

# THEMATIC SEGMENT CASE STUDIES

**“Priority and key populations especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic responses”**

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## Introduction

The Thematic Segment of the 52nd UNAIDS Programme Coordinating Board (PCB) meeting will be held on 28 June 2023 and will focus on “**Priority and key populations<sup>[1]</sup> especially transgender people, and the path to the 2025 targets: Reducing health inequities through tailored and systemic responses**”. 1. As defined in the *Global AIDS Strategy*.

In preparation for the Thematic Segment, UNAIDS issued a call for submission of examples of best practices and country case studies. The case studies inform the development of the background note to the thematic segment as well as the discussions during the day.

A total of 34 case submissions were received. The submissions reflect the work of governments, civil society, and other stakeholders, as well as collaborative efforts. The case studies highlight how to reach priority and key populations<sup>[1]</sup> especially transgender people, with HIV services in different parts of the world taking into consideration the differences in social, cultural and economic contexts.<sup>1</sup> As defined in the *Global AIDS Strategy*.

# Africa

## Kenya Case Study 1

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- **Timeline of the case study:** January 2020 - December 2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people
- **In which geographic area is the approach being carried out?** Kenya
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership
  
- **Background and Objectives:**

Adolescent girls and young women in Sub-Saharan Africa are at higher risk of HIV due to intersecting inequalities based on who they are, who they love, where they live, their skin color, and more. These inequalities must be considered for an effective HIV response, with gender equality at the center. Young women face barriers to power and control over their bodies and limited access and influence over the decision-making that affects their lives. Lesbian, gay, transgender, queer, and intersex people of all ages and regions are further exposed to human rights violations. The most important details to address the priorities, uplifting the voices, and meeting the targets of preventing HIV acquisition amongst adolescent girls and young women in all their diversity, eliminating gender inequalities, and ending the violence AGYW experiences are inclusion, investment, and agency. This requires

creating space for young people - especially adolescent girls and women most impacted by HIV - to lead and invest in their leadership and initiatives.

- **Description/Contribution to the AIDS response:**

This intervention strengthened sustainable gender-sensitive advocacy systems in partnership with young women through the #WhatGirlsWant focal points as change agents and development actors in youth-led and broader development programming of policies affecting them at all levels of any programme life cycle, specifically, design, delivery, monitoring, and evaluation. ATHENA believes that mentorship programmes are at the core of assisting AGYW self-actualize and become self-determined leaders in driving interventions aimed at achieving gender equality, universal health care, and ending HIV/AIDS as a public health threat on the continent and beyond this, contributing to the reduction of inequalities and the achievement of HIV 2025 targets.

- **Results, outcomes and impact:**

After the #WhatGirlsWant mentorship program, the adolescent girls and young women under the program were able to have increased confidence and expertise in their work, which enables them to continuously invest in policy and processes that support peer-led intervention responses at county and grassroots levels. They have continued to have opportunities to network and identify allies with whom they can partner to achieve sustainable universal health care, ensure that their experiences and needs are considered for HIV/AIDS interventions, and they can enjoy human dignity. Additionally, the mentorship program assisted in bridging the gender equality gap, advancing understanding and sharing information about sexual reproductive rights and HIV/AIDS, offering feminist political education, and extending networks and networking opportunities between AGYW regionally.

- **Gaps, lessons learnt and recommendations:**

One challenge is that more funding is needed than is currently available to scale up comprehensive services for all young women in areas with high HIV incidence. Additionally, if more intensive efforts were made, more new HIV infections could be prevented using available resources. Along with the lack of adequate funding for HIV prevention, there is also a lack of political will to mobilize investments from sources other than HIV funding for vital catalysts like education (including comprehensive sexuality education), social support networks, sexual & reproductive health & rights (SRHR), and youth-friendly health systems. Advocacy for high-level policy change around these facilitators and complementary domestic public and international development funding remains critical.

- **Annexes:**

[https://www.unaids.org/sites/default/files/20200814\\_ATHENA\\_HIVprevention\\_AGYW\\_most\\_left\\_behind.pdf](https://www.unaids.org/sites/default/files/20200814_ATHENA_HIVprevention_AGYW_most_left_behind.pdf),  
<https://healtheducationresources.unesco.org/organizations/athena-network>

## Kenya Case Study 2

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- **Timeline of the case study:** June 2023 - July 2025
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Kenya
- **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership



- **Background and Objectives:**

The National Transgender Guidelines indicated that in the HIV context, there is a growing concern to include transgender persons in HIV prevention interventions owing to research data showing high HIV burden among transgender people, especially transgender women. Generally, high HIV burden has been documented worldwide yet there are still a number of countries who are yet to prioritize programming for the Trans\* community. In a recent study in Kenya the risk of HIV acquisition among transgender women was documented to be extremely high at 20% compared to other men who have sex with men at 5%. This shows the dire need to specifically target transgender people and include them in HIV programming, especially transgender women.

Kenya has adopted Universal Health Coverage (UHC) as one of the Big Four priority agenda with an aspiration that all persons in Kenya will be able to use the essential services they need for their health and wellbeing through a single unified benefit package without the risk of financial catastrophe and this includes the Transgender community.

The project therefore sought the following objectives :

- a. To promote improvement of sexual and reproductive health (SRH) and prevent new infections amongst MSM and Transgender community.
- b. To promote and protect human rights among the MSM and Transgender community.
- c. To promote economic empowerment/ development of the Transgender community.
- d. To promote the institutional sustainability of the transgender movement
- e. To enhance documentation and use of data and information for decision-making.
- f. To engage in policy and advocacy amongst the Trans community.

- **Description/Contribution to the AIDS response:**

Demonstration projects with Transgender community has shown that peer outreach models can be tailored to reach Transgender people in virtual platforms/spaces effectively. These approaches such as virtual super mobilizers, virtual awareness sessions, flexibility of DIC operating hours to accommodate a wider range of young Transgender people and bringing services to where it's convenient to the beneficiaries. This has been especially effective during the COVID -19 pandemic period. Efforts to integrate KP clinical services within public health services have been effective in several counties. Transgender and MSM programs have integrated clinical services within government run clinics with good examples emerging from

Mombasa, Turkana, kiambu, and Kisumu. HAPA Kenya is aiming at sustaining and scaling up this as applicable for sustainability beyond donor funds and for meaningful engagement of the country.

HAPA Kenya has validated 124 virtual hotspot sites reaching 1,638 MSM and Transgender persons within Mombasa County through the technical guidance of NASCOP and the County Health Management Team. Another study conducted in 2018-19 with MSM seeking partners in virtual platforms revealed that 25% of the MSM seeking partners in the virtual platforms do not visit physical hotspots, thus suggesting that physical hotspot-based mapping for transgender people may miss the those who seek partners in the virtual platforms.

HAPA Kenya utilized an integrated approach in service delivery. This is the hotspot based service delivery approach with the county public health service providers taking lead in providing key health services to the target population. Through sustained cohort management and further cohort analysis, HAPA Kenya conducted targeted HTS activities based on missed opportunities gathered from the cohort analysis. This enhanced the quarterly HTS requirements for the Trans community as per the NASCOP guidelines. For ART linkage and retention, HAPA Kenya utilized the skills of the social workers and mental health counsellor in conducting psychosocial support group meetings for people living with HIV. Working with ART link facilities in management and follow up of HIV positive Transpeople within the county; also seek to be co-opted in the link facilities Multi-Disciplinary Teams. For HIV viral suppression, HAPA Kenya seeks conducted targeted home visits to Transpeople living with HIV; with ART link facilities for close monitoring of viral suppression as well as being co-opted in MDTs. HAPA Kenya is planning to implement differentiated service delivery model to those on care as per their needs identified.

- **Results, outcomes and impact:**

Based on the current service delivery performance Hapa Kenya has reached 254 Transpeople and 5289 MSM community members with defined package of service by March 2023.

- Case Identified 162 MSM and Transgender people and linked them to care and treatment prevention and currently achieving 100% retention.
- Initiated 280 MSM and Transgender community to Prep uptake.
- There has been an increase in reporting cases of human rights violation from the MSM and Transgender community compared to previous attitudes before the Know your rights campaign interventions.
- Due to the community awareness on social enterprise and access to livelihood opportunities, the MSM and Transgender communities ventured into income

generation activities that empower them against risk of new infections and defaulting to treatment.

The Integration of HIV testing care and treatment with other services such as mental health, SRHR, economic empowerment among others has contributed to normalization of comprehensive service uptake by the TG and MSM community. In addition, it has countered the HIV stigma narratives among the community members.

- **Gaps, lessons learnt and recommendations:**

Gaps:

- Mental health interventions are unstructured with inadequate personnel to address the mental health challenges among the MSM and TG especially within public health facilities.
- County level coordination on the response to GBV that harmonizes key actors' efforts such as health care workers, community volunteers and police officers needs to be defined.
- Political instabilities that lead to disruption of services by instilling fear among community members to access services in public health faculties.
- Continuous sensitization of health care workers in both public and private health facilities is met with limited resources to support.
- Laboratories in public health facilities still need to be equipped with health commodities and equipment that meet MSM and Transgender health needs such as Proctoscopes.
- Public health facilities need to revise tools that capture and desegregate data for the MSM and Trans gender community accessing the services.

Lessons Learnt:

- There is increase in service uptake due to sensitization of service providers and awareness and mobilization of the MSM and Transgender community.
- The program engaged community leaders such as local administrators and county legislators in understating the role of community interventions in service delivery.
- Social and economic empowerment strengthens the self determination of the MSM and Transgender community to make positive and rational choices to health service uptake.

Recommendations:

- Development of Integration model for service delivery to include community participation process for effective implementation.
  - Differentiated service delivery model to be designed based on the context of the area of implementation.
- **Annexes:** <https://www.facebook.com/HapaKenya001?mibextid=ZbWKwL> , <https://instagram.com/hapakenya001?igshid=NTc4MTlwNjQ2YQ==> , [https://drive.google.com/file/d/1sDma1nd6iGM6wqz-yV\\_0bFLte3xVZ3mv/view?usp=sharing](https://drive.google.com/file/d/1sDma1nd6iGM6wqz-yV_0bFLte3xVZ3mv/view?usp=sharing) , <https://docs.google.com/presentation/d/1rTMOmSlw4mpytW2soJWYepKE-uxlnw7l/edit?usp=sharing&ouid=108798126181701814614&rtpof=true&sd=true>

### Kenya Case Study 3

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- **Timeline of the case study:** July 2022 to May 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Legislative and policies changes and reform; Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Vihiga, Siaya, and Kakamega counties in Kenya
- **Case study demonstrates: Scalability and replication;** Multi-sectoral partnerships, community participation and leadership

- **Background and Objectives:**

Nationally, health-oriented interventions targeting different key populations have been initiated by different implementing and development partners. The most targeted populations over the years have been Female/ Male sex workers (F/MSW), People who inject drugs (PWID), and men who have sex with men (MSM). There have been few programs focusing their services to transgender populations with major priorities on structural interventions and not health service delivery. In July 2022, MAAIGO with support from Global Fund, initiated implementation of the Transgender program in Vihiga, Siaya, and Kakamega counties. The program did not only focus on health service delivery but equally prioritized the behavioral and structural aspects. Generally, the program's main goal is to contribute to the attainment of universal health coverage through comprehensive HIV prevention, treatment, and care for all people in Kenya.

Objectives of the program are as follows:

- Reduce new HIV infection by 75%
- Reduce AIDS-related mortality by 50%
- Reduce HIV-related stigma and discrimination to less than 25%
- Further, the grant's key areas of interventions are increasing access and uptake of HIV prevention services and commodities; promoting community-based approaches to HIV service delivery; improving initiation and adherence to treatment

- **Description/Contribution to the AIDS response:**

The project has applied behavioral, biomedical and structural strategy in implementation.

Outreach: Building community capacity on the use of appropriate new information communication and coordination tools and technologies, including digital tools in HIV prevention. Community-led development/revision of strategies, plans, tools, resources, and messages for social mobilization. Differentiated and scalable HIV prevention demand generation and service delivery. Results include reaching 155 Trans persons with a defined package of service through Peer Education and Outreach.

Multispectral Coordination: Capacity development including building individual skills, and institutional and systems capacity. Development of national prevention strategies, plans, and programs including target setting, costing, defining investment

needs, and operational planning. Management, coordination, and oversight of prevention programs, technical working groups, national and subnational coordination, and review mechanisms.

**Service delivery:** The project is enhancing uptake of HIV Prevention and treatment among transgender people, through mapping of community-led and community-based organizations and networks and their service packages, Establishing or strengthening formal agreements between community-led service providers and health facilities or private health service providers, linkages with community health worker associations, joint outreach activities, and bi-directional referral mechanisms between health and community-led service delivery points. Capacity strengthening of TG organizations (Trans\*Alliance, Usawa Jamii, My Space Alliance, Magharibi LBQ, and Equal Voices) (technically and programmatically) to deliver high-quality integrated community-led and community-based health services.

**Community system strengthening:** By Strengthening platforms that improve coordination, joint planning, and effective linkages between communities and formal health systems. Representation, participation, and engagement of community actors in high-level health advisory or governing bodies, oversight committees (including clinic health committees), disease councils, and other decision-making fora. Capacity building and mentorship of community organizations. Development of strategy, governance, and policy documents for community organizations. National- or regional-level peer-learning initiatives.

- **Results, outcomes and impact:**

Over the implantation period, MAAYGO has managed to attain the following milestones:

- Effectiveness in program implementation through meaningful engagement with TG-led programs in designing, planning, implementation, and monitoring of TG interventions; and Strategic partnership with the county and other key stakeholders.
- From the service delivery outreaches conducted between July 2022 to April 2023, MAAYGO has registered 34 transgenders in Vihiga county, 44 in Siaya county, and 73 in Kakamega county. These beneficiaries have been reached with health education, HIV prevention commodities, and STI screening and treatment services. Of the number above; 36, 42, and 68 transgender persons have accessed comprehensive HIV testing services in Vihiga, Siaya, and Kakamega counties respectively

- **Gaps, lessons learnt and recommendations:**
  1. Insufficient funds to exhaustively implement TG- specific program (Limitation of Outreach program).
  2. Suboptimal services (limited defined package of service) are unavailable for broader SRH services for TG persons including Mental health and general preventive and curative services.
  3. Limited Human Resources for Health (HRH) adequately trained on gender-affirming healthcare for TG persons. (Policy Gap Roll out, Implementation and Oversight issue). Sub-optimal staffing (Psychologist and Nurse) greatly impact hinders the technical capacity to deliver program objectives.
  4. Unavailability of Pharmaceutical Health Products – HRT, binders, condoms (finger condoms & dental dams), and NSP for TG persons. (Health Products policy issue, pharmaceutical governance).
  5. Violence Response Program Underfunded: Documentation, Analysis, Individual Crisis Response, and Emergency Support (Safety and Security).
  6. Limited Investments in building resilient health systems structures for vertical integration of TG services/multiple service delivery points making services difficult for a referral.
  7. Hybrid-partnership models threatened program success with various community partners in new counties.
  
- **Annexes:** <https://1drv.ms/p/s!AjY7IKNZ6RxxgkP6-GxGtcJeD1kc>

#### Kenya Case Study 4

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- **Timeline of the case study:** 2019-2021
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Interventions to address issues related to stigma, discrimination and violence; Community system strengthening and community-led responses (advocacy,

service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Interventions in humanitarian settings and/or responding to human rights crises faced by key populations, especially transgender people; Funding for key populations, especially transgender people .

- **In which geographic area is the approach being carried out?** Kenya
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership

- **Background and Objectives:**

This case study focuses on programming in Strengthening a Transgender-led Organization to Shape Policy and Programming in Kenya through the Key Populations Investment Fund (KPIF). The KPIF is a global, US\$100 million investment from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2019–2021) to increase access to and retention in high-quality HIV prevention and treatment services for key populations (KPs). Through the KPIF, the Meeting Targets and Maintaining Epidemic Control (EpiC) project supported by PEPFAR and USAID is strengthening the capacity of organizations led by key populations to provide community-focused HIV prevention and treatment services and address structural barriers that hinder key populations' access to services.

Transgender, intersex, and gender nonconforming people in Kenya face human rights violations entrenched in discriminative policies and structural challenges related to gender norms and inequalities. Because they are perceived as not conforming to societal expectations for men and women, they are at increased risk of violence and HIV and face major barriers to accessing health services. A key challenge to providing comprehensive social and health services to the transgender community is the lack of policy frameworks to inform programming.

Historically, services for transgender people in Kenya were only offered through programs designed for men who have sex with men (MSM), and transgender women were conflated with MSM. Transgender Kenyans saw the need for programs and policies designed to meet their specific needs, and the transgender-led organization Jinsiangu (Swahili for "My Gender") was formed in response. From 2019 to 2021,



Jinsiangu was one of EpiC's KPIF grantees in Kenya. With KPIF support, Jinsiangu has strengthened its technical and organizational capacity to both partner with the Government of Kenya to advance the health and human rights of transgender people and to provide services directly to the transgender community.

- **Description/Contribution to the AIDS response:**

Under KPIF, Jinsiangu successfully engaged with the National AIDS and STI Control Program (NAS COP) on the development of policy and programming guidelines for transgender people. They also strengthened their organizational capacity, advanced human rights protections for transgender people through partnerships with law enforcement and expanded service offerings to include violence prevention and response, legal aid, and mental health services.

- **Results, outcomes and impact:**

Achievements under KPIF

- **Stronger Technical and Organizational Capacity**

KPIF enabled Jinsiangu to institutionalize a monitoring and evaluation system to ensure timely reporting of data to the national database, improve its organizational management capacity through mentorship of Jinsiangu by EpiC, and strengthen its financial systems by installing QuickBooks accounting software to help automate all financial processes. As Jinsiangu's KPIF-supported work coincided with the COVID-19 pandemic, the organization also strengthened its use of online platforms to ensure continuity of services. This included virtual meetings via Zoom and the use of mobile phones to reach clients for counseling services, coordinate activities, and collect service delivery data.

- **New Partnerships with Government and Other Key Stakeholders**

Leveraging their enhanced capacity and existing relationships, under KPIF, Jinsiangu successfully engaged with the National AIDS and STI Control Program (NAS COP) on policy and programming guidelines for transgender people. They also helped to operationalize these guidelines by sensitizing public health care providers to provide services free of stigma and discrimination per the national transgender HIV guidelines. This has improved referral mechanisms and increased access to transgender-sensitive HIV and other services in three strategically positioned public health institutions within Nairobi County.

Jinsiangu also expanded their partnerships to work with other duty bearers, such as law enforcement, to promote the use of human rights-based approaches that respect and

protect transgender people's well-being, reduce violence, and improve their access to justice. Access to sensitized law enforcement improved the services that Jinsiangu could offer via referral, particularly services related to violence prevention and response.

- **Strengthened and Expanded Services**

Jinsiangu's strengthened organizational capacity and expanded partnerships helped them build on their already strong foundation to increase the demand for services and offer some of the wraparound services that transgender people need most.

Activities in this area included:

- Creating demand for services by conducting 18 self-awareness sessions that have encouraged transgender people to identify their personal and collective mental health, medical, and identity-related needs and to seek support.
- Strengthening violence prevention and response by training 23 transgender peer educators on how to identify and respond to violence, as well as sensitizing public and private sector stakeholders on providing rights-based, friendly services.
- Enhancing the provision of education and support for legal aid through a network of 19 paralegal volunteers, a pro bono lawyer, and co-funded public interest litigation.
- Establishing a 24-hour hotline and a crisis response team of 15 members which includes Jinsiangu staff and representatives of peer educators drawn from Nairobi County and the surrounding area. This crisis response team addresses cases of violence involving transgender people by providing assistance with incidence mitigation, alternative dispute resolution, and referral to services such as mental health care, legal support, and sexual and reproductive health and HIV/sexually transmitted infection (STI) screening and treatment.
- Strengthening provision of mental health services through a peer-to-peer support system using social platforms such as WhatsApp. Jinsiangu also engaged the services of a mental health counselor to provide routine psychosocial support services including the formation of monthly support groups.

- **Gaps, lessons learnt and recommendations:**

Jinsiangu has helped grow and shape the policy and program environment for transgender people in Kenya since its inception in 2012. Looking ahead, Jinsiangu hopes to expand its impact by:

- Increasing public education on the rights and needs of transgender people through outreach campaigns

- Working with research and program partners to improve the collection and use of transgender-specific data
  - Building the capacity of transgender people to actively seek and advocate for their rights
  - Maintaining a secure physical safe space where transgender clients can meet freely to network and seek information or services
  - Developing the capacity of stakeholders to design and implement transgender-responsive programs
  - Expanding mental health services and referrals for transgender people and their families
- **Annexes:** KPIF success story on our capacity strengthening work with Jinsiangu in Kenya: <https://www.fhi360.org/sites/default/files/media/documents/resource-epic-kenya-transgender-success-story.pdf>

## Nigeria

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- **Timeline of the case study:** September 2019 to December 2021
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Interventions to address issues related to stigma, discrimination and violence; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Interventions in humanitarian settings and/or responding to human rights crises faced by key populations, especially transgender people; Funding for key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Bayelsa and Niger states in Nigeria

- **Case study demonstrates:** Scalability and replication.

- **Background and Objectives:**

While HIV prevalence among the general population in Nigeria is only 1.4 percent, global data show that transgender people are on average 13 times more likely to be HIV positive than the rest of the adult population. In large part, this discrepancy is due to the pervasive stigma and discrimination transgender people face. In Nigeria, transgender identity is not widely understood or accepted. As a result, transgender people face a high rate of violence in their communities, are forced to hide their gender identities to retain employment, and fear seeking health care and other services.

In September 2019, with funding from the Key Populations Investment Fund (KPIF), the Meeting Targets and Maintaining Epidemic Control (EpiC) project launched a peer-led comprehensive HIV prevention, care, and treatment program for transgender people in Bayelsa and Niger states, Nigeria.

- **Description/Contribution to the AIDS response:**

By partnering with local LGBTQ community-based organizations (CBOs), recruiting transgender peer navigators, establishing trans-friendly one-stop shops (OSSs), and advocating for the rights of transgender people with broader community structures, the program enabled unprecedented access to services in a safe and affirming environment.

While there were no trans-led organizations in the area, the EpiC team was able to partner with two LGBTQ organizations—Initiative for Advancement of Humanity (IAH) and Community Health Initiative for Youth in Nigeria—and enlist a well-respected local transgender activist to endorse the program and help without reach.

The CBOs also recruited 38 transgender people living with HIV to serve as peer navigators. Peer navigators were trained in HIV case finding and testing strategies, screening for sexually transmitted infections (STIs), and linking individuals to antiretroviral therapy (ART) and oral pre-exposure prophylaxis (PrEP). They also learned how to use the two-step question method to identify individuals as transgender.

Through these partnerships, the program identified 223 geographic areas frequented by trans community members in which to focus outreach activities.

- **Results, outcomes and impact:**

Five OSSs were opened to provide HIV and other health care services to transgender people and members of other key populations. These sites employed trans-friendly staff and provided a safe space for transgender people to socialize.

The OSSs also hosted social activities, including beauty pageants, movie nights, and networking events. To promote community empowerment, the OSSs hosted skill acquisition trainings teaching participants hairdressing, knitting, and banking.

A program created a safe space for participants and held sensitization sessions with community and law enforcement members to educate them on trans rights and to increase understanding of gender identity and how facing stigma and violence can increase a person's risk for HIV. Identifying and gaining the trust of many in the trans community, the program launched several services for this population.

The project created a support group, called Sisters of the Light Initiative, which held trainings on individuals' rights and how to diffuse dangerous situations in which transgender people may face violence. Empowerment activities were intended to provide an avenue for safe and stable income generation.

EpiC project initially estimated a total population of 3,477 transgender people across both states using programmatic mapping. As of December 2021, the project was able to reach 5,010 transgender people with HIV testing and counseling services. Of those reached, 873 (17.4 percent) tested HIV positive.

All 873 transgender people who tested positive were initiated on ART. As of September 2021, 99 percent of people initiated on ART were still on treatment, viral load testing coverage was 89 percent, and 97 percent of those tested were virally suppressed. Of the 4,137 transgender people who tested HIV negative through the program, 67 percent were screened for PrEP eligibility and all 1,080 who were eligible initiated PrEP. Those individuals on ART continue to receive the required support to ensure continuity of treatment while those who are HIV negative continue to access PrEP and other relevant prevention services based on their individual risks.

- **Gaps, lessons learnt and recommendations:**

Gaps:

- Lack of reliable national estimates of the transgender population in Nigeria,

#### Lessons learned:

- As the first transgender-specific HIV program in these states, the EpiC team faced the challenge of identifying and gaining the trust of the trans community.
  - A notable challenge in implementing this program was the threat of harassment by security personnel. In areas where being transgender is not well understood, transgender individuals are often targeted by law enforcement and other officials and sometimes face harassment, discrimination, and violence.
  - Transgender people are forced to impersonate other gender identities due to gender norms, and cultural and religious beliefs.
  - Sensitization sessions helped enlightening the community on gender and sexual diversity. Has helped community realize TG are not possessed or mentally unstable.
  - The program's gains in HIV testing, treatment, and PrEP uptake among Nigerian transgender individuals can be attributed to being trans-led, expansion of access to trans-specific and trans-friendly services, and implementation of structural interventions with law enforcement and others to address stigma and violence.
  - By partnering with trusted transgender leaders and local organizations, the team was able to scale up this program quickly, and the OSSs became safe and fun places for the trans community to congregate and access care. KPIF's commitment to expanding key populations' access to HIV services made this successful trans-dedicated program possible.
- **Annexes:** Breaking ground in transgender-led HIV programming in Nigeria: <https://epicproject.blog/breaking-ground-in-transgender-led-hiv-programming-in-nigeria/>

#### South Africa

##### **CONTACT PERSON**

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- **Timeline of the case study:** October 01, 2018 to March 31. 2023
- **Case study submitted by:** Academic Institution, Other

- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Four health districts Johannesburg, Cape Town, Nelson Mandela Bay, and Buffalo City across three provinces Gauteng, Western Cape, and Eastern Cape in South Africa
- **Case study demonstrates: Scalability and replication;** Multi-sectoral partnerships, community participation and leadership

- **Background and Objectives:**

Transgender people (TGP) in South Africa carry a disproportionate HIV burden. The HIV prevalence amongst transgender women is 43.7%, 48.1%, and 74.1% in Buffalo City, Cape Town, and Johannesburg, respectively.<sup>1</sup> TGP experience barriers to accessing health care and HIV treatment and prevention services, including stigma and discrimination within health facilities and the lack of access to gender-affirming hormone therapy (GAHT). Studies show that hormone therapy provides lifesaving benefits to transgender individuals, including increasing their likelihood of adherence to antiretroviral therapy (ART) and effective use of pre-exposure prophylaxis (PrEP).

The 2021 UNAIDS report emphasises the importance of reaching key populations, including transgender people, in order to attain the 2025 goal of ending the HIV epidemic. Wits RHI is a multi-disciplinary research institute of the University of the Witwatersrand, Johannesburg. In 2018, we collaborated with transgender-led organisations to initiate the first U.S. Government-funded services for the transgender community in sub-Saharan Africa. Our programme aims to accelerate the HIV response amongst TGP by providing a differentiated HIV model of care i.e. GAHT integrated with HIV prevention, care, and treatment services.

- **Description/Contribution to the AIDS response:**

Wits RHI's transgender clinics operate in four health districts (Johannesburg, Cape Town, Nelson Mandela Bay, and Buffalo City) across three provinces (Gauteng, Western Cape, and Eastern Cape) in South Africa. Each site integrates GAHT with a full package of facility-based and community-based (mobile) HIV prevention and care services, consistent with WHO key population guidelines.<sup>3</sup>

Each site employs peer navigators, community health workers, professional nurses, a social worker, a site manager, a sessional physician, and a sessional psychologist. They offer primary health services, HIV testing and counselling, and multi-month dispensing of ART and PrEP.

Transgender-led community organisations train staff on the provision of non-stigmatising TGP services. Clinicians receive competency training in gender-affirming health care (GAH). Facebook and WhatsApp groups provide the community with information on services and health promotion events. Transgender-friendly health information, education pamphlets, and a video are available. All services are offered free of charge.

This is the first programme in sub-Saharan Africa to demonstrate the effects of integrating GAHT with HIV services on HIV outcomes. Our programme data addresses the data scarcity on HIV service uptake and outcomes amongst TGP in South Africa. We have shown that TGP have low utilisation of GAH, leaving a high unmet demand for differentiated care.

Our sites contribute to developing effective context-specific models of care for TGP. They provide a unique opportunity to evaluate differentiated service delivery under an NIH grant awarded to the University of North Carolina in collaboration with Wits RHI (2022 to 2027).

Our programme demonstrates that differentiated GAH and HIV service delivery at a primary healthcare (PHC) level is feasible in South Africa. The service uptake and the high outreach referral rate to clinics suggests high acceptability and potential for this model to engage the TGP in HIV services. We have shown that providing GAH services, including GAHT as a PHC intervention significantly increases viral load suppression (VLS). These lessons create opportunities for scale-up in the public sector.

- **Results, outcomes and impact:**

Our differentiated model across four sites has shown improvement in HIV service uptake and health outcomes amongst TGP. Since programme inception, we reached



5,636 transgender individuals through peer outreach services; 86% (4,829/5,636) of them accepted an HIV test, and 62% (3,535/5,636) were linked to clinical services. Among these, 89% (3,130/3,535) were transgender women, 5% (192/3,535) transgender men, and 6% (213/3,535) were gender non-conforming individuals. Of those who received an HIV test, 14% (687/4,829) tested positive, and 91% of those initiated antiretroviral treatment. VLS was 75% in this cohort. PrEP was accepted by 28% (1165/4,142) of those who tested negative. Five percent (161/3,535) reported ever receiving HT through the public healthcare system. Service users who received HT were three-fold more likely to achieve VLS.<sup>2</sup>

- **Gaps, lessons learnt and recommendations:**

Services delivered in collaboration with local transgender community-based organisations and service users are more acceptable to the community. Wits RHI has, whenever possible, employed TGP as lay and professional service providers.

Both fixed- and mobile services are required to reach and retain a marginalised population in care. We employed innovative community mobilisation approaches to ensure that the underserved individuals are linked to care. These include social media messaging and incentivised outreach where community members serve as 'seeds' to identify and link clients to care.

Achieving VLS amongst an underserved, marginalised population calls for sustained psychosocial support. This includes adherence counselling and referrals to community services that address social-structural stressors such as interpersonal or gender-based violence, unemployment, and food insecurity.

Wits RHI collaborated with community and professional networks to develop and publish a GAH Guideline for South Africa, a first for the country. Additional advocacy is required to ensure that GAH, usually only supplied at tertiary facilities, is expanded to primary health care level.

A differentiated HIV and gender-affirming service delivery model at a PHC level is feasible and can enhance service access in South Africa as well as improve HIV clinical outcomes for TGP.

- **Annexes:**

<https://drive.google.com/drive/folders/1WSyyksKiVrcd6Zh13KtffaYfAWDPoCzT?usp=sharing>

## Uganda

### **CONTACT PERSON**

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- **Timeline of the case study**: 17th September 2018 - 30th November 2018
- **Case study submitted by**: Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Interventions to address issues related to stigma, discrimination and violence; Funding for key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Different regions of Uganda
- **Case study demonstrates**: Sustainability in the long-term; Elements and opportunities for south-south and triangular cooperation.
- **Background and Objectives**:  
Transgender persons in Uganda face stigma and discrimination. There is a lack of information and data to support programs and services specifically for trans persons making it difficult to address their challenges and provide adequate health services for the trans population, which has hindered advocacy and programming efforts. The needs assessment was conducted to assist TNU, its partners, and key stakeholders in providing evidence on the challenges faced by and statistics of transgender people in different regions of Uganda.

The main objective of this assessment was to establish the needs, challenges and experiences of transgender people in Uganda, accessing healthcare among other services. In addition, the challenges faced by CSOs and CBOs providing health and other social services to transgender people.

Specific objectives:

1. To determine the health care needs and challenges of the transgender community in Uganda.
2. To investigate levels of awareness, demand and the utilization of SRH services among the transgender community in Uganda.
3. To explore the challenges CSOs and CBOs face in providing health and other services to Transgender people in Uganda.
4. To generate evidence on barriers and challenges to social services access to inform future planning of transgender-based projects in Uganda.

- **Description/Contribution to the AIDS response:**

The Trans Network Uganda (TNU) conducted a needs assessment aimed at providing information and data on the challenges faced by the transgender community in Uganda, including their experiences in accessing SRHR services and other basic social services. This needs assessment was an important step towards developing trans-centred advocacy for legal and policy reforms to promote the human rights of transgender people, and it facilitated the decision-making process of TNU with careful consideration for strategic positioning of the network to implement actions that have the potential for greater impact.

The findings of the needs assessment provided information for evidence-based engagement with more transgender people, CSOs, and key stakeholders. The assessment identified salient needs and other related information to help fast-track service delivery and human rights protection for transgender people. It also helped TNU to identify areas in which the network was already meeting the needs of the transgender population in the country and to justify the continuation, preplanning, and/or discontinuation of some interventions.

The needs assessment is crucial to the HIV/AIDS response as transgender individuals face disproportionate risks of HIV transmission due to stigma and discrimination. Improved access to healthcare services and promotion of the human rights of transgender individuals can lead to better HIV prevention and care outcomes. The findings of the needs assessment have been useful for effective planning, programming, and resource mobilization for transgender programs that are integrated into the HIV/AIDS response. Through this needs assessment, funding agencies and program implementers were able to ensure alignment of effort and investment to the needs of transgender people, leading to better HIV/AIDS programming and outcomes.

- **Results, outcomes and impact:**

As a result of the needs assessment study conducted by the Tranz Network Uganda (TNU), there has been a notable shift in trans-organizing in Uganda, with trans people now being recognized by the Ministry of Health. In addition, trans-specific health data is now being captured in the National Health Management Information System (HMIS), allowing for more evidence-based engagement with the transgender community.

The needs assessment also had a significant impact on HIV/AIDS programming in the country. A revised National HIV/AIDS Strategic Plan 2020/21-2024-25 of the Uganda AIDS Commission and the new Uganda Health Sector Development Plan (HSSIP) 2020/21 – 2024/25, now include transgender people as a key target group for HIV/AIDS interventions. The UAC national Key Population Size Estimate Report references the needs assessment study conducted by TNU. This recognition of transgender people in national HIV/AIDS programming is a positive outcome of the needs assessment, which aimed to improve access to healthcare services and promote the human rights of transgender individuals who may be at higher risk of HIV transmission due to stigma and discrimination.

- **Gaps, lessons learnt and recommendations:**

CSOs should prioritize creating social welfare schemes for transgender people, including housing and employment support, while advocating for legal gender recognition and policy amendments that are inclusive of the third gender. Legal protection for trans people should also be advocated for, with training provided for law enforcement officials to promote cultural competence in their work with transgender individuals. Health service providers should also be educated and provided with implementation guidelines to ensure competent and sensitive care for transgender patients. Mass media awareness campaigns and focused pieces of training for local leaders should be implemented to reduce stigma and discrimination against transgender people, as 41% have experienced violence from the general public. CBOs working with transgender individuals should be strengthened and developed, particularly in the northern regions where limited organizations exist. Lastly, documenting the lives and disparities faced by transgender people is crucial for showcasing their needs and rights. According to the survey, over 67% of transgender respondents reported employment as their greatest need, with 37.5% having been denied health services and 41% experiencing violence from the general public.

- **Annexes:** [https://drive.google.com/u/0/uc?id=1BobVZfJsRTc1ir7MvOw-Dk\\_VU6Afx4mZ&export=download](https://drive.google.com/u/0/uc?id=1BobVZfJsRTc1ir7MvOw-Dk_VU6Afx4mZ&export=download), <https://tranznetwork.org/download/needs-assessment-report-2019/>

## Zimbabwe

### **CONTACT PERSON**

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- **Timeline of the case study:** 1 September 2021- 31 September 2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Four regions in Zimbabwe -- Harare; Bulawayo; Masvingo and Chinhoyi
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership.
  
- **Background and Objectives:**

The intervention was initiated by lesbian, bisexual and other queer women in Zimbabwe, following community recommendations at Women's Day commemorations in 08/03/2022. Queer women and other female-bodied persons (QWF-bP) – including gender non-conforming persons, non-binary people and transgender men – observed the harmfully gendered disparities in health programming through which they were marginalized and excluded.

In Zimbabwe, the Global Fund and PEPFAR have prioritized MSM and heterosexual, cisgender female sex workers, largely ignoring the vulnerability of queer women and female-bodied trans people, despite their supportive contributions to implementation of programmes for other key populations.

In preparing the intervention, the data and research gaps on SRH needs and experiences of QWF-bP were striking, including research surrounding exposure, vulnerability and modes of transmission of HIV between queer women and trans men (who, owing to their social and economic context, may be in multiple concurrent relationships, some of which may be conventionally heterosexual).

QWF-bP have little to no access to person-centered sex education or information on sexual and reproductive health that, for women, remains hetero and CIS normative. Many QWF-bP avoid gynaecological check-ups because these services are invasive, intrusive, physically and psychologically distressing. QWF-bP present with infections that include yeast infections, genital herpes, genital and anogenital warts, trichomoniasis, syphilis, chlamydia and gonorrhoea, bacterial vaginosis and hepatitis B and C. Many reports living with HIV, although public health programmes and policy dismiss them as “epidemiologically insignificant”. Nor are QWF-bP immune from exposure to HPV and cervical cancer.

One striking fact when researching data for this project is the gap in available information on lesbian and bisexual women’s access to / experiences regarding sexual and reproductive health. Research gaps on women’ SRH are further emphasized in the case of lesbians and bisexual women, because of a generally hetero-normative health care environment. Currently, LGBTIQ comprehensive sex education programmes on LBQ women are hardly available. One of the primary concerns related to the sexual health of lesbian and bisexual women is caused by few and irregular gynecological visits. Because mainstream reproductive rights discourse and policies are usually framed as hetero-normative, many lesbians and bisexual women avoid gynecological check-ups.

Cervical cancer is one of the most frequent types of cancer affecting women. Between 85 and 90 % of cervical cancers develop following a chronic infection by HPV (Human Papillomavirus), which is one of the most prevalent STIs on the planet.

The STIs that lesbians and bisexual women are particularly subjected to are yeast infection, genital herpes, genital and anogenital warts, trichomoniasis, syphilis, chlamydia and gonorrhea, bacterial vaginosis and hepatitis B and C. Although the risk seems to be weak, there is a general lack of knowledge regarding HIV transmission between women caused by the limited and rare research that exists on the subject.

Following the Rubins Sexual Hierarchy of needs, programming and funding for LBQ women has been generally overshadowed by MSM. In Zimbabwe, the Global Fund has prioritized MSM and Sex Workers leaving the rest of the LBQ women lobbying for inclusion.

- **Description/Contribution to the AIDS response:**

Between January - August 2021 RAWO aimed to increase access and had the first pilot clinic specifically designed for the LBQ QWF-BP to access a friendly inclusive, nonjudgmental, gender sensitive, people centered accountable and comprehensive HIV/SRH.

LBQ QWF-BP are a hard-to-reach community with services. The clinic pilot project also helped as a strategy to collect quantitative data on the community that can be used to inform or start conversations around programming and budgeting for the community. We conducted three focus group discussions with 74 QWF-bP to assess their knowledge of HIV, to surface the challenges they face to maintain their SRH, and to identify barriers that dissuade them from taking up services. FGD participants co-designed their ideal service delivery model.

Based on our own experience and our learning from the community, we convened and facilitated sensitization workshops around the SRH experiences and needs of QWF-bP with 81 healthcare workers from 15 clinics across four regions in Zimbabwe -- Harare;

Bulawayo; Masvingo and Chinhoyi -- including strategic clinical allies Wilkins Hospital, PSH and CESHAR, each of whom offer traditional KP programs to MSM and sex workers.

We hosted 8 SRH PILOT clinics, reaching a total of 400 QWF-bP, 80% of whom were under 25 years of age and had never presented for SRH services before. Wellness programs were our strategy because they are fun and not too formal for attracting participants and linking them to clinical services. Wellness programs were held and used as a space to reach the community with clinical services which were provided by Wilkins and PSH and CESHAR. Clinics were held at mostly GALZ safe spaces and existing clinics where we would invite the professionals to provide health care services from Wilkins CESHAR and Population solutions for health [PSH] and in Masvingo, Harare and Bulawayo except Chinhoyi where we had to find private spaces. The wellness sessions are a safe and fun way to engage the community with stress reduction programs, early detection and health screening, nutrition and health education, weight loss programs, regular physical activities, counselling referrals for other programs for example drugs and substance use.

- **Results, outcomes and impact:**

As a result of this intervention to link community conversation with QWF-bP with sensitisation of healthcare workers, and to link wellness programming at community level to clinical services, 400 QWF-bP presented themselves for SRH services. 80% of participants were under the age of 25 and had never presented for services before. Significantly, amongst participants:

- 22 tested for HIV; 5 were enrolled in ARV-treatment, 2 enrolled for PrEP
- 42 were screened for STIs; 18 received treatment.
- 15 were treated for candida
- 125 were screened for cervical cancer for the first time.
- 152 responded for family planning advisory services.
- 26 presented for pelvic ultrasound; 11 were diagnosed with abnormal results.
- 213 requested additional information and education around their SRH.

Our conversations with communities and stakeholders have informed our national 3-year QWFb-P Advocacy Strategy, based around inclusive and equitable access for women in all their diversity.



RAWO has been elected to the national Key and Vulnerable Populations platform as Vice Chair of the Steering Committee.

The Zimbabwe National AIDS Council is now facilitating an MoU with key clinical service providers to apply an LBQ lens. RAWO has designed and launched a digital handbook – The Roadmap to Health for LBQ women – distributed to strategic partners, policy makers, service providers and community members.

RAWO participated in the National AIDS Council Needs Assessment to establish the gaps surrounding service delivery to QWF-bP. Data will feed into the National strategies and policies on HIV and healthcare programming that, in part, inform the development and implementation of the Zimbabwe National HIV and AIDS Strategic Plan.

- **Gaps, lessons learnt and recommendations:**

PEPFAR's COP-21 Strategic Direction Summary for Zimbabwe stated that: "Cervical cancer, largely caused by human papillomavirus (HPV), is the most prevalent form of cancer among women in Zimbabwe, with an estimated 3,186 new cases and 2,151 deaths annually. About 35% of women in the general population are estimated to harbour cervical HPV infection at a given time, and 79.6% of invasive cervical cancers are attributed to HPV subtypes. The Zimbabwe HPV and Related Cancers Summary Report 2010 indicate that the prevalence of HPV in women with cervical cancer is 79.6 percent, which is higher than the global prevalence of (70.9 percent)." In COP 21, PEPFAR Zimbabwe's target was to screen 207,974 women living with HIV on ART aged 25-49 years. COP-21 and COP-22 explicitly allocated \$4 500 000 each year to cervical cancer programming in Zimbabwe. And yet, no commentary on cervical cancer screening appeared in the draft midterm review of the National AIDS Plan (2023).

The more we talked about SRH-R in workshops – focus group discussions; providing better access to basic information; explaining procedures and what to anticipate; offering updates on clinical technology and demonstrations of equipment that are less invasive than they may have been before – the more QWF-bP wanted to go for

services, and started accessing services they would not have considered before; and looking for specific services like breast exams, or uterine health, or reproductive health and support to have a family. Historically, these things were not talked about; we were not comfortable to discuss them culturally. We know uptake of services has increased because it is reported, informally, by our members after they access services. And we hear from staff at facilities who are encouraged that they are seeing more queer women presenting for services.

QWF-bP women have learned to be suspicious and self-protective. They do not trust The System beyond a few, select safe spaces. Access to care and services needs to be holistic, not only single issue or clinical (eg. counselling; mental health; psychosocial support). QWF-bP are lost to care when referred from local community organisations with low absorptive capacity to larger clinical organisations with less safety and intimacy. They drop away from support and care.

QWF-bP in Zimbabwe lead complex lives that include an intersectional experience of poor access to health information and to services; a late-emerging awareness and concern about HIV, and then struggles around disclosure; exposure to gender-based violence and “soft” violence (widespread social stigma; discrimination; interpersonal conflict); poor mental health and rural isolation; poor access to justice; increasing patterns of drug use.

QWF-bP have a complex relationship with HIV. Conventionally described as “low risk”, many may be born with HIV. They may not know their status. They may never have been told by their parents or guardians. Some find out when they are raped. Some find out when they get pregnant. Consequently, QWF-bP have lower access to HIV information than other populations. They have been functionally excluded from the mainstream response; in turn, their personal response to HIV is retarded. Poor SRH-R knowledge and information increase vulnerability and chance of exposure to infection. Most QWF-bP presenting for HIV and STI testing services are young people.

Although QWF-bP access services, they are invisible in data, captured under either “other” or “sex worker” on facility intake forms, if not simply assimilated into general

population clients. They are not recorded, or no provision is made for their identity to be reflected, should they wish to indicate it, or facilities are not safe spaces to disclose their identities.

- **Annexes:** <https://www.facebook.com/rise.rawo>

## Asia Pacific

### Cambodia Case Study 1

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- **Timeline of the case study:** January-December 2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Cambodia
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership

- **Background and Objectives:**

This case study is to show how Community-Led Monitoring (CLM) which is an effective tool to collect feedback and issues from people living with HIV (PLHIV) and key population (KP) systematically that produces friendly, real-time and dynamic dashboards to allow PLHIV and KP representatives to use their own data to advocate

with government and key stakeholders on the needs to improve the quality of both health and non-health services for PLHIV and KP. The CLM has been implemented by Joint Forum of Networks of PLHIV and KP (FoNPAM) and its district forums (DFoNPAM) with secretariat roles supported by Health Action Coordinating Committee (HACC). The CLM is an online tool led by the PLHIV and KP networks that serves as a community-friendly data collection platform that allow PLHIV and KP community to provide their feedback systematically on a quarterly basis from seven provinces in Cambodia. Data is automatically incorporated into a dynamic dashboard available for community networks to be used for advocacy.

The CLM currently covers seven themes: 1) Prevention and HIV Testing; 2) Pre-exposure Prophylaxis; 3) Sexually Transmitted Infections; 4) Care and Treatment; 5) Social Protection; 6) Gender-based Violence; and 7) Stigma and Discrimination.

- **Description/Contribution to the AIDS response:**

The implementation of CLM in Cambodia is considered as part of the efforts to strengthen community participation, engagement, and monitoring in the national HIV response. The CLM was initiated in 2020 and is currently being implemented by FoNPAM and DFoNPAM in 7 targeted provinces. The CLM has generated evidence from and by community members for contributing and strengthening the quality of number of HIV services and non-HIV related services including social protection, gender and human rights that prevent PLHIV and KP from accessing the needed services. By having improved access to quality services among PLHIV and KP will help Cambodia towards achieving elimination of new HIV infections, 95-95-95, and ending AIDS target by 2025.

- **Results, outcomes and impact:**

CLM has been implemented with continued community participation over times in providing feedback on their experiences on quality of HIV and its related services. There was over 3,000 KP/PLHIV participated in providing feedback in 2022, and the feedback was generated and presented in dashboard which were used for discussion and advocacy at various HIV technical working groups at the provincial and national levels for improvement of PLHIV and KP access to HIV and other non-health services. The Government entities buy-in the CLM and its results and open spaces for regular dialogues. As the results, key barriers of PLHIV and KP in accessing HIV related services were regular discussed and addressed, and advocacy resulted in PLHIV and KP's access to social protection have been taken into account by government through commitment of scaling up of PLHIV registration in IDPoor program entitled to access to

free healthcare, ongoing process undertaken to identify and register KP, in particular female entertainment workers in National Social Security Fund and IDPoor. Moreover, CLM process has led to increased PLHIV and KP community engagement in policy and programmatic dialogues, and also resulted in Global Fund commitments for additional investment in CLM in next Global Fund grant cycle.

- **Gaps, lessons learnt and recommendations:**

There is still institutional capacity gaps (including lack of staff, frequent turn-over and limited operational functions) and limited funding for community networks in implementation of CLM, limited opportunities for training and orientation on CLM concept, key components and comprehensive steps results in limited capacity for design, implementation and rollout of CLM. Leadership, ownership and commitment of community networks need to be further built to be in the driver's seat to implement CLM. Not all key partners in HIV sector have the same understanding of CLM and acknowledges the importance of CLM to improve HIV services and to enable environment factors for the HIV response.

To address above identified gaps, capacity building on leadership through a well-developed comprehensive leadership program have been implemented, orientation and capacity building on CLM were conducted for community leaders at national and subnational level. In addition, CLM roadmap and operational guidelines have been recently developed to guide CLM implementation, strengthening and scale up. Sensitization and dialogues continue to build common understanding among all key stakeholders on CLM.

- **Annexes:**

<https://un aids.sharepoint.com/:f:/s/FSAP/EoPqwWumDpNOreHNQDujfZ0BK1v6Vj5JbRnqVhoYw13Gvg?e=qRr9tX>

## Cambodia Case Study 2

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- **Timeline of the case study:** July 2019 to December 2022
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Cambodia
- **Case study demonstrates:** Scalability and replication

- **Background and Objectives:**

The case study is to show improvement of PrEP services uptake after adoption of the same-day PrEP delivery by Community Based Organizations (CBOs) for Key Populations and increased community-led demand creation. National Centre of HIV/AIDS, Dermatology and STD (NCHADS) in partnership with UNAIDS, FHI360-EpiC, and CBOs took leadership from conceptualization to the roll out of PrEP in Cambodia. In 2019, NCHADS developed concept notes and training tools for phased PrEP implementation with the PrEP initiation was started at two sites in mid-2019. The assessment on the effectiveness of PrEP service delivery models and demand creation activities for key populations in Cambodia were conducted in late December 2020. It informed the set of useful recommendations that includes community PrEP service delivery model by CBOs, introducing Event-Driven PrEP, lower or remove the minimum age limit for PrEP eligibility, and community-led demand creation. Building on these recommendations, Standard Operating Procedure (SOP) for PrEP implementation, and SOP on the same-day PrEP delivery by CBOs for Key Populations were adopted by the Ministry of Health in January 2022, resulted in significantly increase in PrEP uptake in 2022, the PrEP scaling plan has been resumed soon after COVID-19 released in November 2021.

- **Description/Contribution to the AIDS response:**

As Cambodia strives to achieve “95-95-95” targets by 2025, curbing ongoing HIV transmission among men who have sex with men (MSM), female entertainment workers (FEW), transgender women (TGW) remain a challenge. HIV prevalence increased among MSM from 2.3% in 2014 to 4.0% in 2019 and among TGW from 5.9% in 2016 to 9.6% in 2019. Expand access to PrEP for key populations at high risk is one of the national HIV prevention strategic priorities as part of the Strategic Plan for HIV and STI Prevention and Care in Health Sector 2021-2025 (HSSP 2021-2025), with the national target set to reach cumulative of 10,000 clients enrolled in PrEP services by 2023. The increase PrEP uptake will significantly contribute to reduction of new HIV infection among key populations and their partners which accounted for 83% of total estimated new HIV infections in 2022. Implementation of CBO PrEP service delivery in combination of community-led demand creations addresses specific needs of key populations, including friendliness of services, closers to communities, and closely linked to the health care facilities, results in increasing PrEP accessibility for key populations.

- **Results, outcomes and impact:**

PrEP was new to providers and clients in 2019. PrEP enrolment slowly increased between 2019 and 2021, with only 2207 clients enrolled at 10 PrEP sites by end of 2021, but then rapidly expanded in 2022 to additional 8 facility-based and 3 CBO PrEP sites, resulted to additional 5004 clients enrolled in PrEP within 12 months, and accounted for 69.4% of total people on PrEP since the launch in July 2019. CBO PrEP delivery sites just started in Q2, 2022, but accounted for 34% of enrolment of the last two quarter in 2022. As of March 2023, total 8876 clients were enrolled on PrEP, and among those enrolled clients were MSM (66%); TGW (11%); and FEW (21%). Retention on PrEP was highest at CBO PrEP sites (90%) while only 49.6% including all sites.

- **Gaps, lessons learnt and recommendations:**

Though the PrEP uptake has significantly improved in 2022, but it has not reached to the set target, so continuation of strengthening community-led demand creation activities through physical outreach and online platforms to high-risk key populations, and introduction of key population friendly services, including flexible and extra working hours for PrEP delivery sites, and expansion of CBOs PrEP services delivery. Currently overall PrEP retention rate is around 50%, a study is being conducted to understand challenges associated to retention and find solutions to better responding to the needs of key population. Hesitancy remains among some service providers, limited understanding on PrEP among users, so there is ongoing sensitization and capacity

building, generating demand creation through orientation, coaching, physical and virtual outreach activities and technical support from NCHADS.

- **Annexes:** [https://unaidsharepoint.com/:f:/s/FSAP/EpKTQVRVkrkJw7-jS1q\\_foBeQvGVXxL8b3IsPUQ1N2qPA?e=r4WC05](https://unaidsharepoint.com/:f:/s/FSAP/EpKTQVRVkrkJw7-jS1q_foBeQvGVXxL8b3IsPUQ1N2qPA?e=r4WC05)

## India Case Study 1

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- **Timeline of the case study:** October 2021 to December 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Funding for key populations, especially transgender people
- **In which geographic area is the approach being carried out?** Delhi, Hyderabad, Bangalore, Jalandhar, Hooghly, Pune and Vadodara in India.
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication.

- **Background and Objectives:**



The Samarth (meaning capable) programme was conceptualized to design an evidence-based intervention model with the aim of strengthening HIV testing and treatment linkages for MSM and transgender populations in India, aligning with the global HIV control target of 95-95-95.

The Samarth 1 model (June 2016-September 2019) implemented a Community-Led HIV screening model in Delhi, Hyderabad, Bangalore, Jalandhar, Hooghly, Pune and Vadodara.

The Samarth 2 model (October 2019-September 2021) was developed to pilot a differential strategic approach in covering a higher at-risk segment of the critical population in Delhi, Bangalore, Hyderabad, Vadodara, Hooghly and Jalandhar.

The Samarth 3 model (October 2021 to December 2023) aims to establish an effective and intersectional strategic model to address distinctive HIV and harm reduction needs of MSM and TGH (transgender and Hijra) people. Around 13 distinctive assembly points or gathering sites were found across the five Samarth locations (Delhi, Hyderabad, Hooghly, Jalandhar and Vadodara). Some of the assembly points were community brothels, as a paying-guest, hostels, private party venues, hourly rented places and massage parlours.

- **Description/Contribution to the AIDS response:**

The programme has established an effective and intersectional strategic model to address distinctive HIV and harm reduction needs of MSM and TGH people. It provides comprehensive, need based services for MSM and TG people who are into sexualized substance and drug use to contributing to the global 95-95-95 goal. It also addresses the dual risks of HIV which are associated with sexual/gender identities and/or drug use. This intervention has contributed to:

- An increase of knowledge on substances, their usage and effects
- Established a service network distinctive to the needs of MSM and TG people with sexualized substance use history
- Documented learnings on sexualized substance use service needs and delivery strategies among MSM and TGH people in India

The following are the major activities of the programme:

- Information dissemination and demand generation on harm reduction (NSD)
- Online and offline outreach and community mobilization

- HIV/AIDS counselling, screening and ART adherence along with needs-based referral and linkages on HIV confirmation and ART, referral-linkages to PrEP and PEP, treatment linkages for Hep B and C, HIV/AIDS targeted intervention programme for the PWID and scaling up Opioid Substitution Therapy (OST) centers at the government facilities (under National AIDS Control Programme guideline)
- Sensitization on the intersectionality of substance use and sexual health/practices
- Establishing a crisis response mechanism or a crisis response team to address and mitigate the violence happen against the same people at the unit level
- Management of adverse situation and providing post crisis support

Also, during the COVID-19 lockdown, the Samarth Delhi Clinic distributed ration kits among transgender people (<https://allianceindia.org/must-feed-communities-lockdown/>). And it helped them to register in the national transgender portal which helps them to receive a transgender certificate and ID card. This will help transgender people to receive Government supported services, such as health insurance, educational scholarships etc.

- **Results, outcomes and impact:**

From April 2022-March 2023; under Samarth 3, 2641 individuals (1862 MSM and 779 TGH) got tested for HIV and among them 248 (200 MSM and 40 TGH) were found as reactive. 241 PLHIV were linked with ART treatment (202 MSM and 39 TGH) with a low lost to follow up rate. Additionally, 68 beneficiaries (59 MSM and 9 TGH) were linked with harm reduction programmes. Similarly, high HIV reactivity (41.67%) was observed in the TG sex workers with a history of injecting drugs, followed by 4.70%, N – 786 TG sex workers reporting alcohol and other oral substance use.

Funded by the Elton John AIDS Foundation, Samarth takes a ‘test-treat-adhere-prevent’ approach, in line with UNAIDS’ 90-90-90 and the 10-10-10 targets, by offering services that are person-centered and peer-led. People coming to the clinics are offered early HIV tests and immediate linkages to treatment and are also able to access a variety of harm reduction, hepatitis, sexual and reproductive health rights services, needle-syringe programme, along with legal support. The project has helped the national programme to find many HIV positive MSM & TGH people and link them to care, reaching the unreached and increasing health-seeking behaviour.

- **Gaps, lessons learnt and recommendations:**

#### Gaps:

- Most HIV/AIDS programmes and funding does not focus beyond sexual health
- Mental health and gender affirming care related interventions for transgender people are limited
- Lack of awareness among the healthcare providers, around transgender people and the challenges they face in their daily lives

#### Lesson learnt:

- In the HIV risk behavior context, ATS and opioid drugs are reported as the mostly use sexualized substance use, hence necessary intervention is needed to address and work on it.
- Apart from HIV/AIDS and STI related risks, such practices cause dizziness, blood pressure fluctuation, skin rashes and liaisons, mouth and anal ulcer, and mood swings etc.

#### Recommendations:

- ART centres, OST centres need more awareness around transgender people and the challenges they face
  - More awareness on substance abuse and its relation to sexual health is needed among the MSM and transgender people
  - Resources need to be allocated on harm reduction, crisis response mechanisms and the intersectionality (ex. transgender people into substance abuse, transgender people living with HIV and use substance)
  - HIV/AIDS and harm reduction programmes have to be linked with other core health needs (ex, mental health and gender affirming care)
- **Annexes:** Samarth 1: <https://allianceindia.org/samarth-community-involvement-community-ownership/> Samarth 2: <https://allianceindia.org/portfolio/samarth-2/> (<https://allianceindia.org/alliance-indias-covid-19-response-ensuring-hiv-services-key-population-lockdown-period/>). Remarks about Alliance India's work for transgender and other vulnerable communities:  
<https://www.youtube.com/watch?v=VkgndvWmHq8> (by Elton John AIDS Foundation)  
<https://www.youtube.com/watch?v=cVOYLnQSdQI> (by UNAIDS India's ex Country Director)

#### India Case Study 2

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- **Timeline of the case study:** January 2021 to January 2023
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Legislative and policies changes and reform; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Interventions in humanitarian settings and/or responding to human rights crises faced by key populations, especially transgender people.
- Interventions to address issues related to stigma, discrimination and violence;
- **In which geographic area is the approach being carried out?** Hyderabad and Maharashtra
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership.

- **Background and Objectives:**

This case study focuses on the USAID-supported ACCELERATE program, implemented by Johns Hopkins University under PEPFAR, which launched India's first comprehensive clinics for the transgender community in Hyderabad. Known, as Mitr (translation: Hindi for "friend") Clinics, these health facilities serve as a one-stop center providing comprehensive services for the transgender community. All the staff including doctors, counsellors, and outreach workers are from the transgender community. In July 2021, two more health clinics were started in the state of Maharashtra.

- **Description/Contribution to the AIDS response:**

Mitr's groundbreaking work is notably unprecedented and overwhelmingly successful. Its impact was captured in the documentary 'Mitr Clinic – Pride and Beyond' a film showcasing how USAID, the Government of India, civil society groups, and community leaders are working together to address the challenges faced by transgender persons in the country. Mitr's case portrays how in many countries,

including India, LGBTQI+ communities face pervasive discrimination and do not have access to essential services such as education, employment, and safe and stigma-free health care, and this prevents them from accessing HIV services.

- **Results, outcomes and impact:**

Besides the life-altering impact on the many individuals served, these three clinics, supported by PEPFAR and guided by USAID programs, instrumentally paved the way for the advancement of policy and guidance by the Government of India on the comprehensive health-related services for transgender (TG) persons. In January 2023, India's National AIDS Control Organization (NACO) released a White Paper discussing the risks and vulnerabilities of transgender persons, highlighting their unique needs in addition to the experiences of various programs with respect to providing a package of services to the communities and the modalities involved. The Paper provides a blueprint for scalability and replication nationwide.

- **Gaps, lessons learnt and recommendations:**

Referencing the groundbreaking White Paper, lessons learned from the implementation of Targeted Intervention for H/TG population in NACP and by bilateral partners such as PEPFAR via USAID programs, NACO is working on stronger approaches incorporating new and innovative methods such as index testing, self-testing, PrEP, as well as comprehensive KP interventions to increase health seeking behavior. The Paper promotes as a main objective, the creation of a single window model based on holistic approach for the TG community as a way forward. Also, it points to the attainment of increased access to care and services in a stigma and discrimination free environment, provision of comprehensive STI/HIV services and other health and social needs under one roof. It also highlights the importance of increasing the TG community ownership and participation, strengthening networks and partnerships, and creating enabling environments.

- **Annexes:** [USAID and Johns Hopkins University Celebrate the Success of India's First Transgender Clinic | India | Press Release | U.S. Agency for International Development](#)

- [Mitr Clinic - Pride and Beyond, India's First Comprehensive Community led Transgender Clinic \(2021\) - YouTube](#)
- [https://naco.gov.in/sites/default/files/Whitepaper\\_on\\_Transgender\\_Persons\\_Health.pdf](https://naco.gov.in/sites/default/files/Whitepaper_on_Transgender_Persons_Health.pdf)

## Indonesia Case Study 1

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- **Timeline of the case study**: January 2021 - now
- **Case study submitted by**: Government, Civil Society and UN or other international organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** South Tangerang City, Indonesia
- **Case study demonstrates**: Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership.
  
- **Background and Objectives**:  
As a result of structural and societal barriers, transgender individuals face prominent levels of stigma, discrimination, and violence. These two barriers have also hindered the transgender community's access to and utilization of HIV services and other services. In Indonesia, many transgender people left their homes undocumented at a youthful age due to family rejection. This has been preventing them from obtaining a citizenship ID card because they lacked the necessary administrative documents. For any Indonesian citizen, accessing public services, such as national health insurance, social protection, and bank accounts, is highly unlikely without ID credentials. Additionally, without an ID card, one is often rejected by their neighborhood, which can lead to social isolation and economic hardship. In 2021, in response to the circumstances, several civil society organizations (CSOs) successfully advocated to the Citizenship and Civil Registry Department of the Ministry of Home Affairs for

providing transgender individuals with equal opportunities to obtain citizenship documents.

- **Description/Contribution to the AIDS response:**

In 2021, several CSOs working on HIV and gender diversity issues in Indonesia, supported the transgender community's attempts to secure citizenship documents for transgender individuals, particularly the ID Card. These activities included advocacy directed at the government authorities, as well as support to transgender groups' focal points in multiple regions of Indonesia. In April 2021, the CSOs' representatives successfully connected with the Directorate General of Population and Civil Registry (PCR) at the Ministry of Home Affairs through their network and conducted an online hearing. Because of this process, it was decided that the Directorate General of PCR (DG-PCR) would assist in the administration registry of the transgender population.

Suara Kita, one of the CSOs, subsequently gathered 112 transgender individuals interested in applying for ID Cards and submitted their resident registration applications to the DG-PCR. As part of its commitment to providing services to the transgender community, the DG-PCR of the Ministry of Home Affairs conducted administrative arrangements for the transgender community at the PCR Office of South Tangerang City in June 2021. It is believed that this initiative will serve as a model for other district PCR offices to provide services to the transgender community. The increased availability of identification cards is believed to have a positive impact towards the transgender community's access to health insurance and health services, including HIV services.

- **Results, outcomes and impact:**

As a result of the advocacy work of the communities, the Indonesian government reached out to transgender individuals in 2021 for the first time to accommodate the need for transgender ID cards. Particularly, in the Kuningan district of West Java, the transgender individuals were given support by the District Social Affairs Office in obtaining employment at the Vocational Training Center and receiving social support aid after securing their valid IDs.

The DG-PCR issued a Circular Letter numbered 470/11320/Dukcapil on July 26, 2021, regarding residential registration and the issuance of citizenship documents for transgender people. This letter was sent to all Indonesian provincial and district PCR offices, making it more accessible for transgender individuals to obtain their citizenship documents. Indonesia AIDS Coalition, a CSO that serves as one of the current Global Fund PRs, reported that 480 transgender individuals in seven provinces have

successfully obtained ID cards by the end of 2021, thanks to the issuance of the circular letter and the assistance provided by CSOs.

The initiative continues with the support from various donors and has been expanded to facilitate access to the national health insurance (BPJS Kesehatan) and the employment security fund (BPJSTK). By the end of 2022, a total of 897 transgender individuals in seven provinces have obtained an ID Card, 116 individuals have registered with BPJSTK, and 20 individuals have registered with BPJS Kesehatan. Since this is an ongoing initiative, it is likely that these numbers have increased and will continue to rise.

- **Gaps, lessons learnt and recommendations:**

Enthusiasm and initiative from the transgender community were crucial to the successful execution and positive impact of this initiative. The emergence of individuals and communities dedicated to assisting their transgender peers has become a symbol of hope for transgender communities across the country. In the context of access to ID cards, these focal points have served as companions to their transgender peers and coordinated administrative matters with PCR offices. Without the initiative of these focal points, it would be extremely challenging to reach scattered transgender individuals in various regions. They are essential to the success of this endeavor, and it is expected that this community movement will continue to grow throughout Indonesia.

In terms of service accessibility, social and health services included, the elimination of regulatory barriers is an essential factor. Therefore, community-led advocacy for the creation of enabling regulations for transgender access to citizenship documents without discrimination is crucial and has demonstrated successes in this exercise. In addition, it is essential to help with transgender individuals who require a companion to access the service. Establishing support services, such as a call center or helpline, could increase these groups' long-term well-being by improving their access to citizenship documents. To sustain this effort, in the future, individuals with strong values among the members of transgender community must be identified and well-trained in how to handle paperwork and bureaucracy procedure for administrative purposes.

- **Annexes:** <https://dukcapil.kemendagri.go.id/berita/baca/755/dukcapil-beri-kk-dan-ktp-el-pada-transgender-dengan-jenis-kelamin-laki-laki-atau-perempuan>



## Indonesia Case Study 2

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- **Timeline of the case study:** 21 July – 31 October 2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Interventions to address issues related to stigma, discrimination and violence; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** South Tangerang City, Indonesia
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership.

- **Background and Objectives:**

Since the 2016 backlash against LGBTIQ+ community in Indonesia, there have been massive efforts by conservative groups to impose discriminatory policies towards sexual and gender diverse people across the country, including to enforce "mandatory rehabilitation"– or commonly known as SOGIE change efforts or conversion therapy. Unfortunately, during this situation, there was yet any comprehensive discussion on how to address conversion therapy among actors of the LGBTIQ+ movement in Indonesia. Meanwhile, the growing conservative push to impose mandatory conversion therapy has become one of the urging crises that would exacerbate discrimination against LGBTIQ+ individuals in the country.

In fact, transwomen have been the most targeted group for discrimination and violence in Indonesia. Out of 161 cases of discrimination and violence against

LGBTIQ+ individuals recorded by the Crisis Response Mechanism Consortium (CRM) in the past 2 years, 58% of them were experienced by transwomen. For instance, in 2018, 12 transwomen in Aceh Province were raided by local authorities at their workplace, forcefully undressed, and had their hair shaved off publicly to “correct” their gender expression back to masculinity.

Responding to this situation, Sanggar Swara, a transwomen-led organization, in collaboration with CRM and Kami Berani Coalition, aimed to strengthen the advocacy efforts to tackle conversion therapy for LGBTIQ+ people in Indonesia. CRM is a national consortium with 5 member organizations (Arus Pelangi, GWL-INA, Sanggar Swara, LBH Masyarakat, and UNAIDS Indonesia) that has a mandate to mobilize resources to prevent and respond to crises against sexual and gender minority groups in Indonesia. Meanwhile, Kami Berani Coalition is an alliance of more 20 CSOs in Indonesia advocating for the rights of people with diverse SOGIE.

Through this initiative, Sanggar Swara managed to achieve the objective of strengthening the advocacy effort to tackle conversion therapy in Indonesia by 1) establishing an advocacy platform for consultation, coordination and consolidation of the advocacy; and 2) developing a joint advocacy strategy with Kami Berani Coalition, with the full support of UNAIDS Indonesia.

- **Description/Contribution to the AIDS response:**

According to the UNAIDS Global Human Rights Fact Sheet Series, stigma and discrimination has resulted in only less than half of transgender women accessing HIV services. Therefore, globally, the prevalence of HIV is 19 times higher for transgender women than for other women aged 15-49 years.

In Indonesia, the HIV prevalence of transgender people is at 11.9%, the third highest among all key populations. Based on the UNAIDS Fact Sheet, transgender women who had experienced police violence were twice as likely to avoid health care than other transgender women. Therefore, with the high cases of discrimination and violence against transgender women in Indonesia as mentioned above, we expect that the proportion of transgender women in Indonesia accessing HIV services is not far off from the UNAIDS Global Fact Sheet data.

With the flourishing SOGIE conversion policies and practices that disproportionately targeting transgender women group, HIV services become more inaccessible for them, as they are afraid of revealing their personal information which potentially could risk them being a target for mandatory conversion therapy. This is exactly why addressing SOGIE conversion policies practices in Indonesia is very essential to

ensuring an enabling environment, for transgender women and for LGBTIQ+ community as a whole, to safely and effectively access HIV treatment and prevention services. Moreover, this initiative is also in line with one of the societal enabler targets of the 2025 AIDS Targets, which is to have fewer than 10% of countries with punitive legal and policy environments that deny or limit access to services.

- **Results, outcomes and impact:**

- 1) The first advocacy platform to tackle SOGIE conversion policies and practices in Indonesia was established. Sanggar Swara established the pioneering advocacy platform in Indonesia that specifically addresses SOGIE conversion policies and practices, consisting of more than 20 organizations working in the areas of HIV response, LGBTIQ+ rights, human rights, and legal aid.
- 2) An advocacy strategy and action plans to tackle SOGIE conversion policies and practices in Indonesia was developed. The advocacy strategy was agreed upon by all the members of the advocacy platform. The strategy was designed comprehensively and contains action plans to address SOGIE conversion policies and practices, which cover the following areas:
  - Policy Reform: This area aims to advocate for regulations or decrees from the government and professional associations to prohibit SOGIE conversion practices, as well as for the removal of policies and ordinances imposing mandatory SOGIE conversion therapies.
  - Changes in Social Norms: This action plan focuses on building public awareness on the danger and severe impacts of SOGIE conversion policies and practices, involving media, parents' associations, Key Opinion Leader (KOL), and educational institutions as collaborative stakeholders.
  - Community Capacity Building: This area centers on the interventions to strengthen the capacity of community service providers in delivering SOGIE-sensitized services and support for LGBTIQ+ individuals.
- 3) A trans-led advocacy process. The collaborative advocacy process demonstrated in this case study does not only allow a meaningful participation for transwomen groups, but also places Sanggar Swara as the lead organization throughout the whole process. This opportunity also strengthens the capacity of Sanggar Swara to organize a policy advocacy process and design an advocacy strategy together with actors of the LGBTIQ+ movement in Indonesia.

- **Gaps, lessons learnt and recommendations:**

As mentioned above, since addressing SOGIE conversion policies and practices was still barely discussed among actors of the LGBTIQ+ movement in Indonesia, Sanggar Swara's initiative is still considered nascent – not many investments or support is dedicated towards the advocacy to tackle SOGIE conversion policies and practices.

So far, only UNAIDS Indonesia has demonstrated its support for the implementation of the advocacy to address SOGIE conversion policies and practices in Indonesia. To address this, Sanggar Swara has been working with CRM to conduct resource mobilization through various donor channels in order to maintain the sustainability of this initiative and ensure the achievement of our intended goal.

Additionally, we viewed that transwomen groups often take the backseat in the process of policy advocacy and are only positioned as mere beneficiaries with little to no meaningful participation. Therefore, from what we have achieved together in this case study, we learned that it is paramount to place and support transgender women as the leading party in various advocacy works, especially in regard to issues that have direct impact to our livelihood and access to basic human rights; to reposition our contribution from a position of strength and agency. A trans-led process breaks down societal norms and biases that perpetuate our exclusion and marginalization and it is a genuine reflection of leaving no one behind.

- **Annexes:** The advocacy strategy document to tackle SOGIE conversion policies and practices in Indonesia: [https://unaidsmys.sharepoint.com/:b:/g/personal/revinawibowoi\\_unaids\\_org/EbfSeSZaTjIDgdnzYXOJf5UBybrS8jI92H3mQ6NnQzKQwA?e=XqZh1A](https://unaidsmys.sharepoint.com/:b:/g/personal/revinawibowoi_unaids_org/EbfSeSZaTjIDgdnzYXOJf5UBybrS8jI92H3mQ6NnQzKQwA?e=XqZh1A)

Laos

### **CONTACT PERSON**

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- **Timeline of the case study:** Jan 2022
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender

people; Interventions to address issues related to stigma, discrimination and violence; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.

- **In which geographic area is the approach being carried out?** Laos
- **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership.

- **Background and Objectives:**

Lack of interoperability between GeneXpert and the DHIS2-based national health information system may delay clinical decisions and compromise the quality of HIV care. The first electronic Viral Load Assisted Ordering-Reporting (VLAO) application was developed across central, provincial, district, and hospital levels to efficiently integrate viral load (VL) orders and testing results from GeneXpert machines into DHIS2 in 2021.

- **Description/Contribution to the AIDS response:**

VLAO reduced and simplified processes for ordering and reporting VL results in DHIS2. By ensuring data accuracy and completeness within DHIS2, providers and public health officials can make timely clinical decisions and, allocate resources to sub-populations and geographical areas with low levels of VL coverage and suppression and improve clinical management of HIV in Lao PDR.

- **Results, outcomes and impact:**

Median turnaround time from VL sample processing to reporting decreased from 19 (interquartile range (IQR): 8-29) days before VLAO implementation to 3 (IQR: 1-5) days in December 2022 ( $p = 0.05$ ). VL testing coverage increased from 68% in January to 86% in December. A survey of providers revealed reduced workload and manual matching of test results from labs and clients in DHIS2. Data quality monitoring increased the reliability and accuracy of data for analysis and upload to cloud-based servers. Limitations included insufficient computer and internet access at rural facilities.

- **Gaps, lessons learnt and recommendations:**

Insufficient IT equipment and another essential tools such as unstable internet connection and low IT capacity skills for fluently using VLAO effectively.

- **Annexes:**

<https://docs.google.com/presentation/d/10yqXPTgngnJeK0ZbTBE8K0AljfXsXili/edit?usp=sharing&oid=108908422124615718557&rtpof=true&sd=true>

## Eastern Europe and Central Asia

### Ukraine Case Study 1

#### **CONTACT PERSON**

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- **Timeline of the case study:** 2019 - till now
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Integration of HIV services with other health services (SRHR, harm reduction, gender affirming care, etc.); Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Interventions in humanitarian settings and/or responding to human rights crises faced by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** 5 regions of Ukraine
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership.
- **Background and Objectives:**

The case study reflects the experience of the organization 'Youth Public Movement 'Partner' (Odesa, Ukraine), which in cooperation with Alliance for Public Health and financial support of Global Fund works on the creation and involvement of multidisciplinary teams in the regions of Ukraine to ensure a non-discriminatory process of changing gender identity and access to the medical services for trans\* people. This is a complex activity which involves work of multidisciplinary teams development of an information resources and informational support for the transition

process for trans people with minimal health risks, including in the context of HIV and educational activities for social workers and doctors on the main aspects of the algorithm for changing gender identity and informing, supporting and accompanying clients within the algorithm of HIV prevention programs among trans people in Ukraine. Special attention is paid to the cooperation with local authorities to ensure a non-discriminatory process of gender change. The situation of martial law in Ukraine didn't stop the activity - it continues, taking into account the specifics of work with trans\* people in war conditions.

- **Description/Contribution to the AIDS response:**

The format of the work is a continuation of the activities from the previous period, which covered 5 regions of Ukraine. Further expansion is planned. Although transgender people are recognized as one of the key groups in the field of HIV prevention, the medical and social "transition" in Ukraine still contains a number of excessive procedural burdens and legal conflicts. Most members of the community are unaware of their rights and the regulation of various legal conflicts (change of documents, access to medical services, registration in various registers, etc.) Clients start taking hormone therapy on their own, engage in sex work to earn money for the surgery and partially make the transition. This creates additional risks, including in the context of HIV infection. It is necessary to have an extensive system of multidisciplinary teams that can provide services by friendly doctors on a one-stop shop basis.

- **Results, outcomes and impact:**

The advocacy activities for support of the "Transition Algorithm" for trans\* people based on the qualified and professional support of trans\* people by friendly specialists in different regions of Ukraine was launched in 2019. During this period of its implementation, the following was worked out:

- The "Transition Algorithm" was developed, according to which more than 300 people received new documents and qualified medical and social support.
- Since the beginning regular trainings titled "Pitfalls of transition: legal, psychological and endocrinological aspects" have been held every year for doctors, lawyers and representatives of government bodies with the aim of ensuring the rights of representatives of the trans\* community and forming multidisciplinary teams friendly to the trans\* community. A total of 10 trainings were held, as a result of which a database of friendly doctors was created from the following cities: Odesa, Kyiv, Uzhhorod, Mykolaiv, Kharkiv, Kherson, Kropyvnytskyi, Vinnytsia, etc.
- The organization's team has developed an Algorithm for trans transition in war conditions, taking into account changes in Ukrainian legislation. This satisfied the

demand of the TG\* audience and specialists related to the trans\* transition and the trans\* community on current legislative issues

- **Gaps, lessons learnt and recommendations:**

Since 2019, the lawyer of the 'Partner' organization has provided more than 1,000 consultations, as well as supported more than 250 people, starting from the receiving of F 64.0 certificate (diagnosed 'transgenderism') and ending with the obtaining of the new foreign passport. With the support of the Alliance for Public Health, the unique for Ukraine methodological guide "Crossing Gender Borders" (the algorithm of transition) was developed and published. Every year the publication was updated. In 2022, an addition to the "Transition algorithm" was developed taking into account the specifics of martial law, as almost all points of the algorithm underwent legislative changes. The online survey was also conducted among trans\* people in all regions of project implementation to monitor rights violations.

Ways of elimination include the beginning of work with private clinics in terms of issuing certificates of specialists: endocrinologist, psychiatrist, etc., with the aim of increasing the number of covered representatives of the trans\* community as the part of creation of the multidisciplinary teams; increasing the number of consultants and friendly doctors who work in the field of HIV prevention services among transgender people; unification of elements and adoption of the transition algorithm with authorities of different levels.

- **Annexes:** See on:

[https://drive.google.com/drive/folders/1uJaz2BfKaFIHRpqXsLqUSWsQToRqOPQF?usp=share\\_link](https://drive.google.com/drive/folders/1uJaz2BfKaFIHRpqXsLqUSWsQToRqOPQF?usp=share_link)

## Ukraine Case Study 2

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The detailed information about 'Kogorta' - community based organization of trans people can be obtained from Julia Familieva, project coordinator and National CCM member representing trans community (ju.familieva@gmail.com)

- **Timeline of the case study:** From 2021 till now
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Ukraine
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership
  
- **Background and Objectives:**

The current case study represents the activities of the only community-based organization of trans people in Ukraine "Cohort" in the field of medical advocacy. The activities are implemented in Ukraine with support of Alliance for Public Health with financial support of Global Fund.
  
- **Description/Contribution to the AIDS response:**

Medical advocacy in the context of work with trans\* people is a significant contribution to the fight against HIV/AIDS as it ensures the depathologization of transgenderism, the creation of trans inclusive environment in society in general, and in particular - in obtaining medical services according to general needs, in the process of trans\* transition and in programs for HIV prevention. This contributes to the effectiveness of the mobilization and information activities of the NGO "Cohort", thanks to which an entry point for the transgender community to HIV prevention services has been formed. The main areas of activity are advocacy at the national level, aimed at the approval and change of relevant legislation, practices and policies, the introduction of trans\*competent medical services and services:

- Formation of a comprehensive package of services for trans people for HIV prevention and its transfer to the relevant body of the central government for processing and approval.
  - Strengthening the influence of the national Ukrainian trans organization through representation in advisory bodies (National Council on HIV and TB (CCM), working group of trans people, working group of trans people at EKOM, etc.).
  - Implementation of a mechanism for effective referral of trans people to friendly medical professionals.
  - Advocacy activities at the level of the CCM to include trans people to the list of KPs related to HIV. Participation in the advocacy of draft law #6364 and amendments to the relevant by-laws - order of the Ministry of Health 104, etc., activities related to the approval by the Cabinet of Ministers and the adoption of the "Package of HIV services for trans people", the purpose of which is to improve HIV prevention among the trans community and include it in state funding
  - Advocacy activities for the implementation of International Classification of Diseases 11 in Ukraine, particularly aimed at depathologisation of transgenderism.
- **Results, outcomes and impact:**

Examples of such activities are:

- "Analysis of the cascade of HIV services among trans people of Ukraine"
- Consultations of HIV service providers on trans competent service within the framework of the Alliance for Public Health/GF project. 3 consultants were trained and conducted 40 consultations (mostly employees of friendly NGOs) with service providers in 2021.
- Conferences with doctors on the topic "Trans competent medical care: existing and innovative approaches in providing services to trans\* people" are held. 3 conferences have already been held. The database of doctors has been created (67 total)
- The important document – The Standards of Care for Transgender People from the World Professional Association for Trans People Health (WPATH) were translated into Ukrainian for further use in the creation of new protocols of the Ministry of Health
- Representative of the trans community was elected to the National CCM.
- As the part of work of the Program Committee of the National CCM the Working group on the development of proposals for programs aimed at the needs of the transgender community was created, which solves comprehensive issues with

the involvement of experts (attribution of trans\* people to the key groups of HIV spread, implementation of ICF11 in Ukraine, etc.)

- **Gaps, lessons learnt and recommendations:**

The difficulties are the closedness of the community, the related difficulty in reaching new regions, the difficulty in joining the mobilization activities caused also by the religious mentality of the western regions, damage to the base of doctors caused by the war, insufficient experience of the staff in some matters (shadow reports, etc.)

- **Annexes:** Please see: [https://drive.google.com/drive/folders/1EJz632nCIG\\_jpWRQ-iDcljaha-zUwffO?usp=share\\_link](https://drive.google.com/drive/folders/1EJz632nCIG_jpWRQ-iDcljaha-zUwffO?usp=share_link)

### Ukraine Case Study 3

#### **CONTACT PERSON**

Name: Pavlo Smyrnov

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- **Timeline of the case study:** January 2022 - May 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Ukraine
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership

- **Background and Objectives:**

According to official statistics, on January 1, 2022, 148,000 Ukrainian citizens were under medical supervision in institutions that provide medical services to HIV-positive people (National assessment of the situation with HIV/AIDS in Ukraine). The estimated number of transgender people in Ukraine is 8,200 (Analytical report "Estimation of the number of transgender people in Ukraine" 2020). The prevalence rate of HIV infection

among transgender women is 2%, and among transgender women who had experience of sex work amounts to 6%, the annual incidence rate among transgender women is 0.33%. 80% of surveyed transgender women and 23% of transgender men reported having anal sex experience. Among them, 94% of transgender women and 47% of transgender men had such contact within six months, (analytical report "Biobehavioral research among transgender people in Ukraine", Kyiv, 2021). Transgender people are legally defined as a key group in terms of HIV infection. Although many transgender people identify as either male or female, the gender identity of many does not fit within the framework of the gender binary. There is no data on HIV infection among people with non-binary gender identity.

Since the beginning of the war, trans people have faced the problem of the lack of hormone replacement therapy (HRT) drugs in pharmacies. The income level of many representatives of the key group has decreased, which makes it impossible to purchase expensive HRT drugs and visit endocrinologists, because the problem of finding a TG-friendly doctor with a reasonable cost of services has worsened.

- **Description/Contribution to the AIDS response:**

The goals of the intervention "Providing an expanded package of HIV/STI prevention services among transgender people" are to ensure access of transgender people to prevention services and to link detected HIV-positive people to medical supervision and early initiation of ART. The activity is carried out by the Alliance for Public Health at the expense of the Global Fund, by providing grants to 9 regional HIV service NGOs. The package of prevention services is determined with the involvement of representatives of transpeople.

Partner NGOs in 12 regions of Ukraine provide trans people with the following services: counseling by a social worker, assisted testing for HIV infection, STI, dispensing condoms, lubricants, thematic information materials, screening for tuberculosis, consultations with an endocrinologist, conducting psychological mutual support groups. Additional services that transgender people need are provided: psychological counseling, counseling for transgender transition, building relationships with loved ones, problems of loneliness, fear of social condemnation, legal assistance for changing documents, violation of rights, and physical/sexual violence. Through case management, identified HIV-positive trans people receive support in accompanying them to medical institutions for medical supervision and early initiation of ART. Given the difficulty in procuring hormones due to the war, in 2022 the Alliance procured 150 courses of transmasculine and transfeminine hormone therapy for free distribution

to underprivileged representatives of the community.

Services for transgender people are provided using a “peer-to-peer” approach at stationary service points and outreach routes. The search for clients is also carried out using the Internet and virtual social networks, online consultations on prevention, testing, transgender transition, etc. are provided.

In connection with the migration of transgender people to Western Ukraine as a result of the war, the activities of prevention projects in this territory were expanded.

- **Results, outcomes and impact:**

According to the results of the implementation in 2022 of the intervention to provide an expanded package of prevention services for transgender people, 3,689 people were covered by prevention services, which is 2% more than in 2021. This indicates a need for prevention services for transgender people. The rate of coverage of trans people by the minimum package of prevention services reached 45% of their estimated number. In 2022, 3,613 trans people received rapid testing for HIV. Of these, 10 clients (0.27%) received a positive HIV test result, and 8 of them were referred to an HCF and received ART (80% of the number of those identified). 1,021 trans people were tested for syphilis, 3 of them received a positive test result, hepatitis C – 1,011 (two positive results). 3,732 clients were screened for TB, and a positive result was found in 1 person. All clients with a positive result of the rapid test were redirected to the case management component (CITI) to be accompanied to a healthcare facility for further confirmation of the result and initiation of treatment.

219,252 condoms and 153,647 lubricants were distributed to transgender people in 2022. During the last 7 months, 60 trans women and 14 trans men received hormone replacement therapy.

- **Gaps, lessons learnt and recommendations:**

The trans community in Ukraine remains a key group that needs special support from non-governmental organizations and the State. Trans people face stigma and discrimination in public places, medical facilities, or public service centers. Coverage of HIV prevention services among the trans community is limited, including due to insufficient funding for the expansion of this direction.

Consideration should be given to the needs of transgender people, such as the importance of gender reassignment and hormone therapy for this group. Free provision of hormone therapy drugs helps to more willingly turn to the prevention project for other services and to form a more responsible attitude of trans\* people to their health and trust in consultants. Friendly endocrinologists who understand the needs of the target group and are trained in the specifics of prescribing hormone therapy should prescribe drugs.

For the successful implementation of HIV prevention projects, it is necessary to involve outreach/social workers from trans people. Given the ongoing war and the lack of funds in the country's budget, it is critically important to provide funding for prevention among transgender people through donor funding.

- **Annexes:**

<https://drive.google.com/drive/folders/1UetYUJikN9dN18e6GPPSoLwhGjApiNZp?usp=sharing>

#### Ukraine Case Study 4

#### **CONTACT PERSON**

Name: Pavlo Smyrnov

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- **Timeline of the case study:** June 2022 - May 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Ukraine
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership

- **Background and Objectives:**

According to data from the Public Health Center of the Ministry of Health of Ukraine, the estimated number of PLHIV in Ukraine is more than 244,000 people. As of January 1, 2022, only 183,929 people (75% of the estimated population) knew their HIV-positive

status, and 152,226 PLHIV were receiving ART (62%). Thus, more than 48,000 PLHIV live without knowing their positive HIV status. According to the simulation results, the estimated number of people living with HIV will increase - from 245,000 people (2021) to 252,000 people (2025). At the same time, in 2022, the main route of HIV transmission remained sexual - 68.4%.

During 2020-2022, HIV prevention programs faced the challenges of the COVID-2019 pandemic and the war: due to the stoppage of public transport, destroyed infrastructure, regular rocket attacks, mass migration to safer regions of Ukraine, representatives of key groups could not always reach the points of providing preventive services and get the services they need. Such conditions created risks for tens of thousands of representatives of key groups to start and continue receiving HIV prevention and treatment services.

To ensure access to HIV testing for hard-to-reach sexual partners of key groups, in 2022 the Alliance implemented a new algorithm for fixing the issuance of self-testing tests and reporting the results of such testing through the use of the "HIV self-testing" chatbot.

- **Description/Contribution to the AIDS response:**

The data of the report "Estimation of the number of key groups, bridge groups and other categories of the population in Ukraine, 2020: scaling method" indicate that the estimate of the number of bridge groups is: 62,162 sexual partners of PWID, 284,348 SW clients, 13,697 MSM who have sexual partners. In the vast majority, sexual partners of key groups representatives are not users of HIV prevention services, have limited access to regular HIV testing, do not know about their status, and do not have information about the possibilities and addresses of receiving prevention services.

Responding to the HIV epidemic situation in the country and adapting its activities to the conditions of the pandemic and the war, the Alliance developed and implemented a new intervention, which involves increasing the level of HIV testing coverage of people among hard-to-reach sexual partners of key groups representatives; attracting new clients with a high risk of HIV infection before starting to receive HIV prevention services (in particular, before taking PrEP); ensuring early initiation of HIV treatment for those who have received a positive self-test result.

The new algorithm for working with the chatbot involves three stages:

1. Determination by a social worker of the need to test the sexual partner of the representative of the key groups; motivational counseling on the importance of self-testing; issuance of a set for self-testing and recording of such issuance in the chatbot.
2. Direct self-testing by a sexual partner using a chatbot; provision of advice by a social worker regarding the test result and appropriate further actions (at the request of the sexual partner).
3. The appeal of a sexual partner to a social worker of an NGO; receiving advice on self-test results and further steps; filling out the third stage of the questionnaire in the chatbot.

- **Results, outcomes and impact:**

As of the beginning of May 2023, the chatbot "HIV self-testing" is used by 32 partner NGOs in 21 regions of Ukraine.

During June 2022 - May 2023, 15 161 tests were issued for self-testing using a chatbot. Of the total number of OraQuick test takers, 5 039 people (33%) used the chatbot during the self-testing, of which 29 people indicated the test result as "positive".

According to the SYREX database, the approach using a chatbot within 10 months made it possible to attract 770 new clients from representatives of key groups to receive prevention services for the first time.

- **Gaps, lessons learnt and recommendations:**

During 2022, a low percentage of people who used a chatbot during self-testing was observed: only 26% of the total number of tests issued. This is because OraQuick tests and information from an NGO's social worker about the possibility of using a chatbot are received by clients of prevention projects (PWID, SW, MSM, TG), and these tests are directly used by their partners. Also, due to the existing stigma and discrimination related to HIV infection in the country, and the fear of disclosing information, people do not want to use additional tools (in this case a chatbot) when reporting their test result. To increase the number of people who use the chatbot and, accordingly, receive instructions on how to correctly conduct a self-test, contacts of a social worker for consultation, information about a modern method of prevention - pre-exposure HIV prevention, the address of an NGO where the client can contact for other prevention services, the Alliance organized several additional activities. In particular, individual packages of OraQuick tests containing a special sticker with text in the form of a social worker's consultation were issued to project clients. Also, 5 training sessions were held for 140 prevention service providers involved in the implementation of the new self-



testing algorithm. During training, special attention was paid to the topic of motivational counseling of the test taker by a social worker. As a result, additional measures made it possible to increase the number of chatbot users to 44% in 2023.

- **Annexes:**

<https://drive.google.com/drive/folders/1VQxVo0HWSMmYNIYCaygW0MIhZRv3h3fs?usp=sharing>

Latin America and the Caribbean

Brazil Case Study 1

**CONTACT PERSON**

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- **Timeline of the case study:** March 2022 – April 2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Funding for key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Recife, Brazil
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation.

- **Background and Objectives:**

In Brazil, LGBTQIA+ community can barely access rights. According to the Global Report about transgender people and transvestites' deaths, from 2008 to 2022, 1,741 people were killed in Brazil that, for the 14th consecutive year was named the nation with the highest number of transgender people killed. In 2022, 131 trans people were murdered here and another 20 took their own lives as a result of discrimination and prejudice. Pernambuco where Gestos is based, was the state with the most murders, with 13 cases.

Besides physical violence, transvestites and transgender people suffer attacks from the conservative sectors that are going further to stop their access to social rights such as work, social name, child adoption, healthcare and education with the social and economic determinants increasing their vulnerability to HIV.

In 2018, a research identified that the national average for HIV infection prevalence among gay and bisexual men was 18.4% meanwhile other populations were about 0.4%. But only in the last years we had more effort to research about transgender people. After 40 years of HIV epidemic, Brazil still doesn't ask in HIV notification forms if a person is cis or transgender, which is holding back a more tailored HIV response.

- **Description/Contribution to the AIDS response:**

Gestos promoted monthly gatherings for an acquaintanceship group of 13 transvestite and transgender women over fifty years old aiming to confront ageism and to promote better life quality during their old age. Most of the group were economically vulnerable and living in urban slums, and 50% were living with HIV.

The methodology was designed to increase their knowledge and protagonism in advocacy efforts to defend their social and economic rights, including their social protection rights.

We had 10 monthly sessions, divided into 2 moments each. The first one was led by a psychologist as a clinical listening. The second was dedicated to thematical debates on

activism, leadership, ageism, sexuality, health, human rights, citizenship, violence, and transphobia.

HIV/AIDS, poverty and inequalities were subjects repeatedly brought into the conversation and many of the participants considered themselves survivors just for having passed the age of 35.

Besides, they were trained to conduct a survey about the reality and needs of their peers, trans people over 50 years old, living in Recife. 36 trans people were identified and interviewed – again 50% of them living with HIV. After that, data analysis was taken to a public hearing at the Chamber of Councilors of the City of Recife, to which authorities in the areas of health, education, labor, and human rights were invited.

This pioneer initiative gave visibility to the reality and needs of the aging trans population in the city of Recife, putting forward to the public power recommendations for integrated policies of health, education, public security, access to income and rights. If implemented, they will contribute towards improving the quality of life of those who live with HIV and AIDS and for developing tailored prevention intervention for seronegative transwomen with more than 50 years of age.

- **Results, outcomes and impact:**

This intervention positively impacted transvestites and transgender women who had access to qualified clinical listening and increased their knowledge about their rights. According to their own analyses, it was a rich experience and for most of them, the first time they could exchange experiences and hopes about their life's conditions. This experience strengthened the group –as a group – and highlighted the need to continue to fight for their own rights –together.

During the thematic encounters, professionals from academy and the government were invited to participate. What was important was to change their view of this population, particularly considering the survivors of HIV and transphobic experiences.

The project had a direct impact in the participants' lives providing them access to clinical listening and organized data about their urgent needs, creating an opportunity to

demand their rights from public authorities.

The data collection about the life conditions and needs of transvestites and transgender women over 50 in Recife caused a great impact and had huge coverage in mainstream media, since Gestos presented for the first-time data that put light on how transwomen aging is affected by HIV and inequalities. The data provided arguments to address decision-makers and during the public hearing the City Hall secretariats committed, for instance, to expand the access of the Hospital for Old People also for trans women.

- **Gaps, lessons learnt and recommendations:**

The data collected brought learnings since the main gap was lack of information about trans women over 50 in Recife. It was difficult to reach a higher number of them and the project was done with short financing resources, so there is uncertainty about its continuation.

To address the lack of attention/information – withing healthcare units, educational, security and labor systems, we presented recommendations to decision-makers while, at Gestos, we decided to continue providing phycological support for those living with AIDS.

Some recommendations:

- The City of Recife should create a plan for confronting stigma, discrimination and other violences against trans women;
- Should Integrate/reintegrate trans women, including the older ones, into education system, promoting inclusive spaces;
- Should educate security/ police agents on how to address and respect this population;
- Implement campaigns about their rights to access protection from the public sector;
- Should decentralize LGBTQIA+ health services to grant access and friendly services for trans women over 50;
- Should develop initiatives in the City Council of Old Person's Rights related to trans women over 50 years old.

- Should include in the City's budget plan specific and adequate funds to support trans women, particularly those living with AIDS over 50 years old.
- **Annexes:** [https://gestos.org.br/wp-content/uploads/2023/04/E-BOOK-TRAVESTIS-TAMBEM-ENVELHECEM\\_final.pdf](https://gestos.org.br/wp-content/uploads/2023/04/E-BOOK-TRAVESTIS-TAMBEM-ENVELHECEM_final.pdf),  
[https://g1.globo.com/pe/pernambuco/ne2/video/pesquisadores-analisam-dados-de-velhecimento-de-populacao-trans-no-recife-11565328.ghtml?utm\\_source=share-universal&utm\\_medium=share-player-app&utm\\_campaign=videos](https://g1.globo.com/pe/pernambuco/ne2/video/pesquisadores-analisam-dados-de-velhecimento-de-populacao-trans-no-recife-11565328.ghtml?utm_source=share-universal&utm_medium=share-player-app&utm_campaign=videos) \*\*,  
<https://marcozero.org/como-envelhecimento-as-mulheres-trans-no-recife/> \*\*,  
<https://www.youtube.com/watch?v=xNexXojUo4> \*\*,  
<https://www.youtube.com/watch?v=PgbfdURN6LE> .

## Brazil Case Study 2

### **CONTACT PERSON**

Name: Dr. Dráurio Barreira

Title: Director, Department of STIs, AIDS and Viral Hepatitis

Organisation: AGÊNCIA AIDS, Brazil

Address: Brazil

- **Timeline of the case study:** November 2013 - Present
- **Case study submitted by:**
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade? N/A**
- **In which geographic area is the approach being carried out? Brazil**
- **Case study demonstrates: N/A**

- **Background and Objectives:**

In Brazil, transgender and transvestite people are especially vulnerable to STIs and HIV/AIDS as a result of family estrangement, exclusion within school environments, lack of access to health services and physical and psychological violence throughout their lives. This exclusion constitutes a barrier to their access to comprehensive healthcare, which leads to transgender and transvestite people resorting to harmful practices such as self-medication in the taking of sex hormones and the injection of industrial silicone

in the gender transition process. Furthermore, insufficient education and lack of job opportunities make sex work an alternative for them to meet their basic survival needs.

In November 2013, Ordinance GM/MS n. 2,803 redefined and expanded comprehensive care in the Unified Health System's (SUS, in Portuguese) for transgender and transvestite people, as well as those who have other gender identities, with the incorporation of outpatient services and regional delivery of services.

It therefore became necessary to establish channels for doing this that considered the offer of new services, to adequately finance the new procedures, and to integrate this into the broader health system and sectors responsible for public policies to assist transgender and transvestite people, as well as those who have other gender identities.

- **Description/Contribution to the AIDS response:**

Ever since its establishment, and more systematically since 2014, the Outpatient Clinic for the Comprehensive Healthcare of Transgender and Transvestite People (ASITT, in Portuguese) of the Reference Center for STDs/AIDS (CRT-DST/Aids, in Portuguese) provides training and organizes working visits by health professionals and public officials to better equip them to provide care and organize local services, besides facilitating coordination between different instances. During this period, 52 groups of healthcare professionals from 35 cities were trained, and several outpatient services and hospitals in the state of São Paulo were given workshops on sexual diversity.

With the onset of the COVID-19 pandemic in 2020, the meetings began to be held virtually with the necessary adaptations.

Despite efforts to expand comprehensive healthcare services to transgender and transvestite people, the number of services in the state of São Paulo continued to fall short of the needs of this population, with the exception of the city of São Paulo, where the process of expanding services supported by CRT-DST/Aids was already advanced. Currently, the city of São Paulo has 45 active services. Given this situation, one

strategic action to be followed is the inclusion in São Paulo's State Health Plan for the years 2020-2023 of the goal of expanding the supply of hormones for transgender and transvestite people, as well as those who have other gender identities, under the responsibility of CRT DST/Aids,

In 2020, the CRT-DST/AIDS started the acquisition of sex hormones and, in 2021, meetings with cities and regional instances were held. This process was triggered, among other factors, by initiatives of the LGBTQIA + social movement.

In these meetings, the needs to implement the channels to deliver the services to transgender and transvestite people are assessed; guidelines to establish flows between the facilities involved in sex reassignment surgeries and distribution of hormones are developed; counselling on how to access funding from the Ministry of Health is given; and coordination with LGBTQIA+ movements and service users is enabled. In cooperation with local instances, the implementation of this channel to deliver healthcare services is presented in the SUS regional instances of decision-making.

- **Results, outcomes and impact:**

The development of this policy resulted, in 2023, in the establishment of 30 new comprehensive health services distributed in 26 cities integrated in a network that comprised primary healthcare, specialized services in STI/AIDS, endocrinology, mental health, laboratory and pharmaceutical services, as well as surgical gender transition services, and combined strategies to prevent and diagnose STIs and HIV, including through PEP and PrEP. Currently, 35 services are included in this policy, which provided access to gender transition services to 2,633 transgender and transvestite people, of whom 1,247 are trans women, and 1386 trans men. The financial resources needed for the acquisition of sex hormones amounted to R\$ 1,336089.06 during this period. An additional 25 cities are in the process of implementing new services and organizing channels for the delivery of these services.

In the state of São Paulo, four hospitals perform surgical procedures for transgender people, all located in the largest metropolitan region of the state. The procedures offered are masculinization mammoplasty, hysterectomy and vaginoplasty. Those interested in these procedures are added to a waiting list.

The expansion of comprehensive healthcare services to transgender and transvestite people contributes to reducing their vulnerability to STIs and HIV, in addition to reducing the psychological suffering resulting from exclusion and enabling access to other public policies in the realms of justice, education, work and social assistance.

- **Gaps, lessons learnt and recommendations:**

Even though SUS's National Policy for Gender Transition provides funding for the implementation and maintenance of outpatient services for transgender and transvestite people in Brazil, in 2023, the state of São Paulo only has three facilities (2 in the city of São Paulo and one in another city) registered to receive federal funds, a situation that threatens the sustainability of this public policy.

To face this challenge, investments by the Ministry of Health will be needed to scale up and expand the financing of new services throughout the national territory. We must also review the National Policy to discuss the model of care and update the figures specified in it to advance the implementation of this public policy.

It is also essential to establish channels to deliver healthcare services to transgender children and adolescents, in addition to the expansion of surgical procedures and the decentralization of their offer, as well as to investments in research and training of health workers.

This initiative will be published in a special edition of the paper "Epidemiologic Newsletter from São Paulo (BEPA, in Portuguese) – Transsexuality in the SUS".



- **Annexes: N/A**

## Colombia Case Study 1

### **CONTACT PERSON**

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- **Timeline of the case study:** Publication: March 26/2022
- **Case study submitted by:** Government, UN or other International Organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Interventions in humanitarian settings and/or responding to human rights crises faced by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Colombia
- **Case study demonstrates:** Scalability and replication; Elements and opportunities for south-south and triangular cooperation.

- **Background and Objectives:**

The Temporary Protection Statute for Venezuelan Migrants – ETPMV - is a legal mechanism contained in Decree 216 of 2021 and Resolution 971 of 2021 pertaining to Colombian Migration. The ETPMV allows Venezuelan migrants who wish to remain in Colombia to have a regular immigration status while providing access to rights and services, and thus supporting processes of social, economic and cultural integration.

Given the commitment to mainstreaming the gender approaches in all public policies, article 36 of Resolution 971 of 2021 establishes differential treatment for Venezuelan

transgender people to access the ETPMV and obtain the Temporary Protection Permit with the gender of the name with which they identify themselves.

To facilitate the inclusion of transgender migrants in Colombia, UNFPA - with the Ministry of Justice, the Presidency of the Republic, Colombia Migration and the Superintendence of Notaries and Registration - designed a guide for notaries that provides education on sex, gender, and transgender identity. It also outlines the procedure that must be carried out to allow transgender migrants to access the ETPMV with their name and gender identity which guarantees the full enjoyment of their rights in health and protection.

- **Description/Contribution to the AIDS response:**

The Temporary Protection Statute for Venezuelan Migrants - ETPMV - allows Venezuelan migrants who wish to remain in Colombia to have a regular immigration status, while allowing them to access rights and services, and enhancing processes of social, economic and cultural integration. Allowing transgender people to use their chosen name and gender also helps to build awareness among migration authorities, notaries and registration facilities. It also facilitates access to health and protection services, including diagnosis and treatment of HIV infection.

- **Results, outcomes and impact:**

The activity is part of broader HIV combination prevention efforts but also helps to address structural barriers and build societal enablers. It provides an example for other countries in the region of how to guarantee the rights (including the right to health) of transgender migrants who are among the most vulnerable to HIV and who have had to leave Venezuela in search of better health opportunities and livelihoods.

- **Gaps, lessons learnt and recommendations:**

The document produced by UNFPA has the endorsement of the Ministry of the Interior of the Colombian Migration Office and the Superintendence of Notaries and Registry. However, the bottleneck is that resources are required to carry out social mobilization

around the document and for pedagogy, both among key populations as well as immigration offices throughout the country

- **Annexes:** The documents can be consulted at the following links:

[https://colombia.unfpa.org/sites/default/files/pub-pdf/los\\_derechos\\_de\\_las\\_personas\\_trans\\_dentro\\_del\\_etpmv-informacion\\_clave\\_para\\_notarios\\_as-portada.pdf](https://colombia.unfpa.org/sites/default/files/pub-pdf/los_derechos_de_las_personas_trans_dentro_del_etpmv-informacion_clave_para_notarios_as-portada.pdf) ,  
[https://colombia.unfpa.org/sites/default/files/pub-pdf/los\\_derechos\\_de\\_las\\_personas\\_trans\\_dentro\\_del\\_etpmv.pdf](https://colombia.unfpa.org/sites/default/files/pub-pdf/los_derechos_de_las_personas_trans_dentro_del_etpmv.pdf)

## Colombia Case Study 2

### **CONTACT PERSON**

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Title: Project Co-ordinator of the HIV Combination Prevention Project and The Executive Director

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- **Timeline of the case study:** October 2020 - October 2023
- **Case study submitted by:** Civil Society, UN or other International Organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Colombia
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation.

- **Background and Objectives:**

During 2022 the UNFPA office in Colombia, through its HIV combination prevention project, has advanced technical assistance processes that aim to strengthen the knowledge and capacities in combination prevention of community-based organizations that work to guarantee sexual rights and reproductive health, sexual and reproductive health, and the response to HIV. This has found that community-based organizations have extensive experience in reaching key populations and implementing HIV combination prevention.

To highlight and disseminate this good practice, the UNFPA office in Colombia identified and compiled these initiatives in a technical document that allows their scaling or replication.

Among the selected experiences was that of the Fundación Grupo de Acción y Apoyo a personas Trans-GAAT. GAAT's objective is to build community tools developed by and for people with trans life experiences, through virtual channels, audiovisual pieces and discursive strategies that help to prevent HIV and reduce stigma related to transgender people.

- **Description/Contribution to the AIDS response:**

The GAAT experience was the construction of a communicative and pedagogical campaign that starts from the voices of people with Trans life experiences, their families and support networks - disseminating it on social networks and connecting the largest number of audiences possible in Colombia.

The campaign included:

(1) a compendium of information produced by peers, displayed on the website;

(2) a chat where trans people answer questions about sexuality and HIV;

(3) collective meetings that result in videos, visual pieces, and podcasts;

(4) public events which help not only to provide information on HIV prevention but also to raise awareness of the effects experienced by prejudice and discrimination against people with trans life experiences living with HIV.

- **Results, outcomes and impact:**

Based on the recognition of TRANS voices, five meetings were held that mobilized collective knowledge to build the material that we shared on social networks and that will be published on the website once the initiative is finished. Taking into account differential audiences, they were addressed to: (1) Support networks of people with Trans life experiences, (2) People with transfeminine life experiences and (3) People with transmasculine life experiences. These addressed three transversal thematic poles: (a) stigma and possible forms of resistance, (b) barriers to access to health with respect to HIV (e.g. taking tests, delivering results, and follow-up) and (c) sexuality of people with trans life experience living with HIV.

- **Gaps, lessons learnt and recommendations:**

One of the main lessons was recognizing the low participation of people with Trans life experiences in HIV workshops. It is very important to identify leaders and from there approach and communicate our project objectives so that other people are motivated to attend.

Initially, communications fulfilled two functions: reporting the project development on the GAAT Foundation's social networks; and contacting people who were willing to participate in the event to build the campaign. Although 13 people registered for the first meeting, many did not attend. We therefore contacted them individually, which allowed a more in-depth exchange in which we stressed the value of learning from their experience. This was very helpful in establishing a connection with each person.

- **Annexes:** N/A

### Colombia Case Study 3

#### **CONTACT PERSON**

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- **Timeline of the case study:** 2022/2023
- **Case study submitted by:** Government, Civil Society, UN or other international organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Colombia
- **Case study demonstrates: Sustainability in the long-term**

- **Background and Objectives:**

Since 2019, Colombia included the combined prevention of HIV in its national response plan for STIs, HIV and viral hepatitis, however, the offer of prevention strategies of pre-exposure prophylaxis in a systematic way is still a challenge. In 2022, PAHO Colombia supported the Ministry of Health and Social Protection in the implementation of PrEP through a series of educational interventions for health professionals and in the construction of a national guideline for the PrEP program with the contribution of health experts and civil society organizations.

- **Description/Contribution to the AIDS response:**

The reduction of new HIV cases is achieved by including people at risk of acquiring infection in a timely manner to the continuum of prevention. The offer of PrEP as a program offers the possibility of a comprehensive approach to prevention of HIV and other sexually transmitted infections in addition to early diagnosis and medication of people living with HIV, improving their quality of life and reducing cases of death from AIDS.

- **Results, outcomes and impact:**

Increase in institutional supply of the health system in Colombia and people in PrEP (comparison of data on people in PrEP in Colombia GAM report 2021 and 2022).

- **Gaps, lessons learnt and recommendations:**

- Local health regulations limit the reach of civil society organizations in offering PrEP.
- The approach of health interventions from the point of view of prevention is still a challenge in Colombia.
- The situation of migrants in Colombia does not allow them to access health prevention programs.

- **Annexes:** Virtual Course of Primary Health Care in STIs, HIV, TB/HIV coinfection, hepatitis B and C:

<https://www.campusvirtualsp.org/user/login?ReturnTo=https%3A%2F%2Fwww.campusvirtualsp.org%2Fidp%2Fmodule.php%2Fdrupalauth%2Fresume.php%3FState%3D%2019be15ba9632b1570173fcd4fecdb06b67117f5f23%253Ahttps%253A%252F%252Fwww.campusvirtualsp.org%252Fidp%252Fsaml2%252Fidp%252FSSOService.php%253Fspentityid%253Dhttps%25253A%25252F%25252Fcursospaies.campusvirtualsp.org%25252Fauth%25252Fsaml2%25252Fsp%25252Fmetadata.php%2526RelayState%253Dhttps%25253A%25252F%25252Fcursospaies.campusvirtualsp.org%25252Fauth%25252Fsaml2%25252Flogin.php%25253Fwants%252526idp%25253Dc0ec883f11ee69d04be808d67caac83b%252526passive%25253Doff%2526cookieTime%253D1683911739> . Data provided by Colombia GAM Report 2021-2022 Workshop to identify barriers to PrEP implementation in Colombia. The guideline is in the publication phase by the Ministry of Health

Ecuador

**CONTACT PERSON**

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- **Timeline of the case study:** 2021 - 2022

- **Case study submitted by:** UN or other international organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people
- **In which geographic area is the approach being carried out?** Colombia
- **Case study demonstrates: Multi-sectoral partnerships, community participation and leadership**

- **Background and Objectives:**

Gay and transgender populations are considered key in strategies to address HIV, but their inclusion still reveals difficulties, mainly due to the discrimination they experience on a daily basis and in accessing health and health services. From the studies carried out in Ecuador, 72% of lesbian and bisexual women have experienced some type of discrimination or mistreatment in health services. In addition, the structural violence has a direct impact on the health of the population of LGBTI people, and studies indicate that LGB people are two to three times more at risk of sexual assault than heterosexual people; that transgender women engaged in sex work are at greater risk of sexual assault (rape, sexual abuse, etc.); that transgender and LGB people have a higher prevalence of depression and anxiety, and among men who have sex with men (MSM), there is a higher prevalence of eating disorders. In addition, LGBT people have a higher prevalence of suicide attempts or attacks (GLMA, 2013).

- **Description/Contribution to the AIDS response:**

The research and input from the stakeholders of the institutions that participated in the assessment has led to the identification of general recommendations, which are described below:

- To put together an advocacy agenda and advocacy plan that incorporates the information from the recommendations identified by sector, prioritizes issues and establishes strategic lines of action.
- These tools should clearly delimit the prioritized issues, with timeframes, roles and actors with deadlines, roles and actors involved in the advocacy process.



- Strengthen actions in the different State portfolios to guarantee respect for the confidentiality of persons affected by HIV and to avoid discrimination.
- Rescue the role of civil society in the strategies to be implemented in the future, both to link them from the experience generated on the subject (services for the promotion of rights, HIV prevention and humanitarian aid), and to strengthen their role in the processes of social control over social protection and HIV programs. In particular, it is recommended to involve trans-female people, PET, migrants.

- **Results, outcomes and impact:**

In order to present the results of the process and the advocacy agenda, as well as to establish agreements for the development of activities in this framework with all the organizations participating in this initiative, a virtual event was held on Monday, January 30, 2023, with the participation of nearly 40 representatives of civil society organizations and networks, World Food Program officials, and representatives of the World Food Programme (WFP).

- **Gaps, lessons learnt and recommendations:**

#### CHALLENGES OF HIV-SENSITIVE SOCIAL PROTECTION PUBLIC POLICY

- Greater participation of people living with HIV, key populations and affected communities in the formulation of public policies and social protection programs.
- Reactivation of CEMSIDA, the highest State body, from which public policy guidelines on the response to HIV should emerge and which should articulate the proposals of all stakeholders involved.
- Incorporation of concrete social protection strategies that consider the needs of people living with or affected by the epidemic in the national and multisectoral strategic plan for the response to HIV.
- Institutional articulation and coordination with all actors and sectors involved, to address HIV-sensitive social protection.
- Inclusion of rights, gender, human mobility and participation approaches in public policies for social protection.
- Strengthening of CSOs' organizational and advocacy capacities.
- Clear and accessible information for accessing public services, with specificities for different populations and community monitoring of policy compliance.
- Training on legal regulations, human rights and HIV for public servants.

- **Annexes:** <https://es.wfp.org/publicaciones/informe-diagnostico-de-vih-y-proteccion-social-en-ecuador>

## Guyana Case Study 1

### **CONTACT PERSON**

Name: Tariq Jagnarine

Title: Program Director NAPS

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- **Timeline of the case study:** One Year
- **Case study submitted by:** Government, Civil Society, Private Sector
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Legislative and policies changes and reform; Funding for key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Guyana
- **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership.
- **Background and Objectives:**

Guyana is a country in South America that is highly affected by the HIV epidemic. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), the adult HIV prevalence rate in Guyana was 1.9% in 2020, which is higher than the regional average of 1.3% for Latin America and the Caribbean (UNAIDS, 2020). The government of Guyana has recognized the importance of providing public assistance to persons living with HIV (PLHIV) and has implemented several programs to support them.

One of the key programs that provide public assistance to PLHIV in Guyana is the National AIDS Programme Secretariat (NAPS) under the Ministry of Health. NAPS is

responsible for the coordination of all HIV-related activities in the country, including prevention, treatment, care, and support services (National AIDS Programme Secretariat, 2021). Through NAPS, PLHIV can access free antiretroviral therapy (ART) and other essential medicines, as well as receive counselling and psychosocial support services (National AIDS Programme Secretariat, 2021).

In addition to NAPS, there are several non-governmental organizations (NGOs) in Guyana that provide public assistance to PLHIV. One such organization is the Guyana Responsible Parenthood Association (GRPA), which provides a range of services to PLHIV, including ART adherence support, counseling, and referrals to medical and social services (Guyana Responsible Parenthood Association, n.d.). Another NGO that provides public assistance to PLHIV is the Society Against Sexual Orientation Discrimination (SASOD), which focuses on advocating for the rights of marginalized groups, including PLHIV and the lesbian, gay, bisexual, and transgender (LGBT) community (Society Against Sexual Orientation Discrimination, n.d.).

The provision of public assistance to PLHIV in Guyana is crucial in addressing the challenges faced by this vulnerable population.

However, there are still gaps in the HIV response in Guyana, including issues with stigma and discrimination, limited access to testing and treatment, and inadequate funding for HIV programs (UNAIDS, 2020). Efforts to address these challenges require a multi-sectoral approach and continued support from the government and civil society organizations.

To Provide Public assistance for PLHIV and evaluate its impact on the 2nd UNAIDS Target

- **Description/Contribution to the AIDS response:**

The public assistance provided to persons living with HIV (PLHIV) in Guyana has played a critical role in addressing the country's HIV situation. The provision of free antiretroviral therapy (ART) and other essential medicines through the National AIDS

Programme Secretariat (NAPS) has helped to improve the health outcomes of PLHIV in the country (National AIDS Programme Secretariat, 2021).

Moreover, the counselling and psychosocial support services provided by NAPS and other non-governmental organizations (NGOs) have helped to address the stigma and discrimination faced by PLHIV in Guyana (Guyana Responsible Parenthood Association, n.d.; Society Against Sexual Orientation Discrimination, n.d.). This, in turn, has encouraged more people to seek testing and treatment services, which has led to increased access to care and improved health outcomes.

The multi-sectoral approach to addressing the HIV epidemic in Guyana, which involves collaboration between the government, civil society organizations, and international partners, has also contributed to the country's progress in reducing the impact of HIV (UNAIDS, 2020). However, there are still challenges that need to be addressed, including issues related to testing and treatment, funding for HIV programs, and the continued stigma and discrimination faced by PLHIV (UNAIDS, 2020).

In summary, the provision of public assistance to PLHIV in Guyana, including free ART, counseling, and psychosocial support services, has played a significant role in improving the health outcomes and reducing the impact of HIV in the country. However, continued efforts and support are needed to address the remaining challenges and achieve the UNAIDS 90-90-90 targets, which aim to ensure that 90% of people living with HIV know their status, 90% of those diagnosed with HIV receive ART, and 90% of those on ART achieve viral suppression by 2025 (UNAIDS, 2017).

- **Results, outcomes and impact:**

Over 3500+ Persons applied for Public Assistance, 2150 Received Assistance of US\$75/ Month including Children, KPs and other vulnerable Groups. All Children are given a one-time grant of \$500.

- **Gaps, lessons learnt and recommendations:**

While the public assistance program for persons living with HIV (PLHIV) in Guyana has been successful in improving health outcomes and reducing the impact of HIV, there are still gaps that need to be addressed. Some of the gaps in the public assistance program for PLHIV in Guyana include:

- **Limited access to testing and treatment:** Despite efforts to improve access to testing and treatment, there are still many PLHIV who are not aware of their status or who do not receive ART. According to UNAIDS (2020), only 67% of PLHIV in Guyana know their status, and only 54% of those diagnosed with HIV receive ART.
- **Inadequate funding for HIV programs:** The funding for HIV programs in Guyana is primarily dependent on external donors, which can be unreliable and unpredictable. This has resulted in gaps in funding for essential HIV services, such as testing, treatment, and prevention programs.
- **Limited availability of specialized services:** While the public assistance program provides counseling and psychosocial support services to PLHIV, there is a limited availability of specialized services for key populations, such as men who have sex with men, sex workers, and transgender persons. These populations often face additional barriers to accessing HIV services due to stigma and discrimination.
- **Limited awareness and education:** Despite efforts to raise awareness about HIV and reduce stigma and discrimination, there is still a lack of awareness and education about HIV in some communities in Guyana. This can lead to a reluctance to seek testing and treatment services and can also contribute to the spread of HIV.

Addressing these gaps in the public assistance program for PLHIV in Guyana requires a multi-sectoral approach that involves collaboration between the government, civil society organizations, and international partners. It is essential to address these gaps to ensure that all PLHIV in Guyana have access to the services they need to live healthy and productive lives.

- **Annexes:** <https://newsroom.gy/2022/06/17/lifetime-public-assistance-for-persons-living-with-disabilities-hiv-and-cancer/>

## Guyana Case Study 2

### **CONTACT PERSON**

Name: Tariq Jagnarine

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- **Timeline of the case study**: One Year
- **Case study submitted by**: Government, Civil Society, Academic Institution
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Remote areas in Guyana
- **Case study demonstrates**: Sustainability in the long-term
- **Background and Objectives**:

Telemedicine, which involves the use of technology to provide healthcare services remotely, has the potential to improve access to care and overcome some of the barriers faced by persons living with HIV (PLHIV) in Guyana. Telemedicine can help to address the limited availability of specialized services in some regions of the country, reduce stigma and discrimination, and improve access to care for key populations.

### Objective

- To rollout telemedicine in Rural Areas in Guyana
  - To evaluate the retention in care for PLHIV while using telemedicine.
- 
- **Description/Contribution to the AIDS response**:

In 2020, the government of Guyana, in collaboration with the Pan American Health Organization (PAHO), launched a telemedicine program for PLHIV. The program aims to provide virtual consultations and counselling services to PLHIV who live in remote areas or who have difficulty accessing care due to stigma and discrimination (PAHO, 2020). The program uses a secure, web-based platform that allows PLHIV to connect with healthcare providers and receive counselling, support, and medication management services remotely.

The telemedicine program has the potential to improve the quality of care for PLHIV in Guyana, particularly for those who live in rural areas or who face barriers to accessing care. However, there are some challenges to implementing telemedicine in Guyana, including limited internet access in some regions of the country and a shortage of healthcare providers with expertise in telemedicine (PAHO, 2020).

To overcome these challenges, the government and other stakeholders in Guyana will need to invest in the necessary infrastructure and training to support the telemedicine program. This will include expanding access to high-speed internet, providing training for healthcare providers in telemedicine, and developing guidelines and protocols for the use of telemedicine in HIV care.

- **Results, outcomes and impact:**

- Over 400+ persons accessed telemedicine, not only for HIV services but also other related health and non-health issues.
- All persons remained in Treatment clinics
- All were virally suppressed and remain on treatment.

- **Gaps, lessons learnt and recommendations:**

The telemedicine program for HIV launched by the government of Guyana in collaboration with the Pan American Health Organization (PAHO) in 2020 has the potential to improve access to care and overcome some of the barriers faced by persons living with HIV (PLHIV) in the country. However, there are gaps and lessons

learned that should be considered to improve the program's effectiveness and sustainability.

#### Gaps:

- Limited access to technology and internet: One of the major challenges facing the telemedicine program in Guyana is the limited access to technology and high-speed internet in some regions of the country. This limits the program's reach and effectiveness, particularly in remote and rural areas.
- Inadequate training for healthcare providers: There is a shortage of healthcare providers with expertise in telemedicine, which can limit the program's ability to provide high-quality care to PLHIV.
- Limited awareness and uptake of the program: Despite efforts to raise awareness about the telemedicine program, there is still a lack of awareness and uptake of the program among PLHIV and healthcare providers in some regions of the country.

#### Lessons learned:

- Collaborative approach: The success of the telemedicine program in Guyana highlights the importance of collaboration between the government, healthcare providers, and international partners in implementing telemedicine programs.
- Importance of training and capacity building: Providing adequate training and capacity building to healthcare providers is crucial to the success of telemedicine programs, particularly in settings where there is a shortage of healthcare providers with expertise in telemedicine.
- Need for user-friendly technology: The telemedicine platform should be user-friendly and accessible to all PLHIV, regardless of their level of technology literacy or access to technology. Continuous monitoring and evaluation: Regular monitoring and evaluation of the program are essential to identify areas for improvement and ensure the program's sustainability.

In summary, while the telemedicine program for HIV in Guyana has the potential to improve access to care and overcome some of the barriers faced by PLHIV, there are still gaps and lessons learned that should be considered to improve its effectiveness



and sustainability. These include addressing the limited access to technology and internet, providing adequate training and capacity building to healthcare providers, and ensuring that the program is user-friendly and accessible to all PLHIV.

- **Annexes:** <https://www3.paho.org/ish/index.php/en/is4h-in-guyana/12-is4h-stories/52-expansion-of-telemedicine-in-guyana>

Jamaica

## **CONTACT PERSON**

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- **Timeline of the case study:** March 2020 to present
- **Case study submitted by:** Civil Society, UN or other International Organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Jamaica
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation

- **Background and Objectives:**

In the small island context of Jamaica, disclosure of transgender identity may raise concerns regarding arrest, discrimination, social exclusion, and physical harm. If people feel that confidentiality and privacy are not assured, they may decide to not seek health services, thus jeopardizing their health and safety. While it is known that misunderstanding or stigma and discrimination may lead transgender persons to not receive or seek quality care, the true scope of the transgender health issues in Jamaica remains an enigma as this population has been the subject of relatively little health research.

To address this gap in the HIV&AIDS response in the country, UNFPA Caribbean collaborated with Transwave Jamaica, a trans-led, trans-focused civil society organisation, for the development of a National Transgender Health Strategy. Developed using a participatory and consultative approach, the Strategy has a mission to promote evidence-based care, education, research, public policy, and respect and dignity for transgender and gender non-conforming Jamaicans, so they are free to pursue all aspects of their civic, social, economic, emotional, and intellectual lives. It provides a combination prevention approach and a logical structure on which a rights-based health vision for transgender and gender non-conforming Jamaicans is advanced.

- **Description/Contribution to the AIDS response:**

The robust implementation of the Jamaica Transgender Health Strategy will contribute to the AIDS response in the country. It is multi-sectoral in nature and will address the social determinants that shape HIV vulnerability, risks, and outcomes among the transgender population.

The substantial barriers reported by the transgender community during the participatory research phase of the Strategy development process were healthcare, housing, and access to basic social amenities because of their gender identity or expression. The reported obstacles included acts of stigma and discrimination committed against them. As a result, they also reported a generally low uptake of health services, especially in the public sector. Although there are transgender competent providers in the private sector, many transgender persons are unable to afford private healthcare. Almost one-third had some form of disability and one-third were living with HIV.

The Transgender Health Strategy is aligned with the National HIV National Strategic

Plan for HIV/STI 2020 -2025) as well as the UNAIDS 2025 targets. The objectives include to:

- Build the capacity of health providers to deliver holistic, differentiated, trans competent health services and address the life cycle needs of the trans community including their psycho-social health.
- Implement a targeted education campaign for the uptake of HIV testing, risk reduction and treatment adherence.
- Improve the scope and targeting of HIV outreach to the trans community for HIV testing and risk reduction.
- Expand accessible, affordable, and high-quality differentiated HIV treatment options in civil society, public and private health sectors for transgender PLHIV.
- Strengthen the capacity of HIV prevention staff and CSOs to implement behaviour change communication and HIV Prevention.
- Develop trans friendly youth programs for sexual and reproductive health and HIV education and prevention.

An accompanying Advocacy Strategy has been developed that promotes multi-level advocacy for inclusive human rights-based legislation and policies that reduce social, educational, health and economic vulnerability.

- **Results, outcomes and impact:**

Against the background of reported high levels of psychosocial stress in coping with gender non-conformity in Jamaica, members of the transgender community highlighted the need to be able to access trans-competent mental health support, as an empowerment strategy to access HIV services.

However, the COVID-19 pandemic that put human resilience and the global economic order under unprecedented strain in Jamaica significantly impacted the transgender community and affected their access. Prior to the pandemic, the community had experienced several layers of vulnerability such as low access to education and employment, small or non-existent family safety nets and high vulnerability to gender-based violence. The pandemic exacerbated those struggles as the community was hit with major losses in income resulting in many being unable to afford housing, food, and other basic amenities. Sex workers in the community faced the biggest hit as their livelihoods were affected.

In relation to mental health, the initial results of the Strategy implementation include:

- Modification of a Psychosocial Support Counselling Guide on mental health including Frequently Asked Questions and referral pathways for social protection services, trans-friendly psychosocial services, and GBV Referral services in Jamaica.
- Development of training materials and trans-competence capacity built among mental health service providers.

- **Gaps, lessons learnt and recommendations:**

Jamaica has a duty to protect transgender people as a signatory to international human rights treaties. However, the State has not made changes to the Constitution to recognize and protect the rights of lesbians, gays, bisexuals, and transgender individuals, and there are no anti-discrimination laws for transgender people. Stigma and discrimination are pervasive in healthcare, and healthcare workers are often not trained in trans competent healthcare issues, limiting access for transgender people. Community-led responses are critical, but the capacity of civil society organisations (CSOs) to provide quality health care is limited.

The recommendation is to scale up multi-level advocacy efforts, including advocating for inclusive human rights-based legislation and policies; training health providers to deliver trans competent health services; empowering and building the capacity of the trans community to support and advocate for issues affecting them; and strengthening and reorienting relevant government sectors to create safe and enabling environments for trans and gender non-conforming individuals. This includes reorienting education, childcare, and youth sectors to create safe environments, creating enabling environments for trans individuals. UNFPA Caribbean will continue to advocate for the formal adoption and implementation of the Transgender Health Strategy in Jamaica and will also pursue South-South collaboration for a similar strategy development exercise in other relevant settings.

- **Annexes:**

UNFPA Caribbean collaborates with UNAIDS and TransWave to develop the first Transgender Health Strategy in the English-speaking Caribbean.

<https://caribbean.unfpa.org/en/news/unfpa-collaborates-transwave-and-unaid-develop-transgender-health-strategy-jamaica>.

National Transgender Health Strategy:

[https://issuu.com/transwaveja/docs/national\\_trans\\_health\\_strategy](https://issuu.com/transwaveja/docs/national_trans_health_strategy)

National Trans Health Strategy Advocacy Plan:

[https://issuu.com/transwaveja/docs/national\\_trans\\_health\\_strategy\\_advocacy\\_plan\\_-\\_pub](https://issuu.com/transwaveja/docs/national_trans_health_strategy_advocacy_plan_-_pub)

Peru

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- **Timeline of the case study:** January 2023- Ongoing
- **Case study submitted by:** Civil Society; UN or other international organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Interventions in humanitarian settings and/or responding to human rights crises faced by key populations, especially transgender people; Funding for key populations, especially transgender people
- **In which geographic area is the approach being carried out?** Peru
- **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership.
- **Background and Objectives:**

Key populations are perceived by 71% of the general population as the most discriminated communities. On the streets of Lima, 86% of transgender women have faced discrimination, and more than half have experienced domestic violence. They face chronic intersectional discrimination and are victims of gender-based violence and hate crimes. Since January 2023, more than 10 Peruvian and migrants sex workers (cis and transgender) have been victims of sexual violence, torture, murder, kidnapping, and extortion by mafia that is taking control of the sex trade in the downtown streets of Lima, conducting a territorial dispute, which is extending to other Peruvian provinces, and trespassing borders to Ecuador and Colombia. All assassinations had the same modus operandi, the killers filmed the murders using the victim's cellphone and sent the video to other trans women and cisgender sex workers in her social networks with a life-threat messages.

This situation determined that sex workers had to hide for weeks to protect their lives, couldn't work and/or attend their personal and family basic needs. Additionally, those who continued working despite the threats, are being persecuted by authorities of local governments and the national police, prohibiting them to work even though independent sex work is not illegal in Peru.

UNAIDS along with sex workers' leaders put in place an emergency strategy to save the lives of those sex workers under threat, establishing an emergency fund to relocate them to safe places and attend their basic needs to protect their adherence to ART, as several of these women live with HIV. This emergency response was community led, designed, planned, and implemented by the trans and cisgender sex workers community. Other measures taken by UNAIDS have been a communication strategy for visualizing the violation of human rights of sex workers through an op-ed and calling national and regional networks to react publicly solidarizing with sex workers' situation and women in all their diversity; mobilized political support with national authorities (Ombudsman Office, Minister of Justice and Human Rights, Mayor of Lima) and resources within UNAIDS, the UNCT, bilateral cooperation, and the GFATM that activated a mechanism for protecting and securing grant's investments in key populations in response to UNAIDS request.

- **Description/Contribution to the AIDS response:**

This initiative is constituted by an emergency response that established the "Rubi emergency fund" which aims to save the lives of sex workers (cis and transgender women) by relocating them to safe places and houses and cover their basic needs while they get settled in the new place. Additionally, WFP-UNAIDS activated an emergency cash-based transfer program (CBT) to attend to their food insecurity and protect the adherence to ART of those living with HIV. The mid-term response relates to the establishment of protection measures by the Country Coordination Mechanism to secure GFATM investments in key populations in Peru, by working with national authorities developing a safety and protection plan for sex workers victims of gender based and sexual violence.

For the long term, UNAIDS has conveyed a roundtable with sex workers leaders and the Ministry of Human Rights and Justice for the joint development of a protocol for the provision of services with no discrimination by the Public Defender's Office; is convening UNDP and ILO to analyse norms and legal framework in Peru aiming to decriminalize sex work; and supported the Transfeminas network submitting a case on human rights violations towards sex workers in Peru to the Interamerican Commission of Human Rights (ICHR) of the OAS.

- **Results, outcomes and impact:**

An emergency fund ("Rubi fund") for saving the lives of cis and transgender women under threat has been established and is being managed jointly by two national networks: Transfeminas and SW Miluskas. They developed the selection criteria and led the implementation of the interventions. During February/March 2023 a total of 13 cis and transgender SW were relocated in indigenous communities in the jungle and other safe places and received a stipend for covering their basic needs for a few days while they get settled. UNAIDS and WFP are implementing an exceptional emergency CBT program for Peruvians and migrant's trans and cisgender SWs under life threat to address food insecurity. This program is still undergoing, and we expect to report its impact very soon. A protocol has been jointly developed between the Defender's Office of the Ministry of Human Rights and Justice and SW leaders with technical support of UNAIDS. It will be launched by the Minister in June and aims to train Public Defenders to provide services free of discrimination, tailored to their special needs. A plan to protect GF investments in key populations is being developed by the principal recipient of the Global Fund and the LAC Platform -CRAT (TS platform constituted by CSOs with experience in CSS funded by the CRG-GF team) with UNAIDS TA. The plan will

implement safety and protection measures to safeguard the life of sex workers with national authorities. UNAIDS is supporting sex workers' leaders to participate in its development and implementation. A case to denounce the systemic gender-based violence trans and cisgender SW communities are victims of in Peru has been submitted to the ICHR-OAS. Technical support is being explored with UNDP and ILO for the review of the legal framework related to sex work to promote removal of barriers and decriminalization. Campaigns to call on the government and make visible the severe situation of gender-based violence towards women in all their diversity and sex workers in particular had been conducted. UNAIDS called on the Ombudsmen Office, parliamentarians, the national gender roundtable of the international cooperation (MESAGEN) and regional human rights activists to send letters to national authorities and statements demonstrating concern.

- **Gaps, lessons learnt and recommendations:**

Transgender women and sex workers are communities exposed to severe rates of discrimination, have been historically neglected by Peruvian society and are invisible for the state. For the thousands of transgender women living in Peru, discrimination, stigma, and fear of violence mark their daily life. UNAIDS and partners are empowering and supporting them in community led research to generate data that help visualize their vulnerabilities and health & socioeconomic determinants with different state sectors to influence legal, policy and program changes. SW and TG populations in Peru suffer chronic sexual, gender-based, domestic, and state violence, and these crimes are routinely un- or under-reported. Most of them live under the line of poverty and suffer chronic food insecurity. Additionally, Peru's health system lacks comprehensive training and protocols for clinicians around sexual and gender diversity, making health centers potential sites of abuse and prejudice. Many transgender women don't feel safe seeking HIV and health care at clinics and hospitals where discrimination runs rampant. TG populations lack national identity documents that reflect their gender identity which are required to access health care, social services, and formal employment in Peru.

Immediate, medium and long term recommendations: replenish the emergency response Rubi fund to continue saving SWs lives while implementing a safety and protection plan with national authorities. Advocate with parliamentarian allies to enact a gender identity law, update or develop a new HIV law that include social protection benefits to PLHIV and KPs, eradicate laws that promote criminalization, gender-based



violence and intersectional discrimination towards key populations, particularly TG and SWs.

- **Annexes:**

[https://onusidalac.org/1/images/2023\\_02\\_17\\_Nota-a-la-prensa\\_Preocupacion-con-el-aumento-de-muertes-de-trabajadoras-sexuales-cis-y-trans-en-Peru-y-la-region.pdf](https://onusidalac.org/1/images/2023_02_17_Nota-a-la-prensa_Preocupacion-con-el-aumento-de-muertes-de-trabajadoras-sexuales-cis-y-trans-en-Peru-y-la-region.pdf) ,

[https://www.swissinfo.ch/spa/per%C3%BA-prostituci%C3%B3n\\_onusida-alerta-sobre-asesinatos-de-trabajadoras-sexuales-cis-y-trans-en-per%C3%BA/48296552](https://www.swissinfo.ch/spa/per%C3%BA-prostituci%C3%B3n_onusida-alerta-sobre-asesinatos-de-trabajadoras-sexuales-cis-y-trans-en-per%C3%BA/48296552) ,

<https://twitter.com/redtraseperu?lang=enhttps://www.gob.pe/institucion/minjus/noticias/753281-defensa-publica-trabaja-con-onusida-en-la-elaboracion-de-un-protocolo-de-atencion-a-personas-que-ejercen-el-trabajo-sexual> ,

<https://news-decoder.com/trans-rights-becomes-a-life-and-death-issue-in-peru/>,

<https://www.defensoria.gob.pe/defensoria-del-pueblo-exhorta-a-la-policia-y-al-ministerio-publico-investigar-con-celeridad-crimes-cometidos-contr-trabajadoras-sexuales/>,

<https://elperuano.pe/noticia/204864-accion-por-la-vida-y-derechos-de-las-mujeres> ,

<https://peru.un.org/es/220270-acci%C3%B3n-por-la-vida-y-derechos-de-las-mujeres> ,

<https://www.apnoticias.pe/peru/atv/susel-paredes-sobre-trabajadoras-sexuales-los-unicos-delincuentes-son-los-proxenas-944765> ,

<https://www.nswp.org/es/news/aumentan-los-asesinatos-en-peru-mientras-las-trabajadoras-del-sexo-se-enfrentan-la-violencia-y>

<https://www.aljazeera.com/news/2023/4/24/vicious-circle-femicides-in-peru-reveal-crisis-of-violence>

Trinidad and Tobago

### **CONTACT PERSON**

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- **Timeline of the case study:** 20-23rd March,2023
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation.
- **In which geographic area is the approach being carried out?** Trinidad and Tobago
- **Case study demonstrates:** Sustainability in the long-term; Scalability and replication
- **Background and Objectives:**

In 2017, the World Health Organization (WHO), based on treatment as prevention data emanating from trials such as the Network (HPTN) 052, Opposites Attract Study and the Partner study, announced the treat-all policy and recommended same-day or rapid initiation of antiretroviral. Same-day treatment is defined as the initiation of treatment on the same day as an HIV diagnosis. The WHO estimates that at the end of 2021, there is a gap of 5.9 million to reach the second 90 between the 38.4 million people living with HIV and the 28.7 million people who are on antiretroviral therapy. Same-day treatment bridges this gap in accessing antiretrovirals and has been shown to improve clinical outcomes by increasing the number of people starting and remaining on treatment. Before the WHO recommendation of 2017, Trinidad and Tobago initiated treatment based on CD4 count, HIV viral levels, and the presence of coinfection.

- **Description/Contribution to the AIDS response:**

The Medical Research Foundation of Trinidad and Tobago (MRFTT) is the largest HIV treatment site in Trinidad and Tobago, with over ten thousand patients enrolled in care. The institution adopted the WHO recommendation in July, 2017 and subsequently retrained staff on the updated guidelines. The shift in policy led to antiretrovirals being offered to all patients who were already enrolled in care and who remained treatment naïve, as well as to all new enrollees. MRFTT further expanded its ability to provide same-day treatment using a differentiated care model of service delivery through the creation of programs specifically designed for youths, women, men, migrants, and prisoners. It also extended its hours of operation so that someone receiving a positive HIV test can be linked to care and treatment on the same day of diagnosis. The organisation recognizes that knowledge of one's HIV status is the entry point to the HIV

treatment and care cascade and provides HIV rapid testing to partners of clients enrolled in care and also same-day treatment. In essence, same-day treatment has become the established standard of care at MRFTT.

- **Results, outcomes and impact:**

In 2016, of the 277 new patients enrolled in care, 14% were started on antiretroviral therapy on the same day of their enrolment, 2% within seven days, 30% between seven and fourteen days, 20% between 15 and 30 days, 4% between 31 and 60 days, 2% between 61 and 90 days and 28% beyond 90 days from enrolment. Fast forward six years later to 2022, of the 186 patients enrolled in care, 92.5% were offered and accepted same-day treatment, 4.3% were started within seven days of enrolment, 1.6% between seven and fourteen days of enrolment and 1.6% within 60 days of enrolment.

- **Gaps, lessons learnt and recommendations:**

MRFTT has experienced much success following the implementation of same-day treatment with 95% of patients virally suppressed. There remains, however, the challenges of treatment readiness in a small cadre of patients, as well as, the detection and treatment of opportunistic infections that delay same-day treatment. MRFTT has also found that patients who are virally suppressed and understand that undetectable is equal to untransmittable (U=U) were less likely to disclose their HIV status to their partners. They also experienced an increase in sexually transmitted infections particularly syphilis among men who have sex with men (MSM).

- **Annexes:**

WHO. (2016). Global Health Sector Strategy on HIV 2016-2021. In World Health Organization (Issue June 2016).

<http://apps.who.int/iris/bitstream/10665/246178/1/WHO-HIV-2016.05-eng.pdf?ua=1%0Afile:///C:/Users/Harrison/Desktop/Consult/Mubaric/A1/WHO-HIV-2016.05-eng.pdf> , <https://mrfft.org/>

Middle East and North Africa

Egypt

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- **Timeline of the case study:** N/A
- **Case study submitted by:** UN or other international organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** N/A
- **In which geographic area is the approach being carried out?** Egypt
- **Case study demonstrates:** N/A

- **Background and Objectives:**

Promoting Sexual and Reproductive Health for Women Living with and Affected by HIV.  
Building sustainable integrated human rights and people centered models.

The partnership between UNAIDS and the Kingdom of the Netherlands aims to strengthen Egypt's HIV national capacities and services to respond to the broader needs of women living with and affected by HIV. UCO built a partnership with five CSOs, nine health directorate, Mother and child health initiative and primary health care sector to support the access of the most marginalized women in 9 governorates.

**MAIN GOAL:**

Enhancement of the patient journey of the HIV unit clinic within the fever hospital by refurbishing, modernizing and digitalizing the clinic unit, as well as the call center and testing center with the main goal of:

- Closing the gaps in patients' journey from testing to treatment, and care to improve their medical journey.
- Improve patient adherence and compliance with treatment through innovative digital tools.
- Ease case handling, reporting and follow-up by incorporating digital tools.

Project objective:

Improve the medical care provided to HIV patients and unify the efforts of different entities in fighting HIV.

- Patients Awareness and improve the patient journey
- Uplift caregivers awareness about AIDS
- Improve patient adherence and compliance to treatment
- Educate AIDS patients about how to live with disease

Services:

Improve service provided to patients and improve patient journey:

- Implementation of CRM that links consultation center, Clinic and pharmacy
- Regular educational meeting (for patients and caregivers) 3 meetings per year
- Patient support program to improve patient adherence that will include the following:
  - Follow up calls upon medication dispensing
  - Dose reminder SMS
  - Educational messages
  - Chatbot
  - Dedicated staff member (mobile lines) to respond to patient queries

- **Description/Contribution to the AIDS response:**

The interventions act as milestone for building evidence based and result informed approaches for the national strategic review. focusing on the high impact low-cost

innovative interventions. as well as strengthening the use of human rights, people centered approached to maximize the impact and reach the national targets.

9,023 women have been reached and provided with at least one of the targeted services through the two pillars of the project (MoHP and CSOs facilities).

The vulnerability assessment of women considers many factors from self-identified risk behaviour including sex work or drug use and expands to include partners of husbands with risky behaviours. Women were reached using both outreach (opt in) and PITC (opt out) modules.

UNAIDS and NAP launched a remote counselling service, provided through the mobile hotline. The hotline supported 5,805 cases, almost half of which were women. Activation of this innovative channel helped to sustain means of support and care with HIV affected communities offering trusted and correct information regarding HIV and COVID-19.

3607 services were provided to WLHIV addressing their quality of life including four main services: counselling, psychological support, peer support groups and specialized services as antenatal care, family planning and gynaecological services. 692 women attended 71 support group sessions, aiming to inspire positive lives and support social inclusion, promote self-acceptance. Sessions also provided briefing on HIV, reproductive health basic facts and safe pregnancies and deliveries.

- **Results, outcomes and impact:**

Please see the attachment link in Annex.

1. Enhance the sexual and reproductive health of women living with HIV through governmental sites in Nine Egyptian Governorates to reach 1,300 women living with HIV with services by the end of the project.
2. Strengthen the capacity of civil society organizations to deliver key services for women living with and affected by HIV in five Egyptian governorates to reach 3,000 women affected by HIV.

3. Scale up advocacy efforts through engagement with media, social media, religious leaders, influencers, and networks of CSOs and private sector associations to reach 100,000 young people for rippling awareness to their peers.

- **Gaps, lessons learnt and recommendations:**

Challenges:

- limited capacities of non-governmental communities.
- limited resources.

Lessons learnt:

- KPs centered intervention rather standard model implementation.
- Integration is the key.
- sustainability based approached, as an integrated model with different sectors not only NAP,
- HIV/PHC model of care is the key word.

- **Annexes:** [https://unaidsharepoint.com/:w:/r/personal/ibrahimw\\_unaids\\_org/Documents/UNAIDS%202020/SRH%20project%20highlights.docx?d=wc200bb106f13491593af9f7b77cb8d46&csf=1&web=1&e=etBxfE](https://unaidsharepoint.com/:w:/r/personal/ibrahimw_unaids_org/Documents/UNAIDS%202020/SRH%20project%20highlights.docx?d=wc200bb106f13491593af9f7b77cb8d46&csf=1&web=1&e=etBxfE)

Morocco

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- **Timeline of the case study:** N/A
- **Case study submitted by:** UN or other international organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** N/A
- **In which geographic area is the approach being carried out?** Morocco
- **Case study demonstrates:** N/A
  
- **Background and Objectives:**

Combination prevention cascade community monitoring information system for key populations, based on unique identifier code (UIC).

As part of building the capacity of community actors who offer combination prevention services to key populations (sex workers (SW), men who have sex with data (MSM), people who inject drugs (PID), people who use drugs (PUD), detainees and migrants ), the national program for the fight against drugs in Morocco (PNLS) has developed, with the support of UNAIDS and the Global Fund, an information system for monitoring the cascade of combination prevention programs for key populations. This system, based on the unique identification code (UIC), is composed of a set of modules using web technology and geographic information systems that help actors in the field and decision-makers to analyze data in real time. for monitoring the coverage cascade of combination prevention programs for key populations.

Key populations are often hidden and mobile due to the stigma and discrimination they experience, and they face difficulties in accessing health care and social services. Confidentiality is critical for retaining these populations and for monitoring programs. To keep these key populations in the circuit of local prevention programs and respond to concerns about confidentiality, the PNLS, in collaboration with NGOs working with these populations, has developed the unique identification code (CIU) for monitoring beneficiaries. The CIU makes it possible to monitor anyone who has benefited from a service in the context of combined prevention: behavioral (awareness, information, education, condom, gel). Biomedical (HIV and STI screening), and structural (referral to legal services and bodies fighting against human rights violations). These services are offered by 11 NGOs with more than 40 operational sections in the different regions of Morocco and mobile units to more than 100,000 people, broken down by population. The implementation of this system started in 2014 with the design of the single code structure and the data collection tools and the testing of the system in the field followed by a pilot phase



- **Description/Contribution to the AIDS response:**

The CIU contains information that does not change over time, thus reducing misidentification. The results of the pilot project showed a rate of use of the same code for different people of 2%, a value which remains very acceptable for statistical data. NGOs working with the CIU use a simple card to record the CIUs used by the information system to track the benefits received by these populations.

The use of the CIU system has had great success and currently makes it possible to monitor more than 100,000 beneficiaries of local prevention activities. This success is mainly due to the commitment, cooperation and coordination between the various local prevention actors working with key populations and to development design efforts and capacity building for actors in the field. This system is operational on a web platform and is used by more than 200 actors in the field. It is decentralized and allows data to be collected on a desktop computer, a tablet or a mobile phone. The geographical positions can be recorded to record the geographical coordinates of the place where the service was provided. This data can be visualized on a map using the GPS coordinates recorded.

- **Results, outcomes and impact:**

The introduction of the UIC since 2014 has strengthened the monitoring capacities of combination prevention programs and improved the quality of data. Indeed, currently, the actors are able to identify the beneficiaries as well as the services received and to make a cross and precise follow-up of the services provided by the different service providers and in different geographical areas. The duplication of the number of people reached by the programs has been greatly reduced. The calculation of the number of tests carried out in a period by a beneficiary has become possible with the introduction of the CIU as well as the improvement of the calculation of the positivity rate. The use of the CIU has also made it possible to make the connection with the care services for PLHIV and to be able to follow the PLHIV in the circuit of care and thus have indicators of the global cascade (Prevention, care).

- **Gaps, lessons learnt and recommendations:** N/A

- **Annexes:** N/A

Tunisia

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- **Timeline of the case study:** December 2022, launch of the NSP
- **Case study submitted by:** UN or other international organisation
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Luxembourg
- **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership.

- **Background and Objectives:**

Tunisian ministry of Health / National Aids Program (NAP) launched a midterm review of its NSP 2021-2025 that will inform among others the 24-26 Global Fund joint request with Algeria. This comes in a context where the national response to HIV/aids is still not reaching its targets in relation to testing and treatment cascade. Stigma and discrimination in health settings against key populations is still a main barrier hindering access to an effective testing, combination prevention service offer, care and treatment. On another hand, Tunisia started piloting and implementing several innovations such as PrEP for MSM and other Gay men, operationalization of the harm reduction strategy including OST, social contracts, etc. Despite the challenging context, NAP is promoting an effective role for communities in the framework of the response design,

implementation and monitoring. In partnership with UNAIDS, a community dialogue preceding the launching of the NSP midterm-review was conducted in partnership with PLHIV and key populations communities in order that their views be a main input to the NSP review.

- **Description/Contribution to the AIDS response:**

The National Aids Program / Ministry of Health (NAP) in partnership with UNAIDS country office convened 6 workshops each one fully dedicated to one key/ vulnerable population: PLWHIV, MSM and other gay men (the group also so the participation of one transgender woman), PWID, FSW, female and male migrants. This responds to the need expressed by communities to have a more specific space for themselves without being potentially intimidated by the presence of other institutional stakeholders or the use of complicated technical jargon. NAP and UNAIDS country office approached communities' known champions and together invited participants. Reports of each community summarizing the needs, priorities, views and recommendations for the review of the NSP strategic results were elaborated and are being used in the NSP mid-term review process. These reports will also inform the GF joint request process as agreed with Tunisia CCM. In addition to specific community recommendations, two cross-cutting recommendations emerged: (i) Strengthening the focus of the NSP on key populations needs and priorities and (ii) identify and address human rights related bottlenecks and barriers in relation with the NSP implementation.

- **Results, outcomes and impact:**

Although the actual NSP recognizes PLHIV and key populations communities' roles in delivering differentiated combination prevention services tailored to meet their needs, it is clear that the dedicated community dialogue outputs will contribute to a reviewed NSP that identifies better and more effective community-led approach. This will also inform the GF joint request so that communities play a first role in leading and implementing the planned activities.

- **Gaps, lessons learnt and recommendations:**

The dedicated community dialogue clearly shed light on the fact that despite promoting community led and driven design, implementation and monitoring of strategic plans and activities, concrete translation of this into reality needs a stronger commitment from the different response stakeholders and partners to support and provide enabling environments and safe spaces to communities. The dedicated community dialogue preceding strategic planning should be a best practice when and if it is held respecting their need to have the necessary space to express their views, recommendations and identify their roles without being inhibited by technical jargon and / or by the presence of institutional stakeholders. Another lesson from the dedicated community dialogue is the fact that human rights and equality remain a crucial determinant to ensure they play the roles they expect to play.

- **Annexes:** N/A

## Western Europe and Others

### Canada

#### **CONTACT PERSON**

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- **Timeline of the case study:** 2020 to 2021
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people
- **In which geographic area is the approach being carried out?** Canada
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership.

- **Background and Objectives:**

The multiplicity & diversity of Indigenous genders & sexualities has been intentionally disrupted & violently targeted by historic and ongoing colonization & epistemicide. This has profoundly negatively impacted the health and well-being of Two-Spirit, Indigiqueer, and Indigenous gender and sexuality-diverse peoples today. Although Indigenous understandings of gender, sexuality, and health have endured, they are not well-known, as much Indigenous Knowledge and sacred information was forced underground by legislation, persecution, and policing. Connecting Indigenous gender and/or sexuality-diverse youth and their relations to cultural knowledge, traditions, language, and concepts of gender & sexual health can promote resilience & well-being for youth.

The Strengthening Relations project aimed to connect Two-Spirit youth and their kinship relations to cultural knowledge, traditions, language, and concepts of gender and sexual health to promote resilience and well-being for Two-Spirit youth. Specifically, the original objectives were to:

1. Strengthen relationships between okimaw kihêw mêkwanak (OKM), a grassroots community organization that supports LGBTQ2S+ families from an Indigenous (primarily nêhiyaw/Cree) worldview, and community organizations Edmonton 2-Spirit Society (E2S) and Rainbow Alliance for Youth of Edmonton (RAYE), and
2. Build connections, relationships, and health promotion interventions with Two-Spirit youth and families.

The intention behind these objectives was to build the relational foundation to collaboratively propose and co-design a community-based research project.

- **Description/Contribution to the AIDS response:**

The intersecting inequalities of being Two-spirit and Indigenous represents an important intersection for future programming to eliminate inequalities and meet the 2030 target of eliminating HIV as a global health threat. Both 2SLGBTQI+ people and Indigenous people face poorer health outcomes and greater difficulty accessing healthcare. Although Indigenous people make up just 4.3% of the Canadian population, it was estimated that they accounted for 8.9% of all people living with HIV infection in Canada at the end of 2011 and 12.2% of all new HIV infections in that year (2015 Statistics Canada). Additionally, Indigenous people aged 15 and older were twice as likely to be

transgender or non-binary as non-Indigenous people (0.6% versus 0.3%) (2021 Statistics Canada).

Evidence of intersectional impacts of 2SLGBTQI+ status and Indigeneity on health can help to inform economic and health policy. The stigma and discrimination faced by both groups is largely attributed to colonial legacies. The Strengthening Relations project provides evidence that reconnecting Two-Spirit, Indigiqueer, and Indigenous gender and sexuality-diverse peoples with Indigenous Knowledge and sacred information, including on concepts of gender & sexual health can promote resilience and well-being for youth. Although the project is specific to the Canadian context, the project can be replicated and personalized to Indigenous communities around the world.

- **Results, outcomes and impact:**

The Strengthening Relations project nurtured and strengthened relationships with Two-Spirit youth, their kinship relations, and local community organizations supporting 2S/LGBTQIA+ youth.

In conjunction with the next phase of the project researchers and participants will build intergenerational relationships through gatherings in ceremony, land- and language-based cultural teachings, and transformative arts-based activities to generate knowledge exchange and co-creation with the ultimate purpose of developing an Indigenous-led community-based participatory research project (CBPR) to promote resiliency and well-being for Two-Spirit youth and families. Strong relationships between 2SLGBTQI+ youth and their families and these community organizations are critical for developing Indigenous-led CBPR interventions that not only promote resiliency and well-being for youth and families, but also are feasible, relevant, and sustainable.

Youth expressed that Strengthening Relations offered a space in which they could be both Indigenous and queer, whereas, in other spaces, they felt they could only embrace either their queerness or Indigeneity.

Service providers described the project as both professionally and personally meaningful for them. Parents shared that they joined the group to support their children.

They were pleasantly surprised that the group was also a source of connection to culture, ceremony, and language for themselves as parents.

- **Gaps, lessons learnt and recommendations:**

In sharing thoughts for the future, participants requested cultural activities such as ceremony, gender teachings, plant medicines, hide tanning, and preparing and storing wild meat. Participants also expressed interest in events where they could invite extended family members to witness and learn from the group.

The Next Phase: tapahtêyimôkamik

The relationships formed and nurtured through objectives 1 and 2 established a foundation and common purpose to promote the well-being of Two-Spirit youth and their kinship relations by co-creating a community-based project centred around rites of passage for urban Indigenous Two-Spirit youth. During the naming ceremony in May 2022, we received the name tapahtêyimôkamik, or Humble Lodge, for the group and the next phase of the research – the rites of passage project. This name refers to connecting to the land and all of our relatives in a humble way, to be helpful and grateful.

The next phase builds upon a year of relationship-building to co-design and pilot inclusive rites of passage for gender and/or sexuality-diverse Indigenous youth. The rites of passage will be grounded in ceremony; land- and language-based cultural teachings; and transformative arts-based activities including beading and digital storytelling to promote resilience, personal agency, and autonomy for gender and/or sexuality-diverse Indigenous youth. Knowledge will be co-generated and transferred through our gatherings, sharing circles, and arts-based activities.

- **Annexes:** On the Term Two-Spirit Indigenous concepts of gender and sexuality were intensely disrupted by colonization, diminishing the roles of Two-Spirit people and suppressing Indigenous languages that described the vast diversity of Indigenous gender and sexual minorities. We recognize the complexity of the term Two-Spirit and its different meanings for different people and those who resist defining the term. We use the term Two-Spirit in this summary to include the vast diversity of Indigenous gender and sexual minority peoples.

Denmark

## **CONTACT PERSON**

Name: Amanita Calderón-Cifuentes

Organisation: Group Therapy

- **Timeline of the case study**: 01.12.2022
- **Case study submitted by**: Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Interventions in humanitarian settings and/or responding to human rights crises faced by key populations, especially transgender people; Funding for key populations, especially transgender people
- **In which geographic area is the approach being carried out?** Denmark
- **Case study demonstrates: Scalability and replication**; Multi-sectoral partnerships, community participation and leadership.

- **Background and Objectives:**

A fundraiser was organized by the party collective Group Therapy, a techno party in Copenhagen, with a component of Capacity building for World AIDS day.

- **Description/Contribution to the AIDS response:**

This party aimed to collect money to support AIDS Fondet and other local HIV programs that trans people strongly benefit from. This was a queer and trans initiative, and included a series of videos created by trans activist Amanita Calderon Cifuentes that inform people about HIV epidemiology and prevention strategies

- **Results, outcomes and impact:**



Hundreds of trans people, users of the services provided by AIDS Fondet benefit from the thousands of danish kroner collected, which were put into buying self-test kits, and create prevention and information materials, and campaigns that aimed to fight stigma and discrimination against PLHIV.

The queer and trans people that attended the event also learned basic information about HIV virology, epidemiology and prevention.

Making the techno scene a safer space for queer and trans people, with a sex positive approach, also reduces risks of contracting HIV or any other STIs, as open conversations around the topic, happen; condoms and lubricant is offered; info about PrEP is shared and harm reduction strategies are applied.

- **Gaps, lessons learnt and recommendations:**

The techno scene is a space that gathers the further marginalized members of the trans and queer communities, and key populations, specially trans people, gay, bi and other msm, people who inject drugs and sex workers and their clients. Developing educational projects, mixed with fundraisers and anti-Stygma campaigns in the techno scene is an efficient strategy to reach populations that otherwise are extremely difficult to find .

- **Annexes: N/A**

Germany

**CONTACT PERSON**

Name: Jonas Hamm

Title: Scientific Speaker

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- **Timeline of the case study:** Ongoing

- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Research, data collection, and monitoring and evaluation; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people..
- **In which geographic area is the approach being carried out?** Germany
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership.

- **Background and Objectives:**

People and their health are at the center of our work. We pursue structural prevention and health promotion in the field of HIV/AIDS and other sexually transmitted infections (STI) for the groups particularly threatened and affected by these diseases. We always include these groups in our work.

Firstly there is IWWIT (Ich weiß, was ich tu/I know what I´m doing): A firm and reliable partner to the community since 2008: IWWIT is the nationwide prevention campaign of the German Aids Federation for gay and bisexual cis and trans\* men and other men who have sex with men. It is coordinated by a campaign office in Berlin.

Secondly there is the participatory research project “Sexual health and HIV/STI in trans and non-binary Communities” (TASG) that was conducted by the Robert-Koch Institut (RKI) and Deutsche Aidshilfe (DAH) to generate robust data on the sexual health of these communities (published May 15th, 2023). The DAH now conducts a follow-up project to promote sexual education and health in trans and non-binary communities by developing and testing a peer-to-peer and train-the-trainer curriculum participatory.

Another DAH research project addresses the health needs of sex workers which also considers the needs of trans sex workers.

- **Description/Contribution to the AIDS response:**

The nationwide campaign IWWIT offers a lot of information for trans men and non-binary people who feel part of the gay community (<https://www.iwwit.de/trans>). You can find information about trans and Coming-Out, transition processes and Safer Sex. Furthermore, the new brochure "Gay. Trans\*. Teil der Szene!" offers gay trans and cis men, gender-nonconforming and non-binary people who feel part of the gay community, among other things, all the information on respectful treatment within our diverse scene, on gay sex and on protection against HIV (safer sex). Short information about the trans-history and important activists as well as links to more information complete in the brochure. (Download here: <https://www.iwwit.de/sites/default/files/Schwul-Trans-Teil-der-Szene.pdf> )

The DAH also offers communication trainings on HIV/STI and sexuality for doctors and medical students (Let's talk about sex - reloaded. Conversations about sexuality in medical practice). As a doctor, you can contribute a lot to sexual health and thus to the life satisfaction of your patients. In addition to our compact seminars and workshops, there are also focus seminars, for example on the topic of trans persons, to clarify questions like 'But how do you talk to patients about their sexuality? What are your own barriers and boundaries when it comes to sexuality issues? We offer a scientifically evaluated training program to improve doctor-patient communication. The workshops provide basic diagnostic knowledge on HIV and STIs and offer the opportunity to practice techniques for sensitive and approachable conversation behavior in small groups.

The follow-up project to promote sexual education and health in trans and non-binary communities will provide a peer-to-peer and train-the-trainer curriculum.

- **Results, outcomes and impact:**

The TASG research project conducted by DAH and RKI shows barriers and gaps in the access to medical services in general and to HIV services in particular for trans and non-binary people.

In the qualitative part of the study that was conducted by DAH, we identified both stress and empowerment factors for sexual health. While (sexualized) experiences of violence, minority stress, gender dysphoria, and internalized transnegativity lead to increased vulnerability and decreased sexual negotiation skills, consensus and communication in

sexuality as well as body appropriation, self-awareness, transition processes, supportive partners and connection to the community have a positive effect on sexual health. All these factors need to be considered in planning prevention campaigns and (medical) consultations.

Furthermore we found out that counseling services that did not specialize in trans and/or non-binary people were generally perceived as inadequate by the participants of the qualitative part of the study since the staff lacked both the expertise and the sensitivity to provide adequate care. The few specialized services that exist nationwide were well received and highlighted. These results suggest more peer-to-peer consultations and the necessity of training for medical and consulting personnel.

- **Gaps, lessons learnt and recommendations:**

The TASG research project derived recommendations from the common results of DAH and RKI. These recommendations are aimed at counseling, at the development of Aidshilfen and counseling centers, at the development of the health care system, and at the development and promotion of trans and non-binary communities, other disciplines, and society as a whole.

Participatory research is necessary. This also means that more trans and non-binary people can be involved in the research themselves, as was the case at DAH during the TASG study. Both staff members belong to the trans and non-binary communities.

As stated above, there are barriers and gaps in the access to medical services in general and to HIV services in particular for trans and non-binary people. There is a need for more peer counseling but also for more training for medical and consulting personnel.

Furthermore there is a cooperation in the national action Plan “Queer Leben” in which the results of the study are presented, and the findings are taken into account.

- **Annexes:**

<https://www.aidshilfe.de/shop/pdf/13032>

<https://www.rki.de/DE/Content/InfAZ/H/HIVAIDS/Studien/TASG-Ergebnisse.html>

<https://www.iwwit.de/trans> , <https://www.iwwit.de/sites/default/files/Schwul-Trans-Teilder-Szene.pdf>

## Luxembourg

### **CONTACT PERSON**

Name: Carole Devaux, PhD

Title: President of the national HIV and hepatitis surveillance committee of Luxembourg

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- **Timeline of the case study:** 2015 to 2021
- **Case study submitted by:** Government, Civil Society; Academic Institution
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Integration of HIV services with other health services (SRHR, harm reduction, gender affirming-care, etc.); Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Luxembourg
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership.
  
- **Background and Objectives:**

An outbreak of HIV infections among people who inject drugs (PWID) started in 2014 in Luxembourg. Despite one supervised drug supervision facility, several harm reduction agencies, and free access to opioid substitution therapy and needle/syringe exchange in the country and in prison, 68 new diagnosis of HIV infection among PWID occurred between January 2013 to December 2017. Injecting cocaine was found to be a key risk factor related to HIV infection in PWIDs (V Arendt et al, Plos One 2017). PWID injecting

cocaine were found to be younger (mean of 38 vs 44 years,  $p \leq 0.001$ ), shared and injected drugs more often ( $p \leq 0.01$ ), and were more frequently HIV positive ( $p < 0.05$ ) than the other PWID. Since 2012, introduction of cocaine in Luxembourg had a major impact on the lifestyle and casualization of PWID and led to dramatic change in psychosocial behavior. Women were highly represented in cocaine users (38%) reporting trading sex for drugs or money. 30% of cocaine users had no social security coverage, and 28% declared to be homeless. An outreach program combined with several structural interventions and policies were launched under the umbrella of the national HIV action plan to test and link to care PWID for infectious diseases.

- **Description/Contribution to the AIDS response:**

A new HIV action plan was launched in January 2018 in synergy with the first Hepatitis action plan of Luxembourg. Early 2018, a joint technical mission conducted by experts from ECDC and EMCDDA in Luxembourg recognized a strong multi-disciplinary component from high quality and targeted action plans. Several recommendations were further implemented to further strengthen prevention and control of HIV among PWID: (1) greater coordination of services at the municipal level, (2) scale-up and decentralization of drugs harm reduction services and case management (inclusive of cocaine users and women), and (3) expand HIV and HCV testing and linkage to treatment. The 'treatment as prevention' approach was consolidated by expanding testing in harm reduction services, in mobile services with rapid HIV tests, and by providing antiretroviral treatment at locations where HIV positive drug users spend their time. In parallel, a second drug consumption facility was open in the south of the country. Community-based projects to expand hepatitis C testing and access to treatment for drug users were conducted at drug treatment sites and in prisons. A playdate to obtain Universal Health Coverage in Luxembourg was initiated by the HIV/Hepatitis surveillance committee in 2018 which was implemented in 2022 in Luxembourg with the support of the civil society. In 2019, with the support of EMCDDA, a first stakeholder round-table was organized at the Directorate of Health on supporting hepatitis C testing and care in drug services and was used to establish an EMCDDA guide for all member states. Two meetings were organized by the HIV/Hepatitis surveillance with all stakeholders to improve prevention initiatives and investigate the barriers to treatment in 2019 and 2020. Fast-Track cities The City of Luxembourg joins the "FAST-TRACK CITIES" initiative in December 2021 to accelerate the process and reach the objectives of the UNAIDS 95.95.95.

- **Results, outcomes and impact:**

Community-based testing and linkage to care activities have been successful in stemming the outbreak among drug users as of 2019. Community-based projects to expand hepatitis C testing and access to treatment for drug users were conducted at drug treatment sites and in prisons. These projects have been selected as best practices in Europe by EMCDDA and WHO in 2019 and 2020, respectively. Luxembourg was the first country to reach the WHO target of 200 syringes per PWID per year in 2019. Other measures contributed to consolidate HIV prevention: Luxembourg was the 3rd country in Europe to implement PrEP. The marketing of self-tests in pharmacies and supermarkets has been introduced in Luxembourg in 2019. Luxembourg was the only country in Europe to allow this sale in supermarkets allowing rapid access to COVID self-tests. Despite the delay caused by the COVID crisis, a housing facility dedicated to women was open in 2023 and another one has been selected and will be restored to accommodate PWID for medical care by 2024. The By Pass center has been open in 2020 to allow PWID and especially women sex workers to have access to safer use/safer sex material and hygiene and care products.

- **Gaps, lessons learnt and recommendations:**

The extreme demand on health services during the COVID crisis has affected HIV and sexual health care, but even more so the fight against hepatitis, which has taken a back seat. New actions for prevention that are more targeted to those most at risk and best include the needs of LGBTQIA+ people are needed. Recent statistics confirm the growing acceptance of PrEP by men who have sex with men in Luxembourg, and the need to expand it, particularly into a broader community-based approach to sexual health care and community-based services for drug users and transgender people. New, long-acting, injectable antiviral molecules should be available for vulnerable and precarious populations. We also need to strengthen our testing strategy for the most vulnerable populations: migrants, homeless, sex workers. The offer is still insufficient to cover all specific needs (medical follow-up, women, reintegration, etc.). A new project for simplified access to hepatitis C treatment should be integrated on drug treatment sites in a comprehensive program of peer support and case management to achieve a micro-elimination program among drug users.

- **Annexes:**

<https://sante.public.lu/dam-assets/fr/publications/h/hiv-joint-technical-mission/hiv-joint-technical-mission.pdf><https://sante.public.lu/fr/espace-professionnel/plans-nationaux/plan-action-nationale-sida-2018-2022.html> ;  
<https://apps.who.int/iris/bitstream/handle/10665/333494/9789289055161-eng.pdf?sequence=1&isAllowed=y> ; [https://www.emcdda.europa.eu/drugs-library/hepatitis-c-new-models-care-drugs-services\\_en](https://www.emcdda.europa.eu/drugs-library/hepatitis-c-new-models-care-drugs-services_en)

Multi-Country

Multi-Country Case Study 1 - Global with specific reference to Kenya and Spain

**CONTACT PERSON**

Name: Ailish Brennan

Title: Advisory Board Member

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- **Timeline of the case study:** N/A
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people.
- **In which geographic area is the approach being carried out? Global with specific reference to Kenya and Spain**
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership.
- **Background and Objectives:**

The submission highlights best practices from both Global North and Global South, allowing for replication within differing contexts and adaptation to country specific circumstances and community needs. The best practices have a specific focus on women who use drugs but also highlight the importance of having an intersectional and integrated approach within the AIDS response. Women who use drugs have higher HIV



prevalence and higher mortality than their male peers, experience significantly more violence than women who do not use drugs, and face discrimination in the legal system with 35% of women prisoners globally arrested for drug-related offences. Despite this, harm reduction services are generally focused towards men with a lack of consideration for the needs of women, trans, or gender diverse people. The objective of our work is to ensure women and gender diverse people who use drugs have equitable access to harm reduction services, both as HIV prevention and treatment, while providing a holistic model of care.

- **Description/Contribution to the AIDS response:**

The work of our network and member organizations contributes to the AIDS response at all levels and meets the needs of our community members in regard to harm reduction and HIV prevention. In Kenya, we have provided a shelter for women who use drugs to meet the urgent needs of the community there as outlined by local partners - namely access to housing. While not a direct HIV prevention or treatment measure, this shelter meets the most urgent need of the community and provides an initial point of interaction to distribute harm reduction and SRHR information and materials. In Spain, an integrated service provides harm reduction interventions within a holistic framework for womxn in all their diversity to engage in safer drug use practices and provides a community space for personal development. The provision of SRHR services along with harm reduction services provides a rounded approach to HIV prevention where people are not siloed by key population group or type of intervention enabling, for example, trans people who use drugs and sex workers who use drugs, to access harm reduction services along with other forms of HIV prevention they need. The creation of a safe, welcoming environment for all women and gender diverse people who use drugs empowers women who use drugs in all of their diversity to access the services while also lessening the impact of other forms discrimination and inequalities mentioned above.

- **Results, outcomes and impact:**

Per the UNAIDS 10-10-10 and 30-60-80 goals the highlighted work contributes to the achievement of fewer than 10% of with HIV and most at risk of HIV will experience stigma and discrimination and that fewer than 10% of women, girls, people with HIV and people most at risk of HIV will experience gender inequality or violence. All highlighted examples are community-led, thus contributing to the goals of 30% of testing and

treatment services to be delivered by community-led organizations; 60% of the programmes to support the achievement of societal enablers to be delivered by community-led organizations; 80% of service delivery for HIV prevention programmes to be delivered by community organizations.

- **Gaps, lessons learnt and recommendations:**

In most instances, transgender and gender diverse people who use drugs are not appropriately reached with relevant services. Recent research in Kenya (Women Nest and WHRIN) on sex workers who use drugs was ground-breaking in that it represented first ever engagement with the transgender community on drug use issues - confirming the exaggerated siloing of services that do not consider intersectional realities. Training around sexual orientation, gender identity, gender expression and sex characteristics is needed in all harm reduction services and drug user networks. There is a lack of awareness in service provision around the needs of this subset of the community of people who use drugs and a lack of effort made to engage with this community.

- **Annexes:** <https://womennest.org/assets/files/WHRIN-Good-Practice-Series.pdf> ; <https://whrin.site/ourpublication/a-facilitators-guide-integrating-harm-reduction-and-sexual-and-reproductive-health-and-rights/>

Multi-Country Case Study 2 - International (including Kenya, Thailand, Uganda and Ukraine)

### **CONTACT PERSON**

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Title: Health Programs Officer

Organisation: GATE

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- **Timeline of the case study:** 2020 - 2022
- **Case study submitted by:** Civil Society
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Research, data

collection, and monitoring and evaluation; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Funding for key populations, especially transgender people.

- **In which geographic area is the approach being carried out?** International with reference to Kenya, Thailand, Uganda and Ukraine
- **Case study demonstrates:** Sustainability in the long-term; Multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation.

- **Background and Objectives:**

There is compelling evidence for the effectiveness of community-led interventions in HIV responses

(<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260555>). For example, the Tangerine Clinic in Thailand not only provides relevant and appropriate community-led HIV testing and treatment services, combined with gender affirming health care, but has also successfully advocated for the legal recognition of KP lay counselors, allowing them to be certified and integrated into the public health system (<https://ihri.org/capacity-building-and-advocacy/#>). Community-led monitoring initiatives have also strengthened HIV programming (<https://www.aidsmap.com/news/sep-2022/community-led-monitoring-hiv-services-leads-investment-and-policy-change>).

Community-led monitoring shifts the monitoring and evaluation of HIV programs from a top-down approach with a focus on case numbers, to a participatory approach focused in improving access to quality services for community members

(<https://www.afao.org.au/wp-content/uploads/2022/08/SKPA2-CLM-Toolkit-2022.pdf>).

However, in many countries, a lack of funding, lack data, criminalization, exclusion and discrimination make it difficult for trans, gender diverse and intersex (TGDI) led organizations to participate meaningfully in national HIV responses

(<https://onlinelibrary.wiley.com/doi/10.1002/jia2.25837>).

- **Description/Contribution to the AIDS response:**

Meaningful participation of community-led organizations in national HIV responses remains limited. A 2021 analysis identified substantial gaps in the inclusion of trans populations in HIV National Strategic Plans (NSPs)

(<https://onlinelibrary.wiley.com/doi/10.1002/jia2.25837>). The analysis formed part of a broader project, developed by GATE and amfAR, to increase trans inclusion in NSPs, by capacitating trans-led advocacy organizations. The project focused on the following

key investment areas to support community advocacy: providing direct funding to community-led organizations; supporting advocacy capacity; and increasing knowledge of NSP processes and timelines. Project activities included: a Systematic Review of 60 NSPs from high HIV prevalence countries; developing best-practice guides for governments and communities; training and support for 5 trans-led organizations to develop advocacy workplans; and the implementation of the workplans. The project documented country-specific experiences, as well as cross-cutting lessons including: Data collection by and for trans communities is urgently needed. The current lack of data on trans populations hinders efforts to advocate for trans-specific programming and budgeting. Governments and international stakeholders must invest in data collection involving the trans community in all stages of implementation. NSPs must address structural barriers to HIV care for trans populations, including state-sanctioned violence, criminalization, and stigma and harassment at health facilities. Governments must move beyond siloed biomedical approaches, and include plans to combat structural barriers in NSPs.

Advocacy for trans inclusion in NSPs must be flexible, sustained, and context-specific. Increasing trans inclusion in national policy documents within hostile legal and social contexts is an incremental process driven by persistent advocacy efforts. To sustain this work, trans organizations need long-term financial support for advocacy activities and the flexibility to design and lead work plans to fit their context.

(<https://gate.ngo/wp-content/uploads/2023/01/Increasing-Trans-Inclusion-in-HIVAIDS-National-Strategic-Planning-e-book.pdf>).

- **Results, outcomes and impact:**

The project demonstrated that trans inclusion in NSPs can be increased through the direct support and capacitation of community-led trans advocacy organizations. With access to training, funding and resources, community advocates themselves can directly influence NSPs, as well as indirectly influence the NSP process through their work to sensitize and educate government officials and other stakeholders. Overall, the project showed that the investment in the capacity of community-led organizations increased readiness to engage in NSP advocacy, with 100% of participating advocates increasing their knowledge about NSPs in at least one category, 100% reporting that they had specific language they would like included for trans people in the next NSP, 95% reporting a new strategy for NSP engagement, and 73% reporting that they were more confident in their ability to engage in NSP advocacy. This work demonstrates that progress towards more trans-inclusive NSPs is possible even in stigmatized and difficult settings. Community inclusion will make national responses more effective and

sustainable in the long term. (<https://gate.ngo/wp-content/uploads/2023/01/Increasing-Trans-Inclusion-in-HIVAIDS-National-Strategic-Planning-e-book.pdf>). ons.

- **Gaps, lessons learnt and recommendations:**

The project identified substantial gaps in the inclusion of trans populations in NSPs, highlighting the need for states and international funders to engage with trans communities to improve trans inclusion. Trans inclusion in NSPs is an essential step towards reaching communities most at risk and achieving country-level epidemic control. (<https://onlinelibrary.wiley.com/doi/10.1002/jia2.25837>).

As NSPs are developed every 5–10 years, measuring changes to inclusion in NSPs themselves was not possible within the project's timeframe. Instead, we measured enabling factors hypothesized to support trans inclusion during the next NSP development cycle, including: readiness to engage in NSP advocacy (consisting of increased knowledge, advocacy capacity and funding), and relationship-building with key government and international stakeholders, measured through community contacts with these groups. Further research is needed to track future trans inclusion in NSPs. The project recommends that international donors support communities by: amplifying community requests; requiring HIV data for trans populations; demanding space for trans representatives in global forums; and funding trans-led organizations. Governments can support trans inclusion by: prioritizing community-led data collection; removing discriminatory laws and policies; conducting community consultations; and assigning adequate budgets to community-recommended activities.

(<https://gate.ngo/wp-content/uploads/2023/01/Increasing-Trans-Inclusion-in-HIVAIDS-National-Strategic-Planning-e-book.pdf>)

- **Annexes:**

GATE: <https://gate.ngo/wp-content/uploads/2023/01/Increasing-Trans-Inclusion-in-HIVAIDS-National-Strategic-Planning-e-book.pdf>  
<https://onlinelibrary.wiley.com/doi/10.1002/jia2.25837> <https://gate.ngo/wp-content/uploads/2022/12/GATE-BIENNIAL-REPORT-2020-2021-Compressed.pdf>  
<https://gate.ngo/gate-elearning-institute/> <https://gate.ngo/strengthening-community-engagement-in-global-fund-grant-cycle-7/>

Other resources on community-led responses:

[https://www.unaids.org/sites/default/files/media\\_asset/community-led-aids-responses\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/community-led-aids-responses_en.pdf)

Thailand - Tangerine Clinic: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8211360/>  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7282496/> <https://ihri.org/capacity-building-and-advocacy/#>

Community-based monitoring: <https://www.aidsmap.com/news/sep-2022/community-led-monitoring-hiv-services-leads-investment-and-policy-change>  
<https://www.afao.org.au/wp-content/uploads/2022/08/SKPA2-CLM-Toolkit-2022.pdf>  
[https://weareaptn.org/wp-content/uploads/2020/02/APTN-HealthMappingReport-FINAL\\_comp.pdf](https://weareaptn.org/wp-content/uploads/2020/02/APTN-HealthMappingReport-FINAL_comp.pdf)

Intersex Rights Movement: <https://gate.ngo/intersex-bodies-global-south-alliances-asia-pacific/> <https://gate.ngo/intersex-bodies-global-south-alliances-africa/>

Multi-Country Case Study 3 - Kenya, Nigeria, Burma, Cote d'Ivoire, Laos, Malawi, Namibia, Nepal, Nigeria, Philippines, Thailand, and Togo

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- **Timeline of the case study:** 2019-2021
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, Interventions to address issues related to stigma, discrimination and violence; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Funding for key populations, especially transgender people.

- **In which geographic area is the approach being carried out?** Kenya, Nigeria, Burma, Cote d'Ivoire, Laos, Malawi, Namibia, Nepal, Nigeria, Philippines, Thailand, and Togo
- **Case study demonstrates:** Multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation.
- **Background and Objectives:**

This case study focuses on programming in Fostering Transgender Leadership to Meet Transgender People's Holistic Needs through the Key Populations Investment Fund (KPIF). The KPIF was a global, US\$100 million investment from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2019–2021) to increase access to and retention in high-quality HIV prevention and treatment services for key populations (KPs).

Transgender people face human rights violations entrenched in discriminative policies and structural challenges related to gender norms and inequalities. Global data indicate that transgender women are 34 times more likely to be living with HIV than adults in the general population, and transgender sex workers in multiple settings have a higher HIV prevalence than their male or female counterparts. There is a clear need for action, but historically, transgender people were often excluded as explicit beneficiaries of KP-focused HIV programs; instead, they were conflated with men who have sex with men or not served at all.<sup>3</sup> HIV prevention programs that are for and led by transgender people are needed. These should be multilevel interventions that address structural, biomedical, and behavioral risks.

The goal was to provide funding to KP-led, -trusted, and -competent civil society organizations (CSOs) and build their capacity to use their expertise to the benefit of the KP communities they serve. The Meeting Targets and Maintaining Epidemic Control (EpiC) project led by FHI 360, one of several projects that received KPIF funding, worked with 99 local CSOs across 20 countries to implement KPIF-supported activities. Here we describe how some of those EpiC-supported CSOs leveraged KPIF support to advance their work in transgender programming, a technical priority under KPIF that was advanced by several bilateral projects in addition to central awards such as EpiC.

- **Description/Contribution to the AIDS response:**

KPIF-supported transgender programming under EpiC made progress in meeting transgender people's needs and improving their access to HIV services around the world. In total, KPIF supported direct service delivery in FY20–22 that resulted in 11,913 transgender people testing for HIV, with 1,498 newly diagnosed with HIV for a case-finding rate of 12.6%, 2,257 currently on ART, and 1,281 achieving viral suppression in Burma, Cote d'Ivoire, Malawi, Namibia, Nigeria, Thailand, and Togo. In addition, KPIF support strengthened transgender programming but did not fund direct service delivery in Laos, Nepal, and Philippines. This KPIF-supported, trans-focused programming also led to opportunities to mobilize transgender communities, empower transgender individuals as community-based providers, and engage with law enforcement and health care providers to reduce rights violations.

- **Results, outcomes and impact:**

Transgender Programming enabled by KPIF: 1) expanded services and technical capacity of transgender-led organizations; 2) trained FHI 360 and implementing partner staff on gender and sexual diversity to ensure transgender-competent programming and service provision; 3) engaged uniformed law enforcement and provided sensitivity training to help stop harassment of transgender people; 4) enhanced legal education and support to transgender community members; 5) conducted regional training related to transgender competencies, and community mobilization and community-led monitoring for transgender programs; 6) opened first transgender-focused clinic in Burma and one in Kathmandu and 7) established a regional network of transgender organizations and service providers in Asia.

- **Gaps, lessons learnt and recommendations:**

Lessons Learned:

- Funding and programs specific to TG people offering comprehensive competent services creates huge potential for gains in HIV service uptake among TG people. TG organizations that receive support not only provide services to their communities, but they can also engage government and other stakeholders in creating an enabling environment for programming. Over time, these organizations are best placed to provide technical assistance across borders,



including through forming regional networks that can sustainably provide space for needed advocacy and policy change efforts to remove obstacles to transgender people's health and well-being.

#### Recommendations:

- Grow knowledge on what works to strengthen the local capacity of trans-led organizations and invest in country and regional networks and technical assistance.
  - Partner directly with transgender-led organizations, building capacity as needed, for HIV service delivery, economic empowerment and skills building, and movements that promote human rights.
  - Support transgender community leaders to partner with and train clinicians to deliver trans-competent clinical services, including the provision of PrEP, and improve the monitoring of progress toward trans-inclusive care.
  - Offer holistic services and violence response services, to ensure that HIV services meet transgender people's priority needs and lead to increased service uptake.
  - Work with a broad range of stakeholders, including law enforcement and government, to address structural issues that affect the health and well-being of transgender individuals.
  - Continue to advocate for funding and targets specific to transgender programming.
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- **Annexes:** <https://www.fhi360.org/sites/default/files/media/documents/resource-epic-kpif-transgender-leadership-success-story.pdf>

Multi-Country Case Study 4 - Cote d' Ivoire, Ghana, Haiti, Lesotho, Namibia, South Africa, Thailand

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- **Timeline of the case study:** 2019-2021
- **Case study submitted by:** Government
- **Is the approach or best practice addressing multiple components of the HIV services prevention testing, treatment, and care cascade?** Yes, HIV Prevention, testing and treatment programmes for key populations, especially transgender people; Legislative and policies changes and reform; Research, data collection, and monitoring and evaluation; Structural interventions that address multiple and integrated aspects and needs of key populations, especially transgender people; Community system strengthening and community-led responses (advocacy, service delivery, monitoring, research, engagement in governance mechanisms, etc) led by key populations, especially transgender people; Funding for key populations, especially transgender people.
- **In which geographic area is the approach being carried out?** Kenya, Nigeria, Burma, Cote d'Ivoire, Laos, Malawi, Namibia, Nepal, Nigeria, Philippines, Thailand, and Togo
- **Case study demonstrates:** Scalability and replication; Multi-sectoral partnerships, community participation and leadership; Elements and opportunities for south-south and triangular cooperation.

- **Background and Objectives:**

This case study focuses on programming to Introduce and Enhance Access to pre-exposure prophylaxis (PrEP) services through the Key Populations Investment Fund (KPIF). It describes how the Meeting Targets and Maintaining Epidemic Control (EpiC) project enabled CSOs in leveraging KPIF support to advance their work to introduce or enhance pre-exposure prophylaxis (PrEP) services for KPs. The KPIF was a global, US\$100 million investment from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2019–2021) to increase access to and retention in high-quality HIV prevention and treatment services for key populations (KPs).

This EpiC programming addressed remaining gaps in the availability and implementation of PrEP. While Pre-exposure prophylaxis (PrEP) was introduced in 2012, and WHO released guidelines in 2015 recommending PrEP to reduce the risk of getting HIV, the total number of people using this option in 2020 was just 28% of the target of 3 million in low- and middle-income countries, which represents only 8% of the Joint United Nations Programme on HIV/AIDS (UNAIDS) new global 2025 target. Scale-up is highly concentrated in a small number of countries and uptake among KP

individuals, in particular, has been slow. Increasing demand for, access to, and effective use of PrEP among KP individuals is critical to achieving epidemic control.

- **Description/Contribution to the AIDS response:**

Many of the community-based organizations (CBOs) that received KPIF support through EpiC used the funds to generate demand for PrEP, build capacity of providers to offer PrEP, introduce or scale up PrEP through KP-led and KP-friendly health services, and mitigate barriers to PrEP uptake among KPs. These local partners made important gains in PrEP delivery despite challenges posed by the COVID-19 pandemic during the period of performance.

- **Results, outcomes and impact:**

South Africa:

- Demand creation efforts helped increase PrEP uptake through four selected KPIF-funded and KP-led community organizations working with main implementing partners, Anova Health institute and OUT Engage Men's Health, expanding PrEP coverage to MSM in semi-urban and semi-rural communities within targeted districts.
- Increased expansion of PrEP services to more high risk MSM hot spots within larger MSM communities through specific campaigns, workshops, and events conducted by four KP-led CBOs and implementing partners.
- Increased referrals for PrEP initiation to drop-in centers and mobile clinics by KP-led CBOs within MSM communities working with implementing partners.

Ghana:

- Achieved buy-in at national level as demonstrated by the creation of the National PrEP and HIVST implementation committee
- National PrEP implementation guide drafted, validated, approved, and immediately implemented in six facilities (one private, five public)

- Rapid revision of implementation strategies based on bottlenecks seen in the field, such as task shifting of PrEP initiation and refills at the community level and at mobile clinics through trained lay workers

## Nigeria

- Peer-led approach using trained KP community members for PrEP service delivery helped increase access to PrEP services
- Through KPIF, over 18,000 KP members (95% of those eligible) were initiated on PrEP
- Implemented home delivery of PrEP as part of program adaptation during the COVID-19 pandemic

## Thailand

- Initiated 2,144 first-time PrEP clients since the beginning of KPIF
- Local partner IHRI supported reimbursement of PrEP medication from NHSO for two other local partners, supporting program sustainability and local government buy-in Thailand-based partners built the capacity of other KP-led organizations across Asia on effective PrEP service delivery

## • Gaps, lessons learnt and recommendations:

Lessons learned/Specific recommendations based on KPIF-supported programming:

1. Capacity strengthening for KP-led PrEP delivery
  - Ensure KP-led organizations are prioritized and engaged in design, planning, and implementation of PrEP interventions to reach high-risk communities
  - Continue to target KPs and increase outreach including training CBOs in enhanced peer outreach approach and risk assessment strategies to find more high-risk KP members who test negative and can benefit from PrEP
  - Engage CBOs in case management and peer navigation for their critical role in promoting uptake and retention on PrEP
2. Demand creation

- Train PrEP champions to offer HIV self-testing and refer HIV-negative clients for PrEP, and to encourage peers and build confidence to accept PrEP since eligibility often depends on a willingness to use PrEP
  - Leverage social media and other online platforms for demand creation campaigns, including developing videos and audio recordings to support peer-led advocacy efforts
3. Technical support for effective use of PrEP
- Scale up activities to support effective use of PrEP, including safely cycling on and off PrEP due to changes in risk, promoting event-driven PrEP as an option for men who have sex with men to reduce pill burden, and helping clients manage (or address their fear of) side effects.
  - Use differentiated service delivery models to provide PrEP refills in the community
  - Monitor clients and use reminder calls and text messages for taking daily pill and picking up refills
  - Advocacy
  - Increase funding for PrEP delivery, including through domestic financing, and remove barriers such as fees
  - Advocate with governments to adopt global recommendations (including for event-driven PrEP), publish guidelines on PrEP delivery, and support training of providers

The above can be applied to accelerate progress in PrEP scaleup for KP groups globally.

- **Annexes:** [resource-epic-kpif-prep-success-story.pdf](https://fhi360.org/resource-epic-kpif-prep-success-story.pdf) (fhi360.org)