

Civil Society transition and sustainability assessment of trans communities in the HIV response in Vietnam



ASIA PACIFIC
TRANSGENDER
NETWORK

DATE: 17-18 May 2018

Location: Hanoi, Vietnam

Activity: 2-day training/workshop

Participants: 20 local trans activists

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ACKNOWLEDGEMENTS

The Asia Pacific Transgender Network (APTN) is grateful to the Center for Community Initiatives (SCDI) for supporting the organization of the workshop. In particular, we would like to thank the participants of SCDI, Nguyen Thi Kim Dung, Khuat Thi Hai Oanh and members of the Vietnam Transgender Network (VNTG) who attended the workshop held on 17th-18th May 2018 in Hanoi. Thanks to UNAIDS RST and the country team in Vietnam for providing information, and to CARMAH. This workshop was possible thanks to the generous support of the Global Fund Community, Rights and Gender Strategic Initiative through GATE.

DEFINITIONS

The following definitions are from the Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific except for definitions of gender and key populations which are based on the *Global Fund's strategies and action plans.

Gender*	The array of socially constructed roles and relationships, personality traits, attitudes, behaviors, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetics and anatomical characteristics, gender is an acquired identity that is learned, changes over time and varies widely within and across culture. Gender constructs are relational. i.e. referring to relationship between women and men.
Gender Identity	A person's internal sense of being a man, a woman, or some alternative gender or combination of genders. A person's gender identity may or may not correspond with their sex assigned at birth.
Key Populations*	Those groups that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized. Groups identified as key populations by the Global Fund in the HIV response include: Gay, bisexual and other men who have sex with men (MSM); women, men and transgender people who inject drugs, and/or who are sex workers; as well as all transgender people [who] are socially marginalized, often criminalized and face a range of human rights abuses that increase their vulnerability to HIV.
Sexual Orientation	Each person's capacity for profound emotional, affectional, and sexual attraction to, and intimate and sexual relations with, individuals of a different gender (heterosexual) or the same gender (homosexual) or more than one gender (bisexual or pansexual).
Transgender/Trans	Persons who identify themselves in a different gender than that assigned at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.

SUMMARY

The Asia Pacific Transgender Network (APTN) conducted a workshop on 17th-18th May in Hanoi, Vietnam on financial transition and sustainability assessment with transgender communities, the results of which will be used as an advocacy tool to inform the Global Fund on how best to mobilize domestic and other resources.

The two-day workshop held in Hanoi, Vietnam included members of the newly established transgender network VNTG. Most participants at the workshop were familiar with the HIV activities of the Global Fund under the MSM key population interventions. However, they were not aware of donor support for the trans communities, noting that they rarely received funds for transgender activities. In the most recent Global Fund grant, NFM 2, the transgender community has received limited support for programming but the interventions, as they noted, were similar to MSM. After a successful SWOT analysis of VNTG, the participants identified two immediate recommendations. First, it was important for VNTG to mobilize around legal gender recognition legislation that will be discussed by the National Assembly. Second, it was urgent for VNTG to work with SCDI on defining trans-sensitive interventions in the new Global Fund grant before the Vietnam Union of Science and Technology Associations (VUSTA), the Principal Recipient, finalizes the activities with the Global Fund country team.

The participants expressed that the two-days had resulted in a meaningful learning experience with respect to Global Fund activities including on tuberculosis and malaria, not only HIV. They also learned of details about planned work on transgender issues in the current grant, as well as about criteria for financial transitioning and domestic co-financing. Participants at the workshop concluded that VNTG, with support from APTN and SCDI, had to mobilize the transgender communities across Vietnam to actively prepare and participate in these discussions, and also to learn from the experiences of transgender persons from other countries in the region, such as Thailand.

INTRODUCTION

The Situation of HIV, TB and Malaria in Vietnam

The Global Fund has been supporting the HIV response in Vietnam since 2003; and the tuberculosis and malaria responses since 2004 (Figure 1). By 2016, it had disbursed over US \$394 million (mostly for HIV, 43% of total support). The impact of its investment has resulted in a steady decline of HIV incidence in the last decade, dropping by 4-5% annually in prevalence and mortality rate for tuberculosis since 2000, and with 99% fewer malaria deaths in 2014 compared with 1994. Despite this progress, both HIV and tuberculosis continue to be significant health threats, particularly among key populations. Vietnam has taken the lead in investing heavily in health but specific interventions such as the removal of legal barriers and targeting prevention and treatment activities for communities that are drug users, sex workers, gay men, and transgender women need ongoing support if it is to meet its UNAIDS targets of ending the HIV epidemic by 2030.

Disbursements by Component

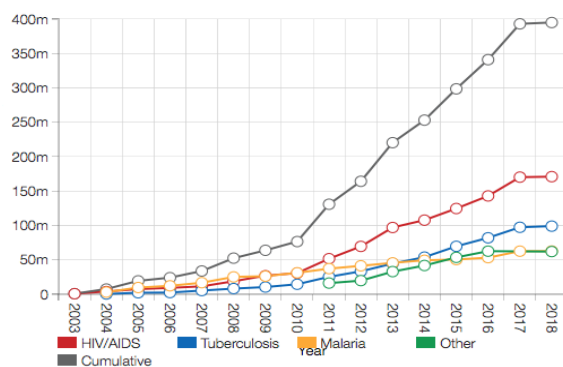


Figure 1: Global Fund Disbursements 2003-2018

the transgender community had been categorized as men who have sex with men (MSM). A recent study by the Center for Applied Research on Men and Community Health (CARMAH) on transgender women from HCMC indicates a high prevalence of HIV and syphilis (16%) amongst transgender women (Figure 2) and poor knowledge of HIV prevention strategies with only 41.5% correctly noting that transgender persons are at higher risk for HIV than other people in Vietnam. Factors associated with HIV and syphilis infection were risky alcohol use, amphetamine stimulant use, sex with male sex workers, a history of sex with an adult before the age of 18 years, and condomless anal sex with casual partners.

CARMAH estimated that between 2000-3000 transgender women lived in HCMC, and that

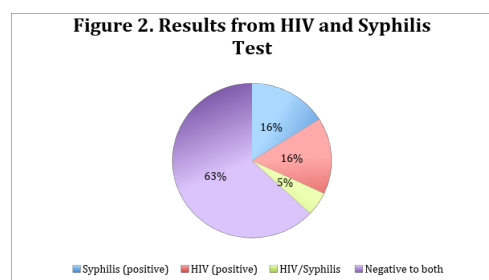


Figure 2: CARMAH, 2015

marginalization and social exclusion, including from access to services, contributes to their negative health outcomes. The Global Fund grant to VUSTA includes, for the first time, some prevention interventions for transgender women, but guidelines for implementers and specific interventions are needed, according to UNAIDS. Information on inclusion of key population in the TB response is not available. There is no grant for malaria in this next funding cycle.

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 APTN to conduct two workshops in Nepal and Vietnam on sustainability and transition that strengthen the capacity of transgender people to participate in the national response. The Nepal workshop was supported by Blue Diamond Society.

The Asia Pacific Transgender Network (APTN) was launched in 2009, when a group of transgender women from various Asia and Pacific countries came together to champion the health, legal, and social rights of transgender women. In 2011, the network expanded to include transgender men. Over the years, APTN engages with a range of partners to support, organize and advocate for comprehensive healthcare and policies that ensure the protection of legal, social and human rights for trans and gender diverse people. The APTN Secretariat is based in Bangkok, Thailand.

Global Action for Trans Equality (GATE), the project-lead on behalf of the Community, Rights, and Gender Department of the Global Fund, tasked APTN to conduct two workshops in Nepal and Vietnam on sustainability and transition that strengthen the capacity of transgender people to participate in the national response. The Nepal workshop was held on 14th-15th May in Kathmandu, and the Vietnam workshop was held on 17th-18th May 2018 in Hanoi. This report covers the proceedings from the Vietnam workshop.

METHODOLOGY

A mixed methodological approach was applied to the assessment: presentations informing and establishing consistency of knowledge among participants; small group work; and large group discussions. Participants were sequentially divided into three groups on day 1 and into two groups on day 2. A short questionnaire (Annex B) was used to assess the extent of knowledge of participants on the Global Fund, and its findings were discussed on day two with participants.

The workshop included presentations on the following:

- Overview and Objectives
- Context for Transgender People in Nepal
- National HIV, TB, and Malaria Situation
- Overview of Global Fund Investments to Date
- Overview of CRG and Global Fund Strategy 2017-2022 including Sustainability, Transitioning and Co-financing Policy

The workshop was conducted in English and Vietnamese. An experienced translator familiar with gender and sexual minorities carried out translations, and also translated parts of the presentation into Vietnamese. Very few participants spoke English, so the group work was conducted in Vietnamese. The notetaker recorded the meeting in Vietnamese and SCDI will share the proceedings of the report with participants. The facilitator wrote this report.

Objective

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.

Specific objectives:

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
4. As countries prepare to transition from Global Fund support and begin to mobilize domestic resources for health services that have traditionally received donor funds, transgender communities need to be prepared to actively participate in the response and plan for trans-competent healthcare services.

ACTIVITIES

The Vietnam workshop was organized with the support of SCDI and participants from SCDI and VNTG attended both days of the workshop. The VNTG members were all transgender women who had previous experience of supporting Global Fund activities through the MSM-TG network. The workshop aimed to address the following questions:

- What was the overall impact of the project supported by the Global Fund?
- Is the funding for interventions sustainable? If so, how and why?
- What are the most important factors contributing to the visibility of transgender people in the HIV response?
- Are communities engaged in an effort to sustain the success?
- What could be the important lessons that can be learned from the Global Fund supported programs?
- What are the inter-linkages, networks transgender people have to the regional and global movement?
- What are the HIV needs of the transgender communities?
- How can transgender communities play a more important role in the TB response?
- What will happen to transgender communities after GF transition from the country?
- What are the key recommendations/actions to ensure sustainability of transgender communities in the HIV and TB response beyond GF transition?

These questions were adapted and included as part of the Agenda (Annex A) that was translated into the local language and shared with participants in advance of the meeting. All efforts were made to ensure that the agenda, questions and handouts were accurately translated from English to the local Vietnamese language.

FINDINGS

The two-day workshop began with introductions, an overview of the project, and review of the agenda. The urban CBOs based in Hanoi and HCMC knew of Global Fund activities related to HIV, but others were not as familiar with the Global Fund. A few participants had worked for USAID, and were aware of the HIV situation. Most participants did not know of the Global Fund's role in tuberculosis (TB) or malaria.

The morning began with a description and discussion of the Vietnam Transgender Network (VNTG). The transgender network separated less than two years ago from the MSM-TG network. It is fairly young, with no resources except for limited support from SCDI. Its network membership consists of community-based organizations (defined as any group of transgender women with more than five members); there are 39 current members of which 18 are in the north, 16 in the south and 5 in the central region. The urban/rural geographic distribution of members needs to be confirmed. There are five coordinating committee members from HCMC and Hanoi. The network coordinating committee members try to meet at least twice a year, but it has not yet been possible to bring even a few of the members together, largely due to a lack of resources. This was the first time that members from around the country were meeting together and provided with an opportunity to discuss the priorities of the network. Before moving forward with the epidemiology of the three diseases, it was decided that VNTG should conduct a SWOT analysis.

SWOT Analysis

A Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis was carried out with VNTG, and areas of work were identified that require support either from SCDI or APTN. The regional grant, *Key Populations and Research Advocacy (KPARA) project*, awarded to Save the Children Nepal, with APTN as the sub-recipient, was also discussed and its objectives shared with participants.

Guiding Questions for the SWOT to Address:

1. **Context:** In your country, what are the most important factors contributing to the visibility of transgender people in the HIV response? TB response? Malaria response?
2. **Context:** What are the needs of the transgender communities for each of these diseases?
3. **S&W*:** Do you think these programs increase the visibility of transgender people?
4. **S&W:** How have the Global Fund activities supported communities in the response to these diseases?
5. **S&W:** What role, if any, has the transgender community played in the Global Fund supported programming and advocacy response to these diseases?
6. **S&W:** How can the transgender community play a more important role in the response?
7. **S&W:** Do you find that the current funding for these interventions is adequate and sustainable?
8. **S&W:** What might happen to transgender communities after the Global Fund support diminishes and country transitions to funding its own response?

9. **Rec^**: What are the important lessons that can be learned from the Global Fund supported programs?
10. **Rec**: What are the key recommendations/actions to ensure sustainability of transgender communities in the HIV and TB response beyond GF transition?
11. **Context & Rec**: What linkages do national transgender persons have to regional and global movements on transgender rights? What support can they provide to national transgender organizations?

*S&W= Strengths and Weaknesses

^Rec: Recommendations

<p><u>Strengths</u></p> <ul style="list-style-type: none"> • Committed members who know community concerns and experience • Solidarity across regions • Greater confidence and independence from MSM group • Strong members in coordinating committee 	<p><u>Weaknesses</u></p> <ul style="list-style-type: none"> • Most transgender women have low education levels and lack capacity • VNTG has no activities, and so TG women don't see the purpose in joining • Roles of coordinating committee members is not well defined • Side effects of hormones amongst members makes them bad at recall; no written communications or record-taking methods • Can only reach transgender women in urban areas • Self-identification as transgender woman is an issue • Few opportunities to get together • Not legally registered • Do not include transmen
<p><u>Opportunities</u></p> <ul style="list-style-type: none"> • Technical support from SCDI • Global Fund project in next grant • Review of laws and needs by several NGOs • Law on Gender Affirmation is being considered by the National Assembly • Support from APTN 	<p><u>Threats</u></p> <ul style="list-style-type: none"> • Ongoing stigma against the community • Reduction in donor support when transgender issues are coming to forefront • MSM network still includes transgender persons as part of its group

Discussions

There were several other issues identified, including fluidity of gender identity, risky behavior and self-stigma by transgender women, as well as lack of employment opportunities. In Vietnam, transgender identities are not clearly delineated within the WHO definition of a *person who identifies with different gender than the one identified at birth*. Instead, there is a notion of third soul and spirit identified as an *open shadow—bonglo* and *hidden shadow—bongkin*. The *bonglo* identity is a man who self-identifies internally as a woman but chooses not to take an outward appearance or expression of a woman. The person may on occasion dress as a woman but in sexual orientations considers herself as gay or MSM. The *bongkin* is a man who has chosen to transition to a woman through surgery and hormones. These women consider themselves as 'true' transgender and consider their sexual relationships with other men as heterosexual.

“Society is very confused about us. When we go to a clinic or out in public spaces, they don’t recognize us for who we are. That is the reason why I choose to dress as a man and only sometimes like a woman, because I will be attacked in some public spaces.”

This fluidity of gender identity limits the network in its functioning, as the group often debates who is or isn't a transgender woman. The fact that transgender men are not part of VNTG means that the full spectrum of gender identity is not fully embraced by current members.

“I never had the opportunity to attend these meetings before. I am an indigenous person and we are often left out of critical discussions. We have a declining (almost dying) population, yet nobody wants to talk about it or think about us when having discussions.”

Most transgender women engage in risky behavior and noted that drug use, especially alcohol and stimulants, were common practice. They also noted that, as transgender women, their risk of HIV was higher because during sexual activity and in sex work they tend to be receivers (bottom partners). The participants from HCMC that were part of the 2015 biological and behavioral survey noted that the research helped them to understand their risk of HIV and STIs, and also made them realize their differences from the MSM group. Employment opportunities for transgender women were also limited compared to MSM (gay men), with most transgender women working in the entertainment industry or in food service, such as waitressing. However, sex work was the most common source of income.

“Projects only last for a few months most of the times. When it ends, we all lose our jobs. We have priorities for our community and we want to do advocacy work.”

About one-third of participants in the group had worked on Global Fund projects related to HIV. However, their role was limited to one of peer educator and they did not know how the Global Fund functioned, except as a donor providing funds for services. Most were not sure about having participated in the Community Dialogue process, noting that they had been invited many meetings, but the purpose of the meeting wasn't always clear to them. They often felt intimidated in such forums, lacking the confidence to speak out. The members of the Coordinating Committee of VNTG noted that they did speak about issues at these meetings, but their concerns were rarely acknowledged. They were often asked for information about the community, but it was never shared back to them how this information was used. Many participants expressed frustration that their stories had been used and

distorted by the media, donors, and policy-makers. The information provided by transgender persons was rarely ever shared back to them before being published.

“I don’t even know what services are available in Vietnam, even though I work in HIV programming. I think there is no hope in my country for people like me.”

The participants were not aware of how the Concept Note was prepared for the Global Fund, and what steps were taken to finalize the grant. The details of activities and accompanying budget negotiated between the Principal Recipient and the Global Fund, *The Project Implementation Proposal*, are rarely ever disclosed to the community or the sub-recipients. VUSTA, as the Principal Recipient, didn’t share this information with its sub-recipients, including SCDI. SCDI had to repeatedly ask and eventually force VUSTA to share the Project Implementation Proposal.

“I don’t know what the outcome after every project is. We are used to collecting data, but the findings are not shared with us in Vietnamese. I don’t know who to ask about what the project has done for us. But I think probably nothing has been done, because the situation is still the same. We still don’t have access to basic things like a health clinic that will agree to treat people like me.”

No	Services	Activities
1	Behavior change communication	<ul style="list-style-type: none"> ✓ Content of communication <ul style="list-style-type: none"> - The transmission routes of HIV and STI - The ability to transmit HIV and STI when sex is not used condoms - Use condoms properly and often when having sex - Skill on counselling the use of condoms - Benefits of routine HIV testing - Benefits of antiretroviral therapy - Benefits of STI examination and treatment - Introduction of pre-exposure prophylaxis (PrEP) and post-exposure (PEP) - The role of families and communities in helping change behaviors, finding work and integrating with the family and the community.
2	Health products	<p>Direct delivery and guiding the use of condom for KPs</p> <p>The distribution of health items should be monitored, recorded and reported in accordance with regulations.</p> <p>In addition, if MSMs use drugs, the syringes will be provided as stipulated by the project.</p>
3	Referral KPs to essential health services	<p>Referral is considered successful when the KP has gone to HIV test and receive the results. As a result, monitoring and reporting results will accurately reflect the number of successful cases.</p> <p>Referral of frequency: MSMs should be tested for HIV at the time of project participation and repeated every 12 months.</p>

Figure 3. CBOs are to provide the above prevention services for MSM and TG

The entire VUSTA grant for key population activities is for US \$6 million for 3 years, with three sub-recipients and 100 community-based organizations. The targets for transgender persons in the grant are low (6,015 transgender persons) compared with other key population communities including MSM (80,058). The funding for activities related to transgender communities is US \$106,082 over the three years, focusing on peer educators conducting

behavior change communications, to hold some meetings, and provide incentives for uptake of HIV testing (salaries of outreach workers, medical staff and other service providers). The activities for MSM and transgender persons are identical (Figure 3).

The possibility that transgender persons will be engaged as equal partners, or even as participants, in Global Fund transition and sustainability is highly unlikely given how the community is treated under the current process. They are seen as recipient/beneficiaries of services and not as active participants. SCDI, as an NGO composed of professionals working on development issues, is potentially more likely to be inclusive and informed.

“We are only used as implementers of projects. They (donor) often tell us what to do and we do not dare to say anything or change the way things work because we need the job.”

The participants were not as well informed on the other two Global Fund supported diseases, TB and malaria. They were not clear about their role in Global Fund processes, and didn’t realize that Vietnam ranked 11th among the 22 highest TB-burdened countries in the world. The TB/HIV co-infection has not been considered a major driver of the HIV epidemic, but SCDI noted that the proportion of co-infected patients is increasing. SCDI is working on several different projects, including on TB and malaria programming, but there are no activities for transgender persons. The director of the TB program recognizes the role of community and the strong links between HIV/TB co-infection, and it is hoped that the program will include interventions for transgender persons. The TB Concept Note and the Proposal for Implementation were not readily available.

Disease	Grant Award	Amount US \$
HIV	VNM-H-VAAC Viet Nam Authority of HIV/AIDS Control	53,207,47
	VNM-H-VUSTA Viet Nam Union of Science and Technology Associations	6,499,966
TB	National Lung Hospital	47,281,094

Figure 4. Vietnam 2018-2020 Global Fund Grants

Overall, donor funding for HIV-related activities in Vietnam is declining (Figure 4) because the country has shifted from lower income to lower middle-income, with a Gross National Income (GNI) at US \$1,005 per capita. PEPFAR, historically the leading donor of the national HIV response, has reduced its funding and it is anticipated that the Global Fund will also reduce its support in the near future. The current grants are lower than the 2015-2017 support provided to Vietnam (HIV/TB 2015 grant allocation of US \$80,237,030).

“All the services are focused on HIV. I know we are high risk, but we have other health needs that are more important, like hormones and surgery. They need to have other services if they want us to show up.”

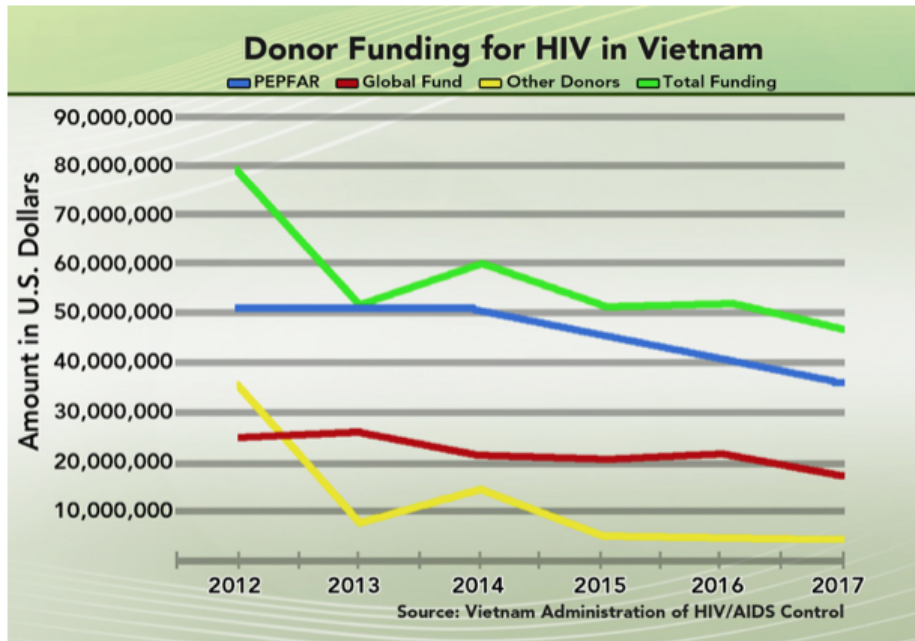


Figure 5. Declining Donor Funding for HIV

These concerns around the transgender community are being raised at a time of declining investment in the HIV and TB response. The inclusion of transgender people in the national response will be critical, but it is not clear if they will be included and they are not yet confident and strong in their own leadership. This is a big challenge and, even more than the response to HIV, they would like to see other areas of health covered, including hormones, gender affirmation surgery, mental health services for transgender youth and post-surgical care, prevention of drug use and prevention of suicides. There are formidable challenges that the transgender community faces, including legislative barriers.

In 2015, the National Assembly of Vietnam passed the Revised Civil Code legalizing the rights of transgender people to change their gender marker after gender reassignment surgery, but there is ongoing confusion regarding the interpretation of the law. The law, which came into effect earlier this year, should help reduce stigma and discrimination, but it has also created greater confusion in terms of gender identity, with only those who have had gender reassignment surgery being identified as transgender women. There is also a new draft Law on Transgender Persons to be submitted to the National Assembly in 2019 that will give more comprehensive rights to the transgender community. SCDI is planning a survey on understanding the attitudes of elected officials towards transgender persons, and it is also conducting a mapping of gender affirming services in six provinces.

Participants discussed the need for an effective communication strategy and better advocacy in ensuring that the new Law on Transgender Persons addresses their concerns. The Ministry of Health is working on the draft law.

RECOMMENDATIONS AND NEXT STEPS

The participants identified several priorities for VNTG including:

- Needs/situational assessment of transgender persons, especially for those living outside urban centers and ethnic minorities;
- Capacity building in a range of skills from communications, management, leadership, advocacy, and monitoring and evaluation;
- Advocacy on the Law on Transgender Persons, and the need for a cohesive strategy across the community, including those who have not undergone gender affirming surgery and/or choose not to take hormones;
- Skills building and training on how to manage interviews with journalists and media;
- Developing specific interventions for transgender women in the VUSTA grant and monitoring activities;
- Information on hormone use by publicizing the information in the *Blueprint on Transgender Health in Asia and the Pacific*, which is available in Vietnamese.

Some of these prioritized activities can be readily implemented without much financial investment, but others will require support, given that policy change is involved. The issue of health for transgender persons is more than just about HIV. HIV has given the community the opportunity to mobilize itself, and now transgender persons need to strategize and address the barriers that prevent them from recognition of their rights and living as equal citizens. The participants completed two technical assistance requests for the Community, Rights, and Gender TA program. The first TA request was for building capacity on monitoring and evaluation of the VUSTA activities related to transgender community; and the second TA request was for building capacity on advocacy for removing legal barriers and supporting the development of an appropriate and meaningful Law on Transgender persons.

The concerns around the Global Fund transition seemed distant, but participants noted some principal issues for when Vietnam does transition. These included:

- Publicly available transitioning criteria and schedule being discussed between donors and representatives of the country;
- Clear plans for communications with key populations who will be affected by the changes;
- A monitoring and evaluation framework so that communities can measure progress and commitments affecting access to services for key populations;
- Ensuring funding and commitment exists to support NGOs and CBOs working on advocacy and community mobilization, and not only for those who act as service providers;
- Support for removing structural barriers to services including legislative, security, and criminal justice reform and commitment to human rights and gender equality.

“APTN can help us to facilitate dialogues and build our capacities in organizing and setting up the functions of a network. Not many donors would fund our activities, but we need to start somewhere and establish a purpose for the VNTG network. Prior to this workshop, we never got a chance to discuss these issues and to learn about the work in other regions, such as Thailand. We feel positive and supported by our regional organization now.”

Although Vietnam has shifted into a lower middle-income economy, its health services are not well integrated and most transgender persons cannot access services because of stigma and discrimination. The country relies on donors for both its HIV and TB response and will need to ensure political commitment when planning for and implementing transition, co-financing and sustainability.

REFERENCES

Vietnam Concept Note for HIV/TB and Malaria 2015-2017 available through the Global Fund at: <https://www.theglobalfund.org/en/portfolio/country/?loc=VNM&k=90fb7820-b2f0-4401-bc77-067270585a9b>

VUSTA. Project Investment Proposal (PIP). Project Strengthening the Participation of Social Organizations and Community-Based Organizations in the HIV/AIDS Response (From 2018 to 2020)

D. Colby, N.A. Nguyen, B. Le et al. HIV and Syphilis Prevalence Among Transgender Women in Ho Chi Minh City, Vietnam. *AIDS and Behavior*. December 2016. Volume 20. Supplement 3. pp.379-385.

Personal communications from:
UNAIDS Country Office Vietnam
CARMAH
SCDI

UNAIDS Data Hub. Vietnam Country Snapshot

ANNEXES

A. Workshop Timetable

DAY 1		
Time	Schedule	Activity
8:00 – 8:15	ARRIVAL AND SIGN-IN	
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
10:30 – 10:45	BREAK	
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
12:30 – 1:30	LUNCH	
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
4:45 – 5:30	SUMMARY AND CLOSING	

DAY 2		
Time	Schedule	Activity
8:00 – 8:15	ARRIVAL AND SIGN-IN	
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
10:15 – 10:30	BREAK	
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
12:15 – 1:15	LUNCH	
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	
4:30 –	SUMMARY AND CLOSING	

B. Global Fund Knowledge Test on Engagement & Transitioning

1. The Global Fund is a financing institution with investments in a country that is based on performance?

True False Don't Know

2. What are the dates for the current Global Fund strategy? _____years

3. What are the focus areas of the Global Fund strategy? (LIST ONE Focus Area)

4. The Global Fund is an implementing organization and has presence in the country?

True False Don't Know

5. The Global Fund Country Coordinating Mechanisms (CCM) are responsible for the following:

- a. Writing and submitting a request for funding
- b. Selecting a Principal Recipient
- c. Monitoring implementation
- d. For transitioning from the Global Fund
- e. All of the above
- f. None of the above

6. Under the New Funding Model, Country Dialogues are an essential component of concept note preparation?

True False Don't Know

7. Which communities should be invited to a Country Dialogue process?
(circle all that apply)

- a. People living with HIV
- b. Women and children
- c. People who inject drugs
- d. Sex workers and their clients
- e. Prisoners
- f. MSM and Transgender Women
- g. All of the above
- h. None of the above

8. Were you invited to the Country Dialogue?

Yes No I don't know about Country Dialogue process

9. Do you know about Global Fund's Sustainability, Transitioning and Co-financing plan?

Yes No

10. Do you know at what stage of its income does a country become ineligible for Global Fund support?

____ Yes, name income stage: _____ / ____ No

11. When a country is listed as ineligible, can it still receive funding from the Global Fund?

- a. Yes for how long: _____
- b. No
- c. I don't know

12. Can you name the Principal Recipient of your Global Fund grant?

_____ HIV
_____ TB
_____ Malaria

13. Have you ever worked for a Global Fund supported project?

- a. Yes, on which disease component: _____

In what capacity: _____ Organization: _____

- b. No

THANK YOU, END SURVEY and complete Participant Information Below

14. Did the project that you work focus only on transgender persons?

- a. Yes, Transgender Specific
- b. No, Key Populations
- c. No, All people

Date:

Location (city, country):