

## Civil Society transition and sustainability assessment of trans communities in the HIV response in Dominican Republic



**DATE:** 21-22 April 2018

**Location:** Santo Domingo, Dominican Republic

**Activity:** 2-day training/workshop

**Facilitators:** Lizet Aldana & Erika Castellanos

**Participants:** 14 local trans activists

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## INTRODUCTION

### The Situation of HIV and TB in the Dominican Republic

The prevalence of HIV in the Dominican Republic is almost double the rate in the Latin American and Caribbean region, with an estimated 1.0% in 2015 compared to the regional average of 0.48%. However, after reaching a maximum of 2.3% in 1999-2001, the prevalence in the country has decreased considerably in the last 15 years. The incidence rate was considerably reduced in the 1990s and early 2000s, estimated at 0.04% in 2015. This rate is on par with the regional average of 0.03%. The estimated number of deaths related to AIDS has decreased simultaneously with prevalence and incidence, from 7,400 in 2005 to 3,000 in 2015.

UNAIDS estimates that in 2015 that there were approximately 68,000 PLWHA of all ages in the Dominican Republic, with 34,000 cases for men 15 years of age or older and 32,000 cases of women in the same age group. It is estimated that in 2015 there were 1,900 new infections among adults 15 years of age or older.<sup>1</sup> The prevalence varies considerably between provinces. In 2016, the provinces with the highest prevalence of HIV were Monte Cristi, Dajabón, Santiago Rodríguez, Valverde, Mirabal Sisters, María Trinidad Sánchez, Duarte and Samaná. That same year, the provinces with the highest number of PLHIV were Santo Domingo and the National District, Santiago, Puerto Plata, Duarte, La Vega, La Romana and Valverde.

The highest prevalence is found in men ages 45-49 years and women ages 30-34 years. The HIV epidemic has a disproportionate effect on certain key populations, including MSM, TG and sex workers (TS). Haitian migrants and socially vulnerable women who live in “bateyes”<sup>2</sup> are also considered KPs for HIV in the Dominican Republic. The HIV prevalence in the trans population is the highest at 18%. Haitian migrants are, by far, the largest KP in the Dominican Republic, comprising approximately 7% of the total population, although estimates vary considerably.<sup>3</sup>

The Dominican Republic has adopted the Treatment Strategy promoted by WHO/PAHO and UNAIDS. Up until 2015, the threshold to start ART was 350 cells/mm<sup>3</sup>; but from 2016 onwards, the country has raised this threshold to 500 cells/mm<sup>3</sup>. PEPFAR is working with the country to adopt the Test and Treat Strategy but current funding levels are not sufficient to provide the extended ART coverage needed under this strategy, posing a major challenge for transition. The Dominican Republic has also joined the UNAIDS 90-90-90 goals in committing to achieving these objectives.

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<sup>1</sup> UNAIDS, Country Information Sheet, Dominican Republic, 2015

<sup>2</sup> “bateyes” are settlements around sugar mills

<sup>3</sup> Dominican Republic Conceptual note to the Global Fund 2015

## **The Dominican Republic and the Global Fund**

The Global Fund has made significant investments in national responses to HIV and TB in the Dominican Republic. To date, it has disbursed more than US \$130.9 million for HIV, distributed in four grants, including the two ongoing HIV grants, with efforts aimed primarily at increasing access to HIV prevention, testing and treatment, especially among key and vulnerable populations. Support from the Global Fund for TB has included five grants with a cumulative disbursement of more than US \$27.4 million to date. The objectives of the program seek to strengthen its management and increase the control, detection and treatment of TB, focusing in particular on vulnerable populations.

The Global Fund has helped to strengthen and expand responses to the two diseases, focusing on key and vulnerable populations. During its participation in the Dominican Republic, the GF financed the provision of condoms, the acquisition of ARVs and second-line medicines, as well as equipment and supplies for TB-drug sensitivity tests, including eight GeneXpert machines acquired in 2016, supported innovation in treatment, including a pilot program to introduce anti-tuberculosis drugs recently approved and recommended by the WHO in order to evaluate their impact on reducing treatment time and increasing adherence. In addition, the Global Fund investments have supported the modernization of health facilities infrastructures, especially in relation to improvements in the management of MDR-TB. The Global Fund has supported better management of treatment programs and practices through training and technical assistance. The ongoing HIV subsidy, implemented through the government's Principal Recipient, the National Council for HIV and AIDS (CONAVIHSIDA), seeks to sustainably reduce new infections among key populations and increase the life expectancy of people who live with HIV (PLHIV). The complementary HIV grant is administered by the OSC Dermatological Institute and Skin Surgery (IDCP) and has the same general objectives.<sup>4</sup>

Given the specific nature of the Global Fund's investments, there is a risk that a funding gap will arise in some areas when it is withdrawn. The most pressing risk seems to be in the financing of prevention activities. In 2016, Global Fund investments secured coverage with a minimum prevention package for different key populations. The Global Fund represented 100% of the prevention coverage for sex workers and of socially vulnerable women in the “bateyes” and made significant contributions to the prevention coverage of MSM, TG and Haitian immigrants. During the period of 2016-2018, the Global Fund will provide US \$910,000 per year for prevention to MSM and TG populations, and US \$690,000 for prevention to sex workers in order to expand coverage even more.

International contributions to the national program currently fund most of the prevention activities. Meanwhile, the Ministry of Health (MOH) contributes only 10.8% of public and international spending on prevention and education, which indicates that greater domestic absorption is necessary. In order to maintain the achievements of recent years, which are expected to be the result of current grant investments, internal prevention efforts should not decrease.

A main area of risk is related to the investments of the Global Fund in TB. The current grant allocates about US \$2.7 million annually to TB. The withdrawal of this support could imply an expansion of the financing gap, estimated at US \$2,679,990 for the fiscal year of 2016 unless the government decides to cover this gap with domestic resources. In 2017, the projection

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<sup>4</sup> Dominican Republic Transition Assessment Report, 2018

was that the Global Fund would finance 9.5% of the overall response to TB. The ongoing TB grant, implemented through the MOH as Principal Recipient, seeks to reduce the incidence and mortality of TB with a focus on key populations and at risk. The activities of the subsidy are divided into five modules, with the majority of the funds destined for the prevention of and response to TB (63.8%).

### **Project Background**

Global Action for Trans Equality (GATE) is an international organization working on gender identity, gender expression and bodily diversity issues. It was founded and registered in 2009 in New York, USA. GATE's programmatic work is organized around four areas: Depathologization and legal reforms, transgender issues in the international HIV response, Movement building and Development and United Nations. Through the support of a Communities, Rights and Gender grant GATE is leading a global project on strengthen peer-based and community led networks of transgender populations. The aim is to build capacity and support regional and country-based constituencies to more effectively engage in and contribute to the development, implementation and oversight of Global Fund grants. As a part of this initiative, GATE contracted MC Consultancy: Sexual Health and Development to develop a methodology to be implemented in Dominican Republic, Nicaragua and Guyana, facilitated by different consultants. In the Dominican Republic, GATE was supported by the COTRAVED.

COTRAVED is the Community of Trans, Travestis and Sex Workers (COTRAVED) of the Dominican Republic working in the area of human rights and advocacy addressing the situation of the trans community in this country. COTRAVED engages its members and other members of the community in capacity building initiatives focused on information, empowerment and advocacy. COTRAVED is a member of the regional networks of transgender persons in the Latin American and the Caribbean region.

## **METHODOLOGY**

### **Project Vision & Objectives**

The goal of the project is to improve understanding and ensure meaningful engagement of transgender persons in Global Fund activities at the national level; strengthen capacity of national transgender organizations and build peer-to-peer knowledge sharing; encourage evidence-based programmatic interventions and policies based on needs of the transgender community; and inform funding transition preserving investments made in strengthening transgender communities. The specific objectives include:

1. Strengthening HIV key population networks with global reach, to support their country level constituencies to effectively engage in Global Fund-related processes during the whole grant cycle;
2. Developing the capacity of marginalized and criminalized networks and communities to effectively and safely engage in all Global Fund-related processes;
3. Strengthening of key and vulnerable populations for HIV capacity to advocate for increased investment in rights-based and community responsive programs, as well as effective community led. Human right and gender related programming within Global Fund grants

Under these areas, the project is also intended to focus on strengthening local capacity; especially in support of trans people in their regional and country-based constituencies to more effectively engage in, and contribute to, the development, implementation and oversight of Global Fund supported programs. This process was conducted based on a comprehensive, evidence-based approach, which included analysis, interpretation of available evidence, engagement in dialogue and agreement among the transgender organization and community leaders in the Dominican Republic. The following activities were undertaken to ensure that the objectives of the consultancy were met successfully:

1. Desk review of key documents including: GF, GATE and LAC Regional Platform reports on Transition and Sustainability Initiatives undertaken in the region
2. Provision of support for the development of a tool to guide the facilitation of the process based on the project goal and objectives by consulting with the other consultants to provide feedback for the completion of the tool.
3. Facilitated a 2-day dialogue and workshop with identified transgender leaders in the Dominican Republic. Developed and implemented agenda based on Transition and Sustainability Tool.
4. Provided guidance to the participants in the development of a technical assistance request to the CRG.
5. Preparation of workshop report based describing the process, the findings and recommendations based on the discussions during the 2-day session.
6. Preparation of a case study outlining the learning experience from the perspective of two participants.

## **ACTIVITIES AND DISCUSSIONS**

### **DAY 1**

The welcome address for the 2-day session was made by Ms. Nairovi Castillo, President of CONTRAVED, who thanked the participants for having made the effort to attend the session to participate in this very important workshop that will serve to empower them in reflecting and planning for the future. She emphasized the importance of this process within the context of the transition and sustainability of the trans community in the response to HIV and TB in the Dominican Republic (DR). She reminded all the participants that “in unity there is strength.”

Ms. Erika Castellanos, Director of Programs for GATE, took the opportunity to provide an overview of the 2-day session’s objectives and expectations and offered the official opening remarks. Ms. Castellanos also shared about the work of GATE globally, as well as for this specific CRG project. The sessions started with an introduction of participants – name and organization they were representing. Agenda, goals and objectives for the following two days were also discussed to ensure that the expectations of the participants were being met through the objectives and agenda set by the consultant.

### **Situation Needs and Opportunities Activity**

The first activity was a mock session that served to provide an opportunity for information gathering, strategizing and presentation of needs to the Board of the Global Fund from the perspective of the trans community. The group was divided into 3 smaller groups for the first activity; each group was given a topic to present on:

- 1) How has the HIV/TB situation affected the trans community in the Dominican Republic (DR)?
- 2) What do they know about the Global Fund (GF) and how has the trans community benefited from the Global Fund in the DR?
- 3) What are the needs of the trans community in the DR?

The participants were informed that, as a group, they would be making a mock presentation to the Board of Directors of the Global Fund to make a case for increased funding to the trans community in the Dominican Republic. The outcome would be based on the justification for the additional support as well as their presentation as a group.

The groups discussed and presented the following:

#### **Group 1 – How has the HIV/TB situation affected the trans community in the DR?**

- In 1983 the first cases of HIV were reported in the DR
- There was an increase of cases in 2018, with 18% of the trans community registered as living with HIV
- Alarming data indicates that the DR is a country with a high incidence of HIV

## **Group 2 – What do they know about the Global Fund and how has the trans community benefited from the GF in the DR?**

- GF donated US \$15.9 m in the last funding period of 2017
- A study was conducted on the prevalence of HIV in key populations and the results were as follows:
  - Trans – 18%
  - HSH – 4.6%
  - TRSX – 4.5%
  - IMG – 5.2
- 33% new infections concentrated on MSM

## **Group 3 – What are the needs of the trans community in the DR?**

- Proposal that the trans community be represented by a trans person in the presentation of the Conceptual Note to the Global Fund
- Needs of our realities:
  - Education
  - Work
  - Homes
  - Integral health services
  - Gender Identity Law

During this activity, the groups highlighted the statistics on HIV and TB and how these are affecting the transgender community that, too often, do not have their specific needs addressed by national programs and funders. They also spoke about the importance of the trans community being represented at the decision-making level of different mechanisms, where they can advocate for their needs. They highlighted the importance of not only being represented in these spaces but to be represented by one of their own. This is very important as only a trans persons know what the needs of their community are and the conditions in which they are living.

At the end of the presentation, the (mock) Board of Directors provided feedback to the group and partially approved their request, as several areas for improvement in their presentations were identified.



## **Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis**

The consultant made a presentation of a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis. They discussed highlighting the strength, weaknesses, opportunities and threats for the transgender community and the main barriers that must be addressed to ensure that they are better able to plan for the transition and sustainability of the communities' response to HIV and TB. Strengths and Weaknesses are internal to the organization, while Threats and Opportunities are external.

### **Group work activity**

Each group was assigned on of the 4 components of the analysis and asked to discuss these and provide a presentation to the plenary.

The findings were as follows:

<p><b><u>Strengths</u></b></p> <ul style="list-style-type: none"> <li>• Training and continuous strengthening of all the staff</li> <li>• Maintaining the initiatives of the trans institutions</li> <li>• Representation on the CCM (even though it's not by a trans person)</li> <li>• Institutional alliances locally and internationally</li> <li>• Training for community empowerment</li> <li>• Representation at decision-making level to give constructive and representative recommendations at country level</li> </ul>	<p><b><u>Weaknesses</u></b></p> <ul style="list-style-type: none"> <li>• Not having a team of trans persons trained to work in internal organizations</li> <li>• Lack of opportunities for the organization to obtain direct access to the global fund</li> <li>• Lack of communications that will prevent the overlapping of project or programs</li> </ul>
<p><b><u>Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• Visibility of the trans community through continuous empowerment (acceptance of the community)</li> <li>• Effective approach to health services (awareness)</li> <li>• Information exchange - educational, preventative, awareness raising</li> <li>• Declaration of the private sector of inclusion in projects</li> <li>• Financing from the agencies</li> </ul>	<p><b><u>Threats</u></b></p> <ul style="list-style-type: none"> <li>• Transition of funds destined to HIV, epidemiological increase in the population</li> <li>• Disintegration of alliances as a result of possible closure of NGOs</li> <li>• Political changes</li> <li>• Opposition of religious members to the proposed changes</li> <li>• Corruption in high positions, for which reason the resources do not reach the affected populations, which also results in lack of medication</li> </ul>

### **Identification of risks and priority mitigating actions for transition and sustainability**

In a plenary session with all the participants, key priority areas were identified based on possible risks, needs and barriers. Of these, 3 priority areas were identified for the Development of the Technical Assistance Request.

#### **Possible Risks:**

- Depletion of medication
- No links for negotiation with donors
- Participation in GF processes
- Representation with main actors (the actor that negotiates the funds is not trans, the money does not reach the implementing organizations)
- **Lack of training to ensure that social contracting is possible**
- Lack of knowledge needed at the level for the different organizations to participate
- **Lack of knowledge and training to address the issue of TB at the community level**
- **Lack of mechanism to share CCM information to key populations**
- Need to strengthen trans organizations - create a space/mechanism to facilitate communication and sharing among trans organizations

#### **3 Priority Areas identified for technical assistance identified were:**

- Capacity-building to ensure that social contracting is possible
- Increased capacity among the trans community to address the issue of TB at the community level
- Information-sharing mechanism to share information from the CCM to key populations face to face

## **DAY 2**

The day began with a session that provided an opportunity for sharing and recognizing the values of each person present and how they have impacted each other's life. The purpose was to recognize that each person has something important to contribute and, just as each person is different, equally they all have some things in common.

### **Development of Technical Assistance Request to the Communities, Rights and Gender (CRG) of the Global Fund**

The theme for the document for technical assistance was put to a vote and consensus of the group, where everyone gave their contributions, then each theme was shared with the group and the ones that were not seen as priority were set aside for other possible funding sources. In the end, two were left, which served to develop the final theme that addresses the three most important issues that were agreed upon and which the organizations wish to work with. This theme was based on “Strengthening the capacities of TRANS organizations in the Dominican Republic to address the issue of HIV/TB co-infections through a national alliance.”

At the end of Day 1, the application form for the Technical Assistance Request was shared with the participants, and each of the 6 organizations represented at the workshop was given a hard copy of the application which they could review in order to better prepare their contribution in Day 2 in the development of the application.

For the rest of Day 2, the participants worked in plenary to engage in a process of identifying the strategies and actions to address the gaps and needs. This included discussions and filling out of the CRG application for technical assistance request with the support of the consultants and the GATE representative.

The request was based on the following regarding the challenges related to the inclusion of communities, rights and gender or/and key populations identified:

- Violation of human rights in the access of services in the area of HIV/TB
- Lack of training in the topic among the trans community to provide services to the community
- The relationship between HIV and HIV/TB for these organizations does not have the necessary tools to support the population
- Given the high prevalence of HIV in the trans population that is 18% (2015) and the direct relationship in HIV/TB infection, it is necessary to address the response in a holistic manner, because the response to tuberculosis has been historically ignored in the trans population
- One of the greatest social determinants in the tuberculosis epidemic is poverty. The trans population, as a result of social exclusion and the high level of stigma and discrimination, is one of the communities submerged in poverty and for which the response to tuberculosis cannot continue to be ignored
- The overmedicalization of the response to tuberculosis and barriers to community inclusion creates a void in key populations of the trans population for effective prevention, care and monitoring of TB treatment and HIV/TB co-infection

Thus, the participants agreed that the area of focus for the technical assistance would be in “Participation in Transition and Sustainability Strategies.”

**How will the technical assistance improve the participation of civil society and the community networks within the context of programs and interventions supported by the Global Fund in the Dominican Republic?**

Trans civil society organizations will improve their knowledge in the approach to tuberculosis and HIV/TB co-infection and, in this way, actively contribute in the decision-making and implementation of the programs financed by both the Global Fund and the state. This will help to increase the scope and effectiveness of these programs by reaching the most affected and most difficult populations to reach. The contribution of civil society has the potential to improve the quality of data, the number of people reached, and geographical areas covered. This capacity will provide trans civil society organizations to collaborate and contribute towards the objectives of the country project and the state health objectives to obtain the elimination of epidemics in the Dominican Republic.

Key objectives of the request:

- Strengthening the capacities of trans-led organizations in the TB response and HIV/TB co-infection
- Strengthening of alliances of trans organizations in the Dominican Republic for the exchange of information and contribution in the country project on TB and Co-infection HIV/TB
- Forge strategies for transition and sustainability to ensure the continuity of the community response in TB and HIV/TB co-infection

The activities that were proposed include:

1. Analysis of the situation and political social environment about community work in TB and HIV/TB co-infection
2. Identify the specific opportunities and activities within the FM project in the country for the involvement of the Trans population in the response to TB and HIV/TB co-infection in areas of prevention, data collection, services and monitoring (establish referral strategies)
3. Workshop to increase knowledge of TB and HIV/TB co-infection
4. Design specific tools for the community approach of the issue of TB and HIV/TB co-infection in the population of the trans community (follow-up and continuous accompaniment)

## RECOMMENDATIONS

The participants provided the following recommendations in their verbal evaluation session at the end of the two days:

- The need for greater inclusion of trans males in all activities, as their needs are not the same as those of trans females
- To create spaces where the trans community can be more visible and included in the decision-making for and implementation of Global Fund projects
- Train male and female trans persons to be the implementers of their own activities
- Give more support to new trans organizations, particularly those of trans males

### Other Recommendations:

- Follow-up support to COTRAVED for the completion and submission of their TA request to CRG.
- Follow-up visit to monitor and evaluate the implementation of the proposed activity as well as any other outcomes based on the mitigating actions proposed.
- Support COTRAVED to implement an information-sharing session on all matters relevant to the Global Fund processes in Guyana.

<b>Next Steps (Task, Assigned, expiration date)</b>	<b>Responsible</b>	<b>Date</b>
A google doc will be shared of the Technical Assistance Request to be worked on	Focal points of the organizations identified	
Work to reach the final draft (1 week)	Focal points of the organizations identified	30 <sup>th</sup> April 2018
Draft Letter	Focal points of the organizations identified	4 <sup>th</sup> May 2018
Consultants Observations on Final letter	Consultants / Erika Castellanos	9 <sup>th</sup> May 2018
Final Draft documents to be submitted to CCM and GF representative in the DR	Focal points of the organizations identified	14 <sup>th</sup> - 18 <sup>th</sup> May 2018
Final Technical Assistance request will be submitted to GF	Focal points of the organizations identified	25 <sup>th</sup> May 2018

## ANNEXES

### Workshop Timetable

<b>DAY 1</b>		
<b>Time</b>	<b>Schedule</b>	<b>Activity</b>
<b>8:00 – 8:15</b>	<b>ARRIVAL AND SIGN-IN</b>	
8:15 – 8:30	Welcome Overview of session: Agenda, Goals and Objectives of the GATE Project	Erika Castellanos, GATE, Director of Programs
8:30 – 9:30	The National Situation and Response to HIV and TB and Transgender persons	Presentation
9:30 – 10:30	Regional and National Global Fund projects which include transgender communities	Large Group Discussions
<b>10:30 – 10:45</b>	<b>BREAK</b>	
10:45 – 11:45	Regional and National Global Fund projects which include transgender communities: Accomplishments and Challenges	Small Group Discussions
11:45 – 12:30	Group Presentations	Plenary – Group Presentations and discussions
<b>12:30 – 1:30</b>	<b>LUNCH</b>	
1:30 – 1:45	TEAM-BUILDING ACTIVITY	Energizer
1:45 - 3:45	SWOT analysis; Needs of the transgender community and key barriers which must be addressed to ensure transition and sustainability	Small Group Discussions
3:45 – 4:45	Identification of key priority areas based on needs and barriers	Plenary – Group Presentations and discussions
<b>4:45 – 5:30</b>	<b>SUMMARY AND CLOSING</b>	

<b>DAY 2</b>		
<b>Time</b>	<b>Schedule</b>	<b>Activity</b>
<b>8:00 – 8:15</b>	<b>ARRIVAL AND SIGN-IN</b>	
8:15 – 8:30	Review of Day 1: Participants	Icebreaker Activity
8:30 – 9:00	Key Findings of Day 1: Needs, Barriers, Priority Areas	Presentation
9:00 – 10:15	Identification of Strategies and actions to address gaps and needs	Small Group Discussion
<b>10:15 – 10:30</b>	<b>BREAK</b>	
10:30 – 11:15	Identification of Strategies and actions to address gaps and needs	Plenary – Presentation and Discussion
11:15 – 12:15	Identification of Timeframes, Persons Responsible and Inputs	Small Group Discussion
<b>12:15 – 1:15</b>	<b>LUNCH</b>	
1:15 – 2:30	Presentation of Technical Assistance Request Template	Plenary – Presentation and Discussion
2:30 - 4:00	Development of Technical Assistance Request	Small Groups Discussion
4:00 – 4:30	Review and Consensus-Building	
<b>4:30 –</b>	<b>SUMMARY AND CLOSING</b>	