

**BEST PRACTICE GUIDE FOR
GOVERNMENTS ON THE
ENGAGEMENT OF TRANS PEOPLE
IN THE DEVELOPMENT OF
NATIONAL STRATEGIC PLANS
(NSPs)**



GATE

amfAR

MAKING AIDS HISTORY

BEST PRACTICE GUIDE FOR GOVERNMENTS ON THE ENGAGEMENT OF TRANS PEOPLE IN THE DEVELOPMENT OF NATIONAL STRATEGIC PLANS (NSP)

This work may be reproduced and redistributed, in whole or in part, without alteration and without prior written permission, solely for nonprofit advocacy and/or educational purposes provided all copies contain the following statement:

© 2021 GATE. This work is reproduced and distributed with the permission of GATE. No other use is permitted without the express prior written permission of GATE. For permission, contact gate@gate.ngo

Authors: Niwagaba, N. Theron, L., Sehoole, J.

Acknowledgements:

Editing: Naomhán O'Connor

Project Coordinator: Erika Castellanos

Layout: Gabriel Germaine de Larch

Data Analysis: Omar Torres Santaella

Transcripts: Mathilde Tomson-Myburgh

Suggested citation:

GATE. (2021). *Best Practice Guide for Governments on the Engagement of Trans People in the Development of National Strategic Plans (NSPs)*. New York: GATE.

GATE would like to thank representatives from the Ministry of Health, Uganda; the National AIDS and STIs Control Program (NASCOP), Kenya; UNAIDS; amfAR; the Global Fund (Community Rights and Gender); COC Netherlands (Bridging the Gaps program); Global Philanthropy Project; the NGO Cohort, Ukraine; Jinsiango, Kenya; FEM Alliance, Uganda; Men's Health Cambodia; and the Trans Alliance Sierra Leone that shared information and insights during the interviews and validation meeting, and generously provided suggestions for the content and texts of the guidelines.

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

Contents

4

Introduction	5
Methodology	5
Presentation of Findings	6

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 are not 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 within this population and leads to comparatively low levels of trans-specific funding and programming. Donors are increasingly prioritizing funding for interventions that are included in NSPs, so justifying inclusion of priorities not aligned with NSPs is burdensome and challenging. As such, where it has been accomplished, inclusion of trans populations in NSPs has helped to increase both domestic and international funding for trans communities.

This guide for national governments therefore seeks to address the exclusion gap by developing best practice guidelines that provide clear steps and appropriate language that governments can use to facilitate and foster the meaningful engagement and involvement of trans communities in the development of NSPs.

Methodology

This research took different approaches, including an initially broad exploration of the relevant themes such as trans-inclusive health care, HIV care and examples of policies, training material, etc. to get a sense of the overarching trends. Interviews enabled us to narrow down issues faced by trans people in ensuring the engagement of trans communities in NSP development.

A desktop review was conducted to gather information focusing on the trans community as a key population in NSPs:

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

- A short electronic survey with 14 key questions was developed and disseminated to the trans community, including activists and trans networks from every global region, to solicit information on current levels of community engagement in NSPs, asking what would constitute meaningful engagement, and what needs to be done to reach such a goal. This resulted in 45 complete responses. There were two exclusionary questions, to indicate whether the respondents were trans-identified, and if their organization worked with NSPs at any level.
- Key informant interviews and focus group discussions were conducted with activists, government officials, donors and community representatives of organizations in the targeted regions to build on the information obtained in the survey. Trans activists from Cambodia, Kenya, Sierra Leone, Uganda and the Ukraine, members of the donor community from Bridging the Gaps/COC Netherlands, Global Fund, Global Philanthropy Project and UNAIDS, and State and NSP representatives from Kenya and Uganda were interviewed.
- Country-specific case studies were developed, studying the situation in several countries more closely with varying contexts of inclusion and legal realities for trans people, and documenting these as a basis for advocacy and inclusion.
- Validation meetings were conducted with key trans activists from different regions to finalize the guidelines.

Presentation of Findings

Below are the findings from the research conducted.

Trans as Key Populations in the NSP:

- UNAIDS considers gay men, men who have sex with men, sex workers, trans people, people who inject drugs and prisoners and other incarcerated people to be the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services².
- The majority of country-specific NSPs use the term “key populations” to describe a category of populations of special interest in the HIV epidemic. The exact meaning of this term, which populations it represents and what those populations have in common, varied within and across NSPs. NSPs use multiple terms to describe groups of populations. Examples are “marginalized populations”, “most-at-risk populations”, and “vulnerable groups”. The NSP for Malawi, for instance, placed sex workers and men who have sex with men in the category of “key populations”, while placing prisoners in the category of “vulnerable populations”. In Kenya, for a long time, key population programming focused on men who have sex with men, female sex workers and people who inject drugs. Trans people accessed services through the men who have sex with men and female sex work programs, yet they have different risks and vulnerabilities, with the Gender Analysis conducted in Kenya and the key population advocacy by trans-led organizations recommending the inclusion of trans people as a key population³.

²UNAIDS. (n.d.) Key Populations. <https://www.unaids.org/en/topic/key-populations>

³World Health Organization. (n.d.) Focus on key populations in national HIV strategic plans in the African region. <https://www.afro.who.int/publications/focus-key-populations-national-hiv-strategic-plans-african-region>

- In the majority of the countries, advocacy has intensified to ensure inclusion of trans people in the umbrella of the “key populations” recognized in the NSP. Successful advocacy on the part of trans activists and organizations for the inclusion of trans people as part of the “key populations” recognized in NSPs is evident in the new NSPs for Kenya and Uganda.

Uganda updates its definition of key populations in its National HIV and AIDS Strategic Plan 2020/21 – 2024/25⁴

“**Key populations:** Refers to people who are most likely to be exposed to HIV or to transmit HIV and whose engagement is critical to a successful HIV response, i.e., they are key to the epidemic and key to the response. UNAIDS considers gay men and men who have sex with men, sex workers and their clients, **trans people**, people who inject drugs (PWID) and prisoners and other incarcerated people as the main key population groups. This categorization also applies to Uganda.”

The Kenya AIDS Strategic Framework II 2020/21-2024/25⁵ defines:

Key populations as members of key populations (KPs), including Men who have Sex with Men (MSM), Female Sex Workers (FSWs), People Who Inject and Use Drugs (PWI/UDs) and **trans people**, due to the fact that they have higher HIV prevalence compared to the general population. They experience stigma, discrimination, criminalization and violence, which further increases their HIV and STI risk and vulnerability. The KP mapping and estimation exercise conducted in 2018 estimated that there are 206,000 FSWs, 50,000 MSM, 19,000 PWID, and 5,000 **trans people**. The KP mapping and estimation exercise also reported that 9-11% of the KPs in the hotspots were below the age of 18, confirming the need for inclusion of younger key populations in programming. There is a gender disparity within key populations in the way that service provision is carried out. KASF II will continue with the prioritization of KPs and scale up interventions to ensure complete coverage of the estimated populations and those left behind, such as women who inject or use drugs, young KPs and KPs in migrant settings and prisons, through trusted access platforms.

- Within the African region, over half of the NSPs acknowledge the importance of involving KP communities, especially communities of sex workers and men who have sex with men⁶. Rarely mentioned in this respect are trans people, people in prisons and other closed settings or people who inject drugs. When acknowledged, national strategic plans attribute various roles to communities of KPs, including facilitating access to and improving health services, involvement in framing the national response to HIV, monitoring policies, and advocacy and accountability. A few national strategic plans mention the importance of the empowerment of KPs in addressing the HIV epidemic.

⁴ The Republic of Uganda. (2020). The National HIV and AIDS Strategic Plan 2020/21 – 2024/25.

⁵ Harambe Ministry of Health. (n.d.) Kenya AIDS Strategic Framework II Sustain Gains, Bridge Gaps and Accelerate Progress. https://nacc.or.ke/wp-content/uploads/2021/01/KASFII_Web22.pdf

⁶ World Health Organization. (n.d.) Focus on key populations in national HIV strategic plans in the African region. <https://www.afro.who.int/publications/focus-key-populations-national-hiv-strategic-plans-african-region>

Some of the country-specific NSPs that recognize trans people as KPs included trans community-specific activities such as HIV testing and counselling/linking, HIV treatment and care, retention/viral suppression, prevention and management of co-infections and co-morbidities (viral hepatitis, tuberculosis, mental health), comprehensive condom and lubricant programming, sexual and reproductive health, pre-exposure prophylaxis (PrEP), harm reduction interventions for substance use and safe injection, behavioral interventions, and addressing stigma and discrimination. The NSP also includes trans-specific targets and indicators.

Trans activists' participation in National Strategic Plan strategies:

1. Why is it important to engage trans activists?

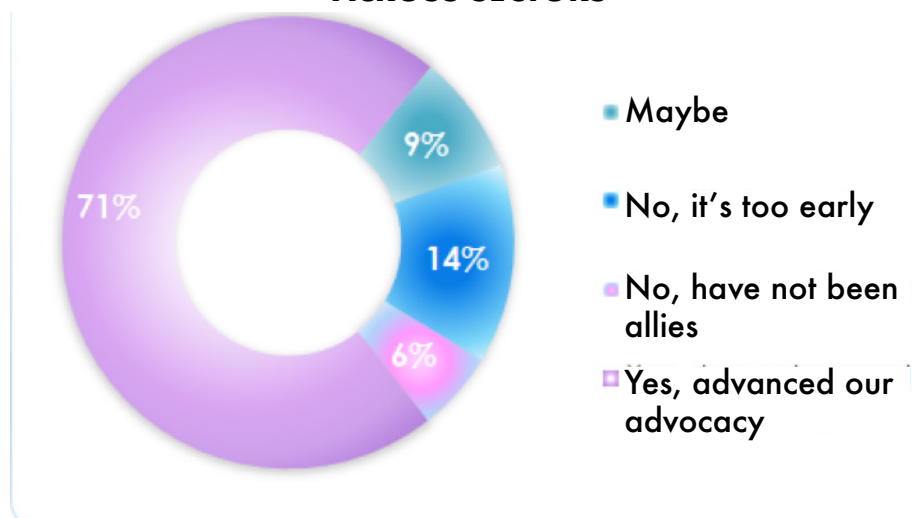
- Trans people are one of the five main key population groups that are particularly vulnerable to HIV and frequently lack adequate access to services. Key populations, accounted for 65% of HIV infections globally in 2020. Key populations accounted for 93% of new HIV infections outside of sub-Saharan Africa, and 35% within sub-Saharan Africa. However, they remain marginalized and largely out of reach of HIV services in most countries.
- Communities make an invaluable contribution to the AIDS response. Communities of people living with HIV, of key populations, including trans people, lead and support the delivery of HIV services, defend human rights, support their peers. Communities are the lifeblood of an effective AIDS response and an important pillar of support.
- As part of the 2030 Agenda for Sustainable Development, countries have committed to achieve 17 Sustainable Development Goals (SDGs) until 2030. A core principle of the 17 Sustainable Development Goals (SDGs), and of the AIDS response, is that no one should be left behind. The AIDS epidemic cannot be ended without the needs of people living with and key populations, and the determinants of health and vulnerability, being addressed. However governments still struggle to ensure meaningful engagement of marginalized populations in decision making, and there is still the existence of regress laws, criminalization of same sex marriages, transphobia, stigma, discrimination, maltreatment and violence, lack of data on the HIV risk for trans people and weak implementation of the law by justice and law enforcement officials, and limit the access of young trans people to information, participation in and services affecting their health and well-being.
- In June 2021, UN Member States adopted a set of new and ambitious targets in a political declaration⁷ 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 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 organizations⁸ deliver:**

⁷ United Nations General Assembly. (2021). A/Res/75/284. https://www.unaids.org/en/resources/documents/2021/2021_political-declaration-on-hiv-and-aids

⁸ Community led-organizations are those organizations that are led by the people who they serve and are primarily accountable to them. In the AIDS response, this includes organizations by and for people living with HIV or tuberculosis and organizations by and for people affected by HIV, including gay men and other men who have sex with men, people who use drugs, prisoners, sex workers, transgender people, women and young people. [world-aids-day-2019-communities-make-the-difference_en.pdf \(unaids.org\)](https://www.unaids.org/en/resources/documents/2019/world-aids-day-2019-communities-make-the-difference_en.pdf)

- 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
- It is essential that government programs are designed and delivered to take the differing needs and rights of trans people, including young trans people, into account according to their age, experiences, specific behaviors, the complexities of their social and legal environment, and the epidemic setting.
 - Many of the trans activists and organizations believe in the power of working in a movement of like-minded partners rather than working as an individual community, given the heterogeneous nature and needs of the trans community. Working in a movement strengthens the advocacy as there is power in numbers. Also essential is recognizing that there are other already existing movements such as youth and women, which then become an entry point for the trans community to strategically engage in decision-making processes.

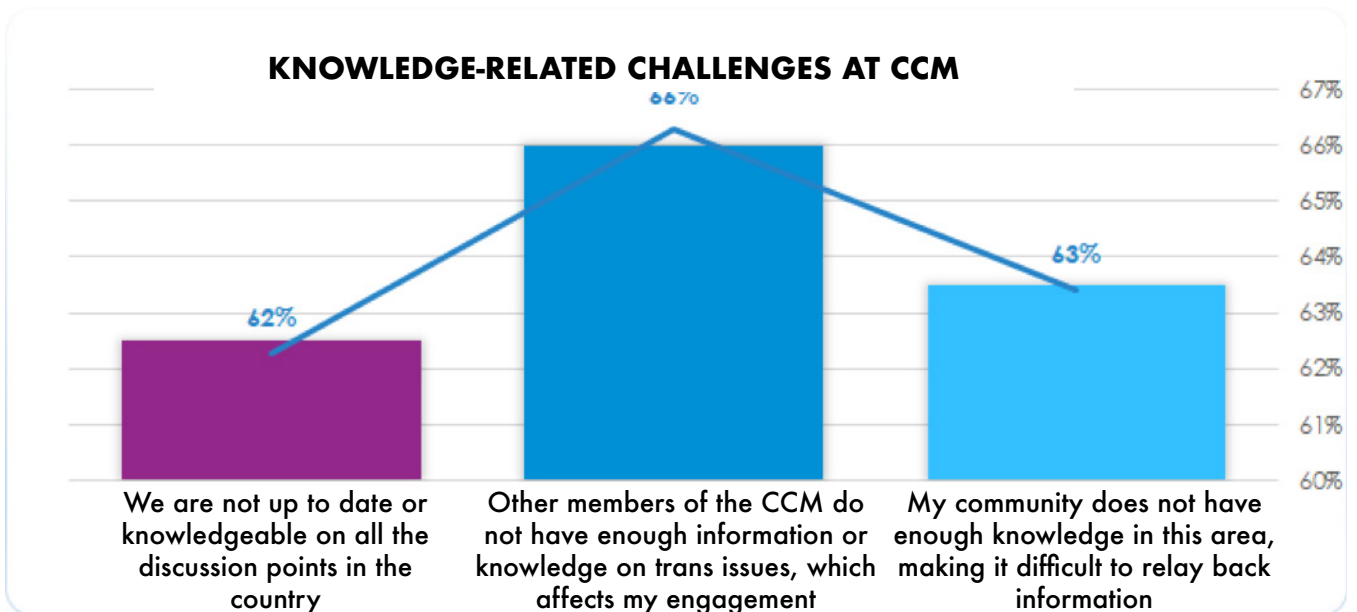
COORDINATING YOUR ORGANIZATION'S WORK WITH THAT OF OTHER ORGANIZATIONS IN YOUR COUNTRY ACROSS SECTORS



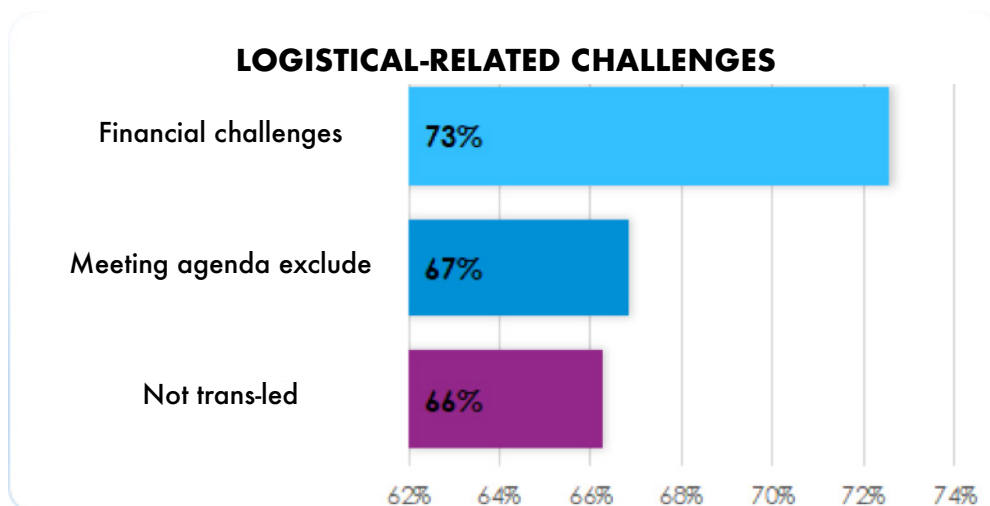
2. What are the main gaps and challenges for trans inclusion in NSP?

- Transgender 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 NSPs is rare, and this exclusion continues to contribute to poor HIV-related health outcomes within the population and leads to comparatively low levels of trans-specific funding and programming. The higher risk faced by trans people is worsened by the majority of countries still overlooking and not including trans communities in meaningful ways in the national response.
- Engaging trans persons in NSPs is difficult when they do not feel supported through medical gender affirmation, and they are thus less likely to engage in HIV prevention and care services. Racism, HIV stigma, and transphobia can negatively impact risk-taking behaviors, knowledge of HIV status, HIV care, and other needed services for many trans people.
- Availability of data is one of the most limiting factors for the engagement of trans people in the NSP processes. Trans-specific HIV data is limited and the majority of the published literature focuses on trans women, given the documented heavy burden of HIV disease that they bear.

- Many members of the trans movement do not have the basic skills and knowledge to participate in the national processes; for example, the terms used in the NSP documents and meetings are very technical, which affects meaningful engagement.

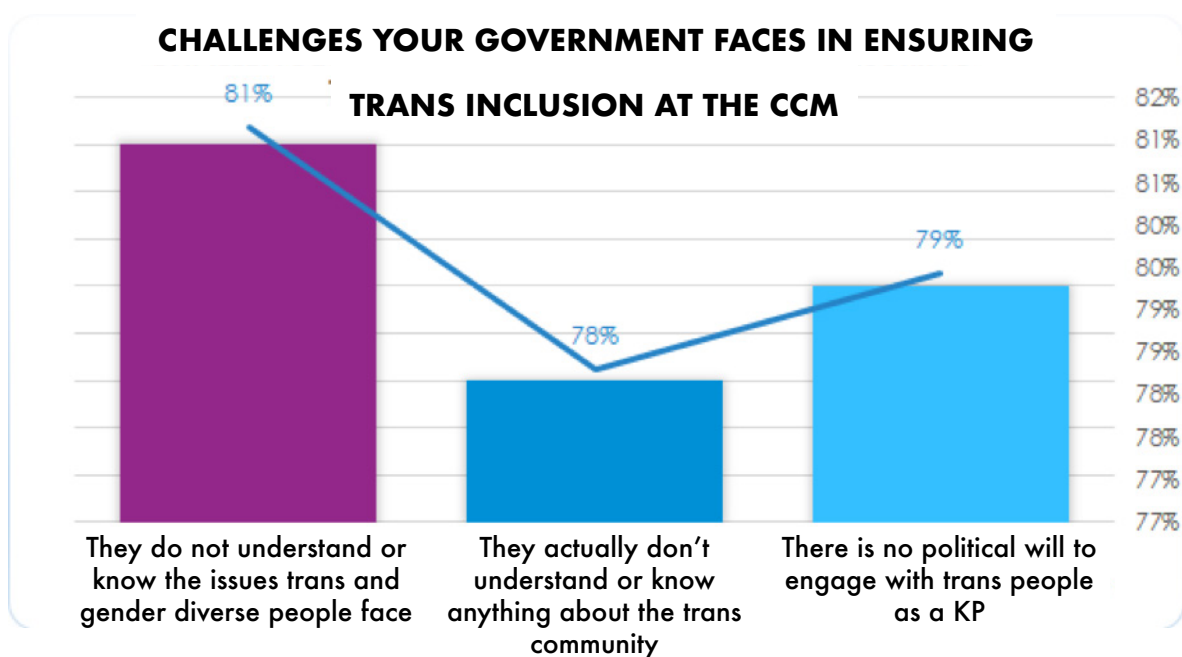


- Besides these matters, trans communities also face logistics-related challenges which includes **financial challenges to attending meetings or consultations**. From the survey, 73% of our respondents scored financial challenges as the highest limitation on their engagement. The second highest limitation indicated was that the meeting agenda never addressed trans-related topics. The third highest limitation was that, if there were trans activities in their NSP, implementation and budgeting was not allocated to trans-led organizations.



- Donors and development partners have invested funds in capacity building and strengthening of trans activists and organizations to engage in strategic communication and advocacy with the policy makers for trans-related issues. However, trans communities still struggle with leadership and coordination, which creates a competition for resources and disjointed voices within the overall community that can sometimes affect advocacy efforts.

- There are still gaps in the political will to engage on key population issues, given that the laws in many of the countries criminalize their very existence. Some countries criminalize same sex relations and sex work, among others; some policy makers have strong discriminatory religious beliefs; some government officials actually don't understand or know anything about the trans community; and, some are afraid of backlash from other spheres of government and/or community members. All of this makes openly working on trans issues challenging and, thus, many are left out of decision-making structures such as the Country Coordinating Mechanism (CCM) and Technical Working Groups (TWGs).
- When we asked the survey participants what they thought some of the challenges are that their government faces in ensuring trans inclusion at the CCM, TWG 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".

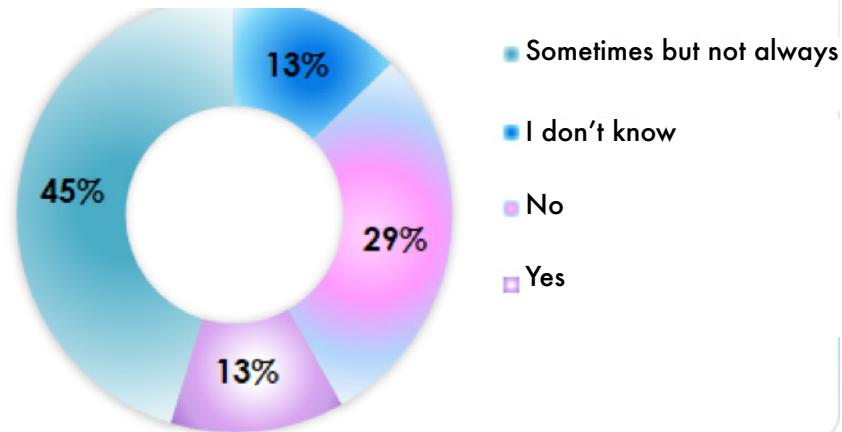


Where Are We Now?

Governments follow through on trans as a KP in NSP (on national level)

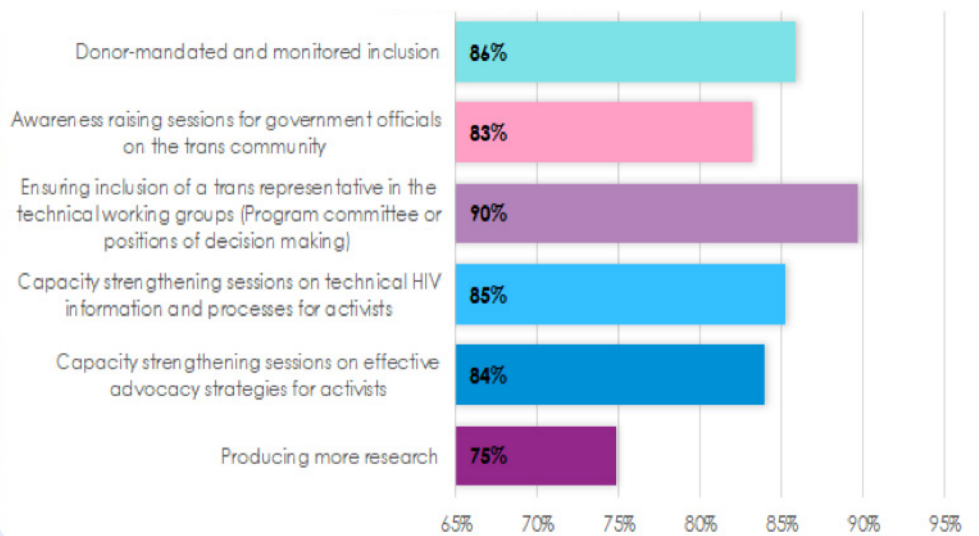
- In some of the countries, governments have been able to follow through on the activities targeting the trans community; for instance, in Indonesia, the activities proposed by the trans community in the NSP were also proposed in the Global Funding request for the allocation period 2020 – 2022 (TB, HIV and Resilient and Sustainable Systems for Health). In countries like Kenya, The National AIDS and STI Control Program (NASCO), along with trans-led organizations, implementing partners, donors and development partners, led to the development of National Guidelines for STI and HIV Programming with trans people in Kenya. This guideline outlines the implementation approach and services required by trans people in the HIV response. The guideline describes the essential and desirable HIV prevention and treatment package for the trans population.

GOVERNMENT FOLLOWED THROUGH ON TRANS-RELATED COMMITMENTS



- The will to fulfil the government's commitment is attributed to strong trans movements in-country that hold the government accountable to the commitments made in the realization of the sexual and reproductive health rights (SRHR) of the trans communities.
- A key outcome (90%) from the survey, points to the need for the inclusion of a trans representative in the TWGs (program committee or positions of decision making).

WHAT CAN BE DONE TO IMPROVE TRANS ENGAGEMENT?



Where do we want to be?

Best practices and recommendations for engaging trans people

- **Step 1: Mapping and identifying trans-led organizations and networks** – As a government, it is important to map out key trans-led organizations and key networks with whom to work. It is important to have this database for referral purposes, as a point of reference for partners to engage in these processes, as well as to promote the role of the KPs in the NSP implementation. Government can reach out to KP networks within the country, trans-led organizations or other human rights activists for contacts. Partners also act as a conduit for information and awareness raising within the constituency.

- **Step 2: Establish dialogues with trans activists to understand their needs and priorities (“Nothing about us without us!”)** – Continuous dialogues and consultation with trans people and trans-led organizations are essential because creating platforms for mutual conversations, and sharing and learning is the starting point towards working together. In practice, there are many trans advocates who are not involved in national processes due to various reasons, including the environment in the country towards KPs in-country, as well as their capability to engage productively. Engagement can be broadened beyond individual activists to share the invites through the different KP networks, including trans-specific networks, diversifying platforms (digital) to ensure that they are informed in time, and providing the necessary information required for them to actively participate in these forums.

These consultations help programmers to understand the specific needs, wants and priorities of the trans community to be able to design interventions that address their challenges. They serve as advocacy spaces with policy makers and influencers in the passing of and possible reviews of policies and frameworks that affect the lives of the KPs. Additionally, they are a resource mobilization platform for engagement with donors and development partners where they are encouraged to allocate resources for trans population-focused interventions.

Governments should develop a mechanism to ensure trans-led organizations are part of the entire journey from inception, decision-making activities, and budget outline regarding trans people as a KP within the NSP. An important way to better understand the needs and challenges of trans people is to listen to their own experiences.

- **Step 3: Create opportunities for strategic engagement in decision-making structures (having a seat at the table)** – Dialogues with trans people are important, however, it is also important to have trans activists included in the decision-making structures, as this is where the budgets, policies and frameworks that affect their lives are developed, reviewed, and approved. Having trans activists on board within these local and national structures ensures that there is recognition of these special groups as rights holders, having ownership of interventions and strategies (as they are proposed by the community themselves), and strategic advocacy for meaningful inclusion of trans people in the NSP. Providing a seat at the table is not enough. Governments need to ensure structural and meaningful engagement of the representatives that should be evident through actual trans-specific interventions, budget lines, and key agenda items and roles.

Case study 1: Uganda and Kenya set up Key Population Technical Working Groups at national and county level. These TWGs are chaired by the Ministry of Health and meet quarterly to discuss program progress, evidence, and other advocacy issues related to KP groups⁹.

⁹ The Republic of Uganda. (2019). Synthesis, Consolidation and Building Consensus on Key Priority Population Size Estimation in Numbers in Uganda. Uganda 2020-2024. https://www.theglobalfund.org/media/9768/crg_humanrightssuganda2020-2024_plan_en.pdf

“We also have them now engaged in our technical working groups. We recently established a specific subcommittee for the trans community, and they’re very happy. We are now having bilateral meetings with the donors, where now the trans [community] is able to say, these are the models of services that we want, this is how we want the services tailored for our community, and we like the advocacy. I think the advocacy is very intact, and very comprehensive, and looking at the times, very culturally sensitive. And they want to work with the government just to ensure that the platform is actually enhanced so that more of their networks can be involved.”

By: Helgar Musyoki Head Prevention and KP Program Manager
NASCOP-MOH
Kenya

- **Step 4: Generate evidence for advocacy and programming** – As discussions continue, there was a need to generate evidence to prioritize trans people in the HIV response. This evidence helps the national KP program advocate for tailored HIV prevention interventions to specifically address the needs of trans people. In 2018, Kenya’s KP program conducted a size estimation study for the first time, which included mapping and estimating the number of trans people in KP hotspots (based on the exercise, we estimated 4,305 trans people who are at risk). Besides population size estimates, government can collect data on demographics and epidemiology with disaggregation of behavioral data and HIV prevalence, do assessments of the effectiveness of programs addressing the issues facing trans people, especially services offered by trans-led organizations, and research on the impact of laws and policies upon access to health and other services for young trans people.

Involvement of young trans people in research activities, in a safe and ethical manner, is essential in order to ensure that the data collected is appropriate, acceptable, and relevant from the community’s perspective. In Kenya, the government considered several sources of data, including trans-led research, to document the structural barriers experienced.

Case study 2: In 2019, Uganda included trans people as a key population group for the first time. Overall, the estimated trans population is between 0.1% and 1.1% of the population. Availability of this data has helped to set coverage targets and to guide service provision and budgeting for HIV programs for the trans population.

- **Step 5: Inclusion of transgender people in the national framework** – Defining and acknowledging trans people as part of key and vulnerable populations in national frameworks and guidelines, such as the National AIDS Strategic Plans, helps to commit the country to recognizing and prioritizing trans people in the HIV response. It also determines lines of accountability for the implementation of tailored HIV prevention programs for trans people. Government should also work towards developing policies and laws that decriminalize same-sex behaviors, nonconforming gender identities and legal recognition for trans people. Addressing legal barriers would decrease the marginalization of trans people and issues that increase their vulnerability to HIV¹⁰.

¹⁰ World Health Organization. (2015). Policy Brief: Transgender People and HIV. https://apps.who.int/iris/bitstream/handle/10665/179517/WHO_HIV_2015.17_eng.pdf?sequence=1&isAllowed=y

Case Study 3: In Kenya, the national KP program, along with trans-led organizations, advocated for the trans population to be considered as a KP group in the NSP. Evidence-based advocacy ensured that the trans population was successfully included as a KP (along with FSW, MSM and PWID) in the Kenya AIDS Strategic Framework II 2020-2024 (NACC, KASF II). The Kenyan government **included the trans community as a sub-population in the national KP reporting tool (MOH 731 B) for KHIS, and implementing partners were encouraged to report the data for provision of services to the trans population separately. This helped to generate trans population-specific program service provision data and also provided a case for inclusion in the next round of the outcome survey in the country.**

- **Step 6: Capacity building of government officials in their different roles to work with and for trans people** – In the spirit of strengthening the capacity of government institutions to respond to the challenges of the trans population, it is important to build and strengthen the skills and knowledge of the different people working with government, including health workers, teachers, policy makers, parliamentarians and others policy makers to understand, recognize and acknowledge the heterogeneous needs of the trans population. Even before programming starts, it would be good for the government to initiate adaptation of the training modules to include programming issues related to the trans population, and research and documentation to ensure that the country has technical officers at government who are able to consult with the broader community, and present and articulate trans-specific issues.

Case study 4: The Kenyan government invested in continued capacity-building initiatives for the implementers of the national trans guidelines. NASCOP initiated the process of developing a team of trainers from the trans-led organizations to train implementers on HIV programming with the trans population as per the national guidelines. As programs scale up, the need for capacity building will increase and, hence, this team of trans trainers will continue to be a critical resource.

- **Step 7: Advocacy with Donors for Resource Allocation** – Governments can support and work with activists to mobilize resources from partners like PEPFAR, the Global Fund, and others to support trans-specific engagements. These funds can be used to organize regional consultations, acquire size estimations, and to document best practices, among others. Besides engaging with donors, governments should ensure that their own NSP budgets have sufficient allocation for trans programming. “Only 0.3% of prevention funding reaches programs for trans people. Although globally, trans people are about 12 times more likely to acquire HIV than the general adult population, the HIV response among trans communities in LMICs is minimal”¹¹.

Case Study 5: Uganda AIDS Commission worked with KP activists in Uganda to lobby for funds that supported the community to develop a national KP priority framework. This framework was developed together with the KP community and was owned by the government and informed the NSP review and development process.

Case Study 6: In Uganda the government (Ministry of Health and the Ministry of Justice) worked with civil society activists to lobby for resources from the Global Fund to develop a comprehensive response plan to equity barriers to access to HIV, TB and malaria services in Uganda with technical support from UNAIDS¹².

¹¹ Aidsfonds. (n.d.) Fast-Track or Off Track: How insufficient funding for key populations jeopardises ending AIDS by 2030. <https://aidsfonds.org/resource/fast-track-or-off-track-how-insufficient-funding-for-key-populations-jeopardises-ending-aids-by-2030>

¹² The Global Fund. (2019). National Strategic Plan to Reduce Human Rights-Related Barriers to HIV, TB and Malaria Services:

“I think, one thing is that, if it’s funding to the government, that part of the key population ‘on the ground’ agreement is that there needs to be funding dedicated to key populations to be meaningfully involved in the process of development of the NSP. For example, if it’s the Global Fund and the principal recipient is the Ministry of Health, there should be a requirement from the Global Fund to ensure that trans movements are funded as either a sub-recipient or a sub sub-recipient, particularly where the epidemiology disproportionate impact on key population groups and on trans people in the community. This funding will enable activists to meaningfully and actively engage in the NSP process.”

Interview with Dave Scamell, GPP

- **Step 8: Budgeting for meaningful engagement** – Governments can deliberately include resources in the national budget for trans participation. Meaningful engagement might mean budget lines for transport to attend meetings, mobilization of an in-country trans network to establish itself in order to participate in the longer term in working groups and relevant meeting spaces. It is important to recognize the need to first establish a trans network, or trans working group, as it might be the case that in some countries trans engagement is completely invisible.
- **Step 9: Communication and provision of information** – For trans people to meaningfully participate in key processes like the HIV/AIDS Strategic Plan, there have to be deliberate efforts to streamline how the government communicates with the communities. In many countries, communication happens through the KP elected individuals to represent them in government TWGs, through sharing in KP networks or in similar cause networks such as youth, women, PWIDs, MSM, groups among others.

There needs to be more deliberate efforts to simplify reports, assessments and research that state the government’s position on trans issues, communication materials that alert trans people to the processes with guidance on how they can participate, and diversifying communication channels, including languages used. There is a need for these materials to be provided to trans activists in a timely manner, in a language that they can understand. Trans activists should also be guided and mentored on how to maneuver government processes that can, at times, be bureaucratic. Timely and frequent communications help to build trust, nurture working relationships and ensures that activists have adequate information to engage and add value to the processes.