mobile testing is also provided.
Activities include a “coming out project” providing capacity building on social life for young MSM and a “Who am I” training programme on conflict resolution among the community. Monthly support groups are organised, peer educators have been trained in 3 regions and a MSM site for Muslims is supported.

A.I.D.S. indicated that self-stigma is still prevalent among the MSM community. Although some progress has been made, stigma and discrimination in health care settings is still an issue, affecting the trust that MSM have in the public health care system.

Funding is provided by USAID and the Global Fund until 2016. Additional funding is provided by UNICEF and by the regional GF grant (CVC/COIN component). A.I.D.S. is the recipient of a US$ 20,000 grant from CVC/COIN, for 2014, aimed at increasing the availability of psycho-social support services for 80 young boys and men (ages 14-24) through counselling sessions and strengthening knowledge on HIV, other STIs, building literacy levels, and personal appearance and conflict resolution skills.

As an organisation, A.I.D.S. is now challenged with its own sustainability as international funding is rapidly decreasing. Strategies are being developed based on the track record of the organisation in terms of performance, capacity to deliver and fund raising approaches. This should ensure the sustainability of the organisation and also contribute to the sustainability of the HIV response across the country. However, the country is still struggling with reducing stigma and discrimination and possibly will be for years to come. Today, most of the funds from international partners for HIV are being placed towards fighting stigma and discrimination in key populations at higher risk, including men who have sex with men, commercial sex workers, miners and youth.

8.2. The Society Against Sexual Orientation Discrimination (SASOD)

SASOD is dedicated to the eradication of homophobia in Guyana and throughout the Caribbean. SASOD has been advocating over the years to repeal discriminatory Guyanese laws. SASOD has been working to change local negative attitudes about the LGBT community, and to end discrimination in the government, workplace, and community. SASOD has a board of 5 members (2 gay men, 2 lesbians and 1 transgender person), holding monthly meetings. The staff comprises a managing director, an advocacy/communication officer, a secretary, a finance officer and an office assistant. A programme coordinator and a programme assistant will be hired for the “anti-homophobic project”. The organisation has a membership of 33 (75% men).

SASOD is committed to promoting the rights of all people, especially those whose voices are marginalized. They are also committed to the promotion of health among the LGBT community. Prevention of HIV/AIDS transmission, use of prophylactics, and safe sexual practices are all goals of SASOD’s health initiative.

A gay film festival has been organised every year since 2005 in a public venue without any reported incident, in spite of threats published in the media by fundamentalist movements. SASOD has been coordinating the event and is celebrating its tenth anniversary this year.
Walk for equality to end violence in Guyana February 9, 2014

A march against inactive police investigations into killing of homosexuals was recently held to coincide with the first anniversary of the killing of 19-year old Wesley “Tiffany” Holder on January 11, 2013 and the dumping of his body near the St. Phillip’s Anglican Church. The others were a young sex worker whose body was found in Mocha in August and a 36-year old transgender, whose battered body was found on a street at Anchor Ville, Port Mourant, Corentyne in November. The police usually show little interest in solving those crimes against transgender people because of institutionalized transphobia and homophobia in the police force.

SASOD also receives funding from the EU Delegation, through the European Instrument for Democracy and Human Rights, for social and cultural change through a partnership approach with civil society organisations. Key positions of the organisation (project manager and advocacy/communication officer) as well office equipment and rent are supported.

CVC/COIN is providing financial support to the “SASOD Cine Campaign”, aimed at highlighting issues of homophobia, transphobia and HIV stigma faced by sexual and gender minorities, discouraging them from health-seeking behaviours. The project utilizes mass media advocacy, social campaigning and public education to engage the public in reducing prejudice in the country. The project facilitates the broadcast of video documentaries produced by SASOD on LGBT issues.

SASOD is submitting an application to USAID to support an online discussion forum via Facebook.

Since 2011, SASOD has received funding from amfAR for monthly support groups for transgender persons.

SASOD also indicated that the use of alcohol, tobacco and marijuana is disproportionate among gay men, MSM and transgender persons, in a context of self-stigma related to internalised homophobia. There is also a “community culture” associated with increasing use of ecstasy.

On the collaboration with the National HIV response, SASOD stated that there was limited and superficial consultation with the organisation in the national strategic planning process.
8.3. The Guyana Sex Workers Coalition (GSWC)

The Guyana Sex Work Coalition is a human rights-led, non-governmental organization specializing in advocacy for human rights, working with female, male, transgender, street-based, migrant and indoor sex workers.

The Guyana Sex Work Coalition gives sex workers an opportunity to implement programmes for themselves, to be at the decision-making level, and to be given a voice at all forums that involve their welfare. The coalition advocates against criminalisation and other legal oppression of sex work and demands the recognition of sex work as work. It also speaks out against any form of violence against sex workers and advocates for economic empowerment and social inclusion of sex workers.

The coalition works with law enforcement officials, prison officers, prisoners, military personnel, and the hospitality industry, sensitising them to the human rights of sex workers.

With very limited financial resources, the coalition continues its work as the level of stigma and discrimination towards sex workers, especially male sex workers and migrants, is still high in the public health care system. It appears, according to GSWC, that the number of young (age 16 to 25) male sex workers is on the rise. Many of them are transgender people whose clients are heterosexual men. There is no HIV data on this population and their clients.

The level of drug use among sex workers, especially transgender sex workers, is high. The perception is that drug use stimulates sex drive, but it is also associated with other individual or personal situations, such as stress, fear, despair and others. In this context, the motivation and willingness to take an HIV test is low.

Funding for the GSWC has dried up and the coalition currently operates with virtually no funding.

8.4. Guyana Trans United (GTU)

The GTU is a community-based organisation, only a year old, with very little financial support. It has 70 registered members and over 100 supporters in the country. The main objectives are to address stigma and discrimination of transgender persons in the health sector and to reduce police harassment.

The President, the Director and the members report that transgender persons seeking health care usually get moralistic lectures on their lifestyle, behaviour and practices rather than adequate health support. Members report that getting employment in the public or private sector is virtually impossible. Consequently, most of them are involved in sex work and live in permanent fear of police harassment and arrest, based on the cross-dressing law and laws against sex work. They also report that lawyers are very reluctant to defend their cases when necessary.

Most members report that they are in need of spiritual support, while access to churches is usually denied or highly stigmatised by the various religious communities. They are looking for a way of meeting their need to congregate or worship.
In this environment of high prejudice and constant harassment, the use of alcohol, marijuana and crack-cocaine is widespread in the transgender community.

![GTU at the walk for equality, Georgetown, February 9, 2014 (Stabroek News)](image)

The President of GTU believes that close to 50 of the 70 members (70%) may be HIV positive. Half of them are not accessing care and treatment. The priority for GTU is to ensure that all members can access condoms and lubricants and identify health facilities or private practitioners that would be more open and willing to provide appropriate services to transgender persons. As finding “trans-friendly” doctors has so far proved to be unsuccessful, the group suggests that one response could be to get support for training a transgender person to study medicine.

Additional support would be donors’ assistance in transportation for members to attend meetings and workshops and to access health services.

**8.5. The Phoenix Recovery Project**

The organization was established in August 2000 to respond to the need to support persons who use drugs, individuals associated with mental disorders, and to complement the work implemented through the Salvation Army Drug Rehabilitation programme.

In the initial stages of the project the main focus was on male substance users. In 2007, the US State Department, through the Catholic Relief Services, made a grant available to Phoenix for the first ever treatment centre for women. In August 2007, the Phoenix Recovery Project took in its first batch of female drug users.

Over the years and despite challenges, the stakeholders are still committed to helping not only persons often labelled as ‘junkies’, but also persons suffering from addiction to prescription drugs, alcohol, and sex. Phoenix can claim many success stories, while there have been several instances of persons having relapses.

The first phase is the residential treatment. During this stage, the clients are required to stay in at the centre for six to 12 months to undergo primary care and participate in group and individual therapy and
workshops on self-esteem, stress management, communication, human sexuality, assertiveness training and relapse-prevention.

After this first period, the clients are invited to return to a weekly 90-minute group session to maintain contact with individual clients, their relatives and in some cases, their employers. Support, when necessary, is offered to their families.

At the time of the visit, the treatment programme included 18 men and 12 women. The residential treatment is only offered to men. Most women in the programme are involved in sex work.

The contribution from clients is US$ 300 per month. There is no political will and no financial support from the government.

HIV testing is encouraged and support is provided for adherence to treatment for persons who are diagnosed with HIV. The weakness of this part of the programme is that it is driven by ignorance and false perceptions. The programme works with persons who have a problem with substance use associated with mental illness, and often those who have contracted HIV, mostly linked to use of alcohol and/or crack-cocaine and resulting sexual behaviours. There is a proposal to test clients for hepatitis in addition to HIV.

One of the major challenges is the stigma attached to being a drug user or what many refer to as a ‘junkie’, particularly when there are suspicions that they may be HIV positive. In many cases, when they return to their community they are stigmatized and discriminated against, and there is very little support from the community.

Over the years, the project has engaged in several collaborations with other local and foreign organisations, including the Ministry of Human Resources, Ministry of Health and Georgetown Public Hospital Psychiatric Department.

As the grant from the US State Department comes to an end, the project continues to run on what is generated from fees paid by clients for their treatment and limited donations from some members of corporate society.

8.6. The Salvation Army drug rehabilitation programme

The Salvation Army drug and alcohol rehabilitation programme offers free drug and alcohol treatment, room and board, clothing if necessary, learning materials and access to education or job training.

The Rehabilitation Centre is aimed at supporting persons who use drugs and re-integrating them back into their communities and societies in order to contribute to the development of the country.

The government has, over the years, supported the programme financially (US$ 25,000 per year) and expressed satisfaction with the way the organisation has been sustaining the programme. The cost of the programme is estimated to be US$ 250 per month. The programme has seen an increase in young people over the past year.
The Salvation Army drug and alcohol rehab is Christian-centred, and participants must be willing to join religious therapy and prayer. Residents are expected to work their way through the months of rehab, and the organization considers work an essential component of the therapies of rehab.

The Salvation Army, as an international organisation, has faced criticisms over its refusal to hire gays or lesbians, considered to be morally unfit. Gay or lesbian drug users may not find a treatment of value in this context. It was reported that a resident in the Georgetown treatment centre was once found in intimate position with another man and was subsequently expelled from the centre. As a general rule, residents are expected to have no sexual activity during the 6-month residential programme.

The Centre does not provide medical treatment; persons needing medical attention are referred to health facilities. This also applies to persons diagnosed with HIV infection. HIV and drug use is not a priority of the programme.

At the time of the visit 25 persons (all men) were accommodated in the centre. There is no facility to support women who use drugs, in spite of recommendations from the Government and other stakeholders.

The Salvation Army is reporting a recent rapid spread of marijuana consumption among youths in school. According the Salvation Army, this would be caused by international publicity around advocacy for decriminalisation of cannabis use and in some countries (Uruguay) actual legalisation of marijuana consumption.

9. In summary

According to the most recent data collected on HIV prevalence among MSM, this group is the most affected population in the country. Given the legal environment (buggery laws and the cross-dressing law), the level of rejection of same-sex relations by the society, and the level of internalized homophobia, many MSM also have sex with women. This increases the risk of HIV transmission to female partners of MSM. The transgender population has started to organise itself; many of them are involved in sex work and in drug use. This situation is recognised by the National AIDS Programme and is addressed by the National Strategic Plan in prevention and access to treatment, with human rights as a cross-cutting component.

The civil society organisations dealing with the MSM and transgender populations have potential to take a leadership role in this process, with the support of international partners. Opportunities to mobilise additional funding to support the community organisations exist, including new sources of funding. However, there should be better coordination among community organisations to ensure better collaboration. There should also be joint initiatives which include resource mobilisation. This process could also be supported by existing or upcoming initiatives on strategic information (MOT study, size estimates, repeat of HIV prevalence surveys and investment case).

There are governmental and non-governmental structures in place to address the needs of drug users. They have limited capacity, with traditional and religiously guided approaches to rehabilitation. Only one
rehabilitation programme includes rehabilitation for women, but they do not benefit from residential programmes. The demand reduction programmes only cover 4 of the 10 regions in Guyana. There is no effort to address the concurrency of drug use and sexual behaviours among the key population groups that are targeted.

There is a high level of stigma and discrimination towards drug users, aggravated by their potential HIV positive status.

The need to explore and address the link between drug use and HIV is recognised, including by the National AIDS Programme. However, programmes do not address sexual behaviours and practices associated with drug use, which, in some instances, can be a cause for exclusion from the programme, when occurring in a treatment centre. One particular organisation running a rehab programme has the reputation of stigmatising and discriminating against gays and lesbians. Clients known to be living with HIV are referred to appropriate health services, while no treatment is provided in facilities of the rehab programmes.

The overlap between drug use and other risk and vulnerability factors (sex work, MSM, transgender, youth, sexual violence) need more data. The programme providing support to women who use drugs has reported that most women are involved in sex work.

The resources of the various programmes are limited and there is no proper data to guide the resource allocations from government, private and external resources. The sustainability of the existing programmes is therefore at risk.

10. Recommendations

10.1. To the UN system and major donors

Provide technical assistance to the community organisations in taking a leadership role in the implementation of HIV prevention and treatment programmes targeting MSM, transgender persons and drug users;

Provide technical assistance as necessary to conduct MOT, size estimates and HIV prevalence studies;

Support advocacy efforts from civil society for legislative reform (buggery law and cross-dressing law) and to establish mechanisms for redress and anti-discrimination legislations;

Advocate to government institutions for better resource allocations, guided by the available strategic information, for a better impact and ensured sustainability of the programmes;

10.2. To the National AIDS Programme

Ensure that resource allocation to the various programmes meets the priorities of the country epidemic, as identified by existing strategic information documents;
Coordinate the MOT, size estimates and HIV prevalence studies to guide and possibly re-orient resource allocation, for better impact and improved sustainability;

Develop and implement training programmes for health care workers to reduce stigma and discrimination towards MSM and transgender persons and people who use drugs;

Advocate at the highest political level for implementation of programmes across the country to reduce homophobia in society;

Promote drug policy reform

Ensure that transgender people are able to have their affirmed gender recognized in identification documents and health settings.

10.3. To the National Anti-Narcotics Commission

Support the “Modes of Transmission” study to identify the most vulnerable groups and assess the impact of drug use on new HIV infections;

Conduct a study among drug users to assess the relation between drug use and other behaviours, practices and vulnerabilities, in order to better understand the link between drug use and HIV;

Include PWUD in design and evaluation of programs;

Support programs which provide mental health care and psychosocial support for drug users and their families;

Demand reduction programmes should include HIV vulnerability and be expanded to the 6 regions that are not currently covered;

Capacity building in treatment centres should be implemented, in order to take into consideration sexual behaviours, practices and orientations, and better address the HIV risk related to drug use; a particular focus in the training programmes should be openness to diverse sexual orientations and human rights.

10.4. To the Community organisations

Take a leadership role in the implementation of the HIV response and in prioritising MSM and transgender persons in HIV prevention and care and treatment programmes;

Coordinate advocacy activities on LGBT rights among LGBT groups and their support organisations in order to come up with common messages and strategies to address the opposition to gay rights;

Coordinate resource mobilisation strategies among LGBT groups to attract new donors;

Advocacy and lobbying at the level of the National Anti-Narcotics Commission should promote harm reduction approaches in the national policy and the meaningful inclusion of PWUD in decision-making.
10.5. To CVC/COIN

Provide support to a coordination strategy among LGBT and TG organisations on advocacy and fund raising;

Share experiences from other countries on national consultations and media campaigns on stigma and discrimination and homophobia;

Provide technical support to the research initiatives (MOT, HIV prevalence and other studies in MSM and people who use drugs);

Ensure support from PANCAP and CARICOM in providing political support and advice to review priorities on the HIV response, based on the outcome of this situation analysis, for a better impact of the national response and improved efficiency and allocation choices.
GENERAL CONCLUSIONS

1. Drug use and HIV

The HIV response for people who use drugs is comparable in the three countries. There are structures in place for supply and demand reduction, with a national body for coordination. The political will and political implication vary from country to country. While all countries have recognised that HIV and drug use should be addressed, the issue is not prioritised in the strategic plans.

The supply reduction programmes involve defence and police forces, as well as customs services, in an effort to secure land and sea borders and diminish the role of countries as trans-shipment points.

The demand reduction and treatment (rehabilitation) programmes are the focus of most interventions for people who use drugs. Most services are high threshold and run by people who have become successfully abstinent from drug use. The challenge is for people “in recovery” to accept that others may not be able to follow the same path. Harm reduction is little understood and not part of any of those programmes. With the exception of the government operated psychiatric hospitals, most drug treatment programmes are operated by NGOs who receive varying degrees of support from governments. The approaches are very traditional “high threshold”, in some instances with guidance and policies from religious organisations. Scarce programmes for female drug users do not include residential rehabilitation programmes.

The drug markets of the countries in review have been static for the past 30 years. Alcohol is the most common used substance throughout the Caribbean followed by cannabis and the smokable form of cocaine “crack”. Heroin is available in the street market but its route of administration is via smoking. Use of ecstasy is on the increase but usually associated with tourism. Intravenous drug use is marginal and usually found among the more economically well off. Sterile syringes are available to purchase without a prescription which helps reduce unsafe syringe sharing. The purity of the cocaine and heroin available in the market place especially in Suriname and Guyana, which are geographically close to the source, allow people who use to smoke or snort the drugs rather than inject. Drug use is frequently associated with sex work, particularly among transgender persons.

None of the countries is collecting data on HIV prevalence among people who use drugs, not even in from institutional clients of treatment programmes.. While information is collected on drug use as part of routine HIV testing is not entered in the data base nor used in programming. Clients of treatment programmes who are known to be living with HIV are referred to health care facilities. The legislative framework that prohibits drug use, the drug prevention messaging that demonises people who use drugs helps reinforce and perpetuate stigma and discrimination, which is only compounded by a positive diagnosis of HIV.

The rehabilitation programmes do not include issues of sexuality, sexual activity or sexual behaviour, far less sexual orientation or sex work. Sexual activities are usually prohibited during the residential programmes and same-sex intimacy can be a motive for exclusion from the programme.
There is an imperative need in all countries for data collection on HIV prevalence among people who use drugs and on drug use among those newly diagnosed with HIV infection. In some instances, it is a matter of processing existing information and mobilising technical expertise present in the country. Modes of transmission studies planned in all countries should be conducted soon, as a tool for advocacy on prioritisation and more adequate resource allocations, in an effort to sustain the HIV country responses.

In addition, training programmes should be put in place for treatment centre staff on harm reduction as it applies to local culturally appropriate conditions and how to provide care and support to PLHIV. The training should also include other issues associated with drug use, such as sex work, gender identity and sexual orientation. This should be done through rights-based, evidence-based programming for PWUD and a meaningful inclusion of PWUD in planning and service provision.

Improving strategic information and strengthening training programmes would need stronger collaboration with the National AIDS Programmes and their partners, including civil society organisations working with MSM, sex workers and transgender persons. Changes in prevention messaging will help reduce stigma and discrimination associated with drug use and HIV.

The civil society organisations addressing needs PWUD do not represent the wider community of PWUD who continue to use drugs and for who abstinence is not currently an option. The several groups that are active in each country are focused on drug abstinence and not human rights (advocacy, legal support and activism), or HIV (HIV prevention, support groups, access to services) or Criminal Justice issues (incarceration, police harassment). All these groups and their leaders show a high level of commitment with most activities carried out by volunteers but need to move beyond a narrow definition of success to a wider more encompassing philosophy of harm reduction.

2. MSM and HIV

The HIV responses for gay men, transgender persons and other men who have sex with men (GTM) in Haiti, Suriname and Guyana have common strengths and weaknesses, present similar opportunities and face comparable threats. However, the country contexts are different, leading to country specificities.

The country context includes the legal environment, the political context, the social and cultural specificities, the political will, the engagement of the National AIDS Programme, the support from funding partners and the capacity of the civil society groups to take a leadership role in terms of advocacy, planning, implementing, monitoring, reporting and coordination.

In the three countries, the most recent data shows that gay men and other MSM have the highest HIV prevalence in the population, including in the key affected populations, while no data is available on HIV prevalence among transgender persons. There is no proper estimate of the size of the MSM/TG populations. The proportion of new HIV infections in MSM and TG among all new infections is not known.

Despite the different legal environments (same sex relations among consenting adults are legal in Haiti and Suriname, while they are prohibited and punishable by incarceration in Guyana), the level of
homophobia in society, including in the health sector, remains high in all three countries, with recent reports of homophobic violence and murders in Guyana and Haiti. Transgender persons are even more stigmatised and discriminated, facing major barriers to access employment, Suriname being the exception, where employment in the public sector or in a small businesses are possible) and health care services. In Guyana transgender persons face harassment from the police and can be charged under a “cross dressing law”.

The national strategic plans have been recently reviewed in the three countries; Guyana has issued a new plan (HIVision 2020), while Haiti and Suriname are in the process of finalising a revised plan (extension until 2015 for Haiti and a new plan covering the period 2014 to 2020 for Suriname). All plans recognise the priority to be given to key affected populations, among which MSM usually at the top. They also state that stigma and discrimination and more specifically homophobia should be addressed as a major obstacle to access services.

In most cases however, this is not translated into specific interventions to make a difference in HIV prevention in MSM, other than peer education training, condom promotion or partner reduction programmes. Specific sexual behaviours and practices of MSM are not addressed, far fewer issues specific to transgender persons. The programmes aimed at reducing stigma and discrimination are focusing on PLHIV, women and girls. Promoting LGBT aspects of human rights remains very timid. The school education programmes (HFLE) usually do not include sexuality education, sexual orientation or gender issues. In spite of its particular legal environment, Guyana’s strategic plan has the most comprehensive package of interventions for MSM. In Haiti, the draft extension plan was, at the time of the visit, virtually empty of prevention interventions for MSM. In general the budget allocations for HIV prevention in MSM are in total mismatch with the available data on HIV prevalence. The specific needs of transgender persons are largely ignored in the plans.

This situation is essentially related to a lack of political will, to the pressure of fundamentalist religious groups and to the weakness in leadership capacities of most civil society groups to play fully their role in the national coordinating bodies or in the CCMs.

National entities also argue that more data is needed. The Global Fund’s new funding model is an opportunity to fill those gaps, as the preparation of the concept note (in process in all three countries) requires a quality strategic plan addressing the needs of key affected populations, including strengthening capacities of civil society organisations. The UN system and other international partners are expected to support this process by empowering civil society groups in taking a leadership role in the revision of NSPs and in the development of the concept notes.

The civil society organisations addressing needs of gay men, transgender persons and other men who have sex with men represent all together a key element of the HIV response for these groups of the population. Several groups are active in each country, including human rights organisations (advocacy, legal support and activism), MSM and HIV groups (HIV prevention, support groups, access to services) and transgender groups (police harassment, support groups, HIV prevention). All these groups and their leaders show a high level of commitment with most activities carried out by volunteers.
The MSM and TG groups receive very little support from governments. However, they obtain funding from various external sources (Global Fund, UN, USAID, AMFAR, CVC/COIN and other international NGOs or foundations), usually in the form of small amounts or mini-grants. This is useful to fill many programmatic gaps, but most donors do not support operational and administrative costs. As a result, many of them are struggling on a daily basis for their survival (premises, electricity and communication costs, compensation for voluntary work etc.). Some even had recently to close their office and look for new premises for security reasons.

With a few exceptions, these groups have small numbers of members and serve small numbers of clients. This is part of their weakness in terms of being recognised as full partners in the national instances of coordination, while groups and organisations opposing the human rights agenda for LGBT populations (mainly fundamentalist religious groups) are more strongly rooted in the society, better coordinated among themselves and have developed strong lobbying tools.

The MSM/TG CSOs need to develop solid coordination mechanisms among themselves, in order to increase their weight in the face of their opponents, to be recognised as full partners at national level and to develop joint strategies for advocacy and lobbying, as well as for resource mobilisation. CVC/COIN should be in a position to support this process.

Size estimates of key affected populations, including gay men, transgender persons and other men who have sex with men (and drug users) should be conducted urgently, starting with Haiti, as they will inform the revisions of national strategic plans and the Global Fund concept notes. Other studies (BBSS, MOT) should also be conducted soon. The UN, major donors and CVC/COIN should support these studies.

The UNAIDS regional office should release the final report of CARIMIS, as the preliminary findings have suggested that there is potential to re-orient HIV prevention programmes and develop new approaches and strategies for prevention, care and support, as well as in addressing homophobia.

PAHO/WHO should roll out the Men’s Health training module for Health care personnel in all countries, with support from donor agencies and CVC/COIN.

The National AIDS Programmes, with the support of the UN and major partners, including the civil society groups, informed by refined data, should review budget allocations to improve efficiencies and contribute to the sustainability of the HIV responses.
ANNEXES

Annex 1. List of persons interviewed

Gaëtane Auguste APAAC Haiti
Nensy Bandhoe StichtingLobi Suriname
Jean-Alain Bernadel CONALD Haiti
Denise Blnker StichtingLiefdevolle Suriname
Edner Boucicaut Housing Works Haiti
Roberto Brant Campos UNAIDS Guyana
Marie Bunware National Anti-Drugs Council Suriname
Ingrid Caffe UNFPA Suriname
Oleksander Cherkas USAID Guyana
Marten Colom He and HIV Suriname
Sylvia Cort Drug Demand Reduction Service Guyana
Jewel Cross UNICEF Guyana
Evelyn Degruff PAHO/WHO Haiti
Yaye Diallo UNAIDS Guyana
Réginald Dupont SEROvie Haiti
Nirva Duval National AIDS Programme Haiti
Desiree Edghill Artistes in Direct Support Guyana
Miriam Edwards Sex Workers Coalition Guyana
Rachel Eersel PAHO/WHO Suriname
Renate Ehmer UNAIDS Haiti
Wenser Estime USAID Haiti
Myrna Eustache POZ Haiti
Cracey Fernandes Sex Workers Coalition Guyana
Ernest Gaubert KOURAJ Haiti
Yoran Grant Greene CDC Guyana
Kathy Grooms CDC Guyana
Ian Ho A Shu IADB Suriname
Monique Holtvin National AIDS Programme Suriname
Miriam Hubbard UNDP Suriname
Aaloak Jaswal UNAIDS Haiti
Marie Sonia Jean UNICEF Haiti
Charlot Jeudy KOURAJ Haiti
Rahiema Kalloe CCM Suriname
Radjen Khedoe CCM Chair Suriname
Francine Kimanuka UNICEF Haiti
Kathleen Krackenberger USAID Haiti
Steeve Laguerre SEROvie Haiti
Carlo Lansdorf De Stem Suriname
Bernard Liautaud GHESKIO Haiti
Barbara Lont De Stem Suriname
Yves Malpel French Embassy (AFD) Suriname
Quincy Mc Ewan Guyana Trans United Guyana
Ralph Midy UNICEF Haiti -DR
Francesca Nardini UNDP Haiti
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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Françoise Ndayishimiye</td>
<td>UNAIDS</td>
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<td>CVC/COIN</td>
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<td>Jean-William Pape</td>
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<td>Mylene Pocorni</td>
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<td>Leslie Ramsammy</td>
<td>CCM Chair</td>
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<td>Marie-José Salomon</td>
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<td>Joel Simpson</td>
<td>SASOD</td>
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<tr>
<td>Shanti Singh</td>
<td>National AIDS Programme Secretariat</td>
<td>Guyana</td>
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<td>Steeve Sookraj</td>
<td>Salvation Army</td>
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<td>Dereck Springer</td>
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<td>Tienieke Sumter</td>
<td>LGBT Platform</td>
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<td>Jermaine Tjin A Koeng</td>
<td>Proud to Be MSM</td>
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<td>Valérie Toureau Jean-Louis</td>
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<td>Kenneth Van Emden</td>
<td>Suriname Men United</td>
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<td>Elwine Van Kanten</td>
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<td>Sean Wilson</td>
<td>ILO</td>
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<tr>
<td>Clarence Young</td>
<td>Phoenix Recovery Project</td>
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<tr>
<td>Marie Mercy Zevallos</td>
<td>POZ</td>
<td>Haiti</td>
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Annex 2. Documents reviewed

- Caribbean Development Research Services (CADRES): Public Attitudes on Gender Inequality, Sexual and Reproductive Health and Discrimination, Suriname, February 2014
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