

**BEST PRACTICE GUIDE FOR
TRANS ACTIVISTS IN THE
DEVELOPMENT OF
NATIONAL STRATEGIC PLANS
(NSPs)**



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About GATE

GATE is an international advocacy organization working towards justice and equality for trans, gender diverse and intersex communities. Rooted in our movements, we work collaboratively with strategic partners at the global level to provide knowledge, resources and access to international institutions and processes. Our vision is a world free from human rights violations based on gender identity, gender expression and sex characteristics. Our strategy is to transform the landscape of global advocacy, knowledge creation and resource distribution through critical inclusion of trans, gender diverse and intersex movements at all levels of political, legal and socio-economic processes.

Our work on depathologization focuses on campaigning for legal gender recognition, gender affirming healthcare and its coverage, and by seeking recognition of many human rights violations as rooted in pathologization. We do this by engaging with the World Health Organization on specific processes, including the reform of the International Classification of Diseases; building critical dialogues with key stakeholders and producing and sharing technical and political resources; introducing pathologization as a key issue within the international human rights system; and monitoring legal depathologization and gender ideology-based attacks against our communities.

Find out more about GATE by visiting www.gate.ngo

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Note on language: In this guide we use the term “trans” to refer to transgender and gender diverse communities, i.e., populations that are not cisgender.

In every country with available data, trans populations are among the most affected groups by HIV. In all regions, trans populations experience high levels of structural and societal stigma, discrimination and violence that hinder the availability and access to health services, including those related to HIV¹.

Despite this, trans populations are frequently not included in national data collection efforts or recognized by national governments as priority populations in their HIV responses. As a result, meaningful inclusion of trans people in National Strategic Plans (NSPs) is rare, and this exclusion continues to contribute to poor HIV-related health outcomes among this population and to comparatively low levels of trans-specific funding and programming. Donors are increasingly prioritizing funding for interventions that are included in NSPs. As such, where it has been accomplished, inclusion of trans populations in NSPs has helped to increase targeted support for trans communities.

Accordingly, we have developed two guides: the “Best Practice Guideline for Governments on the Engagement of Trans People in the Development of National Strategic Plans” and the “Best Practice Guideline for Trans Activists on Engaging in the Development of National Strategic Plans”. They seek to address the exclusion gap by increasing the meaningful engagement of trans people in NSP development.

These Guidelines are based on:

- Desktop research.
- A survey of 45 trans activists around the world engaged in advocacy around NSPs (referred to in this guideline as the activist survey).
- Interviews and focus group discussions with trans activists, government officials, and community representatives of organizations in case study countries (Cambodia, Kenya, Sierra Leone, Uganda and the Ukraine), as well as interviews with donors (Bridging the Gaps/COC Netherlands, Global Fund, Global Philanthropy Project and UNAIDS).
- Guideline validation meetings with trans activists engaged in NSP advocacy.

What is the HIV National Strategic Plan?

Countries around the world develop their NSPs with the aim to guide the national response to HIV. In some countries, strategic plans also integrate policies and programs related to Tuberculosis (TB), Sexually Transmitted Infections (STIs) and Malaria. These strategic plans usually have an implementation period of between 3 to 5 years.

¹ UNAIDS (2021). HIV and transgender and other gender-diverse people. Human Rights Fact Sheet Series.

National Strategic Planning provides the guiding framework for national responses and includes activities, budgets, as well as monitoring and evaluation processes to ensure that targets set are reached. A country's NSP directs its approach, resourcing, and action in responding to the HIV epidemic. It outlines how it will embark on HIV prevention, testing and counselling, HIV treatment and care, retention and viral suppression, prevention and management of co-infections and co-morbidities (viral hepatitis, TB and mental health), comprehensive condom and lubricant programming, sexual and reproductive health (SRH), Pre-exposure Prophylaxis (PrEP), harm reduction interventions for substance use and safe injection, behavioral interventions, and addressing stigma and discrimination.

Why is it important that our communities and organizations engage with this?

- **Trans populations are disproportionately affected by HIV.** According to the last UNAIDS report published in 2020², transgender women are at 34 times greater risk of acquiring HIV than other adults. Trans people are one of the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services. Despite this, trans populations are frequently not included in national data collection efforts or recognized by national governments as priority populations in their HIV responses.
- **Nothing about us without us.** NSP aligns and coordinates the contributions of key national stakeholders, including government, the private sector, nongovernmental organizations, community groups, development partners, donors, United Nations agencies. Communities of people living with HIV and key should have an important role as partners in this process. The meaningful inclusion of trans people in NSPs is rare, and this exclusion continues to contribute to poor HIV-related health outcomes among this population and to comparatively low levels of trans-specific funding and programming. The higher risk faced by trans people is worsened by the majority of countries continuing to overlook and not include our communities in meaningful ways in the national response to HIV.

Did You Know?

Key Populations (KPs) are communities who, due to their marginalization, continue to bear the brunt of the HIV epidemic while being prevented from seeking and accessing HIV services because of ingrained stigma, discrimination and exclusion.

² UNAIDS (2021). Global AIDS update – Confronting Inequalities: lessons for pandemic responses from 40 years of AIDS.

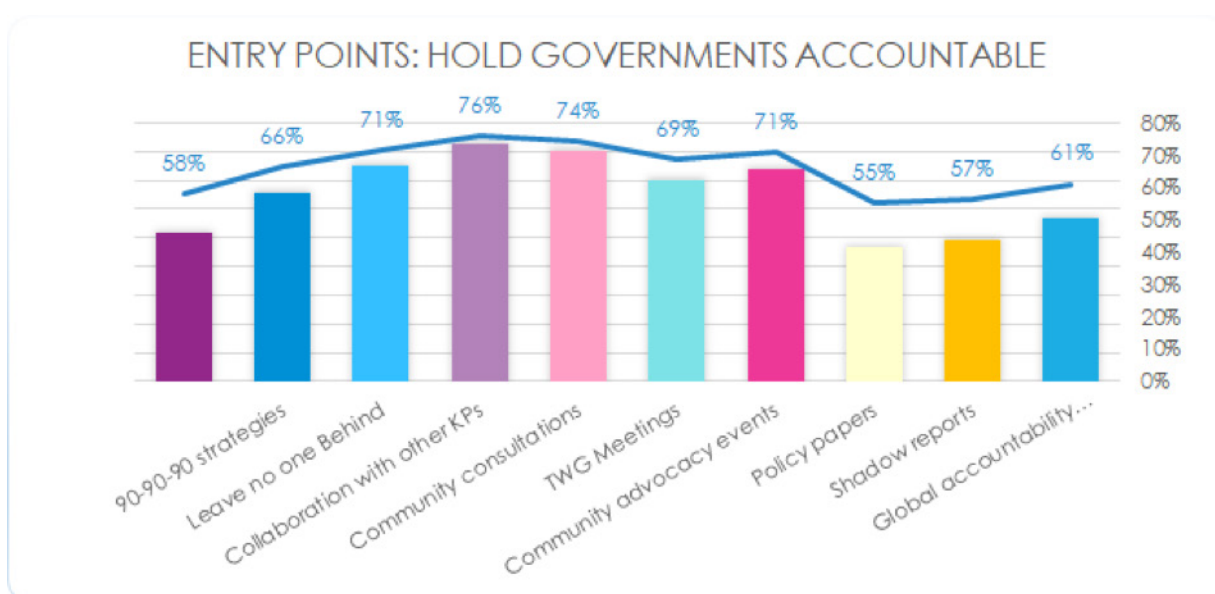
Case Study – the Ukraine: Fighting Deliberate Exclusion

In the Ukraine, trans inclusion in the Country Coordinating Mechanism (CCM) has been tokenistic. Once elected, the current trans representative was told explicitly that there were no options to get onto any working committees where decisions are made, and work gets done. This is despite working groups meeting on Zoom. The CCM trans representative was denied the Zoom link for the calls, showing that even where meaningful inclusion is easy, practical exclusion is systematic and deliberate. Trans activists have highlighted the importance of combating systematic exclusion through advocating for systematic inclusion, such as through the use of quotas for trans engagement in key decision-making spaces. This allows for meaningful inclusion of trans people and provides avenues for holding governments accountable to their commitments. Nevertheless, in the meantime, trans activists and organizations in the Ukraine continue to explore avenues for combating exclusion in creative and innovative ways. They have embarked on a training program which will equip them to serve as assistants to government officials, increasing their skills and capacity while at the same time investing in long term relationship building and strategic networking. This approach aims to increase the ability of activists to promote and defend the interests of the trans community at opportune moments with those that hold decision-making power.

Transforming global commitments in local action

The Agenda for Sustainable Development

Most countries in the world (193 UN member States) signed on to the 2030 Agenda for Sustainable Development. The agenda includes 17 Sustainable Development Goals (SDGs). The Sustainable Development Goal (SDG) 3 focuses on Good Health and Wellbeing, with an emphasis on “Leave No One Behind”. The “Leave No One Behind” principle is indeed vital for trans individuals and communities, who have been constantly left behind by policy makers and in program design, both nationally and internationally.



Leveraging principles and frameworks like SDG 3 on Good Health with an emphasis on “Leave no one behind”, enables activists to enter international spaces such as the UN to participate, as well as monitor their state’s performance. It also increases the opportunities for activists to become informed, to strengthen networks of solidarity, and to hold their states accountable in accordance with their NSP commitments. The graph above demonstrates that there are already trans activists and organizations utilizing mechanisms to hold their governments accountable. It also highlights areas for improvement, for example, national policy papers, shadow reports and the SDGs, to which member states sign on. For recommendations on the use and linkage of some of these entry points, see GATE’s [Toolkit](#) on the SDGs and Trans Engagement, particularly pages 12-13.

2021 Political Declaration on Ending AIDS

In June 2021, UN Member States adopted a set of new and ambitious targets in a political declaration³ at the UN General Assembly High-Level Meeting on AIDS. The political declaration acknowledged with concern that the 5 KPs, including trans people, are more likely to be exposed to HIV and face violence, stigma, discrimination and laws that restrict their movement or access to services.

Member States agreed to ensure that less than 10% of countries have restrictive legal and policy frameworks that lead to the denial or limitation of access to services by 2025. They also committed to ensuring that less than 10% of people living with, at risk of or affected by HIV face stigma and discrimination by 2025⁴.

Member States also committed to the Greater Involvement of People Living with HIV/AIDS (GIPA) principle and to ensure that relevant global, regional, national and subnational networks and other affected communities are included in HIV response decision-making, planning, implementing and monitoring, and are provided with sufficient technical and financial support. A new set of targets was agreed specifically about the engagement and leadership of communities in delivering services, including ensure that community-led organizations deliver:

- 30% of testing and treatment services, with a focus on HIV testing, linkage to treatment;
- 80% of HIV prevention services for populations at high risk of HIV infection, including for women within those populations
- 60% of programmes to support the achievement of societal enablers

The 2021 Political Declaration was informed by the new Global AIDS Strategy 2021-2026. The strategy recognizes that inequalities are preventing progress towards ending AIDS epidemic and that key populations (KPs), like trans people, sex workers, men who have sex with men, and people who inject drugs, are critical to achieving this ambitious vision.

Countries are working now in translating these global commitments to national plans and strategies to be implemented by 2025. These commitments can be used by trans communities and organizations to advocate for greater and meaningful engagement in this process. All of these international commitments, along with your country’s NSP, are linked to and interact with each other. While the country is planning, implementing, and monitoring systems on a national level, such as at the Department of Health, at Parliament or in the CCM, the country also reports periodically to the United Nations (UN) on an international level. It is important to know these different spaces and how they connect in moving towards the same goal, strategically.

³United Nations General Assembly. (2021). A/Res/75/284. https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids

⁴UNAIDS. (2021). New global pledge to end all inequalities faced by communities and people affected by HIV towards ending AIDS. https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/june/20210608_hlm-opens

Understanding the Impact of the epidemic on Key Populations

Last UNAIDS report⁵ shows that in 2020 the 1.5 million new HIV infections were predominantly among key populations and their sexual partners. People who inject drugs, transgender women, sex workers and gay men and other men who have sex with men, and the sexual partners of these key populations, accounted for 65% of HIV infections globally in 2020. Key populations accounted for 93% of new HIV infections outside of sub-Saharan Africa, and 35% within sub-Saharan Africa. However, they remain marginalized and largely out of reach of HIV services in most countries.

Despite this, there is a huge gaps in funding HIV response for key populations. An Aids-fonds report showed that programs targeting KPs between 2016-2018 received only 2% of all HIV funding, with KP-focused programs experiencing a resource gap of 80%⁶.

For an effective HIV response, the WHO consolidated guidelines⁷ on HIV prevention, diagnosis, treatment and care for KPs indicate that KPs should be meaningfully engaged in or leading the programs that aim to reach their communities. It is clear that communities need to drive this work. Despite this, KPs continue to face significant barriers to meaningful inclusion. Therefore, proactive and strategic engagement in national HIV response processes by trans-led organizations and communities has the potential to create opportunities for effective planning, funding, and programming around the epidemic, moving us closer to the 2030 vision.

Key populations and trans populations in NSPs

Countries report annually to UNAIDS their progress against the global commitments through a Global AIDS monitoring (GAM) that includes a National Commitments and Policy Instrument (NCPI). In the NCPI, there are specific questions about the participation of key populations in policy/guidelines/strategy development related to their health. Most recent data show among countries reporting, in only 40% trans populations were engaged. This is below the reported engagement of gay men and other men who have sex with men (60%), and sex workers (53%)⁸.

In addition to the participation in the process, it is important to analyze if issues related to key populations are effectively included in national plans.

⁵ UNAIDS. (n.d.) UNAIDS report shows that people living with HIV face a double jeopardy, HIV and COVID-19, while key populations and children continue to be left behind in access to HIV services. https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/july/20210714_global-aids-update

⁶ Ibid.

⁷ World Health Organization. (2014). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>

⁸ Data available at lawsandpolicies.unaids.org.

Country-specific NSPs use different terms and definitions for KPs. Other than “key populations”, some examples include phrases like “marginalized populations”, “most-at-risk populations”, and “vulnerable groups”. These terms have subtle differences that can have important implications for HIV programming. The World Health Organization⁹ considers key populations to be groups who “due to specific higher-risk behaviors, are at increased risk of HIV **irrespective of the epidemic type or local context.**” Also, they often have legal and social issues related to their behaviors that increase their vulnerability to HIV.” On the other hand, they consider vulnerable groups to be those who “in certain contexts are also particularly vulnerable to HIV infection. These populations are **not uniformly vulnerable** or equally affected across different countries and epidemic settings,” but are country, situation and setting specific. The NSP for Malawi, for instance, places men who have sex with men (MSM) and sex workers in the category “key populations”, while it places prisoners in the category “vulnerable populations”.

Did You Know?

UNAIDS considers gay men and men who have sex with men, sex workers, trans people, people who inject drugs as well as prisoners and other incarcerated people as the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services¹⁰.

In many countries, the inclusion of trans people in the defined category of “key populations” specifically recognized in the NSP, has been as a result of intensified advocacy efforts. For example, in 2020 when Kenya and Uganda were developing new NSPs, trans activists and organizations successfully advocated for inclusion of trans people as recognized KPs.

Activity

We encourage you to look at your own country’s NSP for the terms used to describe key populations – which populations they represent and what those populations have in common – as these vary within and between NSPs. Are trans people included in your country’s NSP’s definitions? Where?

Did You Know?

Trans people in particular are reached by only 0.3% of prevention funding, even though globally¹¹, trans people are 34 times more likely to acquire HIV than the general adult population¹².

⁹World Health Organization. (2016). Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations – 2016 Update.

¹⁰ UNAIDS. (n.d.) Key Populations. <https://www.unaids.org/en/topic/key-populations>

¹¹ Aidsfonds. (2020).

¹² UNAIDS (2021). Global AIDS update – Confronting Inequalities: lessons for pandemic responses from 40 years of AIDS.

In NSPs, trans populations continue to be invisibilized. A recent review¹³ by GATE and am-FAR of NSPs of countries most impacted by HIV in the five UNAIDS regions with the highest adult HIV prevalence shows that instances where trans populations are mentioned in NSPs occur most often in the narrative section of an NSP, where general descriptions are given. There are, concerningly, much fewer mentions of trans people in NSP sections that look at epidemiologic data (with only 20% of NSPs mentioning trans people), in monitoring and evaluation indicators/targets (23.3%), budgets (13.3%) or activities (38.3%).

This shows the need for more meaningful engagement in trans inclusion when it comes to NSP processes. It also highlights the need for activists to undertake a detailed analysis of each section of their countries' NSP to ensure that there are adequate frameworks in place for holding states accountable to their commitments.

Lastly, trans-specific HIV data is limited. It often focuses on trans women, due to the burden of HIV they face, with limited information on trans men or non-binary people. Trans activists are best placed to bring these nuances to the table.

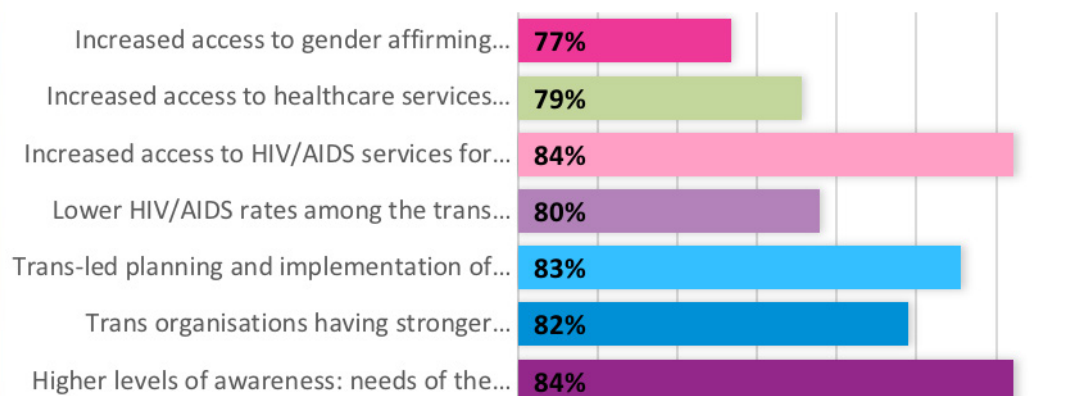
Where Do We Want to Be?

Understanding and utilising the links between NSP engagement and your existing organizational mission, strategy and goals

NSPs for HIV/AIDS are planning frameworks that set priorities for programs and services, including a set of targets to measure progress toward national and international goals. The NSP ensures the coordination of technical support, resources and activities of different actors (including the state, NGOs, the private sector, donors, UN agencies, and other partners) to end AIDS by 2030. It also contributes to reaching applicable SDG targets, such as those that are health related. This makes engaging in the NSP development process a potential route of keeping your state accountable to the commitments they make on regional and global platforms, increasing the potential for national and local level impact that can improve the lived experience of trans communities. It is therefore worthwhile to look at what areas of your organizational activities, mission, strategy and goals intersect with NSP-related issues, so that your work in this area takes a holistic approach. This includes planning for, and investing time in, ensuring the trans communities you serve have sufficient knowledge and awareness of the importance of NSP engagement, to allow for you to regularly relay information and take direction from them where needed.

¹³ Lankiewicz, T. et al. (2021). Assessing inclusion of transgender populations in HIV/AIDS National Strategic Plans: a global review. Manuscript in preparation.

WHAT TRANS ACTIVISTS HOPE NSP ENGAGEMENT WILL BRING



As shown in the graph above, the activist survey as well as the activist validation meeting made clear that the goals for trans engagement in the NSP are diverse. Activists experienced in this work see NSP engagement as an entry point to various priority areas, such as:

- Higher levels of awareness of the needs of the trans community by government officials (84%)
- Increased access to HIV/AIDS services for the trans community (84%)
- Trans-led planning and implementation of HIV services (83%)
- Trans organizations having stronger networks across different sectors (82%)
- Lower HIV/AIDS rates within the trans community (80%)
- Increased access to health care services generally for the trans community (79%)
- Increased access to gender-affirming health care services (77%).

Understanding how NSP engagement links to the priorities of our communities, and ensuring that language in the NSP includes this is essential. For example, visibilize how trans people not feeling supported through medical gender affirmation, or how the low levels of trans-competent psycho-social support impacts on trans engagement in HIV prevention and care services. Look at how the NSP connects to issues like the economic livelihoods of trans people. Ensure the state acknowledges the ways in which criminalization, sexism, HIV stigma, and transphobia can negatively impact risk-taking behaviors, knowledge of HIV status, HIV care, and other needed services for many trans people.

Activity

Develop language on why NSP engagement is important for your organization. What kinds of better outcomes do you hope for from NSP work? How does it link to your other work? What are the secondary benefits for you? This could for example be things such as strengthened networks and closer partnerships. Give sufficient time to planning, documenting, and communicating around this with different stakeholders like donors, community members, and government officials so that you have internal clarity that supports your external advocacy.

Holistic recognition of trans communities as KPs in NSPs

KPs can be addressed throughout the different sections of a typical NSP. Most NSPs generally include (1) NSP narrative sections, (2) Epidemiological data, (3) Monitoring and Evaluation (M&E) indicators and targets, (4) NSP activities, and (5) NSP budgets. An NSP that shows contextual awareness and understanding of trans populations throughout all these sections has the highest possibility of leading to planned HIV interventions for trans communities in ways that are not superficial or tokenistic in nature. A brief discussion of each section follows.

1. Recognition in the definitions and narrative discussions of key populations in NSPs

An explicit recognition by the state of trans people as a KP opens up the opportunity of having the state take on a targeted, effective response to the HIV epidemic for trans people specifically. Ideally, trans communities should be defined as a KP, with a demonstrated awareness of the diversity of the trans population and, as appropriate, including indigenous terms that the community uses to self-identify. Trans populations should be discussed separately with a meaningful degree of thoughtfulness, specificity and detail throughout the narrative sections of an NSP. This will better set the scene for developing contextually-aware responses.

2. Meaningful inclusion in sections concerning epidemiological data

KPs who bear a disproportionate burden of HIV, particularly trans people, have been understudied, and country-specific epidemiologic data for trans people is usually limited or absent. Community-driven, inclusive approaches to collection of epidemiological data can provide activists, decision makers, government stakeholders and donors with the tools to make evidence-based decisions for national planning. This includes KP size estimates, both prevalence and incidence estimates, HIV prevention and treatment cascades, experienced violence, consistent condom use, and engagement with health care systems desegregated for trans populations, rather than generalized.

3. NSP activities

The presence of trans-specific activities in an NSP indicates intention and commitment to engaging in implementation. State discussion of the situation of HIV people in NSPs without focused activities to address the disparities found runs a high risk of remaining superficial.

4. Specified Monitoring and Evaluation (M&E) indicators and targets

In the NSP, M&E indicators and targets specific to trans people will help monitor whether there has been any change, progress or regress in reaching the goals defined for improving the HIV response for the trans community, in accordance with the planned activities. Mentions in other sections of the NSP without any trans-specific indicators or targets, can lead to failure to adequately assess whether or not targeted activities are improving the situation.

5. NSP budgets

Budgets control the resourcing of planned activities. If there is a commitment to activities that will need to be financed, with no budgetary allocation, the likelihood of activities being able to be carried out as planned is significantly lower.

Activity

We encourage you to look at your own country's NSP to assess the degree to which trans people are mentioned. Are they mentioned in the narrative? In epidemiological data? Activities? M&E targets and indicators? Budgets? Is there a holistic, targeted, desegregated, context-relevant plan for trans communities in your country's NSP?

How Do We Get There?

Below are some recommendations on what you and your organization can do to get involved!

1. Understand how trans people are un/addressed by the NSP currently

Knowing exactly where and how trans people are being excluded will help you in planning your advocacy. Review and become familiar with your country's NSP. After the development of an overarching NSP, different government departments (e.g. those dealing with health, social development, gender, etc.) often use it as a guide to develop their own specific NSP-related plans. Has trans inclusion or exclusion been carried through to these levels? A useful organizational exercise might be undertaking a comprehensive review of the level of trans inclusion in your country's NSP, as well as the resulting ministry-level strategic plans, and producing a report that can be used as an advocacy tool.

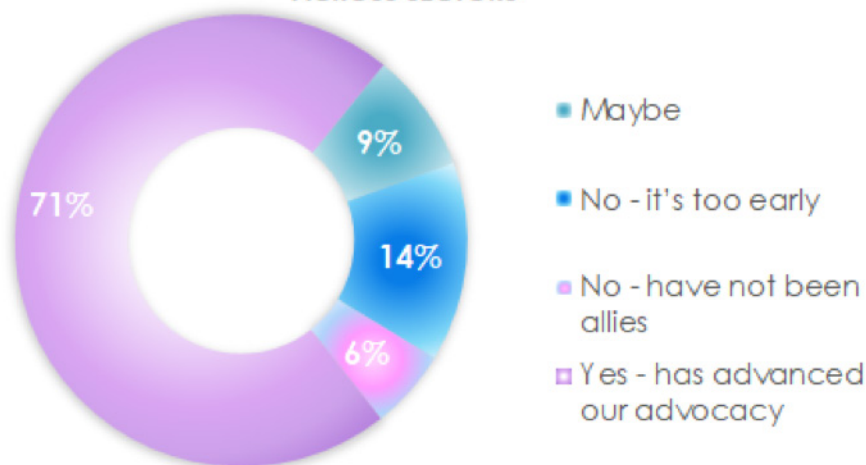
2. Map out and understand key processes for engagement in NSP development

To be able to act strategically, it is important to map out key decision-making processes, and key stakeholders and networks relevant to NSP development. Gaining a clear understanding of what this looks like in your own context can serve as a useful reference point for planning your engagement in the short, medium and long term. Understand which cycle your NSP is in, i.e., how many years it covers, when the next review process is, and how to start proactively engaging the relevant networks and processes now.

3. Consider ways to expand collaborative, participatory, partnership-based approaches

Trans activists working on NSP engagement have indicated that collaboration with other KP-led organizations, networks, and actors has been an entry point to starting to hold governments accountable in this area and have found value in coordinating work across sectors. For example, in the Ukraine, alliances with cis partners who work in HIV service organizations helped trans activists with getting a seat at the table. In Cambodia, a community-based organization (CBO) that started out as an MSM organization set up trans-led advocacy in this area, aiming for trans-specific inclusion in the NSP, with more tailored interventions that take into account the differences between the trans community and other KPs. The graphic below, taken from the activist survey, further highlights the usefulness of this approach.

COORDINATING YOUR ORGANIZATIONS WORK WITH
THAT OF OTHER ORGANIZATIONS IN YOUR COUNTRY
ACROSS SECTORS



Activity

What KP networks, organizations, and actors exist in your country? Can you map them? Which ones have you never spoken to? What are your relationships with them like? What opportunities exist for creating or strengthening relationships and building trust? When are there opportunities for impactful collaboration, cooperation, shared planning and action?

Consider also how to include a diversity of trans voices in your work. Are there other trans organizations or individuals you can invite that are best placed to highlight issues that relate to trans people in rural areas? Do they highlight the issues faced by trans men, non-binary people, or trans people with disabilities? There is power in collective organizing. Ask yourself: who in our community might still be left out despite our organization's participation? How can we ensure that they are also meaningfully included?

4. Advocate for and/or engage in data collection

While more research reveals the need to increase targeted resources for the HIV prevention, care, and treatment of trans people globally, a lack of data domestically is a barrier to understanding the exact degree of scale-up that is needed. Very few states have reliable population estimates for the trans community in their countries, and this is worsened by the historic invisibilization and marginalization of trans communities. Where there is data, the under-resourcing of responses for trans populations is clear. Activists can advocate for and engage in gathering population estimates, accurate data on various areas relevant to the HIV response (such as barriers or opportunities for trans people in accessing programming for prevention, treatment and care, or data on what funding for trans community-driven HIV responses look like in your State). Working towards community-driven approaches for data collection, and creating avenues for data sharing between public health authorities and community-based organizations are some of the ways that are available when working towards change. Additionally, looking at how trans data collection can be desegregated to ensure that the approach to our communities is not generalized but specific can be valuable. How will the data capture the diversity of trans populations? Reach rural trans communities? Reach trans people experiencing other forms of marginalization?

Case Study – Uganda

Data collection and evidence is often an inescapable part of public health advocacy. Having data to refer to can often open doors that would otherwise have remained closed, while a lack of data can keep doors closed that would have otherwise been opened. Dr Peter Kyambadde, a representative of the Ministry of Health in Uganda who runs a clinic for KPs (Most at Risk Populations Initiative – MARPI) has the following to say to activists about the importance of evidence:

“Talk with evidence and make your case multiple times. As people conceptualise what research can do, trans people would then be better included and have specific research efforts for them. Without data it becomes very difficult. If you don’t have evidence you can’t talk. It needs to be documented as the Ministry does not act without evidence. The most impactful approach: Go through proper processes and get institutional partnership and backing from recognised research institutions. Research must be acceptable as evidence. It’s one thing that’s been a big gap for us who do programming - where is the data?”

5. Do not wait to get invited to engage, advocate for engagement!

In many countries trans people are excluded from NSP processes from its inception. If you are not being included where you are, do not wait for an invitation to engage. Actively plan for and advocate for engagement. Think about the different tactics and advocacy tools you are already familiar with and have experience in to do this. Your organization could initiate the writing of a formal letter to the state to make the exclusion visible and advocate for meaningful inclusion, gathering signatures from other trans organizations in your country. You can organize meetings with your community to strategize, plan collaboration, or put pressure on particular decision makers identified in your stakeholder mapping. Get creative and organize!

6. Submit NSP revision requests

Is your next NSP cycle far off? Has your government not released any public information on the revision process? There’s no need to wait for your next NSP cycle. Assess the current NSP and consider creating shadow NSPs with other KP Networks, as well as something trans-specific. In Uganda, activists developed a shadow NSP under the PITCH program. The government ended up incorporating some of the recommendations into their NSP.

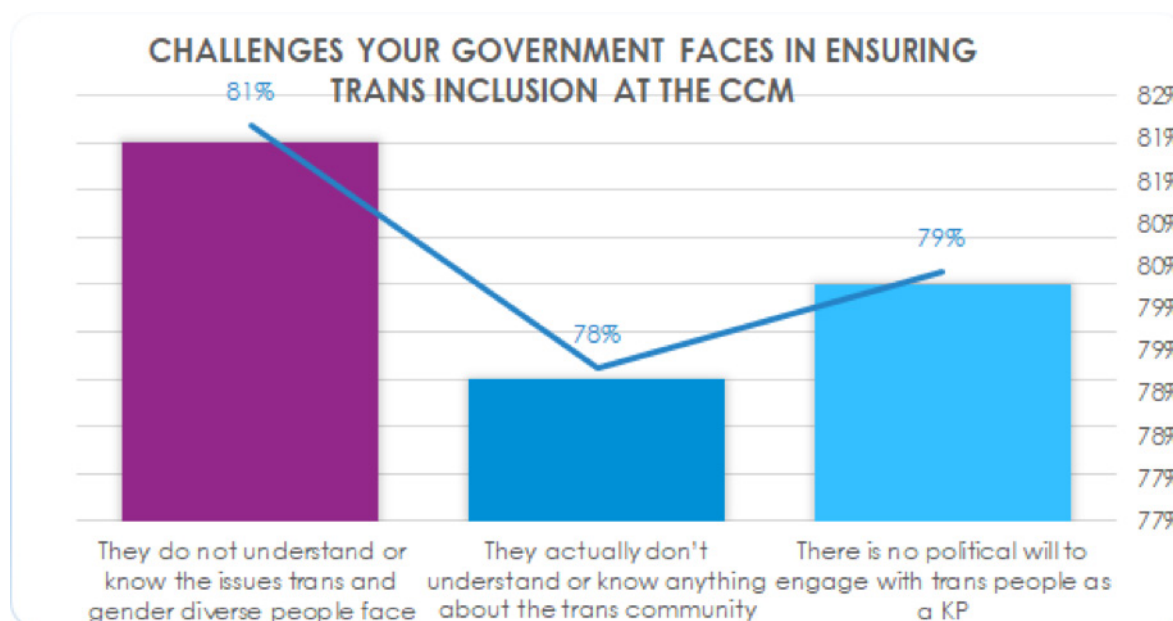
7. Organize community consultations or community dialogues for NSP input

One challenge for trans organizations to participate in NSP processes is the low level of community awareness. Come up with ways to ensure that we bring our communities with us, that we leave no one behind. Consider organizing community awareness-raising sessions, dialogues on different parts of the NSP process, and spaces for expert presentations. Consider the quote below, and come up with ways that work well in your context to strengthen the knowledge and understanding of the trans communities you represent.

“There’s a lack of information in the trans community about the NSP. There are a few people in Uganda (and perhaps elsewhere) who are aware of the NSP, what the entitlements are, how the trans community should benefit - few people who even know NSP exists. So, the trans community needs to know about the NSP and the programs that exist under it. If they don’t, it makes it difficult for organisations whose programs are community-driven, community-led, to do the planning and advocacy around trans inclusion in the NSP”. Jay Mulucha, FEM Alliance Uganda

8. Collaborate with governments in awareness raising and training development

When we asked survey participants what they thought were some of the challenges that their government faces in ensuring trans inclusion at the Country Coordinating Mechanism, Technical Working Group or at a self-organized multi-stakeholder level, there was an overwhelming response (81%) that indicated that “they do not understand or know the issues trans and gender diverse people face”. This reply was followed by: “There is no political will to engage with trans people as a KP”.



The lack of a holistic, diverse, nuanced and context-relevant understanding of the trans community is a significant inhibitor to inclusion. Consider organizing awareness-raising sessions or sensitization training on the trans community for your state officials. Consider organizing dialogues where you give space for interaction between the trans community and government stakeholders involved in the NSP process. Have you done similar work on sensitization before? What strategies have worked for you that you can apply here?

9. **Make your voice heard!**

Think about your communication strategy. How will you make your voice, on this, heard? What messages are the most important for you to get out there? What platforms are available for you to use? How can you draw the attention of your audiences to this issue and keep it there? Perhaps a social media campaign, a webinar, engaging community radios, creating videos or pamphlets. Reflect on how you have successfully drawn attention to an issue important to you before.