

STRATEGIC FOCUS

The U.S. Centers for Disease Control and Prevention (CDC) office in Trinidad and Tobago is part of CDC's Caribbean Regional Office (CRO), which is located in Jamaica. CDC supports the Government of the Republic of Trinidad and Tobago and other partners in-country to reach the Joint United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 goals and accelerate HIV epidemic control through support of the adoption of World Health Organization (WHO) and globally known best practices. The UNAIDS 95-95-95 targets are, by 2030: 95 percent of all people living with HIV (PLHIV) will know their HIV status; 95 percent of all people with diagnosed HIV will receive sustained antiretroviral therapy (ART); and 95 percent of all people receiving ART will have viral suppression. CDC's primary goals are to: improve access to quality services for PLHIV; re-engage PLHIV who have experienced an interruption in treatment and retain them on treatment to achieve viral suppression; enhance laboratory capacity and improve viral load (VL) testing services; and improve data access and quality, particularly for key populations (KP) to inform program decisions. By leveraging existing political commitment and support, CDC will support fast-tracking and adopting additional international best practices and policies based on WHO recommendations to continue accelerating progress in Trinidad and Tobago.

KEY ACTIVITIES AND ACCOMPLISHMENTS

CDC is building clinical capacity to institutionalize WHO Treat All Guidelines and support gaps in the 95-95-95 cascade.

HIV Prevention, Care and Treatment:

- Building capacity to implement Treat All (all PLHIV are initiated on ART); returning PLHIV to care who have experienced an interruption in treatment; finding new PLHIV; expanding KP access and utilization of prevention and treatment services (differentiated care models and evening clinic hours); and provide counseling on adherence to treatment.
- Implementing behavior change strategies aimed to reduce stigma and discrimination by health care workers towards PLHIV, particularly KPs, through gender diversity and sexuality sensitization training.
- Providing technical assistance for case-finding, including index testing and enhanced partner notification; targeted interventions for high-risk men through men's health services; integrated sexually transmitted infections (STI) and HIV prevention care and treatment; and revision of testing policies to include HIV infection recency testing as well as HIV self-testing.
- Implementing interruption in treatment and return to care interventions; launching Undetectable equals Untransmittable (U=U) campaigns to communicate that once viral suppression is reached and HIV is undetectable on tests, PLHIV will not transmit the virus; implementing entry to care campaigns to return patients to care; and strengthening peer navigation.
- Enhancing psychosocial services and treatment adherence support; messaging U=U; viremia clinics to review the management of patients who are not virally suppressed; and fast-tracking stable patients (Rapid Pathway Model).

Enhance Laboratory Capacity:

- Support continuous quality improvement toward accreditation, including strengthening human resource capacity through technical training.
- Implement the HIV Rapid Test Quality Improvement Initiative, monitor quality assurance of HIV testing, and provide external quality assurance panels to monitor HIV and related testing.
- Expand the Laboratory Information System.
- Scale-up and strengthening of VL testing.
- Strengthen the National Laboratory Services Network.
- Support implementation of routine HIV drug resistance testing.

Strategic Information:

- Enhance the availability of high quality and timely data by strengthening essential data and information systems to monitor and evaluate program interventions.
- Strengthen data collection tools, the development of data tracking systems, and data visualization tools.
- Inform programming through the conduct of a KP population size estimate.
- Build a culture of data use-through timely data analysis and the linking of disparate information systems (surveillance, prevention, treatment, and laboratory).
- Support staff capacity at the national, regional, and site levels to monitor and evaluate HIV programming and make informed programmatic and policy decisions.

SehKey Country Leadership

Prime Minister:
Keith Rowley

Minister of Health:
Terrence Deyalsingh

U.S. Ambassador:
Candance Bond

CDC Regional Director:
Emily Kainne Dokubo

[Country Quick Facts](https://worldbank.org/en/where-we-work)
(worldbank.org/en/where-we-work)

Per Capita GNI:
\$15,070 (2021)

Population (millions):
1.40 (2021)

Under 5 Mortality:
17/1,000 live births (2020)

Life Expectancy:
74 years (2020)

[Global HIV/AIDS Epidemic](https://aidsinfo.unaids.org)
(aidsinfo.unaids.org)

Estimated HIV Prevalence (Ages 15-49): 1.0% (2021)

Estimated AIDS Deaths (Age ≥15): <500 (2021)

Estimated Orphans Due to AIDS: 2,800 (2020)

Reported Number Receiving Antiretroviral Therapy (ART) (Age ≥15): 7,174 (2021)

[Global Tuberculosis \(TB\) Epidemic](https://who.int/tb/country/data/profiles/en)
(who.int/tb/country/data/profiles/en)

Estimated TB Incidence:
18/100,000 population (2020)

TB Patients with Known HIV Status who are HIV-Positive:
16% (2020)

TB Treatment Success Rate:
61% (2019)

DGHT Country Staff: 1
Locally Employed Staff: 1
Direct Hires: 0
Fellows & Contractors: 0

Our success is built on the backbone of science and strong partnerships.

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