

# **MOST IMPACTED LEAST SERVED**

**Ensuring the  
Meaningful Engagement  
of Transgender People  
in Global Fund Processes**





## Acknowledgments/Description of Methods

This document is produced by the IRGT: A Global Network of Transgender Women and HIV (IRGT). The IRGT works with trans organizations, communities, and advocates around the world. Its members are transgender advocates with extensive experience in different world regions, including Africa, India, South America, North America, Asia, and Europe. Members have a wide range of skills, knowledge, and experience, including HIV, human rights, high-level advocacy, strategic planning, and programming and service delivery for transgender communities. The current roster of members includes: Jana Villayzan Aguilar (Peru), Abhina Aher (India), Mauro Cabral (Argentina), Aram Hosie (Australia), JoAnne Keatley (co-chair; USA), Amitava Sarkar (co-chair; India), Khartini Slamah (Malaysia), Maria Sundin (Sweden), Leigh Anne Van de Merwe (South Africa).

The IRGT commissioned Consultant, Patrick Hazelton, to write this report, with inputs provided by the IRGT co-chairs JoAnne Keatley and Amitava Sarkar, as well as Omar Baños, Nadia Rafif & George Ayala of the MSMGF (Global Forum on MSM & HIV). IRGT would like to acknowledge MSMGF for their ongoing support. The IRGT wishes to thank the many respondents who generously provided their perspectives for the report.

12 interviews were conducted between October and December 2015 with key informants purposely recruited for their experience and work on behalf of transgender people and HIV, in Asia and the Pacific, Latin America, Eastern Europe and Central Asia, and sub-Saharan Africa. They included a U.S. government official, a Global Fund Portfolio Manager, and Community, Gender, and Rights staff. Respondents represented a convenience sample, based on the suggestions of members of the IRGT. Names, titles, and countries/regions have not been included in order to protect the identities of respondents.

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## List of Abbreviations

<b>CCM</b>	Country Coordinating Mechanism
<b>CSO</b>	Civil Society Organization
<b>HIV</b>	Human Immunodeficiency Virus
<b>KAP</b>	Key Affected Population
<b>LGBT</b>	Lesbian, gay, bisexual, and transgender
<b>MSM</b>	Men who have sex with men
<b>NFM</b>	Global Fund New Funding Model
<b>NGO</b>	Non-governmental organization
<b>PLWH</b>	People living with HIV
<b>SOGI</b>	Sexual Orientation and Gender Identities



## Executive Summary

Worldwide, transgender women are disproportionately affected by HIV/AIDS and yet are often excluded from policy, program and funding decisions at national, regional and global levels. This exclusion contributes to transgender women being severely underserved by the global HIV epidemic response.

Where research has been conducted, epidemiological data indicates significant HIV burden among transgender women across world regions. Transgender people are likewise at elevated risk of facing stigma, discrimination, and repressive laws and policies that increase their vulnerability to HIV infection and reduce their access to care and treatment services. At the same time, the HIV epidemic has been a mobilizing force for many transgender people, resulting in activism at local, regional, and global levels to increase community support, extend access to HIV/STI prevention and treatment services, and eliminate discriminatory laws and policies.

**Extensive barriers remain to sufficiently addressing transgender needs in the HIV epidemic, and little work has been done to document good practices for engaging key donors such as the Global Fund.**

For over a decade, the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund) has been one of the world's largest donors in the HIV epidemic. Due in part to the community activism of key affected populations (KAPs), including transgender women, the Global Fund has established processes for engaging local civil society and KAPs groups under its New Funding Model (NFM). Through engagement with processes such as country dialogue, including the work of Country Coordinating Mechanisms (CCMs), transgender activists and organizations have helped to increase funding and programmatic focus on transgender needs related to HIV prevention and treatment.

However, extensive barriers remain to sufficiently addressing transgender needs in the HIV epidemic, and little work has been done to document good practices for engaging key donors such as the Global Fund. This report, commissioned by the IRGT: A Global Network of Transgender Women and HIV, examines relevant literature and identifies key themes through

semi-structured interviews with transgender community activists, civil society organization (CSO) representatives, and officials from the Global Fund and other major HIV donors.

While many respondents expressed positive views of the potential for meaningful engagement of trans people in Global Fund processes, they also raised numerous concerns about policies that impede consistent, effective engagement across countries and world regions. Key themes identified were:

- 1.** Data collection with and among trans people
- 2.** Tokenistic engagement of trans people in Global Fund processes
- 3.** Capacity-building, organizational development, and social support
- 4.** Global Fund withdrawal from middle income countries
- 5.** Critical role of global and regional networks of trans advocates

Respondents pointed to several country-, regional-, and global-level initiatives that show promise for meaningfully engaging trans people in Global Fund processes. These include the Pehchan initiative in India and similar efforts led by the Asia Pacific Transgender Network in Asia and the Pacific, REDLACTRANS in Latin America and the Caribbean, and the IRGT.

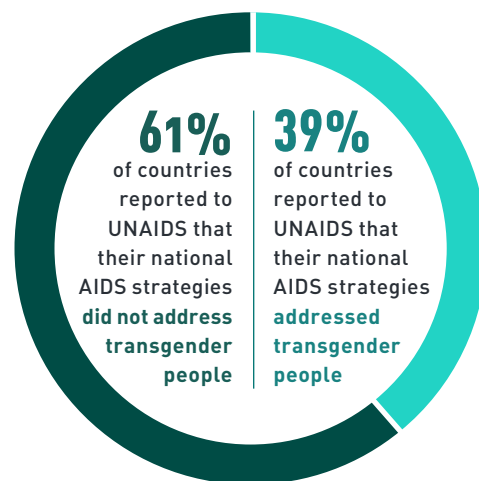
## Introduction

### **Existing data point to extremely high HIV burden among transgender women, even as additional data with and among trans people are urgently needed.**

Recent epidemiological studies point to the disproportionate burden of HIV prevalence among trans women in many world regions. A systematic review and meta-analysis of studies that assessed HIV infection burdens in transgender women that were published between 2000 and 2011 found a pooled HIV prevalence of 19.1% in transgender women worldwide.<sup>1</sup> Compared to the general population, trans women were found to be 49 times more likely to be living with HIV.<sup>2</sup> Importantly, data for this review were only available for the USA, six countries in Asia and the Pacific, five in Latin America, and three in Europe. No data were available for countries with generalized epidemics, including all of sub-Saharan Africa. This lack of data could be due to a variety of factors, including repressive laws and policies in many countries, confusion among researchers about how to ask questions about gender identity, and a tendency in studies to classify transgender women as a subpopulation of men who have sex with men or under a lesbian, gay, bisexual, and transgender (LGBT) umbrella term.<sup>3</sup> HIV burden among transgender men has yet to be established, though several studies indicate a potential for elevated HIV burden among transgender men who have sex with men.<sup>4</sup>

Transgender people are typically classified as a “key affected population” (KAP) in the global HIV epidemic by international agencies such as the Joint United Nations Programme on HIV/AIDS (UNAIDS), and major donors including the Global Fund and the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).<sup>5</sup> For the first time in 2015, the World Health Organization (WHO) issued HIV prevention and treatment guidance for transgender people separate from MSM, in recognition of the distinct health sector and enabling environment needs of transgender people, including needs for supportive legislation and policy, community empowerment, and strategies to address trans-specific stigma and discrimination.<sup>6</sup> However, as of 2014, only 39% of countries reported to UNAIDS that their national AIDS strategies addressed transgender people, pointing to how severely underserved transgender people are relative to their health needs.<sup>7</sup>

### **National AIDS Strategies Addressing Transgender People**



**Meaningful engagement of transgender people in funding processes is crucial yet rarely occurs, despite recent changes in Global Fund policies and strategies.**

Literature on the role of civil society in the global HIV epidemic response points to the crucial importance of the meaningful engagement of affected communities in making policy and funding decisions. Transgender people are no exception, with community organizing and participation in decision-making perceived as being essential to advancing transgender health and human rights agendas and to promoting gender equality.<sup>8</sup> Yet, transgender people have almost never been meaningfully engaged in HIV funding processes, including for much of the Global Fund’s history since its inception in 2002.

Since 2009, the Global Fund has issued several strategies and policies intended in part to increase the engagement of KAPs, including transgender people, in funding and policy processes. The strategies and policies are described in the table below.

Global Fund Policy/Strategy	KEY POINTS
Gender Equality Strategy (2008) <sup>9</sup>	<ul style="list-style-type: none"> <li>• Encourages a “positive bias in funding towards programs and activities that address gender inequalities and strengthen the response for women and girls”</li> <li>• Recognizes a gender dimension to issues affecting several KAP groups, including transgender people</li> </ul>
Sexual Orientation and Gender Identities (SOGI) Strategy (2009) <sup>10</sup>	<ul style="list-style-type: none"> <li>• KAPs, including transgender people, “have limited access to the decision-making bodies of the Global Fund and they also face social and structural barriers to the realization of their health rights”</li> <li>• “[KAPs] face limited access to decision-making or control in Country Coordinating Mechanisms, Principal Recipient organizations or sub-recipient organizations, and widespread inaction against social and structural barriers to the realization of health and rights”</li> <li>• “Around the world—even in countries where SOGI are nominal beneficiaries of Global Fund funding—there are consistent and extensive reports of funds not being allocated to appropriate interventions, a severe lack of services related to health and human rights and continued disregard for human rights”</li> </ul>



**New Funding Model  
[2013]**<sup>11 12 13</sup>

- Engagement of KAPs, including transgender people, in a “country dialogue process” to culminate in the development and submission by CCMs of a “concept note,” reflecting each country’s grant request to the Fund
- Country dialogue with a high level of KAP participation is a central requirement for all concept note submissions in the NFM
- Applicant countries are for the first time required to include KAPs on CCMs, “based on epidemiological as well as human rights and gender considerations”

**Key Populations  
Action Plan, 2014-  
2017 [2014]**<sup>14</sup>

- Five strategic objectives: **1)** Contribute to effective implementation of services and programs for KAPs, **2)** Support, monitor and document meaningful participation of KAPs in Global Fund processes, **3)** Ensure the inclusion of budget allocations and deliverables related to KAPs in grant agreements, **4)** Increase knowledge of KAP needs among Global Fund staff and partners, and **5)** Provide leadership and advocacy on Global Fund commitments to human rights and KAP needs

**Community, Rights,  
and Gender Special  
Initiative (2014-2016)**<sup>15</sup>

- Technical assistance to civil society organizations for participation in country dialogue and concept note development
- Long-term capacity development of civil society networks
- KAP representatives, including representatives of trans organizations, have participated in CRG Special Initiative activities

## Country Coordinating Mechanism (CCM) Committees with Transgender Representatives

As of 2015, there have been 21 individuals who identify as transgender sitting on 17 CCM committees, out of a total of over 140 countries receiving Global Fund support. These individuals represent CCMs in either Latin America or Asia. The disproportionate representation of transgender individuals in these regions is likely due to several factors, including improved data collection on trans issues, visible organizing efforts by trans activists, and Global Fund grants prioritizing KAPs. CCMs with transgender representatives are listed below:

### CCM Committees with **1** Transgender Rep

Costa Rica	India
Ecuador	Mexico
Guatemala	Nicaragua
Guyana	Pakistan
Honduras	Peru
RO Red Centro- americana (REDCA+)	Thailand
	RCM Andean

Total number of transgender  
representatives on CCM Committees: **21**

### CCM Committees with **2** Transgender Reps

Argentina  
El Salvador  
Panama  
Philippines

Countries receiving  
Global Fund support:

**140+**

CCM Committees that  
include transgender  
representatives:

**17**

Source: Global Fund Community, Rights and Gender Technical Assistance Program, 2015

## Civil Society Organization (CSO) Report Findings

Despite the Global Fund’s recent policy and strategy changes, and the presence of transgender representatives on some CCMs, several reports by civil society organizations (CSOs) reveal that KAPs, including transgender people, continue to be routinely excluded from Global Fund processes. These report findings are summarized below:

Organization/ Report Year	KEY FINDINGS/QUOTES
ICASO (2013) <sup>16</sup>	<ul style="list-style-type: none"> <li>• Disconnect between tendency of CCMs to focus on issues such as grant performance indicators and spending rates rather than the service delivery and community engagement expertise of KAPs</li> <li>• “Civil society organizations often avoid speaking out about problems as they feel it may jeopardize their relationships with Principal Recipients and other CCM members”</li> <li>• “When civil society representatives do not provide input, they are seen as naïve or lacking relevance and this casts a negative perception of their role, thereby reducing the meaningfulness of their involvement”</li> </ul>
Communities Delegation of the Board of the Global Fund (2014) <sup>17</sup>	<ul style="list-style-type: none"> <li>• “Engagement was frequently limited to few, selected individuals with inadequate representation of the community systems and its interests as a whole”</li> <li>• “Transparent selection of representatives by communities themselves, according to self-defined criteria and processes, occurred rarely, and in most cases, the selection of representatives by other stakeholders reflected the political interests and comfort level of government and others with those nominated and endorsed individuals”</li> </ul>
AIDSPAN (2015) <sup>18</sup>	<ul style="list-style-type: none"> <li>• Need for KAP representatives to “wear too many hats,” such as representing all LGBTI people, sex workers, and people who use drugs</li> <li>• Concerns by KAP representatives that their ideas would not be included in final concept notes</li> <li>• Lack of legal frameworks for human rights protections considered a barrier to meaningful engagement</li> </ul>



## Civil Society Organization (CSO) Report Findings, continued

Organization/ Report Year	KEY FINDINGS/QUOTES
Eurasian Coalition on Male Health (2015) <sup>19</sup>	<ul style="list-style-type: none"> <li>• MSM and trans CCM representatives in Eastern Europe and Central Asia have “no meaningful influence over the decision-making process and their input is not valued by other members of the CCM”</li> <li>• No countries in the region report collecting data on transgender people, making it more difficult to advocate for trans-specific programming</li> </ul>
AMSHer (2015) <sup>20</sup>	<ul style="list-style-type: none"> <li>• Survey identified significant barriers, including stigma, discrimination, and criminalization, to KAP participation in Global Fund processes in sub-Saharan Africa</li> <li>• No participation in survey by trans people or representatives of trans organizations, reflective of the lack of trans engagement in Global Fund processes in the region</li> </ul>

**No countries in the region report collecting data on transgender people, making it more difficult to advocate for trans-specific programming.**

<sup>19</sup>Eurasian Coalition on Male Health (2015)<sup>18</sup>

### **Global Fund withdrawal from middle-income countries threatens to undermine trans engagement**

An additional threat to the meaningful engagement of trans people is the Global Fund’s decision to end its support in the coming years for many middle-income countries.<sup>21</sup> Many of these countries lack generalized epidemics, and consequently, the Global Fund devotes significant resources in them towards KAPs, including transgender people, where the HIV epidemic is concentrated. As a result, in these countries there exists considerable risk that KAP services will be defunded completely

when the HIV epidemic response shifts to country ownership, particularly in countries with repressive and stigmatizing laws and policies. Advocates have expressed concerns that most national governments will never invest in trans-specific programming.

### **Meaningful trans community engagement and community organizing and capacity-building are recognized as key components of positive health and human rights outcomes**

In places where services are being effectively provided for transgender people, community engagement and leadership are highlighted as crucial components of service delivery and advocacy. As UNAIDS has noted, “meaningful participation of and partnership with community-led organizations and networks in the planning, implementation, monitoring and evaluation of activities is fundamental to improving HIV service provision for transgender people.”<sup>22</sup>

Likewise, the WHO has highlighted key community engagement successes such as in Argentina, where a gender identity law was passed in 2012, in Bangladesh where hijras run a large clinic serving more than 1000 people a month, and in Nicaragua, where trans activists have led the development of a strategic plan calling for advocacy for legal reform, training, and health care.<sup>23</sup>

### **Role of trans networks and organizations in advancing meaningful engagement**

In recent years, several regional trans networks have worked with global partners to publish “blueprints” for comprehensive care for trans people and trans communities in Asia and the Pacific region, Latin America, and the Caribbean. These blueprints all highlight the crucial role of meaningful community engagement in addressing the health and enabling environment needs of transgender people.<sup>24 25 26</sup> However, numerous challenges exist to the sustainability of organizations and networks representing the health and human rights interests of trans people. A recent survey conducted by GATE/American Jewish World Service of 340 trans\* and intersex organizations worldwide found that most operated with limited budgets and staff, with a majority reporting that they were operating on less than \$10,000 per year.<sup>27</sup>



## Key Findings

Five key findings emerged in interviews around the meaningful engagement of transgender people in Global Fund processes, reinforcing and clarifying themes identified in existing literature:

- 1) Data collection with and among trans people;
- 2) Tokenistic engagement of trans people in Global Fund processes;
- 3) Capacity-building, organizational development, and social support;
- 4) Global Fund withdrawal from middle income countries; and
- 5) Critical role of global and regional networks of trans advocates.



## Data collection with and among trans people

Many respondents spoke of the importance of having engagement specifically with transgender community members, rather than with transgender people combined with other KAPs, most commonly with MSM but also at times with sex workers or under an LGBT umbrella. While several respondents explained there were some political benefits of including transgender people in KAP coalitions, most made forceful arguments for the importance of trans-specific funding and programming. Several quotes illustrate these points:

“There are consortiums that can benefit from these alliances, but the needs of the groups are not exactly aligned. Some of the bigger organizations however benefit more, and trans women focused organizations lose out. The Global Fund needs to focus more efforts on trans women specifically.”

-CSO representative

“Data collection often has MSM and trans lumped together, in surveillance and in programming and in funding, and all of those issues related to budgeting translate into engagement, so if you don’t have KAP specific funding, you don’t have individual KAPs.”

-Global donor official

“We are considered a key population, but we are considered a subpopulation of MSM. That’s apparent with access to meetings and working groups, and even materials the Global Fund has produced has aggregated data. It’s almost impossible to get a positive answer from the Global Fund to disaggregate the data.”

-CSO representative

“[Our country] is a good example of clear separate indicators for MSM and trans people. The National AIDS Council has been strategic in terms of data segregation, and it has proven to be an advantage for [transgender people]. In their concept note, they were more articulate in presenting their case with this separate data. This didn’t come out in other countries.”

-CSO representative

“In the new concept note starting in 2016, we have separated everything, so that there will be separate data on MSM and trans, and we will start with a situational analysis of trans women in [our country]...I see this as a direct result of trans women being organized, and the visibility of trans people starting to be heard in the country, and as a direct result for the first time we will have a division of trans people...in the concept note.”

-CSO representative

## Tokenistic engagement of trans people in Global Fund processes

Many respondents explained how Global Fund processes for community engagement, when led by transgender individuals and organizations themselves, could translate into improvements in transgender programming. According to one CSO representative, “I can tell you when communities lead responses, things work, but when we don’t, we stumble.”

Several respondents spoke positively of the greater likelihood of trans people sitting on CCMs under the Global Fund NFM. “I am grateful that the civil society component of the CCM is made up of representatives of KAPs and people living with HIV,” explained a CSO representative. At the same time, several respondents expressed skepticism that the Global Fund truly valued the perspectives of CCM civil society representatives, rather than those of other members, such as government health officials.

“It was more difficult to get acceptance from CCM members...They were OK with me being a person living with HIV, but not a transwoman. They were constantly reminding me that I should talk on behalf of people living with HIV and not as a trans woman...For example, when work was being presented by the Global Fund around the concept note, what activities and what groups to work with, sometimes at the beginning I was excused from the conversation because I was being told this was too technical from partners.”

-Trans woman CCM member

“There is a problem with [the way] trans women [are] being invited to participate in country dialogue processes...it feels like tokenism. I personally have not been invited to participate, but I have this perception that trans women are just there to check the box for attendance, but are not considered technical experts to really engage in those processes.”

-CSO representative

“The situation in [our region] is dire for trans people on any level, so to see trans inclusion in the process for [specific countries], forget about it.”

-CSO representative

## Global Fund withdrawal from middle income countries

On this topic, respondents often expressed their concerns in urgent terms, as was the case with a CSO representative who stated, “the idea of country ownership is antithetical to privileging marginalized groups.” Another CSO representative advised: “Strong recommendation to Global Fund – don’t cut down funding if you really want development for trans people and for other KAPs.”

Several respondents talked about how transphobic and homophobic laws and policies made it impossible to expect that their local government would continue services provided by the Global Fund.

“We have never received money from the government before, and also with the present laws in the country and high levels of stigma and discrimination, I don’t see anytime soon this will change. We have [a statute] that criminalizes anal sex, and this has been in the courts for several years, and it makes it illegal for the government to do any work with the population.”

-CSO representative

“At least in terms of [our region], they can be really transphobic, the governments, and trans people are criminalized or have been murdered, and I think [country ownership is] a bad and dangerous idea.”

-CSO representative

Several respondents discussed the following example of Global Fund transition and its impact on the engagement of trans people in HIV planning processes:

The Global Fund is in the process of withdrawing its support from India, which it classifies as a “lower middle income country.” The Global Fund’s withdrawal from India will end the **Pehchan** initiative, which focuses on the HIV response for vulnerable and underserved sexual minorities, including transgender people. This will result in numerous community organizations closing and a retrenchment of services for transgender people. At a recent workshop organized by the Asia Pacific Transgender Network, attendees discussed strategies for documenting Pehchan’s successes to the Global Fund, and making the case for similar programming to continue via other mechanisms once Global Fund support ends.



## Capacity-building, organizational development, and social support

Many respondents spoke of the crucial importance of investing in capacity-building, organizational development, and social support for transgender people and organizations. They claimed that this investment is imperative to the meaningful engagement of transgender activists and organizations in country dialogue processes, and in turn, to improved funding and programming for HIV prevention, diagnosis, care, and treatment programs.

**“ I think it’s important to be engaged, but when you see the KAPs participating, it’s basically those who have been able to strengthen their capacities who are influencing their policy decisions.”**

-Global Fund official

**“The Global Fund is pushing for lots of formal organizing and reporting, and that makes it difficult for trans organizations to be a part. I understand admin needs, but what we are seeing is less and less groups receive the chance of receiving support. I support more formal monitoring systems, but it also needs to be integrated into capacity-building interventions. These are the groups working on the ground.”**

-CSO representative

**“[Our country] is a very large country with many states and backgrounds and languages and need for corresponding programs that are sensitive to local needs. Organizational development, leadership, governance, sensitivity to gender and sexuality, all need to be considered.”**

-CSO representative

## Critical role of global and regional networks of trans advocates

Multiple respondents discussed the role of global and regional networks in increasing the focus on trans issues in Global Fund processes. In one instance, a CSO representative discussed the preparation of a regional concept note that included a proposal to gather data on trans communities and HIV, invest in capacity-building of trans communities, and provide core support to trans organizations.

Several specific networks are discussed in greater detail (following page):

### **The IRGT: A Global Network of Transgender Women and HIV supports and promotes the engagement of trans women in high-level Global Fund consultations**

At the 2014 International AIDS Conference in Melbourne, the IRGT convened a meeting with amfAR, Global Action for Trans Equality (GATE), and Open Society Foundations regarding the topic of “Funding the Trans\* HIV Response.”<sup>28</sup> A Global Fund official discussed the crucial need for trans-led programming, including design, implementation, and monitoring and evaluation activities, to be funded by the Global Fund. Several trans activists, including IRGT members, expressed concerns about the ability of CCMs to recruit trans activists, and of the need for the Global Fund to support trans-specific projects separate from those supporting MSM.

Individual IRGT members have also served key roles on Global Fund community boards and committees. For instance, Amitava Sarkar of India is a member of the CRG Advisory Group Key Populations Advisory Board of the CRG Department at the Global Fund. In this capacity, she is able to advocate for funding for trans-specific programming, and identify gaps where trans communities are being left out of national-level HIV epidemic responses.

### **Asia Pacific Transgender Network’s capacity-building work with trans activists**

Several respondents discussed the work of the **Asia Pacific Transgender Network (APTN)** in promoting the meaningful engagement of trans people in Global Fund processes. The APTN was launched in 2009 by 15 transgender women from 10 Asia and Pacific countries. Its mission is “to enable transgender women and men in the Asia and Pacific region to organise and advocate for the improvement of their health, protection of their legal, social and human rights, and enhancement of their social wellbeing and quality of life.”

Since 2014, the APTN has been supported by the **Robert Carr Civil Society Networks Fund**, to which the Global Fund contributes, and which has enabled the APTN to provide technical assistance to trans activists and organizations across the region. In November 2015, the APTN held a workshop with trans organizations from Indonesia, India, Pakistan, and Thailand to build capacity for engagement with the Global Fund’s NFM processes. Workshop attendees reviewed country concept notes, specifically looking for indicators for human rights and health services related to trans people. As the concept notes tended to be very vague about trans programming, a Global Fund representative was invited to present on opportunities for improving engagement and programming, including through community systems strengthening (CSS) activities, making reference to the Fund’s gender equality and human rights strategies, and reviewing implementation practices.

### **REDLACTRANS adopts a human rights approach for Latin America and the Caribbean**

Several respondents spoke extensively of the work of **REDLACTRANS**, a regional network of transgender people in Latin America and the Caribbean. The Global Fund is in the process of grant-making with the network for a regional grant, including work with organizations in 13 countries—Argentina, Bolivia, Belize, Chile, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, and Uruguay. According to the Latin America Fund Portfolio Manager, this grant is intended to “catalyze and be complementary” with other trans-focused programming in the region. As part of the Global Fund-support program, REDLACTRANS has developed a regional strategic plan with emphasis on factors such as political impact, enacting policy-level changes to affect national HIV responses, strengthening and expanding organizational capacities, increasing knowledge of trans health, and documenting human rights abuses. One key point in the network’s regional concept note is the removal of discriminatory laws and the promotion of gender identity laws, using good practices for definitions of gender identity in Latin America.





## Recommendations and Conclusions

In recent years, the Global Fund has begun to initiate processes to increase the meaningful engagement of transgender people, along with other KAPs, under its NFM. Many CCMs in Latin America and Asia in particular now have transgender representatives, and in some cases, these representatives have been recognized as technical experts and have contributed to an increase in programming for transgender people. However, there is significant evidence that these achievements are fragile, and are at risk of being reversed even in countries with active trans engagement. One key concern regards the Global Fund's anticipated transition out of many middle-income countries and countries without generalized epidemics. These transitions stand to hit transgender people and other KAPs the hardest, as it is unlikely that national governments will continue to fund KAP programming once the Global Fund departs. In regions where the Global Fund will continue to support the HIV epidemic response, such as sub-Saharan Africa, the lack of visibility and capacity of trans activists and organizations, limited trans-specific data, and repressive laws and policies raise further concerns about the meaningful engagement of trans people with the Global Fund.

Below, we list five recommendations for improving policies and fostering a more enabling environment for transgender people to participate in and engage with Global Fund processes:

### **1) Support trans-specific data collection and engagement**

Where epidemiological studies have been conducted, HIV prevalence among trans women is far higher than in the general population, and considerably higher than among other KAPs including MSM. These data, along with data generated by strategic information activities, have contributed to the evidence base to allocate dedicated services to trans people in the HIV epidemic response. However, data are lacking in many countries and world regions, including in all of sub-Saharan Africa, much of Eastern Europe and Central Asia, and in many countries in the Asia and Pacific region. In countries and regions where data are available, too often data on trans people are aggregated with those of MSM and other KAPs, limiting the ability of advocates to make the case for trans-specific programming. As a result, it is imperative that the Global Fund prioritize the collection of trans-specific data, including epidemiological data, and data on coverage and investment for prevention, treatment, and testing services, especially in countries and regions where no such data exist.

### **2) Recognize and reinforce the engagement of trans activists and organizations as technical and community experts contributing to Global Fund processes**

Trans activists and organizations have unique community expertise that is essential for the Global Fund to be able to target its grants effectively. It is a positive development that trans representatives have recently or are currently serving on CCMs in Asia, Latin America, and Eastern Europe and Central Asia. However, it is not enough for these representatives to simply “check a box” for trans diversity in the country dialogue process. Instead, concept notes should articulate how the trans community will be engaged in implementing and monitoring activities; trans engagement should be reflected in activities proposed in concept notes specifically targeted towards HIV prevention, diagnosis, care, and treatment for trans people.

### **3) Ensure that Global Fund withdrawal from middle income countries does not undermine trans programming and engagement**

Many respondents spoke in urgent terms regarding the Global Fund’s anticipated transition from middle-income countries and countries without generalized epidemics. Trans people and other KAPs will likely be among the hardest hit by these transitions, and there is little reason to believe that national governments will fill the funding gap. As a result, it is crucial that the Global Fund document the results of trans programming in countries and regions where these activities have been funded, and make commitments to continue this programming beyond transition. In addition, trans activists and organizations should work with the Global Fund to document human rights abuses and the continued existence of repressive laws and policies as evidence of the unlikelihood of national governments being willing to fund trans programming in the near future.

#### **4) Reinforce capacity and development of trans activists and organizations**

In some countries and regions, trans activists and organizations are visible, active in Global Fund processes and other HIV planning processes, have extensive knowledge about HIV and trans health, and are leading efforts to pass gender identity protection laws and repeal repressive statutes that impact trans people. In other countries and regions, organizing in trans communities is more nascent and less visible, with knowledge gaps regarding Global Fund and other HIV planning processes, and a limited understanding of the links between HIV and trans health. However, in all countries and regions there exists a continued need for capacity-building, organizational development, and social support programming for trans people to effectively engage with the Global Fund, and to more generally wage an effective response to the HIV epidemic. Of particular importance is the need for increased South-to-South technical support for trans communities engaging with Global Fund processes, potentially modeled along the lines of the CRG's current, short-term Technical Assistance Programme.

#### **5) Finance and work with global and regional trans networks to increase the meaningful engagement of trans people, improve gender sensitivity, and advance policy change**

In this report, multiple respondents spoke of the need to improve gender sensitivity in Global Fund programming and increase awareness of good practices for trans engagement among Secretariat staff and CCM members. The global and regional trans networks identified in this report would be well-equipped to provide this support. These networks have significant experience in providing trainings to trans activists and organizations on funding processes, have significant technical and community expertise serving on and working with CCMs, and have deep knowledge of the Global Fund's own SOGI and Gender Equality strategies. Meaningfully engaging and financing these networks, along with other trans activists and organizations, in Global Fund processes will ensure that necessary improvements occur in policy, program, and funding decisions made at local, regional, and global levels.



## Endnotes

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The IRGT, a Global Network of Trans Women and HIV composed of members from diverse parts of the world, is responsible for initiating and promoting advocacy on trans health and rights as they relate to HIV/AIDS. The group is comprised of advocates, service implementers, researchers, and other health and rights experts from different regions of the world, including Africa, India, South America, North America, Asia, and Europe. The IRGT is hosted and supported by the MSMGF.

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## Most Impacted, Least Served: Ensuring the Meaningful Engagement of Transgender People in Global Fund Processes

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