



**Increasing  
Trans Inclusion  
in HIV/AIDS  
National Strategic  
Planning**

Learnings from  
Community  
Advocacy in Five  
Countries

**amfAR**

MAKING AIDS HISTORY

[www.amfar.org](http://www.amfar.org)

The Foundation for AIDS Research





---

# Acknowledgments

Thank you to Global Action for Trans Equality (GATE) for their leadership in designing and implementing this project. GATE’s partnership elevated the results of this work to the global forum. Thank you to all local partners including FEM Alliance in Uganda, Jinsiangu in Kenya, Cohort in Ukraine, and Sisters Foundation in Thailand for their dedication, persistence, and expertise to complete this work. Thank you to all local partners for their willingness to share successes, lessons, and challenges. This report would not be possible without your openness and commitment to advancing learning in this area. Thank you to all of the activists, researchers, government officials, and international stakeholders who took time to share their perspectives and advice with us on how to advance trans inclusion in national HIV policy.

Thank you to the Elton John AIDS Foundation for their generous support of this project.



---

## Acronyms

<b>CCM</b>	Country Coordinating Mechanism
<b>CDC</b>	Centers for Disease Control and Prevention
<b>GATE</b>	Global Action for Trans Equality
<b>GF</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>IBBS</b>	Integrated HIV Bio-behavioral Surveillance
<b>KP</b>	Key Populations
<b>LGBTQ</b>	Lesbian, Gay, Bisexual, Trans, Queer
<b>LBT/Q</b>	Lesbian, Bisexual, Trans / Queer
<b>NASCOP</b>	National AIDS and STIs Control Programme
<b>NGO</b>	Non-governmental Organization
<b>NSP</b>	National Strategic Plan for HIV/AIDS
<b>PC</b>	Partnership Committee
<b>PEPFAR</b>	The United States President's Emergency Plan for AIDS Relief
<b>UNAIDS</b>	Joint United Nations Programme on HIV/AIDS
<b>WHO</b>	World Health Organization

---

## Table of Contents

<b>Executive Summary</b>	<a href="#"><u>6</u></a>
<b>Introduction</b>	<a href="#"><u>8</u></a>
<b>Theory of Change</b>	<a href="#"><u>8</u></a>
<b>Project Overview</b>	<a href="#"><u>10</u></a>
<b>Country Case Studies</b>	<a href="#"><u>11</u></a>
Anonymized Country: When policy doesn't reflect reality	<a href="#"><u>11</u></a>
Uganda: Fighting for recognition	<a href="#"><u>13</u></a>
Ukraine: Pushing past superficial engagement	<a href="#"><u>16</u></a>
Thailand: Talk is cheap, time for action	<a href="#"><u>18</u></a>
Kenya: What's beyond inclusion?	<a href="#"><u>20</u></a>
<b>Cross-Country Learnings</b>	<a href="#"><u>22</u></a>
<b>Measuring Project Success</b>	<a href="#"><u>23</u></a>
Measuring community readiness to engage in National Strategic Plan for HIV/AIDS advocacy	<a href="#"><u>23</u></a>
Measuring government and stakeholder engagement	<a href="#"><u>24</u></a>
Measuring increased trans inclusion in National Strategic Plans for HIV/AIDS	<a href="#"><u>25</u></a>
Measurement limitations	<a href="#"><u>26</u></a>
<b>Conclusion</b>	<a href="#"><u>26</u></a>

---

## Figures

<b>Figure 1.</b> Theory of Change: Increasing Trans Inclusion in HIV/AIDS National Strategic Plans	<a href="#"><u>9</u></a>
<b>Figure 2.</b> Project Timeline	<a href="#"><u>10</u></a>
<b>Figure 3.</b> Measuring community readiness to engage in National Strategic Plan for HIV/AIDS advocacy	<a href="#"><u>24</u></a>
<b>Figure 4.</b> Measuring government and stakeholder engagement	<a href="#"><u>25</u></a>

## Executive Summary

Trans people, referring to anyone who does not identify with their gender assigned at birth, are among the most at-risk groups for HIV, but are frequently excluded from national HIV policy documents and planning. Policy documents, like National Strategic Plans for HIV/AIDS (NSPs), are critical both because they represent a government's priorities within the national HIV program and are used by international funders to guide investments.

This project aimed to increase trans inclusion in NSPs by capacitating five trans-led community organizations to engage in NSP-focused advocacy. Community advocates can directly influence the content of their NSPs as well as indirectly influence the NSP process through their work to sensitize, educate, and advocate with members of national government and other

stakeholders. Local partner organizations were based in Uganda (FEM Alliance Uganda), Ukraine (Cohort), Thailand (Sisters Foundation), Kenya (Jinsiangu), and a country we have anonymized for activists' safety due to the ongoing violence against the trans community. amfAR and Global Action for Trans Equality (GATE) partnered with community organizations in each setting to design country-specific activist work plans and measure progress towards more trans-inclusive NSPs.


Given that NSPs are only developed every 5–10 years, measuring changes to trans inclusion in the documents themselves was not possible within the project's year-long timeframe. Instead, we measured enabling factors hypothesized to support trans inclusion during the next NSP development cycle. This included advocate "readiness" to engage in NSP advocacy, composed of increases to advocates' NSP knowledge, advocacy capacity, and funding. This also included relationship

building with key government and international stakeholder allies, measured through community contacts with these groups.

Overall, we found investments increased advocate readiness to engage in NSP advocacy, with 100% of participating advocates increasing their knowledge about NSPs in at least one category, 100% reporting that they had specific language they would like included for trans people in the next NSP, 95% reporting a new strategy for NSP engagement, and 73% reporting that they were more confident in their ability to engage in NSP advocacy. Additionally, through this project, community advocates across five countries reported making nine contacts with government officials involved in NSP development and 15 contacts with international



Graphic created by community organization Cohort, Ukraine



NSP stakeholders. Community activists organized to develop concrete asks and held trainings with these government staff and international stakeholders to present these demands. This overall model of community organizing followed by stakeholder training was effective in both increasing stakeholder knowledge on trans community priorities and obtaining verbal commitments from government for continued engagement on trans inclusion.

## Quality inclusion of trans people in HIV policy is a critical step towards appropriately elevating trans people in the HIV response.

Work by local organizations brought out many country-specific lessons detailed in this report. In addition, the following cross-country lessons emerged:

**Data collection by and for trans communities is urgently needed:** The current lack of quality HIV data for trans populations hinders advocates' ability to push for trans-specific programming and budgeting. Government and international stakeholders must invest in data collection that involves the trans community in all stages of implementation. Where large-scale size estimate data are not imminently available, programmatic or other community-generated data should be used to fill gaps in the interim.

### **NSPs must address structural barriers to HIV care for trans populations:**

Trans people face exceptional structural barriers to healthcare services, ranging from state-sanctioned violence to stigma and harassment at health facilities. To effectively address HIV in the trans community, governments must move beyond siloed biomedical approaches to include a plan to combat structural barriers as part of their NSPs. Both government and international funders can put forth strong funding packages for structural interventions to support this trans community ask.

### **Advocacy for trans inclusion in NSPs must be flexible, sustained, and tailored to the context:**

Increasing trans inclusion in national policy documents within criminalized or difficult contexts is a gradual and incremental process driven by the persistent efforts of advocates. Each country context brings its own barriers that prompt advocates to be creative and collaborative. To continue to do this work, trans organizations need more long-term financial support for advocacy activities and the flexibility to design, lead, and adapt work plans to fit their context.

This work demonstrates that progress towards more trans-inclusive NSPs is possible even in stigmatized and difficult settings. However, significant policy impacts will require long-term commitments and sustained funding. Quality inclusion of trans people in HIV policy is a critical step towards appropriately elevating trans people in the HIV response. To achieve this goal government and international funders must center trans voices in HIV strategic planning and commit to sustained financial and technical support of trans-led activism.

---

## Introduction

In every country with available data, trans<sup>1</sup> people are among the most at-risk groups for HIV. In 2021, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that global HIV prevalence among trans women was approximately 14 times higher than among cisgender adult women.<sup>2</sup> Recent data from a systematic review including 98 studies across 34 countries found that trans feminine individuals were 66 times more likely to be living with HIV and trans masculine individuals were 6.8 times more likely to be living with HIV than other adults.<sup>3</sup> In addition to high rates of HIV, trans people continue to face high levels of discrimination, frequent rights violations, and lack of legal protections—all of which contribute to environments of risk.

Despite this, trans populations are frequently not included in national data collection efforts or recognized as priority populations by national governments in their HIV responses.<sup>4,5</sup> This exclusion extends to National Strategic Plans for HIV/AIDS (NSPs), with a recent review finding that only 8% of 60 NSPs meaningfully included trans people in all of the plan's key sections.<sup>4</sup> NSPs are important policy

**Recent data...found that trans feminine individuals were 66 times more likely to be living with HIV and trans masculine individuals were 6.8 times more likely to be living with HIV than other adults.**

documents that lay out a government's plan to address HIV in their country, including which populations and strategies to prioritize. NSPs can also be used to outline national budget allocations and drive international funding decisions. Trans exclusion from these documents can have serious negative repercussions for trans-specific programming and funding.

Conversely, work to increase trans inclusion in national HIV policy planning and documents could have positive impacts on trans-focused HIV programming and funding as well as contribute to a broader level of government recognition of trans populations. However, questions remain about how to achieve better trans inclusion in NSPs, especially in criminalized settings where government-focused advocacy can be difficult or dangerous. This project aimed to increase inclusion of trans populations in NSP processes in five countries through the direct support of advocacy activities by local trans community organizations and by leveraging global and local civil society partnerships. The following describes our underlying theory and approach to this project.

---

## Theory of Change

In this project's theory of change (Figure 1), we posit that trans inclusion in NSPs can be increased through the direct support and capacitation of trans community groups. Community advocates themselves can directly influence NSPs as well as indirectly influence the NSP process through their work to sensitize, educate, and lobby members of national government and other stakeholders. However, many systems-level barriers to trans inclusion in NSPs—such as criminalization or state-sanctioned disenfranchisement—are outside of communities' immediate control. In these realities, the direct support of community advocates is critical but cannot be the sole intervention responsible for improving trans inclusion in unfriendly environments. This project recognizes the need for continual work to improve the environments in which community advocates are operating in addition to providing direct support to community organizations to elicit change.

Trans community groups need the tools and resources to effectively engage in NSP development discussions. We identify five key areas of investment to directly support community advocates in their work to increase trans inclusion in national processes. Of these five areas, this project focuses on three: 1) providing direct funding to trans community organizations, 2) supporting advocacy capacity, and 3) increasing knowledge of NSP processes and timelines.

---

<sup>1</sup> In this report, we use trans as an umbrella term to include trans masculine or trans people assigned female at birth, trans feminine or trans people assigned male at birth, transgender people, non-binary people, culturally specific gender identities that fall outside the male/female binary, and all gender identities in which a person does not identify with their gender assigned at birth.

<sup>2</sup> UNAIDS 2022 epidemiological estimates.

<sup>3</sup> Stutterheim SE, van Dijk M, Wang H, Jonas KJ. The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis. *PLoS ONE*. 2021; 16(12): e0260063. <https://doi.org/10.1371/journal.pone.0260063>

<sup>4</sup> Sherwood, J, Lankiewicz, E, Castellanos, E, O'Connor, N, Theron, L, & Restar, A. Assessing inclusion of trans people in HIV national strategic plans: a review of 60 high HIV prevalence countries. *J Int AIDS Soc*. 2021; 24(11), e25837.

<sup>5</sup> Poteat, TC, Keatley, J, Wilcher, R, & Schwenke, C. Evidence for action: a call for the global HIV response to address the needs of transgender populations. *J Int AIDS Soc*. 2016;19 (3Suppl 2).



- 1. Provide direct funding to trans community organizations.** A recent global survey of trans community organizations found that the organizations were operating on a median annual budget of just 10,000 USD per year.<sup>6</sup> Insufficient funding was cited as a primary barrier to progress, with many organizations struggling to fund even core programmatic activities. Resources to make HIV/AIDS responses more trans-inclusive were especially rare. Community organizations' engagement in the NSP development process is often unfunded, leaving advocates to self-support their time and expenses to engage in government consultations. Effective NSP advocacy requires financial resources.
- 2. Support advocacy capacity.** Advocates learn from one another. Creating training spaces where advocates from different global contexts can exchange information and strategies is key to developing effective advocacy coalitions. Similarly, supporting opportunities for local advocacy leaders to build skills and generate unified priorities among themselves can be critical. In criminalized or stigmatizing contexts, trans advocates may benefit from organizing with other advocates from similar contexts or from the support of global organizations with connections to international audiences and decision makers.
- 3. Increase knowledge of NSP processes and timelines.** Government-run NSP processes often operate on irregular timelines that may not be well advertised to the

community. Community organizations may also encounter gatekeepers that prevent community participation in the NSP consultation process. Advocates need access points and connections with the government to effectively contribute to the consultation process. In addition to funding community education efforts, funders and partners can prompt governments to make information about the NSP process widely accessible.

- 4. Strengthen data literacy.** Interpreting and discussing data are key parts of advocacy. Arming communities with knowledge of data sources and gaps can help level the playing field during discussions with government officials. It can also allow community to more meaningfully engage in data collection collaborations with government. In addition to supporting the community directly, bolstering data literacy can include work to make global HIV data more accessible and interpretable for the community broadly.
- 5. Build the base of trans-specific epidemiological data.** Substantial gaps exist in national HIV data and population size estimates for trans populations. In 2022, just 10 African countries had a UNAIDS estimate of population size for trans people and only seven African countries had an estimate for trans HIV prevalence.<sup>7</sup> These data gaps can be used as justification to leave trans populations out of national program planning and budgets. Communities need trans-specific HIV data to promote trans inclusion in NSPs.

**Figure 1. Theory of Change: Increasing Trans Inclusion in HIV/AIDS National Strategic Plans**

\*Target in this project



<sup>6</sup> Scamell, D. The State of Trans Funding: Funder Briefing. 2019. New York: Global Philanthropy Project, American Jewish World Service, Astraea Lesbian Foundation for Justice and GATE. Available at: <https://www.transfund.org/wp-content/uploads/2019/10/Funder-Briefing-The-State-of-Trans-Funding.pdf>

<sup>7</sup> UNAIDS Key Population Atlas. Available at: <https://kpatlas.unaids.org/dashboard>

# Project Overview

This project was designed collaboratively between Global Action for Trans Equality (GATE), an international advocacy organization for trans, gender diverse, and intersex communities, and amfAR, The Foundation for AIDS Research. Implementation was conceived in two phases. The first phase focused on building a better understanding of the current state of trans inclusion in NSPs. The second phase used learnings from the first phase to capacitate five trans-led organizations in different countries and fund their community-designed work plans for NSP advocacy. We anticipated these activities would increase knowledge and capacity for engagement in NSP processes and build relationships with allies and stakeholders (see Figure 1). Four key activities were implemented between December 1, 2020, and August 31, 2022 (Figure 2).

## Phase 1:

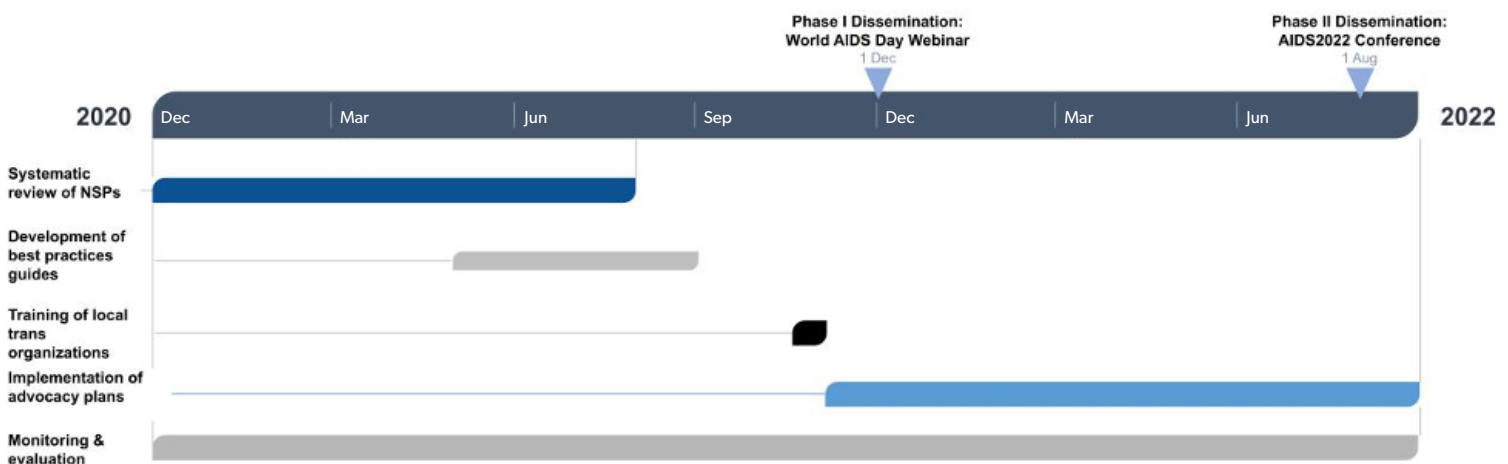
- **Activity 1–NSP Systematic Review:** 60 NSPs from high HIV prevalence countries in five global regions were assessed for trans inclusion using a framework of five core indicators and 19 sub-indicators. Results were disseminated using a peer-review journal article<sup>8</sup> and regional infographics.<sup>9</sup>

- **Activity 2–Development of Best Practice Guides:** Electronic surveys and in-depth interviews were conducted with trans organization leaders, government stakeholders, and international funders around experiences with engagement in NSPs. The results of this work were incorporated into best practice guides for government and community.

## Phase 2:

- **Activity 3–Capacitation of Trans Community Organizations:** Five trans-led organizations in different countries were selected and trained on NSPs and the NSP development processes. Each organization received 12,000 USD to implement a series of activities for NSP advocacy. Activity work plans were developed by each organization with technical assistance from GATE.
- **Activity 4–NSP Advocacy Implementation:** Each trans-led organization implemented its work plan, carrying out a diverse array of advocacy activities. The activities, successes, and challenges of each organization are detailed in the next section of this report.

**Figure 2. Project Timeline**



<sup>8</sup> Sherwood, J, Lankiewicz, E, Castellanos, E, O'Connor, N, Theron, L, & Restar, A. Assessing inclusion of trans people in HIV national strategic plans: a review of 60 high HIV prevalence countries. *J Int AIDS Soc.* 2021;24(11), e25837.

<sup>9</sup> amfAR. A Neglected Population: Transgender Inclusion in National HIV Plans. Available at: <https://www.amfar.org/news/a-neglected-population-transgender-inclusion-in-national-hiv-plans/>.

## Country Case Studies

This project included country partners operating in a variety of political and cultural environments ranging from highly criminalized to more liberal legal settings. This variety in country contexts informed both the community organization's work plans and approach to advocacy. For some, like the anonymized country report included first, trans leaders struggled with how to safely advocate for their rights in the face of state-sanctioned violence and threats to their lives. Elsewhere, like in Uganda, punitive laws affecting the trans community persist and advocacy is focused on fighting for increased visibility and recognition in the NSP. In Ukraine and Thailand, advocates have received initial recognition in their policy documents, but are now pushing for higher quality trans inclusion in data and budgets. Finally, where NSP inclusion is occurring and trans advocates have relationships with the government, like in Kenya, there is still much work to be done to hold duty bearers accountable for the promises of policy documents. Case studies of each country's strategic approach to advocacy, successes, and challenges are detailed below.

### Anonymized Country: When policy doesn't reflect reality

#### Key Lessons

- Government and international stakeholders must make policy documents available in **community-preferred languages and work to unpack technical concepts** to achieve meaningful community engagement on policy issues.
- NSPs that respond to the needs of the trans community must **move beyond solely biomedical approaches** to also address the legal and structural barriers to HIV care.
- **International stakeholders may play an essential role** in opening doors for trans engagement in policy in less friendly government spaces.

In a country on the African continent, unidentified here to protect the organization involved, trans people often face arbitrary arrest, harassment, and violence by state actors. At the same time, the trans community has been engaged with the national HIV program in some capacity for nearly 15 years and has strong government allies who support and engage in trans-related programming. This has meant that while the national HIV program recognizes the need to provide targeted services to trans people, trans health promotion is limited by punitive laws, frequent human rights violations, and widespread stigma.

In this country context, direct and meaningful engagement between the trans community and government has been limited. For example, the government has collected data on trans people for years but has never meaningfully engaged the community in data collection or validation. Similarly, when engaging with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF), trans people have been invited to participate in the Country Coordinating Mechanism (CCM), but only as observing members rather than full participants. Notably, the initial opportunity to engage with GF was facilitated through allies at UNAIDS, demonstrating the critical role international stakeholders can play in opening doors for the trans community, particularly in less friendly government contexts.

**The initial opportunity to engage...was facilitated through allies at UNAIDS, demonstrating the critical role international stakeholders can play in opening doors for the trans community.**

**– Observation from trans community organization**

This project aimed to increase trans inclusion in the country's NSP. The work plan was designed and implemented by a local trans-led organization. Given the difficult context, the trans organization felt that more data around the lived realities of trans communities in the country might open the door for dialogue around the services the community actually needs and the integration of these services into planning documents like NSPs. The organization implemented the following specific activities to capture trans priorities in compelling ways:



- Community consultations were held in five different regions to capture the lived experiences of trans, gender diverse, and intersex individuals. These conversations were guided by the NSP and other policy documents to facilitate discussion around the overlap or gaps between policy inclusion, community priorities, and actual experiences in seeking services.
- Ongoing online conversations with community members were held to highlight structural barriers to health and create knowledge of the policies relevant to trans, gender diverse, and intersex communities.
- A survey was created, distributed, and the results analyzed to begin bridging data gaps around trans priorities. The survey captured whether community members were familiar with NSPs and whether the priorities reflected in the NSP accurately captured community priorities.
- A stakeholder meeting was held in which a high-level member of the national HIV program shared information about the NSP, the structural barriers faced by key populations (KPs), and strategies to address current gaps for trans, gender diverse, and intersex individuals. Police and UNAIDS also participated in the dialogue.

The implementing trans organization found that an initial barrier to engaging the wider trans community in NSPs was bridging gaps in language and terminology between government documents and community. The trans organization found that the policy documents were unfamiliar to the community and it proved a challenge to translate many of the concepts into local languages in an understandable way. The same held true during the deployment of the community survey, where community members struggled to understand the priorities pulled from HIV planning documents. This communication gap points to a broader question about what is necessary to elevate community attendance in policy planning meetings to truly meaningful engagement. Where governments invite the community to be “in the room” for decision-making processes, it cannot be considered meaningful until the documents are made available in the languages used by the community and significant effort is put into describing what is meant by unfamiliar terms and processes.

After significant work by the trans-led organization to translate government documents into accessible language, the organization was able to facilitate substantive discussion on NSPs in the country. These consultations found that the trans community perceived the NSP to be too narrowly focused by only addressing HIV in a silo. The community felt that effective HIV strategies must also capture other relevant issues for the trans community, like access to mental health services, gender-affirming care, and hormone replacement therapy. Even more importantly, the biomedical approach to the NSP document failed to recognize or address that many of the key contributors to the HIV epidemic among the trans community are related to structural and socioeconomic

## **The vast majority of trans community members listed “fear of police being notified” as a barrier to health services.**

### **– Community Survey Data**

barriers to care and social services. Indeed, the vast majority of community members surveyed by the organization noted they don’t seek out health care services because they are afraid the police will be notified. Fears around privacy violations and mistreatment at health facilities were also exceedingly common. In these contexts, the provision of testing or retention services means nothing when individuals are too afraid to access them. Accordingly, policy documents that do nothing to address these kinds of barriers are of little use to the trans community.

This trans organization’s experience with tokenistic inclusion in policy is certainly not unique. Pressure, often from international stakeholders, has led to the inclusion of trans people as KPs in many documents developed with assistance from technical partners like the World Health Organization (WHO) or UNAIDS. However, data from the lived realities of trans people make clear this inclusion has limited effect on actual ability to access services. Without broader government strategies that address discrimination at healthcare facilities and violence perpetrated by law enforcement, inclusion in NSPs will make little difference in the lives of trans people.

## Uganda: Fighting for recognition

### Key Lessons from FEM Alliance Uganda:

- **Continuous advocacy and lobbying** with the government year-round—and not just during the lead-up to the NSP development—is needed.
- To redress the absence of trans-specific data for activists in Uganda to use to inform the NSP processes, **investments are needed in trans-led data generation.**
- Establishing **population size estimates** is urgently needed.
- There is a need to both **create KP-specific working groups** for context-specific discussion and continue **working together as a broader KP community** to align the HIV response to the needs of all KPs.

The health and rights of trans people in Uganda are threatened by criminalization, discrimination, and lack of legal protections.<sup>10</sup> Government health policy documents and strategies often do not include trans people in any meaningful way and government officials point to lack of trans-specific data to justify population exclusion. Trans activists operating in these environments have fought continuously for policies that uphold human rights and health, including government recognition of trans people in national policies.

Uganda's previous NSP, running from 2015/16 to 2019/20, did not mention trans people as part of the government-endorsed strategy to address HIV. Organized by the trans-led network Trans Equality Uganda, targeted advocacy efforts began in 2018 to mobilize KP activists' participation in the development of national policies and frameworks. KP advocates worked together to create The National Key Population Programming Framework, which the Uganda AIDS Commission used to inform the new NSP (2020/21–2024/25). For the first time, trans people were recognized among KPs in the Uganda NSP for HIV. These important successes were brought about by trans-led activism.

However, substantial gaps preventing the full and meaningful inclusion of trans people in the Uganda NSP still exist. The current advocacy project, led by FEM Alliance Uganda, builds on this previous work, using education, sensitization, research, and advocacy initiatives to improve the meaningful inclusion of trans people in the next NSP development process. FEM Alliance Uganda is a lesbian, bisexual, transgender and Queer (LBT/Q) women organization, established in 2012 to uphold the rights and health of the LBT/Q community. Under the leadership of executive director Jay Mulucha, FEM Alliance has been a powerful voice in the sexual rights movement fighting to end transphobia in Uganda. Within the timeframe of the current project, FEM Alliance designed a work plan to advance trans inclusion in the NSP process. The main pillars of work included:

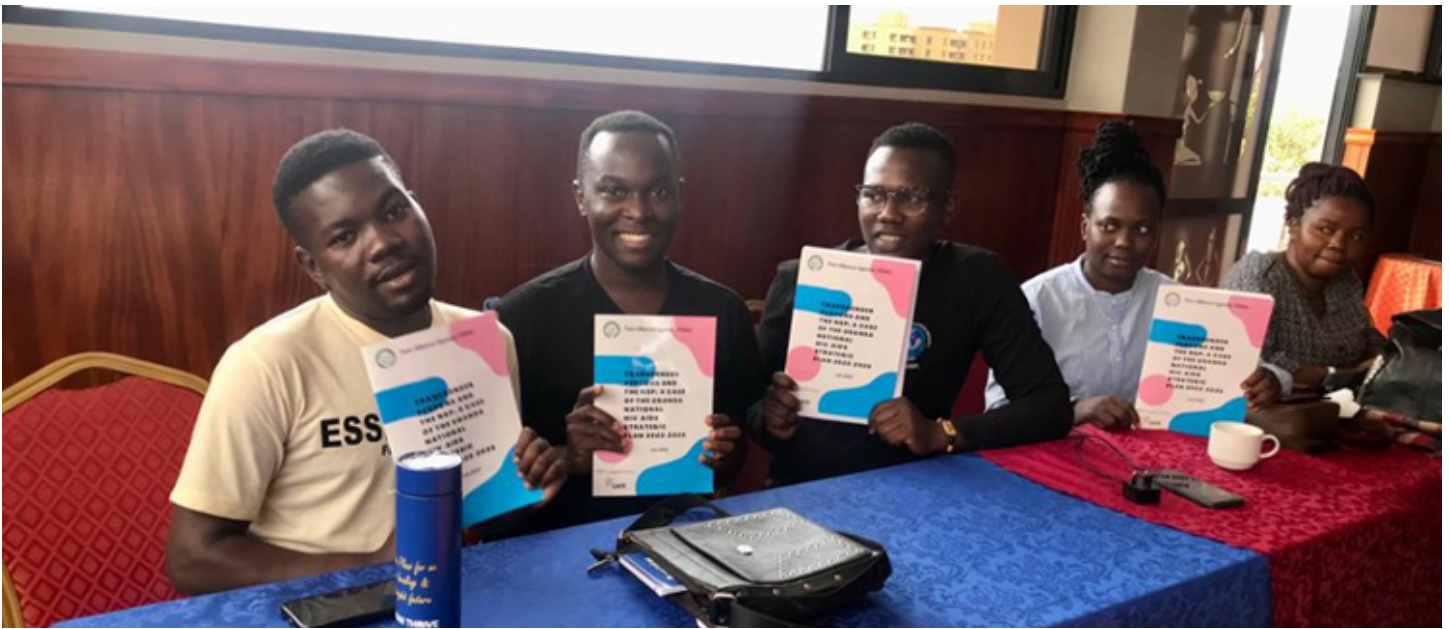
1. **Conduct and publish an analysis of the position of trans people within the Uganda NSP.** In consultation with the larger trans community, FEM Alliance produced an in-depth analysis of the state of trans inclusion in the current NSP, which highlights current gaps in inclusion and provides clear recommendations.<sup>11</sup> The analysis finds that, while the current plan has some trans-specific activities and indicators, no trans-specific HIV data are mentioned in the NSP. The implications of this exclusion are far-reaching. In addition to a lower level of understanding of the epidemic among trans populations, the NSP provides more detailed interventions for KPs with known HIV prevalence. Without size estimation data, the NSP does not offer projections of HIV service coverage for the trans population. In addition, the current NSP does not specify any trans-specific budgeting for programming, instead lumping budgeting into one overall KP category. Importantly, the current NSP does not include a targeted effort to address criminalization or other punitive laws against KPs—all of which are known barriers to effective HIV service delivery.

The report makes four key recommendations. First, there is an urgent need to undertake size estimation and HIV prevalence surveys for trans populations and incorporate this data in the Uganda NSP. This should be a priority for international donors and the government. Second, the trans community will organize an NSP working group to provide specific feedback into the NSP process. Government must commit to more meaningful dialogue and engagement around this feedback.

Third, the upcoming NSP should include activities to integrate behavior change communication and

<sup>10</sup> EQUALDEX. LGBT rights in Uganda. 2022. Available at: <https://www.equaldex.com/region/uganda>

<sup>11</sup> FEM Alliance Uganda. Transgender persons and the NSP; a case study of the Uganda National HIV/AIDS Strategic Plan 2022-2025. July 2022.



*Stakeholders holding the written analysis report done by FEMA with support from GATE and amfAR*

prevention strategies that address the needs of the trans community and other KPs. Current strategies are designed for heterosexual clients and must be adapted. Finally, the next NSP must address the persistent legal limitations and criminalization of KPs, including trans populations. As a driving HIV policy document, the NSP must outline a plan to improve the punitive practices, policies, and human rights challenges that impact the trans community’s ability to live full, healthy, and HIV-free lives.

**2. Increase the technical knowledge and awareness of NSPs in the trans community.** FEM Alliance led an activist training for 20 trans community leaders offering information on the NSP process and building skills for NSP-focused advocacy. Facilitators noted that while initial participant knowledge of the NSP was low, interest was high. It quickly became clear that the community felt the NSP process was an important advocacy opportunity for trans people to identify the activities relevant to HIV in their own communities. Participants also saw the NSP process as an opportunity to secure government-set HIV targets for the trans community for which the government could be held accountable.

Key outcomes of this training included: 1) a commitment from all participants to train the members of their own organizations and networks on NSP engagement; 2) generation of a concrete list of upcoming advocacy opportunities with government including assigned organization leads; 3) identification of key stakeholders who can support and push for the agenda of trans people in Uganda; and 4) the formation of a trans-specific technical working group to lead the process of NSP advocacy and engagement.

**3. Increase level of knowledge among NSP duty bearers of trans community priorities.** FEM Alliance led a training for 10 key NSP stakeholders detailing avenues for quality trans inclusion in NSP documents and planning. Stakeholders included representatives from PEPFAR Uganda, the Uganda AIDS Commission, CDC Uganda, and the Ministry of Health. Community representatives led a conversation with stakeholders on



*Group work on how the members in the trans community can strategically position themselves.*



current trans inclusion in NSPs, gaps, and opportunity for improvements. The stakeholders identified major barriers to trans inclusion in NSPs to be lack of political will to engage on KP issues given the context of criminalization, the low availability of data for trans people in Uganda and exclusion from national data collection efforts, KP-led organizations being denied registration by the Uganda Registration Bureau, and resource and capacity challenges for trans organizations to engage with the NSP process.

The meeting generated clear next steps including to plan follow-up meetings with the Uganda AIDS Commission and Ministry of Health to continue the conversations. Stakeholders agreed that investments in trans HIV data and population size estimates were an immediate priority. Stakeholders at the meeting committed to supporting advocacy for inclusion of trans people in the Ministry of Health technical working groups for NSP development.

**4. Monitor trans-friendly services and community inclusion in national policy consultations related to the NSP.** FEM Alliance Uganda designed and implemented a community scorecard to measure the availability and quality of trans-friendly HIV services. The tool also tracks whether community members have been invited to join working groups or have been engaged by the government on priority setting or HIV

policy generation activities. These data are community-generated and are intended to inform whether trans communities are actually being consulted in government processes and point out where trans-friendly services are missing.

Despite the difficult policy environment for trans activists in Uganda, this project made important progress towards inclusion in national planning for HIV/AIDS. An advocate-led analysis of the current NSP pointed out areas of improvement for the next NSP cycle including the need to integrate trans-specific HIV data in the plan and include an explicit focus on addressing the punitive policy environment for KPs in Uganda. We also learned that community-led education efforts for stakeholders must be ongoing in order to operationalize community recommendations on trans inclusion in national policies. This work should be coupled with activities to continue to train and engage the trans community on NSP activities.

Finally, we also saw the potential role that community-generated data could play to measure government commitments and engagement with the trans community on NSP development. To do this work, trans advocates need resources, support, a commitment to improve data collection for trans people, and a dedication to promote community-led principles. Uganda is a prime example of where progress in the recognition of trans people continues to be made—but not without a fight.



*Group photo after the dialogue to increase the level of knowledge among the duty bearers on the existing gaps in engaging trans people in the NSP processes.*

## Ukraine: Pushing past superficial engagement

### Key Lessons from Cohort:

- Government-led data collection on the trans community **must meaningfully engage the trans community** in order to reach representative participants.
- Capacity building focused on the current humanitarian crises built relevant skills for policy advocacy and **strengthened relationships between trans activists**.
- Building advocates' knowledge about policy concepts and processes led to **more specific wording and programming suggestions** for next iterations of the documents.

Prior to implementation of this project, trans activists in Ukraine were invited to take part in some national HIV planning meetings and processes. However, trans activists considered their engagement in these spaces to be largely tokenistic, without opportunity to contribute in any meaningful way. This was also true of trans community engagement in the GF CCM, where trans representatives haven't been allowed to contribute to the Programme Committee that makes most of the CCM's significant planning decisions. A Ukrainian trans activist noted, "So we have trans representatives...but in terms of advocacy we cannot contribute to trans issues." The trans CCM representative also shared that oftentimes she simply was not sent Zoom links for the meetings. This reluctance to facilitate meaningful engagement is unsurprising given it took significant pressure from non-trans allies to allow any trans representation on the CCM. Allies from two HIV-focused Ukrainian non-governmental organizations (NGOs) serving as the GF Principal Recipients, Alliance for Public Health and 100% Life, supported the trans community's push to be a part of the CCM.

The trans community continues to advocate with the government directly; however, lack of government receptivity has meant the engagement has had limited impact. In the country's last NSP, for example, there was no specific mention of trans people. Trans activists were able to convince the government to include trans people

in a study to estimate HIV prevalence but implementation of the study started in the midst of the COVID-19 pandemic and government did little to engage the trans community in data collection efforts. Results pointed to a very low HIV prevalence among the Ukrainian trans population, which government used to push back on the community's requests for additional programming. The community felt the estimates were not close to reflecting the country's true HIV prevalence in the trans population. In stigmatizing settings, many trans people are reluctant to disclose that they are trans, so without community supporting the data collection, it was likely difficult to find representative respondents. A trans activist shared, "We don't think that this is representative research, but still, for our government, this is a national review, this is national research and they could [use it to say] that they don't need to add trans people as a key population."

In the face of this superficial engagement from the government, the organization implementing this project, Cohort, utilized a multi-pronged approach aimed at creating a larger group of trans activists better positioned to engage in technical policy advocacy. The following activities were planned as part of this approach, though the Russian invasion and occupation of Ukraine immediately after the project began caused some activities to be adapted to the new wartime context.

- A formal cooperative of trans organizations from different regions who would work collectively on NSP advocacy was formed. In the aftermath of the Russian invasion, some of these organizations dissolved or became unreachable. However, new partners have come to the forefront during Cohort's crisis response work that will likely continue NSP advocacy collaboration with Cohort in a more stable environment in the future.

**We don't think that this is representative research, but still, for our government...they could [use it to say] that they don't need to add trans people as a key population.**

**– Trans activist**

- Cohort developed an HIV leadership school to capacitate a diverse cohort of trans activists to be leaders in engaging with national mechanisms and instruments, build advocacy skills, mobilize communities, and counter stigma and discrimination.

- A number of analyses of national legal and policy documents were conducted to better understand how trans people are included in them. Specific wording suggestions and other recommendations were developed for use in purposeful advocacy moving forward.
- The team drafted a proposed national package of services for trans people for HIV prevention that they will put forth for inclusion in future NSPs and other strategic HIV planning documents.
- Cohort developed a dedicated community workgroup, composed of five trans activists, to elevate the needs of the trans community to the Committee on Programmatic Issues of the National Council for Combating Tuberculosis and HIV/AIDS.

Given the wartime setting in which activities were implemented, the group faced many challenges. Many trans activists fled the country and trans partner organizations dissolved. Remaining activists' priorities reasonably turned from topics like GF engagement and policy work to more pressing humanitarian needs like supporting refugees and those without income or food access. Remarkably, Cohort was able to pivot the planned HIV leadership school to a mostly virtual format and generate a new curriculum more relevant to the most pressing needs of the trans community in wartime. Sample topics included: "Advocacy for the trans community in conditions of war" and "Rights and obligations of a trans person during martial law in the country." While these sessions were less directly applicable to HIV than was initially planned, participants were able to build relevant skills for the current crisis that will also be transferable to future advocacy work. The school was able to reach 95 unique trans advocates through 13 leadership school sessions. An important byproduct of this school was that it created new and stronger bonds between trans activists. During the school, a group of participants from Odessa formed a new organization called T-South to advocate for trans people in occupied cities. T-South will continue to collaborate with Cohort on emergency work during the occupation and on advocacy work in the future.

Importantly, during both the leadership school and when analyzing policies and legal documents, Cohort identified a critical need to increase the community's understanding of policy concepts and processes before starting advocacy. Community members were challenged by the technicality of the policy and legal documents reviewed, especially those with a more biomedical focus. By spending time unpacking individual sections and concepts within each policy document, activists were able to develop more specific asks as to what should be included in future iterations of

the documents, including specific wording. For example, during review of HIV policy documents the team tracked areas where trans activities were mentioned but not tied to a particular budget. Activists will use this information to call for increased visibility into national HIV budgeting for trans people. Notably, in one document, Cohort analysis found trans people were listed to receive prevention services alongside other KP groups, but were the only KP group that did not have a budget amount specified for these services.

## **Analysis found trans people were listed to receive prevention services alongside other KP groups, but were the only KP group that did not have a budget amount specified for these services.**

### **– Findings from Cohort policy document review**

By better understanding what was in existing policy documents, Cohort also had a better picture of what was missing. The team developed a report that summarized trans prevention programming needs for integration into the NSP and other HIV planning. The community recommended another state-funded trans data collection effort, but with far more significant input and partnership with the trans community in order to reach a more representative sample. The team also proposed that prevention services must take into account the structural barriers faced by the community, including the high rate of sexual violence against trans people in Ukraine. Other community-generated asks were centered on the expansion of HIV services to be more comprehensive and include wrap-around services. Specifically, Cohort suggested the production of educational materials tailored to the unique needs of trans people, more consideration of the integration of hormone replacement therapy into HIV prevention programming, and the provision of mental health services.

Cohort's approach of developing a stronger capacitated network of activists with specific language and service package requests has made the government more receptive to advocacy. Cohort hopes this strategy will push their inclusion in HIV national planning processes past tokenistic inclusion into meaningful engagement in the next NSP. While much of this work must wait until they are able to regroup in a more stable context, the team has situated themselves in a strong position to do so when these opportunities return.



## Thailand: Talk is cheap, time for action

### Key Lessons from Sisters Foundation:

- Thailand's national HIV strategy needs to **focus on the social and structural drivers of HIV** among trans populations. The plan must expand beyond the goals of curbing HIV infections and reducing mortality to include an emphasis on improving the economic, social, and legal environments affecting trans people's lives.
- **Budgeting for trans programming is urgently needed** and not detailed in the current NSP. Funding is needed for the activities that the trans communities deem most important for their own health.
- Better community engagement with the **NSP stakeholder processes can be facilitated with technology**, including the creation of online platforms to elicit and collate community feedback.

The HIV priorities and policy environment in Thailand are primarily driven by the national government, which provides roughly 90% of the total HIV/AIDS financing for the country.<sup>12</sup> International donors, like GF, contribute a greater proportion of funding to Thailand's key KP programming, but the overall funding from international donors is relatively small and commonly focused on technical assistance activities. In this context, demonstrated government dedication to funding KP and specifically trans programming is extremely important. Full trans inclusion in the HIV/AIDS NSP, including in the budgeting section, would signal government commitment to a funded response to HIV in the Thai trans population.

Thailand's current NSP for HIV/AIDS (2017–2030) recognizes trans people as a KP, provides specific prevalence and size estimate data, and details some trans-specific activities. However, the plan does not provide trans-specific targets, for which the government could be

held accountable, or include budgeting information for trans programming. Without budgeting information in the NSP it is unclear if, or to what level, trans programming will be nationally funded. According to a national assessment of HIV financing in Thailand in 2017, only 1% of HIV/AIDS spending in Thailand is allocated to KP prevention (with the amount to trans people unknown).<sup>13</sup> Improving the quality of the NSP by including budgeting information for trans programming is an opportunity to advance the HIV response in Thailand.

This project, led by the Sisters Foundation, aimed to increase the quality of trans inclusion in national policy and funding discussions. Sisters Foundation is a center for the trans community, located in Pattaya, Thailand. Among other activities, Sisters Foundation provides health and outreach services, participates in global advocacy forums, and runs wider information and sensitization campaigns. While the next NSP in Thailand will not be published until 2030, the work to organize and generate demands from the trans community, meet with stakeholders, and secure funding for trans programming starts now. Sisters Foundation organized their approach to this work around three major activities:

#### 1. Generate community recommendations for trans inclusion in the next NSP.

Sisters Foundation led a community research initiative among people who had previously participated in the NSP process to better understand their experiences and identify opportunities for engagement. Participants emphasized that community members should wait to be invited to be a part of the NSP consultation process and should make formal requests to join meetings. They also stressed that the community must meet, organize, and generate clear, unified demands before the NSP consultations in order to have the greatest success.

Sisters also designed and implemented a stigma and discrimination scorecard to measure community experiences with stigma and generate recommendations for policy makers on what service needs are not currently being addressed for the trans community. Their research emphasized that current care for trans people needs to expand beyond HIV services to include more comprehensive service delivery. Specific recommendations were for more comprehensive sexual and reproductive health services, services for the aging trans community, mental health services, and gender-affirming health services, including hormone therapy. Community members emphasized that there are still

<sup>12</sup> Sustainable HIV Financing in Transition. National Situational Assessment of HIV Financing in Thailand. 2017. Available at: <https://www.aidsdatahub.org/sites/default/files/resource/shift-natl-situational-assessment-hiv-financing-thailand-2018.pdf>

<sup>13</sup> Ibid

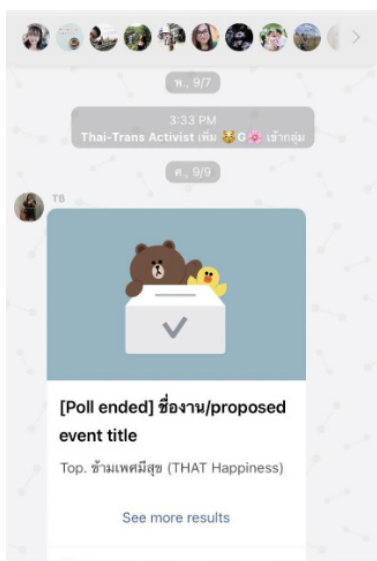
many policy barriers that impede their ability to access services. There is a need for a concerted policy effort to improve legal protections for the trans community, including implementing gender-recognition laws so trans people may access services as their correct gender.

Based on this research, Sisters recommends that the next NSP should increase its focus on the social determinants of health including improving the social, legal, and economic environments in which trans people live. Sisters emphasizes that meeting the needs of the trans community must be seen as an important part of the broader health agenda, not just within the HIV epidemic. These activities must include budgets.

## 2. Increase trans participation in key policy decision-making spaces.

The Sisters Foundation identified a few key advocacy spaces to target with this project. First, Sisters sought to be included in the upcoming NSP consultation meetings. They led a coalition letter to the NSP nominating committee asking to be included in the consultation process. The letter was supported by a broad group of community advocates. Second, Sisters sought to improve trans inclusion in the GF’s CCM, a national committee composed of representatives from diverse sectors that submits funding applications to the GF and oversees the grant. The partnership committee (PC) is a civil society group that meets before the CCM to generate community recommendations for the CCM and then reports back to their organizations. To increase trans engagement in the PC and ultimately the CCM,

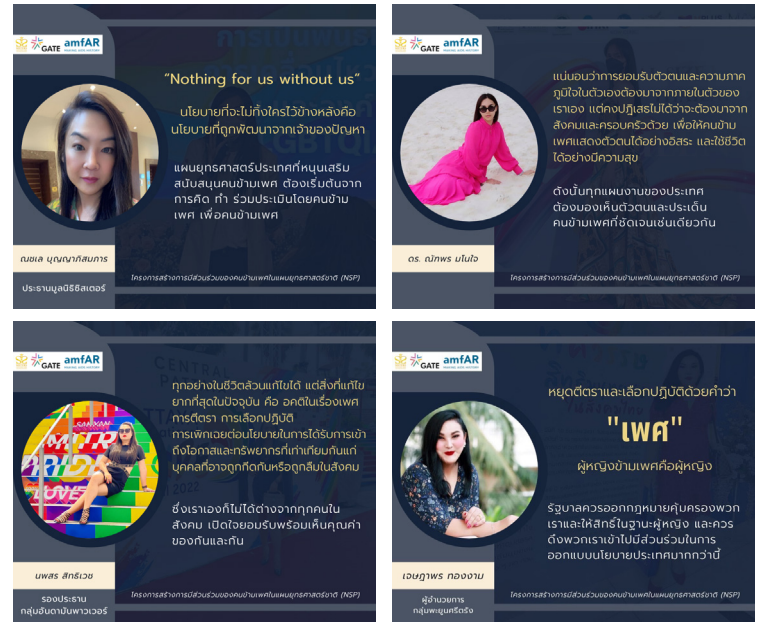
Sisters created an online platform for the trans community to share ideas and gather feedback quickly from organizations across the country. This online platform, called the “Trans Think Tank,” is committed to meeting virtually every three months to discuss data and issues, and generate recommendations to feed into the PC process.



Screen shot of the “Trans Think Tank”

## 3. Increase community knowledge and awareness of trans inclusion in the NSP.

Sisters led a social marketing campaign to promote knowledge about NSPs. The campaign included targeted graphics that were shared on LGBTQ social media channels and contained quiz activities to enhance learning. This approach was effective in reaching a wider range of people than in-person activities, but may only be applicable in non-criminalized settings.



Graphics created to promote trans inclusions in NSPs

This project generated clear recommendations on how to advance the quality of the next NSP and better respond to the needs of trans people in Thailand. To advocate for these recommendations, participation in policy decision-making spaces is key. This project showed the effectiveness of a variety of activist techniques that can be used to gain access to these policy spaces, including coalition-backed letter writing, community-led research to generate demands, and the creation of virtual advocacy spaces to organize and spread messages.

A primary message from this project was that increasing domestic funding for KP and trans programming is critical in the Thai context. The impact of this funding can be maximized by allocating it directly to trans-led organizations, which are best placed to respond to the epidemic in their communities. Reporting budgets for trans-specific programs in the NSP for HIV/AIDS is a key element to understanding and improving the state of national trans funding. Funding priorities must be set by the trans community—and the trans community of Thailand is ready to be fully engaged in the planning and execution of Thailand’s national strategy to combat HIV.

## Kenya: What's beyond inclusion?

### Key Lessons from Jinsiangu:

- The early shared priority between government and trans communities of **generating quality data for trans people** created substantial opportunities for ongoing engagement.
- **Engaging local leaders** on NSPs is critical to translating national priorities to service provision.
- Working towards an **expectation of ongoing trans engagement in HIV planning** and programming may help the movement outlive individual relationships with key stakeholders.

When NSPs were initially analyzed for trans inclusion at the baseline of this project in December 2020, Kenya's NSP did include mention of trans people, but only in the narrative section of the plan. However, by December 2021, when the trans-led organization Jinsiangu began to implement NSP advocacy activities under the current project, a new NSP had been published that included trans people in the narrative, epidemiological data section, and activities section. This suggests the Kenyan government, especially the National AIDS and STIs Control Programme (NASCOP), increasingly recognizes the critical need to address trans priorities within HIV programming. Indeed, during development of the most recent NSP, NASCOP invited the trans community to help

shape the trans-specific proposed packages of services and established a trans-specific sub-committee within one of their technical working groups.

This relationship between the trans community and the national HIV program is a relatively new one but has been productive even in its nascency. A trans activist noted that there was groundwork that had been done to build a relationship with the government before the community could turn their focus to HIV: "We're a movement that began in 2009, and in that time, there was no recognition whatsoever [of trans people], so for the longest time it was [a fight for] legal recognition and rights for documentation... and then we said, you know what, we also need healthcare."

**We knew no government was going to recognize a population that has no data.**

**– Trans activist**

The early success the trans community had engaging with national HIV programming likely stems in part from the activists' understanding that they needed data to elevate their priorities, with a trans activist noting, "We knew no government was going to recognize a population that has no data." The collaborative effort between community and government to address gaps in trans data has borne considerable results: The new Kenya NSP was one of the first in Eastern and Southern Africa to include any size estimate data on trans populations. The trans community was actively involved in the collection of this size estimation



*Jinsiangu participating in the Nairobi County Technical Working Group for Key Populations*



data and there is ongoing work to allow for disaggregation of data for trans populations in the Kenya Health Information System, including for trans men and trans women separately.

In this context, where the trans community had established relationships with government and had already achieved some level of recognition within the NSP, Jinsiangu was tasked with implementing an advocacy work plan that pushed past recognition to accountability; namely, how to utilize the inclusion of trans people in the NSP to push for more and higher quality services for the trans community. Jinsiangu implemented the following activities aligned with that aim:

- *The development of a written analysis around trans community priorities and the extent to which they are represented in the NSP.* This analysis was shared widely, including direct dissemination to 40 trans community members and numerous representatives from national and regional HIV programs.
- *Sensitization efforts based on the NSP and Trans Guidelines with police commanders.* This training focused on law enforcement's role in referrals, existing trans issues with law enforcement, and the police's role in comprehensive HIV programming relevant to trans communities like gender-based violence and mental health programming.
- *Sensitization trainings based on the NSP and Trans Guidelines with county health management teams.* These efforts helped healthcare workers to understand the unique needs of trans individuals seeking services.
- *Participation in the Nairobi County Technical Working Group that coordinates KP-focused activities.* These meetings provided Jinsiangu the opportunity to voice where more accountability is needed from implementing partners, based on gaps in promised programming.

As evidenced by the above activities, much of the work in Kenya focused on leveraging existing inclusion in NSPs to achieve regional-level results. Indeed, NASCOP staff noted that trans activists have developed critical strategies to build relationships with county governments by capitalizing on national government support to open doors with local leaders. By bringing together trans community members, NASCOP, the AIDS Control Unit, and County AIDS and STI



*Jinsiangu leading a training for police commanders*

Coordinators to discuss their analysis of the inclusion of trans priorities in the NSP, Jinsiangu saw increased engagement in NSP activities in western and eastern regions. Additionally, engagement in local working groups, like the Nairobi County Technical Working Group for Key Populations, created more opportunities for focused local accountability related to promised service packages. This work showcases the ongoing efforts required to actually see results from NSP inclusion, particularly in contexts of decentralized government.

Jinsiangu also used existing inclusion in NSPs to further sensitize key “gatekeepers” to trans services, like healthcare providers and police commanders. Both of these groups play essential roles in service provision and referrals. Building these relationships also helps to create more reliable reporting pathways when discrimination against trans people occurs within healthcare settings or during interactions with law enforcement. Despite these successful trainings, Jinsiangu found the reach of this work to be, at times, limited. Police commanders were constantly moved to new posts and across regions, creating a need for ongoing sensitization. Sensitizing one or two providers per facility was important, but those trainings rarely trickled down to other facility staff. These experiences point to a need to integrate trans-specific sensitization curricula into existing guidelines and standards for health system staff and law enforcement. While the trans community must be consulted and involved in these processes, the sustainability and reach of this kind of work likely cannot be ensured without expanded government support mandating inclusion of such curricula in standard training procedures. Additionally, funding is needed for trans organizations to support this work in order to achieve meaningful reach within nationwide cadres of law enforcement and human resources for health.

A similar challenge around high turnover of personnel surfaced during Jinsiangu's engagement with government.

During this project timeframe, the National AIDS Control Council of Kenya was restructured to be the National Syndromic Control Council under new leadership. Jinsiangu had to put in significant work to engage the new team, but because of their history of strong government engagement, they were able to ensure ongoing partnership. While creating individual relationships with key stakeholders may be essential when trying to get a “seat at the table,” Jinsiangu’s work makes clear that establishing a culture around the expectation of trans inclusion in government work helps ensure progress outlasts individual stakeholder allies and relationships.

Kenya presents a critical example of “next steps” in NSP advocacy. Once inclusion is secured, work to ensure implementation of NSP activities and build ongoing relationships with key stakeholders in policy and community is required. Indeed, given NSPs are such high-level documents, translating policy inclusion into programming with meaningful impact for the trans community is challenging. Jinsiangu’s work provides examples of key strategies for building relationships that facilitate accountable implementation of NSP activities.

---

## Cross-Country Learnings

### 1. Data collection by and for trans communities is urgently needed.

Among the most salient issues across all countries involved in this project was the urgent need to fill the dearth of high-quality data on trans populations. Without relevant size estimates and HIV prevalence data, program planning in NSPs suffers and communities struggle to make the case for elevating their priorities within the national HIV response. In Kenya, government and trans activists shared the priority of improving the quality of data for trans populations. When initial size estimates were lower than the community anticipated, the Kenyan government and community agreed to treat these data as a starting point and work collectively to improve and expand efforts. In Uganda, the lack of trans data was identified as one of the biggest barriers to trans inclusion in the NSP. The community has called for a concerted effort to invest in size estimation and HIV prevalence data for the Ugandan trans population. However, in Ukraine, the existence of trans size estimate

data alone did not translate into increased resources and programming. The Ukrainian government implemented trans data collection efforts without significant community partnership. The resulting research found very low HIV prevalence among trans people and these data were used to challenge the community’s requests for funding trans services. In this setting, the government must improve community involvement in data collection to ensure robust results.

All of this points to two critical needs: 1) government and international stakeholders must further invest in trans data collection and, 2) these data collection efforts must engage the community in every stage of the work from planning to implementation and analysis. It will be essential to better include trans people in long-term and large-scale national data collection efforts like future Integrated HIV Bio-behavioral Surveillance (IBBS) surveys, but, given the urgent need for data now, shorter-term work should also be undertaken. Where national-level size estimate data do not currently exist, community-generated data and programmatic information can be used to help shape HIV planning until future IBBS and other broader data collection efforts can be completed. International funders should consider financially supporting trans-led organizations to build on these efforts around community-generated data.

### 2. NSPs must address structural barriers to HIV care for trans populations.

Trans organizations across countries noted that NSPs must better address structural barriers to care for trans populations. Structural barriers, such as criminalization of LGBTQ people, have direct impacts on the health and safety of the trans community. Police crackdowns and raids of LGBTQ spaces, made possible by a context of criminalization, promote a climate of fear and drive the community away from seeking HIV services.<sup>14</sup> Other common experiences for trans people, such as gender-based violence, have been shown to limit healthcare access and increase risk of HIV acquisition.<sup>15,16</sup>

In this project, activists in each country pointed to specific interventions that would address some of these structural barriers to health. For example, in Thailand, community activists called for gender recognition laws that would allow trans people to access services that align with their gender. Legal solutions to discrimination based on gender can be

---

<sup>14</sup> Poteat, T, Diouf, D, Drame, FM, Ndaw, M, Traore, C, Dhaliwal, M, ... & Baral, S. HIV risk among MSM in Senegal: a qualitative rapid assessment of the impact of enforcing laws that criminalize same sex practices. *PLoS One*. 2011; 6(12), e28760.

<sup>15</sup> Dunkle KL, Decker MR. Gender-based violence and HIV: reviewing the evidence for links and causal pathways in the general population and high-risk groups. *Am J Reprod Immunol*. 2013 Feb;69 Suppl 1:20-6. doi: 10.1111/aji.12039. Epub 2012 Dec 6. PMID: 23216606.

<sup>16</sup> Wirtz, A. L., Poteat, T. C., Malik, M., & Glass, N. Gender-based violence against transgender people in the United States: a call for research and programming. *Trauma, Violence, & Abuse*. 2020; 21(2), 227-241.

important strategies to promote health-seeking behavior and maintain clients in care. In Kenya, discriminatory or violent encounters with police and healthcare workers create a difficult climate for trans people. The community has led sensitization trainings for law enforcement and healthcare workers to help improve trans safety and health.

Despite growing epidemiological evidence that structural interventions are a necessary part of the strategy to combat HIV, they are often underfunded compared to biomedical approaches.<sup>17</sup> Government should commit to removing legal barriers and funding approaches to address structural barriers to HIV care in the NSPs. This commitment is important to both respond to community priorities and to effectively address HIV.

### **3. Advocacy for trans inclusion in NSPs must be flexible, sustained, and tailored to the context.**

In every country involved in this project, trans activists were in different stages of NSP advocacy stemming from operating in diverse legal and contextual environments. However, a few commonalities in NSP advocacy approaches across settings were noted. First, every organization undertaking trans NSP advocacy had to be flexible in order to respond to changing landscapes. From government backlash, to the Russian invasion of Ukraine, and unrest around elections in Kenya, safety issues threatened the work of every organization. For project effectiveness and activists' safety, work plans must be adaptable to real-time issues and funders must support flexibility in the implementation of activities.

Second, it was clear across countries that successful NSP advocacy requires long-term efforts—rather than a rapid push leading up to NSP development. In every context, we saw that successes in trans advocacy for NSP inclusion were incremental, requiring constant work by advocates to build relationships and get trans people on the agenda. Progress was often preceded by huge investments by the community to build relationships, educate, and organize. This has implications for funders who may need to extend funding timelines to support successful NSP advocacy.

Finally, NSP advocacy must be tailored to the context. The different stages of advocacy within this project demonstrated that a one-size-fits-all approach is not appropriate for NSP advocacy. For example, in contexts with more favorable legal environments for LGBTQ communities like Thailand, advocacy included social media

campaigns to bring attention to the importance of NSPs for trans people. In contrast, in a setting like Uganda, where LGBTQ people face criminalization, strategies like targeted relationship-building with government allies were safer. Accordingly, work plans for trans inclusion in NSPs must be community designed and implemented.

---

## **Measuring Project Success**

This project aimed to increase trans inclusion in NSPs. However, given that NSPs are only developed every 5–10 years, this goal was not measurable within the project's year-long timeframe. Instead, we measure outcomes along the project's conceptualized theory of change (Figure 3) to assess if the evaluation data support progress along the pathway towards impact. The first stage of the theory of change posited that direct funding, advocacy capacitation, and NSP knowledge would create a readiness for NSP advocacy among community advocates. Accordingly, we first assess whether each of these steps towards NSP advocacy readiness was achieved. In the next section, we assess community advocates' engagement with NSP stakeholders which we hypothesized would increase potential for community input into NSPs. Finally, in the last section, we describe indicators that we were unable to measure in the short timeframe of this project, but that would be evidence of improved trans inclusion in NSPs.

### **Measuring community readiness to engage in National Strategic Plan for HIV/AIDS advocacy**

This project invested in three key areas to prepare community organizations to engage in NSP advocacy:

- 1. Direct funding to support advocacy activities.** Grants were made to all five trans-led community organizations to develop and lead advocacy activities. Success is evidenced by the completion of these community-designed work plans. We learned that providing flexible funding to community organizations to develop their own work plan was essential to the success of this project given different country contexts.
- 2. Increase advocacy capacity.** This project invested in the capacitation of advocates through in-depth virtual training and ongoing virtual support. Successful

---

<sup>17</sup> DiCarlo MC, Dallabetta GA, Akolo C, Bautista-Arredondo S, Digolo HV, Fonner VA, Kumwenda GJ, Mbulaje P, Mwangi PW, Persuad NE, Sikwese S, Wheeler TA, Wolf RC, Mahler HR. Adequate funding of comprehensive community-based programs for key populations needed now more than ever to reach and sustain HIV targets. *J Int AIDS Soc.* 2022 Jul;25(7):e25967. doi: 10.1002/jia2.25967. PMID: 35880969; PMCID: PMC9318644.



capacitation was defined as advocates having specific aims and strategies to engage with the NSP and being more confident in their ability to participate in the NSP process. Results from the training’s pre- and post-tests showed that by post-test, 100% of participants reported having specific aims for language or targets to be included in the next NSP. The majority of training participants (95%) reported they learned a new strategy to engage with the NSP process, 73% of participants were more confident in their ability to engage, and 67% said that the training gave them a strategy to help remove a barrier to trans inclusion in their NSP. We learned that NSP advocacy capacity can be increased through a relatively short virtual training. However, due to the short follow-up time between training and post-test, it is not known if effects were sustained.

that NSP knowledge can be increased through a short (one-day) targeted curriculum. After these trainings, community advocates who participated in the meetings in turn trained other members of their community, significantly expanding the reach of the trainings.

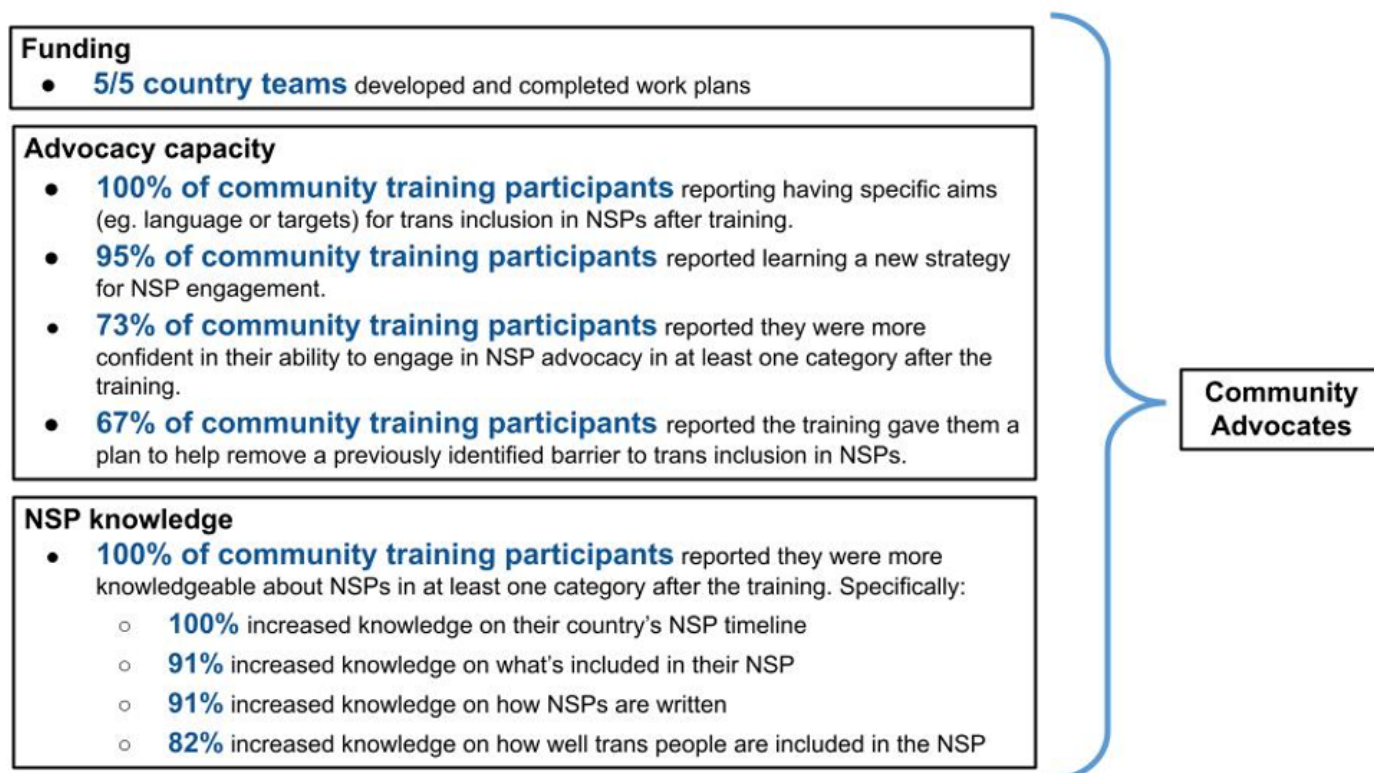
## Measuring government and stakeholder engagement

We suggest that advocates establishing or maintaining relationships with individuals proximal to NSP development strengthens avenues for potential community input into the NSP. Measuring contacts between trans advocates and these stakeholders serves as a proxy indicator for relationship building. Contacts were measured between community and two key groups:

**3. Increase NSP knowledge.** Virtual training activities focused heavily on increasing community advocates’ knowledge about the NSP development process, timeline, and current level of trans inclusion. Overall, participant NSP knowledge scores increased in every category. Between training pre- and post-tests, 100% of participants increased knowledge of their country’s NSP timeline, 91% increased knowledge on what is included in their NSP, 91% increased knowledge on how an NSP is written, and 82% increased knowledge on how well trans people are included in their NSP. We learned

**1. Government officials.** Community advocates in each country made contact with government officials who are involved in national HIV programming. Across five countries, teams reported making nine contacts with government staff. These government contacts were included in community-led meetings on trans priorities in NSPs—many of which resulted in government’s verbal commitment to continue engaging on trans inclusion issues. The community held a total of 12 stakeholder trainings and meetings that were attended by at least one

**Figure 3. Measuring community readiness to engage in National Strategic Plan for HIV/AIDS advocacy**



**Figure 4. Measuring government and stakeholder engagement**



government representative. Meeting notes confirmed that community presentations on trans priorities were generally well received and were an effective strategy to disseminate information on trans priorities to government representatives. Pre-work by the community to educate and organize among themselves was required to enter these spaces with a clear agenda and asks. We also learned that engagement with both national government and regional government was necessary for promoting trans inclusion in HIV program planning and enforcing government accountability to those commitments.

**2. International stakeholders.** Community advocates also worked to build relationships with international stakeholders who are involved in the NSP process. Advocates in five countries reported making a total of 15 contacts with stakeholders from UNAIDS, the Global Fund, PEPFAR country offices, local CDC, and the U.S. embassy. Community advocates held a total of 16 meetings or trainings with international stakeholders on community priorities for trans inclusion in NSPs. Advocates reported that these meetings were a valuable space to exchange information, educate international stakeholders, align local and global strategy, and learn about upcoming opportunities to engage. Advocates in contexts with less friendly governments reported valuing engagement with international stakeholders especially, as they can sometimes open doors to government engagement and add credibility to community advocacy priorities.

## Measuring increased trans inclusion in National Strategic Plans for HIV/AIDS

NSPs are developed in 5–10-year cycles and no country included in this project was actively developing their next NSP during program implementation. Given this, it was not yet possible to measure increase in quality trans inclusion in NSPs. However, we’ve shown that investments in community capacity for NSP advocacy were successful and that relationships were established or maintained with government and international stakeholders who have the power to influence NSP content. These findings align with benchmarks on our theory of change, suggesting progress on the path towards increased trans inclusion in NSPs. The indicators listed below, measurable at the time of next NSP development, could be used to further assess project success:

1. Number of KP and trans-focused NSP consultations held by the government
2. Number of trans advocates participating in NSP consultations
3. Percent of participating community organizations reporting that their proposed language was accepted for the next NSP
4. Percent of NSPs increasing trans inclusion in key sections of the plan

## Measurement limitations

This project had several limitations in both evaluation design and indicators. First, the evaluation design was limited by the length of the project, which was not long enough to measure if the language in country NSPs changed as a result of this project. However, interim indicators measuring advocate readiness to engage in the NSP process and contacts with key NSP stakeholders suggest that investments are likely to promote trans inclusion in the next NSP. A future evaluation could examine trans inclusion in the next NSP development process and document itself. Second, advocate NSP knowledge was examined by post-test directly after training and so it is not known if effects of advocate training were sustained. Future work could test advocate knowledge at longer follow-up points post-training and offer refresher trainings as needed. Subsequent

evaluation designs could be further bolstered through a quasi-experimental approach examining trans inclusion in NSP processes in similar contexts with and without project investment.

Evaluation indicators also had several limitations. First, project data were collected from community participants and didn't include other sources such as government officials. While community capacitation was the primary purpose of this grant, measurement indicators could be strengthened by including changes to government officials' attitudes, knowledge, and intentions regarding trans inclusions in NSPs. Second, we measured total community contacts with government officials and stakeholders rather than new contacts made since the start of the project. Future measurement frameworks could measure which contacts were new versus existing at the start of the project.

## Conclusion

Quality trans inclusion in NSPs requires the persistent advocacy of trans-led organizations. This project revealed that progress is achievable even in some of the world's most difficult and stigmatizing environments—whether that looks like making contact with a new government ally or securing stakeholder commitments for future engagement on trans issues. To advance this work, local advocates continue to need both financial and technical support.

### **International donors and partners can support communities by:**

- Amplifying community asks
- Requiring HIV data for trans populations
- Demanding space for trans representatives in global forums
- Funding trans-led organizations.

### **Governments can support trans inclusion in NSPs by:**

- Prioritizing community-partnered data collection for trans populations
- Removing discriminatory or punitive policies affecting the trans community
- Actively consulting the community about trans programming
- Assigning robust budgets to community-recommended NSP activities.

Efforts to achieve global HIV control goals will fall short without appropriately elevating trans people in HIV policy, and consequently, the HIV response. Moving forward, diverse stakeholders must support and engage the trans community in their efforts to center trans people in national HIV policy discussions and documents.





# amfAR

MAKING AIDS HISTORY

[www.amfar.org](http://www.amfar.org)

**amfAR Public Policy Office**

1100 Vermont Avenue, NW

Suite 600

Washington, DC 20005

T: +1 202.331.8600

F: +1 202.331.8606