

Introduction

Transgender people (trans* people) belong to one of the UNAIDS recognized key populations particularly vulnerable to HIV, and HIV prevalence among trans* women can be 49 times higher than in the general population. Factors that increase the risk of HIV among trans* people include: unprotected sex, sex while under the influence of alcohol or drugs, having multiple sexual partners, injecting hormones, silicone injections, depression, anxiety, sex work, injecting psychoactive substances. Trans people may be involved in sex work and use drugs, which speaks to the importance of intersectional interventions.

Despite recognition at the level of international organizations, the situation with the inclusion of trans* people in national HIV plans leaves much to be desired, at the time of the creation of a comprehensive package of services throughout the Eastern Europe and Central Asia (EECA) region, only one country - Kyrgyzstan - declared trans people as a separate key population in the state HIV program. The lack of mention of trans* people in national programs means that this group does not receive the necessary services in the field of HIV prevention and treatment, and if it does, it is through programs targeted at other communities, most often MSM.

This comprehensive package of services was created by ECOM – Eurasian Coalition on Health, Rights, Gender and Sexual Diversity – and aims to fill the gap related to HIV activities for trans* people in EECA.

The set of measures as a whole corresponds to the basic document in this area - TRANSIT (Trans Implementation Tool). Among the differences, the following can be noted: (a) the classification of interventions in the field of HIV prevention and treatment is based on the "health impact pyramid"; (b) includes a broader set of gender transition activities that are considered as HIV prevention methods, as well as a set of motivational activities; (c) taking into account the specifics of the EECA countries in the field of social and legal context.

The package presented in the document shows the maximum possible set of activities and in this sense is the "ideal" option to strive for. For implementation at the national level, the package requires adaptation to the conditions of a particular country.

Comprehensive service package

The set of HIV prevention and treatment interventions for trans* people is large enough to require a logical outline or classification for better understanding. Thus, TRANSIT distinguishes between direct health interventions (services) and the creation of an enabling environment, which refers to appropriate legislation, elimination of stigma, discrimination and violence, and community empowerment.

However, in modern health science, human rights and socioeconomic determinants are integral to the protection and promotion of health. Following a similar logic, Neumann et al. propose to classify HIV interventions using a "Health Impact Pyramid" consisting of five levels: (1) impact on socioeconomic factors, (2) context change to encourage healthy default decisions, (3) long-term preventive measures, (4) clinical interventions, (5) counseling and educational initiatives. At the bottom of the pyramid are activities that affect a wide range of people and require the least individual effort, while those closer to the top are focused on individuals and require significant individual effort from them. The first and second levels of the pyramid are close enough in terms of HIV for trans* people, so they are combined in a comprehensive package, so that the final scheme includes four levels.

The structure of the Comprehensive Package consists of a) Introduction, b) Terminology, c) Summary Table of Activities, d) Comprehensive Package, e) Implementation, f) Monitoring and Evaluation.

Comprehensive package. Level I-II: *Creating an environment free from discrimination and violence*

In building a picture of the cause-and-effect relationships that lead to elevated HIV risks among trans* people, we need to start with the discrimination that pervades all areas of trans* life. Structurally, HIV prevention efforts should include the creation of an environment free from discrimination and violence, in which trans* people have the same opportunities as other people. These include:

- Adoption of anti-discrimination legislation, including gender identity and gender expression;
- Creation and/or simplification of procedures for changing civil gender and name for transgender people;
- Decriminalization of behavior common among transgender people, including sex work and drug use, and transition to a harm reduction model;
- Informing society about issues of gender identity and gender self-expression in order to form a tolerant attitude towards transgender people; repeal of laws restricting the dissemination of this information;
- Strengthening the community of transgender people, creating opportunities for their participation in decision-making.

Comprehensive package. Level III: *Long-term preventive measures*

This section includes activities that are carried out one-time or infrequently and have a long-term effect on the prevention of HIV infection. They include:

- a) Conducting medical transition operations at the expense of medical insurance funds.
- b) Free legal assistance in changing civil gender and name.
- c) Financial assistance to obtain a diagnosis to begin the medical transition.
- d) Vaccination against hepatitis B.

Comprehensive package. Level IV: *Regular events*

A distinctive feature of this group of events is their regularity. The frequency and volume of services provided depends on the request from local trans* communities and individual needs. Thus, it is clear that trans* sex workers should receive more HIV tests, condoms and lubricants than trans* people who have a regular sexual partner or do not have sex at all.

- a) HIV testing
- b) Prevention: Includes condom and lubricant distribution, pre-exposure and post-exposure prophylaxis, treatment as prevention, and harm reduction strategies for trans* people who use needles and syringes.
- c) HIV treatment
- d) Prevention and treatment of coinfections and comorbidities, includes information on viral hepatitis, tuberculosis, sexual and mental health, violence
- e) Motivational events, includes low-threshold HRT, support groups and other events held in NGO offices and community centers, when visiting which trans* people become achievable for HIV service programs.

Comprehensive package. Level V: *Counseling and Education*

Includes information on awareness and training programs.

Implementation

While the activities described in the previous section are roughly the same for trans* people in different parts of the world, their implementation is specific to each region and country. The post-Soviet region is characterized by a high level of transphobia and a low level of awareness of transgender issues, including among medical workers. Thus, while it is desirable to use existing public assistance systems, it is not always possible to make them sufficiently trans* inclusive for trans* people to freely use their services. At the same time, commercial clinics, potentially more open to sensitization, may be financially unaffordable for many trans people. In this regard, a significant part of the assistance is shifted to the shoulders of non-governmental organizations, including trans* organizations, HIV service organizations and LGBT organizations.

1. Assessing size estimation, needs and barriers, mapping available services

Starting the implementation of the program, it is necessary to understand why it is needed, what services are already being provided and what services are lacking.

2. Development of the theory of change

The theory of change, or program theory, explains how a program will achieve its goals. The theory of change is often presented in the form of a diagram showing causal relationships between interventions and short, medium and long term outcomes. It is convenient to divide the diagram into several levels: input resources / costs (inputs), interventions, specific results (outputs), overall results (outcomes), impact / long-term results (impact) - however, such a division is arbitrary.

3. Financing

The main source of funding for HIV services is the Global Fund to Fight AIDS, Tuberculosis and Malaria, distributing funding through Country Coordinating Mechanisms (CCM). Two countries in the region - Ukraine and Belarus - have introduced a quota for trans* people at the CCM. To ensure sustainability of funding and independence from external donors, a number of EECA countries are implementing Transition Plans to National Funding.

4. Recruitment and training of personnel

HIV service organizations wishing to expand their outreach to trans* people require staff training in trans* health and sensitivity. On the other hand, trainings in the field of HIV prevention and treatment will be useful for employees of trans* organizations.

Employees should be trained in HIV and STI testing, pre- and post-test counselling, sexual and reproductive health counseling, human rights counseling, and so on. It is important that staff be recruited predominantly from the target group. It may also be necessary to involve external specialists on a non-permanent basis, such as endocrinologists, psychologists, psychiatrists or lawyers.

5. Formation of outreach mechanisms

Outreach is a key element of HIV service delivery, as no program can work if activities do not reach the target group. It is necessary to attract and train a staff of outreach workers, mainly consisting of representatives of the target group. Along with outreach work, it is necessary to introduce motivational activities that serve to attract trans* people to programs, such as the provision of HRT drugs, counseling, psychological, social, legal support, and so on.

6. Cooperation with third parties

One organization is usually not able to provide the full range of possible HIV services, so it is necessary to organize a system of referrals to other organizations, including NGOs, commercial and government structures. The first step will be to map the services provided by third parties, assess their quality and trans*sensitivity. In many cases, training of third-party staff on the specifics of HIV among trans* people and general trans* sensitivity is required.

Monitoring and Evaluation

Implementation of a program, including HIV services, in itself is not enough without an understanding of how the program works as expected and what impact it has on target groups. This requires monitoring and evaluation before launch and at regular intervals throughout the program's operation. Monitoring consists in the systematic collection of data on needs, program performance and results, which are then used for evaluation. There are the following types of assessment: needs assessment, process evaluation, impact assessment and some others.

1. Needs assessment

A needs assessment is the first step in implementing a program to help you understand if there is a need for the program and what needs it is intended to fill. In other words, an initial needs assessment provides a "baseline" against which later comparisons can be made in impact assessments. As the program progresses, similar measurements may be taken to assess impact. Needs assessments can use both quantitative (indicators) and qualitative data. The package provides examples of common indicators for trans* people in the field of HIV.

2. Process evaluation

Process evaluation allows you to understand whether the program works as intended. This assessment is intended to answer the following questions: How many people receive the service? Do the beneficiaries of the service belong to the target group? What is the quality of the service provided? To what extent is the target group aware of the existence of the program? Are there sufficient financial and human resources to implement the program? Are resources being used efficiently? Are program clients satisfied with the service provided? The package provides indicators related to process evaluation.

3. Monitoring and evaluation of the result

Outcome indicators include achievements that reduce the risk of HIV transmission. The package provides indicators with which you can measure the result.

4. Monitoring and impact assessment

The impact assessment is intended to provide an understanding of the effect achieved by the program. The draft provides examples of impact indicators, as well as a multi-level, complex impact analysis that can provide insight into the effectiveness of the program with the ability to exclude the potential impact of other factors.

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