

FOLLOW UP TO THE THEMATIC SEGMENT FROM THE 52ND PCB MEETING

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

Additional documents for this item: N/A

Action required at this meeting: The Programme Coordinating Board is invited to:

38. *Take note* of the background note (UNAIDS/PCB (52)/23.21) and the summary report (UNAIDS/PCB (53)/23.27) of the Programme Coordinating Board thematic segment on “Priority and key populations¹, especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses”;
39. *Recognize* that each key population, including transgender people, is diverse, and faces multiple and intersecting discrimination, marginalization and inequalities, and therefore requires evidence based, data-informed tailored programmes, services and resources that are responsive to their specific needs in the HIV response;
40. *Request* Member States, in close collaboration with community-led organizations and other civil society organizations and partners, with the support of the Joint Programme, to fast track targeted and measurable actions towards the 2025 targets to:
 - a. Address gaps on population size estimates and expand disaggregated data on key populations focusing on existing gaps on transgender populations, in all their diversity, including through community-led data generation;
 - b. Optimally resource and scale-up tailored and effective HIV prevention, testing and treatment programmes and services that address the diverse needs and circumstances key populations, especially transgender people;
 - c. Increase the proportion of community-led HIV prevention, testing and treatment and for societal enablers to reach the 30-80-60 targets, as described in the Global AIDS Strategy, and establish mechanisms to increase and facilitate funding and establish sustainable financing for community-led organizations, including for those led by key populations;
 - d. Address gender inequality, the multiple and intersecting forms of stigma, discrimination and marginalization, and review and reform harmful and punitive laws and policies that hinder access to services for key populations especially transgender people;
 - e. Reinforce an evidence-based public health approach to HIV, particularly in the context of gender equality and rights of key populations including transgender people;
 - f. Integrate social protection with health and HIV responses by taking people-centered approaches which address economic inequalities, making education, welfare, and social protection systems more inclusive of key populations;

1. As defined in the Global AIDS Strategy 2021-2026.

41. *Request* the Joint Programme to:

- a. Reinforce and expand the meaningful engagement and leadership of key populations in all their diversity, especially transgender people, in the HIV response;
- b. Increase advocacy and funding for reaching the 30-80-60 targets with particular attention to key population-led organizations;
- c. Deliver joint, coherent and increased support for the needs and rights of key populations, especially transgender people, particularly in circumstances where human rights are at risk;
- d. Report back on progress towards the achievement of the 2025 targets through the annual UBRAF performance reporting.

Cost implications for implementation of decisions: none

Introduction

1. The thematic segment focused on inequalities that prevent progress for key populations, especially transgender people, in the HIV response and how to reduce the risk and impact of HIV in these populations. Cecilia Chung, Senior Director of Strategic Initiatives and Evaluation, Transgender Law Center, and Erika Castellanos, Executive Director of GATE and a member of the Trans United Europe – BPOC Trans Network co-moderated the thematic segment. Cecilia Chung introduced the segment by providing an overview of the issues it would cover.

Opening and keynote address

2. Winnie Byanyima, UNAIDS Executive Director, welcomed the participants and reminded the meeting that key populations accounted for less than 5% of the global population but comprised the majority of new HIV infections in most regions. She emphasized that gender-based inequalities, together with racial and other structural inequalities, HIV-related stigma and discrimination, violence and criminalization are forcing already ostracized populations, including transgender communities, further underground and impairing efforts to end the AIDS epidemic.
3. Failure to respond to this reality undermined the entire HIV response, she said, yet anti-human rights, anti-gender and anti-democratic movements were threatening all communities affected by HIV, especially key and other priority populations.
4. Symmy Larrat Brito de Carvalho, National Secretary for the Promotion and Defense of the Rights of LGBT+ People, Brazil and a Deputy Minister in the Government of Brazil, presented about the policies, programmes and initiatives developed in the country to address the needs of key populations, including transgender people. said Brazil had created a LGBT+ national council and was streamlining the processing of refugees from countries that criminalize LGBT+ people. These kinds of measures were important, she said, and had to be accompanied by debates on how best to defend the rights of people living with and affected by HIV. Secretary Carvalho highlighted the importance of the cooperation with UNAIDS country office in Brazil.
5. Erika Castellanos shared a snapshot of her life. Born from Mayan descent in a small town in Belize, she said she had grown up in a society that considered her a criminal because of her transgender identity, where she had felt unsafe and "dirty" and had lived with the scars of abuse from a clinic that had set out to "cure" her. Aged 16, she managed to migrate to another country, where she ended up on the street, engaged in survival sex, used drugs, and was repeatedly imprisoned for allegedly committing "immoral" acts.
6. Diagnosed with HIV in 1995, she had been told she had six months to live. Inspired by an encounter at a clinic one day, she decided she would not succumb to that fate and would work to achieve change. Trans people are denied equal access to education, employment, housing and many other things other people took for granted. She warned that the anti-gender movement was gaining ground and trying to erase the existence of trans people. Human rights were inalienable, and strengthening one group's rights did not weaken the rights of others. Yet many countries continued to inflict discriminatory and outdated practices on trans people. The world had to stop demonizing transgender people. They needed their families, friends and colleagues to see them as equal and similar as them, not different. The thematic session was a source of hope that things could become better.

Session overview

7. Christine Stegling, Deputy Executive Director for Policy, Advocacy and Knowledge at UNAIDS, presented an overview of the background paper for the thematic segment and said that social and structural barriers continued to increase HIV vulnerability for key and priority populations. She described the very HIV prevalence among these populations, but noted a lack of data for transgender people, which pointed to underlying inequities. Key populations faced 14–35 times higher risk of acquiring HIV than the overall population. Intersecting inequalities made them especially vulnerable. In many countries, less than half of gay men and other men who have sex with men could access at least two prevention services. The situation was similar for sex workers. These inequalities had to be tackled: health was not a privilege, it was a human right, Ms Stegling stressed. Many of the inequalities stemmed from legal and structural barriers, criminalizing laws, and stigma and discrimination. The evidence showed that punitive laws and the punitive use of laws blocked access to services and increased HIV risk, she said. Some countries had removed such laws, but others were bolstering them, for example as seen in Uganda.
8. Although they were disproportionately affected by HIV, transgender people were not prioritized in many countries' HIV programmes, Ms Stegling continued. More data were needed to better understand the impact of HIV on transgender populations; in particular, there were big data gaps for transgender men. Of the 55 countries that had reported size estimates for transgender populations to UNAIDS, only 15 estimates were recent and covered entire countries, and only six Global HIV Prevention Coalition countries were reporting on prevention coverage for transgender populations. She noted that intersectional approaches were needed. For example, transgender sex workers faced intersecting stigma and discrimination, while widespread criminalization meant that disproportionate numbers of transgender people were in prison. Young transgender persons were at risk of homelessness due to being rejected by their families, and indigenous transgender people in settler societies faced compounded discrimination. Overall, transgender people experienced extreme levels of violence and abuse, including in health-care settings. She reminded the meeting that the rights of transgender people were established in international human rights law.
9. Ms Stegling referred to the background note which contained examples of positive actions—as seen in countries like Brazil, Indonesia, Kenya and Luxembourg—as well as recommendations for reducing health inequalities. They included: improved strategic information; scaled up HIV services; sufficient funding; support for community-led responses; effective action to counter anti-gender and anti-rights movements; stronger societal enablers; more inclusive, tailored and integrated health services, including for social protection.
10. Admiral Rachel Levine, Assistant Secretary of Health for the US Department of Health and Human Services, presented a short statement via video. She lauded the Joint Program's work to address HIV while advocating for priority populations most impacted by HIV. She went on to recognize the key contributions of Dr. Mamadi Yilla and Dr. John N. Nkengasong in supporting the HIV response. She shared an example of an effort led by the US Government HIV Workforce, which brings together the domestic and global workforce to ensure an enhanced response to HIV. She emphasized that the US Government understands and encourages an inclusive and holistic approach to HIV and reminded the meeting that in light of hateful attacks on transgender people, this segment and the recommendations that follow are important, now more than ever.
11. Speaking from the floor, members and observers praised UNAIDS for arranging the thematic segment and preparing the background paper, and commended the participation of transgender people in different roles in the event, as moderators,

speakers, and representing Member States. They said the evidence showed very clearly that criminalization of key populations, including transgender people, aggravated the HIV epidemic. Welcoming progress in some countries towards removing obstructive laws, they called on all countries to uphold their obligations under international agreements by decriminalizing same-sex relations and removing laws that expose LGBT+ populations to discrimination and persecution. All Member States were obliged to fulfil the commitments they had made in the 2021 Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030. Speakers thanked UNAIDS for being a consistent advocate for the rights of key populations, including transgender people, and said they admired the bravery of transgender people in the room and elsewhere.

12. Speakers said the background paper showed that key populations, including transgender people, had to be at the forefront of HIV response and that services had to address the needs of all populations and be gender-responsive. Reliable data and evidence about the HIV epidemic and key populations were needed, collected in ways that protect people's safety and confidentiality. Speakers warned that the anti-gender and anti-rights movement was working against inclusive societies. They urged countries to uphold the rights, dignity and safety of everyone, and highlighted the work of the Robert Carr Fund in protecting the rights of people living with HIV and in supporting community-led initiatives, and said this and similar entities deserved continued support. Some members (e.g. Brazil) updated the meeting on their efforts to address the issues raised during the thematic segment. Actions included tailoring national prevention packages for key populations, introducing a national policy focused on health care for transgender people, increased access to pre-exposure prophylaxis, and stronger legal frameworks to protect the rights of people living with HIV.

Panel discussion 1: The data on inequalities and recommendations to improve the HIV response for priority and key populations, especially transgender people

13. This session focused on the data and gaps in data for key populations and the HIV pandemic, especially transgender people.
14. Elizabeth Benomar, Global Coordinator HIV/AIDS UNFPA, told the meeting that a lack of data for transgender people undermined evidence-informed advocacy and action. Ample evidence suggests that members of key populations are faced with innumerable barriers preventing them from accessing and fully engaging in life-saving and life-extending services. She noted while there is collective advocacy on collection of disaggregated data, it remains for the countries and communities to do the field work and report the results and use these data to improve programming. Global HIV Prevention Coalition (GPC) score cards showed that national HIV packages for key populations were incomplete in many countries, stigma was affecting service uptake, and criminalization was still the norm. Prevention service coverage for key populations tended to be low in every region. Funding for HIV prevention among key populations was much lower than the estimated need in low- and middle-income countries, even where most new infections were occurring in these populations. Two thirds of the available funding came from international sources (except for prison programmes). Presented most recent available data on criminalizing laws; 72 countries still criminalized sex work, 64 countries criminalized same-sex sexual acts, and 134 criminalized HIV exposure, non-disclosure or transmission. When populations are criminalized, they don't show up in data sets. So data on key populations who are typically criminalized are underestimated at best. Ms Benomar shared data showing that HIV service uptake among gay men and other men who have sex with men was higher in countries with the least-severe anti-LGBT+ legislation than in those with most-severe anti-LGBT+ laws. She described some of the challenges created by the anti-gender and anti-rights movement, including shrinking space for civil society action, limited funding and legal threats. She further stressed the

need to support and draw on community-generated data to inform populations size estimations, programming, advocacy and decision making.

15. Shobini Rajan, Deputy Director General at the National AIDS Control Organisation in India, discussed her country's HIV programmes for key populations and said the mapping and size estimates for all key populations had been revised recently. She described India's multisectoral HIV response for transgender people, which spanned government, academia, the health sector and civil society. The enactment of the Transgender Persons Act in 2019 obligated the Indian Government to recognize and provide transgender-inclusive services, some of the steps taken included enabling transgender persons to have their chosen identities reflected on ID cards. India was also expanding the collection of transgender-disaggregated data. Other initiatives for transgender people in India included a revision of medical curricula for gender-sensitive health care, capacity building of health-care professionals to provide gender-sensitive health care, a white paper on comprehensive health-related services for transgender persons, and the piloting of community-led monitoring tools. The aim was to establish a national centre of excellence in a premier academic institute. Keeping the momentum and moving forward required stronger coordination between government departments, bilateral organizations and donors, and the private sector, and work on priority areas, including reducing stigma and discrimination in health settings, exploring substance use and other associated risk behaviour of transgender populations, etc.
16. Zhenya Mayilyan, President of Real World, Real People, a nongovernmental organization in Armenia, spoke of the importance of community leadership for addressing inequalities. She said her region was failing in its HIV response because of wars, a restrictive legal environment, lack of resources, gender inequalities and shrinking civic space. HIV transmission and drug use were criminalized in many countries in the region, and sexual and reproductive health services were limited by stigma and discrimination. In addition, affected communities were not adequately involved in decision-making, which led to ineffective and inappropriate interventions. She shared the findings from research done by her organization into the experiences of women living with HIV and using drugs in Armenia, which showed that over 80% of respondents had been abused by their partners, over 60% had experienced violence in their parental homes, and 35% had experienced violence at health-care facilities. The study also showed the deep-set stereotypes about women in society, their lack of trust in public institutions, and their reluctance to seek assistance from official structures. She explained that the study's recommendations had led to some progress, including legal changes allowing people living with HIV to have access to crisis and social care centres. Much more could be achieved, but it required resources.
17. Antons Mozalevskis, from the Global HIV, Hepatitis and STIs Programme, WHO, summarized recent updates to the WHO Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, which had been developed with collaboration from key population networks, UNAIDS Cosponsors and other partners. The guidelines placed stronger emphasis on the removal of structural barriers to enable necessary interventions and services—including punitive laws, policies and practices—the reduction of stigma and discrimination in the health sector and elsewhere, empowerment of communities, and ending violence. He said WHO had developed packages of proven interventions for key populations for prevention, testing and treatment of HIV, sexually transmitted infections and viral hepatitis, as well as for tuberculosis. It also recommended interventions for broader health, including for sexual and reproductive health, mental health, cervical cancer and anal health, while gender-affirming health services were also highlighted. Mr. Mozalevskis concluded his presentation by summarizing some of the new recommendations.
18. Speaking from the floor, members and participants emphasized the value of engaging

with and promoting the leadership of communities most affected by the HIV epidemic, and described successful examples, including partnerships to create key population-led delivery models. They stressed the need to reform or remove harmful criminal laws and end the punitive use of laws and policies, called for an end to homophobia and transphobia, and urged strong actions to stop the anti-gender and anti-rights movements. The deaths of many trans people and gay men and other men who have sex with men was due to prejudice and the failure of public institutions, they said, and those deaths would continue until structural inequalities were removed. Speakers stressed that evidence-based public health decision-making was essential and emphasized the importance of reliable, accurate and holistic data. Governments should improve statistical systems for the timely collection and disaggregation of data and should support and use community-led data collection. It was important to ensure that key populations could safely participate in data collection, without risking their safety and health: data collection had to observe the principle of "nothing about us, without us". Some members (e.g. Brazil, Cambodia and Iran) shared examples of their data collection efforts, including gathering gender-disaggregated data on health and personal violence, and their HIV programmes for key populations.

Panel discussion 2: Human rights, stigma and discrimination and other societal enablers

19. This session focused on new research and evidence regarding a human rights-based approach to HIV for key populations, indigenous perspectives, successful approaches for improving legal environments and addressing stigma and discrimination.
20. Edwin Cameron, former Justice of the Constitutional Court and current Inspecting Judge of the Judicial Inspectorate for Correctional Services, South Africa, told the meeting via video that he had been living with HIV for 25 years and was a proudly gay man. He warned that people living with HIV and gay people were under renewed threat. Highlighting the importance of an enabling legal environment in which the law can be used to empower rather than oppress, he said South Africa had a constitution which promised equal treatment for people such as him and it had a strong civil society, including organizations like the Treatment Action Campaign. He briefly described how the Campaign had achieved some of its objectives. Activists could hold the government to account because of the rule of law, which enabled them to stake their demands. However, the work was unfinished, he noted. Sex workers still experienced the brunt of many laws all over the world that were moralizing, criminalizing and counter-productive, and many people, including health-care workers, held deeply stigmatizing beliefs about sex workers and other key populations. Sex work remains a criminal offence in South Africa, despite efforts to pass a liberalizing statute and the evidence that protecting key populations and other marginalized groups helped the HIV response. He reminded the meeting that the 2021 Political Declaration on Ending AIDS committed leaders to advance equality and protect human rights.
21. James Makokis is a family physician from the Saddle Lake Cree Nation in northeastern Alberta, Canada. As an Indigenous two spirit person himself he said that many indigenous communities had recognized diverse gender identities and the fluidity of sexual and gender identities for a long time. This had helped transgender and nonbinary people be healthy in their communities. After colonization, however, the situation had changed dramatically—as seen in high rates of suicide among transgender people and their aggravated vulnerability to bloodborne diseases. Mr Makokis worked in a reservation clinic in Alberta providing gender-affirming health care, while trying to meet the need for culturally relevant health interventions. However, transphobia and other attacks on people's rights had severely disrupted this work. He stated that Indigenous people in Canada and globally experienced inequalities that put them at a heightened risk for HIV and other diseases, and they should be seen as a key population. He

- reminded the meeting that stronger political commitment was needed from governments to fund and aid health responses among Indigenous people, including for HIV.
22. Mandeep Dhaliwal, Director of HIV and Health Group, UNDP, reminded the meeting of commitments to reform laws that criminalize key populations, remove stigma and discrimination, adopt enabling and rights-based approaches, ensure access to justice, and promote community-led activities, as set out in the 2021 Political Declaration on HIV and AIDS, especially the 10-10-10 targets and other documents. She recapped key findings and recommendations of the Global Commission on HIV and the Law, including the importance of protective laws and enabling legal and policy environments. Harmful laws policies and practices costed lives and money and did not work, she said, whereas enabling legal and policy environments led to reductions in new HIV infections and helped people protect their health. Yet very few countries had fully adopted enabling laws and policies. She cited evidence showing that countries that criminalized key populations performed worse on HIV than those with enabling environments. There had been some progress, however. Decriminalization of same-sex relations was picking up pace, though not quickly enough and some countries were deepening criminalization through the introduction of punitive legislation targeting key populations.
 23. A number of strategies were being used to achieve enabling environments, she continued. Activists were taking legislative action by seeking the repeal or amendment of unjust laws (e.g. in Angola, Gabon and Singapore) and by challenging criminal or punitive provisions in the courts (e.g. Botswana and India). They were using policy advocacy to mitigate the impact of punitive approaches and building coalitions across sectors. Many of the recent successes (e.g. in the Cook Islands and Zimbabwe) had emerged from the meaningful engagement of civil society organizations, with UN support. She cited examples of the Joint Programme working with community organizations and civil society in the Democratic Republic of Congo to develop a law to reduce HIV discrimination, and working with the National AIDS Control Organisation in India on legal and other interventions to protect transgender people. In Botswana, UNAIDS had supported civil society organizations in successfully litigating for the decriminalization of same-sex relations. She also cited the example of Belgium, which had decriminalized sex work and formally recognized sex worker rights to social protection and health services, as well as ongoing efforts of a coalition of nongovernmental organizations in South Africa to decriminalize sex work.
 24. These examples showed that it was possible to achieve law and policy reforms. Key population leadership and the work of community-led organizations were vital for removing structural barriers. Powerful data, direct evidence and lived experiences could help build the political will for change, while safeguarding the rule of law and sensitizing the judiciary were important. She stressed that law and policy reforms can be interconnected with efforts to change social norms, and that those efforts had to recognize that the media, including social media, played significant roles in shaping public opinion on controversial issues. It was also important to bring together the people who bear the brunt of punitive laws and those who make and enforce laws, to engage regional mechanisms, and support legal and human rights analysis. A short video was screened in which key population activists from around the world shared their experiences with the structural barriers impeding HIV responses.
 25. Ms Dhaliwal highlighted the pushback on human rights, gender and civic space, including attacks on independent media and polarizing narratives that divide and stoke conflict. This required solidarity between communities and a multidimensional strategy, including urgently tackling harmful laws, assuring the safety and security of key populations, and mobilizing stakeholders and building partnerships across sectors.
 26. Gumisayi Bonzo, founder and executive director of the Transsmart Trust, Zimbabwe,

said activists were advocating with legislators and the registrar-general to uphold the right to change one's assigned gender identity and they were making some progress. However, social and cultural norms made life very difficult for transgender and intersex persons, who remained vulnerable to harassment, arrest and violence. It was also difficult for transgender people to work in the public sphere and they faced difficulties accessing health-care services or accommodation, she said. Some leaders were not promoting an enabling environment for the HIV-related rights of transgender and intersex people, she continued. Drop-in services, safe spaces, and help with accommodation were badly needed. Ultimately, transgender people just wanted to be recognized and treated as human beings, she said.

27. Ariadne Ribeiro Ferreira, Equality and Rights officer at the UNAIDS Country Office in Brazil, said it was disheartening to see the hardships endured by transgender women. She described her experiences of childhood sexual violence and her attempts to adapt to a society that had rejected her. She said health-care services had saved her life, enabling her to become an activist who, among other things, worked to reveal the use of psychiatry as a tool of oppression. Her research focused on the ways in which intersectional vulnerabilities experienced by transgender people were expressed in their very high rates of violence, suicide and ill health. She stressed the need to dismantle the structural and social barriers faced by transgender women and to bring about policies and laws that promote and protect their rights. Collaboration and partnerships were vital, she said, adding that Brazil was conducting important work on those fronts. More funding, research and policy initiatives were needed to ensure that transgender women received the comprehensive support and services they needed. Every LGBT+ child driven from her home and forced onto the street was a loss for their entire society, Ms Ferreira said.
28. In discussion from the floor, participants insisted that they should not be seen as victims, but as emblems of resistance and change: transgender people were not just "targets" for interventions, they were the interventions themselves. It was important to understand the layers of people's experiences and to recognize the injustices imposed on them, speakers urged. People's realities should be reflected in policies and national health information systems, and should inform concerted efforts to tackle the social, economic and legal barriers that impede access to the services people need. Community-led monitoring and data collection still showed very high levels of stigma, including self-stigma, and discrimination against key population members, they said and the evidence should be getting more attention. Many countries had no platforms for disseminating such data or dismissed them as "emotive" and of poor quality. Speakers said they supported UNAIDS efforts to promote and protect the human rights of all people, along with its efforts to achieve public health progress. The full realization of people's rights and equitable access to people-centred services for everyone everywhere was a precondition for ending AIDS by 2030, they stressed.

Panel discussion 3: Sustainable financing for key populations and community-led responses

29. This session focused on trends, challenges and good practices in funding for community-led responses for key populations, as well as on gaps and lessons around governance mechanisms and decision-making.
30. Paul Bekkers, Ambassador, Permanent Representative of the Netherlands to the UN, World Trade Organization and other international organizations in Geneva, told the meeting that the example of his country showed that it was wise to invest in services that meet the needs of transgender people. Guided by public health evidence and best practices, the Netherlands was offering free care at accessible centres for transgender people and, instead of criminalization and victimization, it provided support, including

gender-affirmative care. The country had almost zero new HIV infections, he said. The Netherlands' support for HIV totaled about 70 million euros per year, which went, among others, to the Global Fund, UNAIDS and civil society organizations, including the Robert Carr Fund, a pooled-funding mechanism that supports regional and global civil society networks. Importantly, he said, the Netherlands used multiyear funding, which offers partners stability so they can plan and work across longer time spans. It also preferred core and flexible funding, so organizations can adapt to new conditions. This multiyear, flexible and core funding approach was sustainable and it leveraged funds from the Global Fund and domestic sources.

31. Masen Davis, Executive Director of Funders Concerned About AIDS, USA, said philanthropic funding for HIV was alarmingly off-track, with some funders withdrawing from the AIDS response. In 2021, HIV-related philanthropic funding had totaled US\$ 622 million worldwide, with 16% of it going to key population groups and 4% going to transgender populations. This relatively low level of funding was a concern, he said, given the disproportionate impact of the epidemic on key populations. Most of the funding from philanthropy for trans communities went to the USA. Political challenges, rooted in fundamentalist ideologies coupled with substantial financial support, were gaining traction across the world, he warned. In 2013–2017, estimated funding for the anti-gender movement exceeded funding for global LGBT+ movements by over 200%, and the funding was highly flexible and lax. This movement was perpetuating stigma and discrimination, he said. Describing some of his experiences when seeking health-care and HIV services as a transgender man, Mr Davis said it was important to engage human rights and health-care funders and bring them along in the fight against HIV. Civil society needed to be better resourced to deal with the challenges that stood in their way; one way to do that is to reduce barriers to supporting key population organizations that have credibility and established relationships with the communities they serve.
32. Lynn Regina, Executive Director of Fondy GenderCôte d'Ivoire, said transgender people in her country used to be classified as gay men and other men who have sex with men, which meant that their specific needs were not taken into account. When this changed in 2020, it revealed the precarious situations of transgender people. With support from the Global Fund, PEPFAR, UNAIDS and civil society stakeholders, Fondy Gender has been working to improve services and support for transgender people, especially at community level. The first initiative was directly funded by UNAIDS (titled "Welcome") and other partners, like the Cote d'Ivoire Alliance, the Global Fund and Expertise France, have supported capacity building. Much of this occurred at community level. Transgender organizations need resources and support to develop good governance and strong leadership, she said, and transgender people needed to be more involved in decision-making. Health-care workers also needed training so they can understand and support transgender people. Strong research evidence was also needed to help contend with a wave of hatred against the transgender community.
33. Ed Ngoskin, senior technical advisor, Investment Support and Key Populations working in the Community Rights and Gender Department at the Global Fund, said the Fund saw community-led responses as crucial. It shared concerns that key population programmes, especially key population-led activities, were badly under-resourced and heavily dependent on external support. He said the Fund was seeking to increase funding for community-led providers, including through social contracting, and it was placing greater emphasis on community health strategies and community-led services. It was also supporting data collection for key populations, including for transgender women. He highlighted the need to address the complexities of sustainable funding early in funding negotiations (e.g. payment mechanisms, effective tendering, and monitoring and evaluation). In its grant cycle 7, as part of the Programme Essentials, Global Fund included community-led efforts, and also encouraged community system strengthening and community-led monitoring activities. It also encouraged governments to explore

alternative modes of contracting so smaller community organizations can access funding and resources. In addition, it was supporting meaningful participation of key population communities in decision-making, including in Country Coordinating Mechanisms. One of the lessons was that there was a need to dedicate funding for decision-making participation, he noted. Finally, the Global Fund was trying to address the deterioration of civic space and the attacks on the rights of key populations by supporting communities and service providers to respond to threats and attacks.

34. A video was screened with a message from the French ambassador for the rights of LGBT+ people, Jean-Marc Berthon, who said that homophobia and discrimination killed and that gay and transgender people were being driven into hiding across the world. It was essential that everyone exposed to HIV could access prevention, testing, treatment and care services.
35. Speakers thanked the participants for the insightful session and emphasized that gender identity was an inherent right of all people, not "a lifestyle choice". They expressed grave concern about the increasing attacks on gender equality and human rights, which were well-funded and -coordinated. They called on members to directly fund communities and key population groups with multiyear, flexible and core funding, and to prioritize actions that reduce the structural barriers in the HIV response. Members shared information about their efforts to strengthen the rights, social inclusion and health of key populations and LGBTI+ communities.
36. In reply, Ambassador Bekkers asked for more information about the anti-rights and anti-gender movement, what its agenda was and whether it could be confronted effectively with knowledge and evidence. Responding, Ms Dhaliwal said she did not think evidence and persuasive arguments would be sufficient; the movement with the most money, the best organizing capacities, and the strongest tactics and strategies would ultimately win. Evidence was important for engaging governments and civil society organizations, but it would not work in engaging with the movement itself. Fariba Soltani, Chair of the Committee of Cosponsoring Organizations described some of the work undertaken by the UN Office on Drugs and Crime to serve the needs of transgender people in prison.
37. Closing the session, Christine Stegling, Deputy Executive Director at UNAIDS, thanked the moderators and participants and said it was heartening to see some transgender people representing their governments at the session. She said speakers had reminded that neither key populations nor transgender people were homogenous groups. The successes and innovations shared gave reason for hope, but the initiatives had to be scaled up and data and other gaps had to be filled. The collection of data should always be guided by the do-no-harm principle and community-generated data had to be brought to the fore. There was also a need to tailor packages of interventions via integrated and people-centred approaches that went beyond HIV. A multidimensional strategic response was needed to both end the AIDS epidemic and push back against the anti-gender and anti-rights movement, and it would require additional resources. Concluding, Ms Stegling recalled the four corporate priorities which the UNAIDS Secretariat had identified (advancing the HIV prevention agenda, accelerating access to HIV treatment and new technologies, expanding community-led HIV responses, and promoting equitable financing and sustaining the HIV response) and said the thematic segment would help UNAIDS refine its prioritization and partnerships with Member States, communities, the Global Fund, PEPFAR and other partners and stakeholders.

Draft decision points

38. *Takes note* of the background note (UNAIDS/PCB (52)/23.21) and the summary report (UNAIDS/PCB (53)/23.27) of the Programme Coordinating Board thematic segment on “Priority and key populations, especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses”;
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 - b. Increase advocacy and funding for reaching the 30-80-60 targets with particular attention to key population-led organizations;
 - c. Deliver joint, coherent and increased support for the needs and rights of key populations, especially transgender people, particularly in circumstances where human rights are at risk;
 - d. *Report back* on progress towards the achievements of the 2025 targets through the annual UBRAF performance reporting.

[End of document]