



TRINIDAD AND TOBAGO

PERMANENT MISSION OF THE REPUBLIC OF TRINIDAD AND TOBAGO TO THE UNITED NATIONS
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Statement by

The Honourable Terrence Deyalsingh

Minister of Health
of the Republic of Trinidad and Tobago

At the High-level Meeting of the General Assembly on
HIV/AIDS

United Nations Headquarters, New York

June 8, 2016

Mr. President of the General Assembly
Mr. Secretary General
Heads of State and Government,
Colleague Ministers
Excellencies
Distinguished Ladies and Gentlemen

I have the honour to bring greetings on behalf of the Government and People of the Republic of Trinidad and Tobago, led by Dr. the Honourable Keith Rowley, the Prime Minister.

I also wish to align with the statement delivered by the Honourable Prime Minister of Saint Kitts and Nevis on behalf of the Caribbean Community (CARICOM).

Mr. President

Allow me to congratulate and thank you for the initiative to convene this important High-level Meeting geared towards fostering greater international cooperation in tackling the decades-old HIV/AIDS epidemic.

When the Government of Trinidad and Tobago committed itself at the UN Summit to launch Agenda 2030 last September, it fully accepted its responsibility as a new Government taking office only weeks earlier, to be actively engaged in the global campaign to eradicate HIV/AIDS, as part of the larger objective of achieving SDG 3.

We therefore share the deep concern of other members of the international community over the continued prevalence of the HIV and AIDS epidemic, in spite of significant progress made over the past decades in addressing this issue; one which has caused untold human suffering throughout diverse regions of the world.

As we set course to end the epidemic of HIV/AIDS in Trinidad and Tobago, consistent with the 2030 Agenda for Sustainable Development, a renewed focus has been brought to the execution of the National Strategic Plan ("NSP"). In terms of the institutional and organizational responsibility for the roll out of that strategy, the Government recently took the decision, at the behest of the Prime Minister, to locate the National AIDS Coordinating Committee within the Office of the Prime Minister. This strategic decision is emblematic of the level of importance the Prime Minister and the Government attaches to dealing effectively with HIV/ AIDS, not solely as an issue of public health, but as an issue constituting a major drag on sustainable development; and one that therefore requires coordinated, coherent, multi –sectoral action, on a priority basis.

The National AIDS Strategy prioritizes five critical areas, namely, prevention, treatment, care and support; advocacy; and human rights, and the following are its critical components - we

aim to reduce the incidence of HIV infections; mitigate the negative impact of HIV and AIDS on persons, both infected and affected; reduce HIV-related stigma and discrimination; and totally eliminate mother-to-child transmission of HIV. In order to achieve these outcomes, the Government is currently undertaking a review of a number of its HIV and HIV-related policies, as part of its comprehensive response to addressing this grave public health concern.

Our network of hospitals and dedicated HIV specialist clinics work to continually improve the ease and quality of access to HIV-related services and, in that regard, offer anti – retrovirals, (“ARVs”) free of charge. For the record, the Government’s policy provides for universal access to health care, in keeping with which health facilities provide free treatment, care and support to all persons living with HIV, including ARV treatment for high-risk encounters such as post exposure scenarios as a result of gender-based or sexual violence.

Working in collaboration with Civil Society and other partners, a number of achievements have been realized as a result of the Government’s active response to the generalized epidemic. In this regard, I wish to acknowledge and appreciate the support extended to Trinidad and Tobago by CARPHA, PANCAP, UNAIDS, PEPFAR and others, which has substantially strengthened the Government’s efforts on the ground, with all-round positive impact.

Over the period 2005 to 2014, there was an 80% decline in AIDS cases as well as a decline by approximately 70% in AIDS-related deaths. In addition, there have been increases in the number of testing sites as well as persons tested and counselled; improvements in community access to testing and counselling; a 50% increase in HIV testing of antenatal clinic attendees as part of our strong primary-care focused antenatal programme; and steady growth in the number of HIV-positive women receiving ARVs from 81% to 85% in order to reduce mother-to-child transmission. This has resulted in a consistent mother to child transmission rate at 2% or lower. There has also been marked improvements in data monitoring and training.

Mr. President, I can confirm that in Trinidad and Tobago, over 70 % of persons living with HIV are receiving ARV treatment; and that between 2005 and 2009, deaths from tuberculosis among persons living with HIV were reduced by 50%, with no new deaths recorded subsequently.

Despite these successes over the last decade, however, Trinidad and Tobago now faces real challenges in maintaining previously achieved levels of funding of its national HIV response, due to changed economic circumstances arising from the collapse of the global energy prices. In specific relation to the 90-90-90 target, averting the global treatment crisis is a challenge for our country. Notwithstanding the doubling of testing and treatment sites and the near tripling of testing, our capacity to test persons at high risk or in stigmatized groups is significantly limited, thereby undermining our ability to achieve the first, and perhaps the most critical target, of ensuring that 90% of HIV-positive persons know their status.

As a practical matter, the new test and treat model proposed, regardless of CD4 count, to achieve 90-90-90 targets requires sustained funding streams for increased medication and laboratory

support. Additionally, a cost effective primary care thrust is also needed to both establish additional outreach testing sites and to bolster linkage rates of newly diagnosed cases to HIV treatment and care sites in a reduced stigma environment. Our own experience in the Tobago Health Promotion Clinic confirms that such an environment is achievable, through the integration and co-location of these services with other chronic diseases treatment services.

Our current realities therefore require more efficient spending on the one hand, alongside robust re-engagement with our global donors, on the other. During this period of fiscal challenge faced by many countries, Trinidad and Tobago calls upon the global funders, to be especially mindful and accommodating of the special and compelling needs of small island developing States, including those like Trinidad and Tobago, categorized as middle income countries, in order to ensure that the gains already made are not reversed, and that no one is left behind as we work , with unity of purpose as an international community, towards ending the AIDS epidemic by 2030.

Mr. President

Trinidad and Tobago is also enhancing efforts to eliminate HIV-related stigma and discrimination. We continue public education to promote awareness and to disseminate accurate information on HIV and AIDS, with a focus on prevention. Consequently, the HIV and AIDS Advocacy and Sustainability Centre of the Ministry of Labour and Small Enterprise Development engages enterprises in implementing the National HIV Workplace Policy. Our current efforts to mainstream HIV focal points across the Public Service Bureaucracy; integrate HIV into both sexual and reproductive health as well as chronic disease treatment models; and foster healthy dialogue in community spaces using role models from the media and the sporting and entertainment communities, are key enablers to reduce stigma and discrimination. Moreover, a legislative review of the impact of various laws on people living with HIV has been undertaken. It is the intention of the Government to work towards improving the legal framework, as well as policies and programmes in order to eliminate stigma associated with and discrimination faced by people living with HIV.

In recognition of the important role of partnering with other entities in order to reduce the cost of medicines for the treatment of HIV/AIDS, in recent years, Trinidad and Tobago has partnered with the Clinton Health Access Initiative ("CHAI") to procure medicine at a reduced cost. Partnerships with CHAI have helped to reduce the cost of treatment in many countries. While the decreasing cost of medication is encouraging, Trinidad and Tobago strongly supports further advancements in this area, particularly the greater availability of safe, effective and affordable medicines, fundamental to sustaining the HIV and AIDS response, in the context of the full realization of the right of every individual to the highest attainable standard of physical and mental health.

Mr. President, In closing,

I reiterate the commitment of the Government of Trinidad and Tobago to work with other members of the United Nations, intergovernmental organizations, as well as our partners from Civil Society to effectively address the HIV and AIDS epidemic at the national and regional levels, as we work in concert and with resolve, to deliver our common objectives of eradicating HIV/AIDS and achieving the wider 2030 Agenda for Sustainable Development.

I thank you

