

ANNUAL REPORT 2019



BRIDGING

Health and rights



THE GAPS

for key populations

TABLE OF CONTENTS

INTRODUCTION	3
1. KEY CHANGES AND HIGHLIGHTS	5
2. LINK TO MOFA RESULTS AREAS	39
3. LOCKING AHEAD	43
4. FINANCIAL RESULTS CONSOLIDATION 2019	44

INTRODUCTION

2019 was a year when governments, donors and UN agencies better recognised the invaluable contribution of communities to the HIV response. UNAIDS released a report entitled ‘Power to the people’; at the end of the year, their World AIDS Day theme was ‘communities at the centre’. The recognition that communities have and continue to lead the HIV response was present in documents and conversations throughout the year. Alarming, the 2019 UNAIDS Global AIDS Update revealed that key populations and their partners account for more than 54% of new HIV infections globally, highlighting the work that still needs to be done.

Unfortunately, in 2019 key population communities continued to experience persistent stigma, vulnerability to HIV, and human rights violations, including frightening crackdowns targeting lesbian, gay, bisexual and transgender (LGBT) people in Bridging the Gaps countries Kyrgyzstan and Tanzania. Local organizations in Indonesia and South Africa faced a funding crisis, with a general reduction in HIV financing combined with specific under-funding for networks and key populations. Changing economic circumstances, particularly in lower-middle and middle-income countries such as Vietnam and Botswana, threatened their eligibility for key donors, such as The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and The President’s Emergency Plan for AIDS Relief (PEPFAR). Additionally, Kenya’s lawsuit for decriminalisation of consensual same-sex behaviour was rejected by the High Court, which was a big blow for partners and the movement. Fundamental feminist and abolitionist groups and some governments continued to promote the Nordic Model of sex work in 2019, which criminalises clients and third parties, but often results in the indirect criminalisation of sex workers. The outcome documents from the High Level Political Forum and the High Level Meeting on Universal Health Coverage (UHC), despite advocacy efforts by Bridging the Gaps alliance partners and others, disappointed in its address of the needs of key populations.

Discussions around UHC further intensified in 2019. Bridging the Gaps alliance partners - the global key population networks - called on allies within the UN system and broader civil society to speak up and to support a call to ‘put the last mile first’ in the Universal Health Coverage Political Declaration, which would ensure that key populations were included in UHC roll-out at national level. The declaration did specifically mention people living with HIV (PLHIV), but failed to explicitly include key populations. Also missing were specific commitments that would oblige national governments to allocate funding for UHC to meet essential health needs within their country, in particular the needs of criminalised key populations. Ensuring that key populations are not left behind when countries implement UHC remains a challenge.

With the knowledge of changing funding streams and that the Bridging the Gaps programme is coming to an end in

December 2020, many efforts in 2019 focused on sustainability. AFEW International organized a 4-day regional autumn school in October, which led to cross-border cooperation between governments and Russian NGOs that provide HIV services to migrants from the region. This cooperation will be critical in a sustainable approach to service delivery for key population migrants in the region. Partners also developed plans for capacity strengthening, material development and other activities for post 2020 sustainability, such as Aidsfonds partner Tais Plus in Kyrgyzstan. Their robust strategic plan for 2019–2023 has been approved by the General Assembly, the organisation’s the supreme governing body. It was a critical year across all Bridging the Gaps countries in highlighting the importance of government accountability and collaboration.

In 2019, Bridging the Gaps saw a number of initiatives either scaled up through collaboration with other stakeholders or incorporated into local government funding. Thanks to Bridging the Gaps support, Mainline partner Muslim Education and Welfare Association (MEWA) has become a leader in gender sensitive harm reduction services in Kenya, leading to a scale up of their approach throughout the country by the Global Fund. Thanks to Bridging the Gaps funding on innovation, the Global Fund has also increased the harm reduction funding portfolio in Pakistan by 5 million USD in 2019. COC partner LIGA, an LGBT association in Ukraine, worked closely with the government to promote the inclusion of LGBT people within the government’s funding priorities. In 2019, the government allocated 2.8 million EUR to finance HIV support and prevention services for key populations, and LGBT people were involved and considered in every step of the funding allocation process, which addresses the need of specific services and funding for transgender people.

The PEPFAR Global Gag rule has affected what could and could not be funded at country level, violating the sexual and reproductive health and rights (SRHR) of all women and girls, including sex workers, women in the LGBT community and women who use drugs, thereby limiting their access to essential health services. Partners saw backlash from religious organisations and conservative politicians denouncing progress in pushing for decriminalisation of sex work, for comprehensive sexuality education and for safe abortion services. In response to the Global Gag rule and funding cuts by PEPFAR, MPact developed helpful tips for advocates to challenge funding cuts and coached civil society actors during the regional PEPFAR meetings organized in Johannesburg. In 2019, thanks in part to Bridging the Gaps support for global advocacy, alliance partners were able to advocate for and finally see the roll-out of the 100 million USD Key Population Investment Fund from the US State Department.

The international goals that were set by the UN Member States in 2009 in the Plan of Action on Drugs were up for review in 2019. The plan set out a strategy to significantly

diminish the global drug market and achieve a drug free world, but UN members states unfortunately showed an unwillingness to review or formally assess their own targets. The international Drug Policy Consortium released a bold report: Taking stock: A decade of drug policy - A civil society shadow report, which convincingly shows the failure to reach any of the goals that were set in 2009. The severity and complexity of drug use is rising, so it is imperative to continue investing in the 99% of PWUD who do not have adequate access to life-saving harm reduction services (UNAIDS, 2019).

The International Harm Reduction Conference 2019, held every two years, brought together key players in the harm reduction field. Organised in Porto in April, it was a great opportunity for information sharing, reflecting on the outcomes of the Commission on Narcotic Drugs and touching base with the broader global community of peers and allies. Bridging the Gaps alliance partner INPUD coordinated drug user presence at both conferences and organised several community-led side events and Bridging the Gaps and The Partnership to Inspire, Transform and Connect the HIV response (PITCH) teamed up with the Dutch Ministry, representing 'the Dutch approach' in harm reduction at the events in a jointly organised side event and a 'Dutch booth' featuring the Bridging the Gaps photo exhibition.

Another important space for Bridging the Gaps was the International Conference on AIDS and STIs in Africa in Kigali, Rwanda in December. Bridging the Gaps partners Aidsfonds, GNP+, MPact, COC, Mainline, INPUD, NSWP and ITPC all supported local partners and representatives from key populations to attend. Attendees facilitated advocacy actions on topics such as barriers to critical drugs such as Dolutegravir, and showcased outcomes and lessons learned from implementation of interventions through abstracts and conference sessions. They explored gaps, such as including HIV prevention in work that has been related to people who use drugs (PWUD), and new partnerships and coalitions to address urgent treatment access issues and addressing stigma and discrimination.

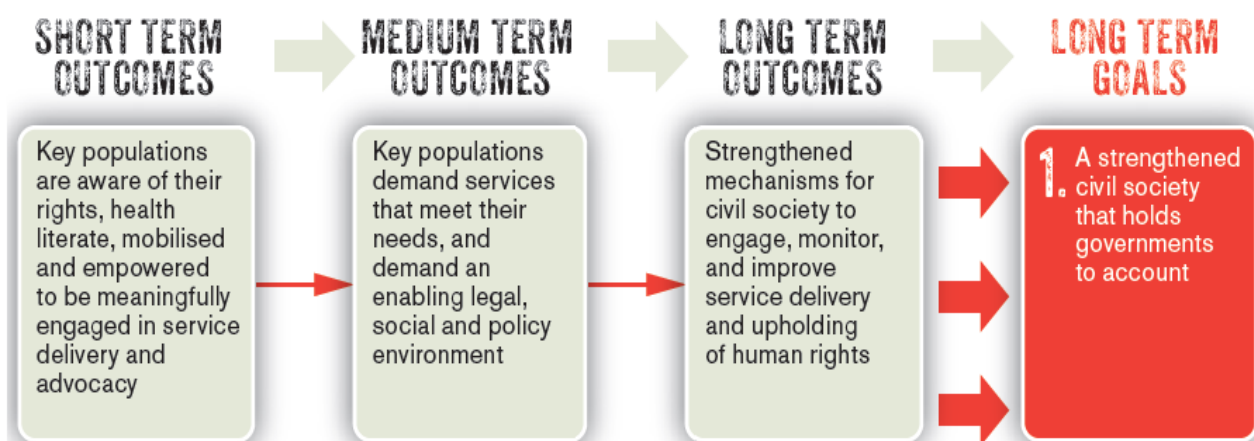
There were many positive developments in 2019, including the decriminalization of consensual same-sex behaviour between adults in Botswana and the extension of the mandate for the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity at the Human Rights Council. The Committee on the Elimination of Discrimination Against Women's (CEDAW) concept note for the General Recommendation on Trafficking in Women and Girls in the Context of Global Migration limits its scope to addressing trafficking and does not explicitly address 'the exploitation of women in prostitution.' The rights-based final observations issued at the country-level sessions held by CEDAW are another major achievement for sex workers, giving them a framework to advocate for better policies and programmes at local level. The Ukrainian government shows significant progress in integrating civil society organizations in developing and implementing policies for adolescents using drugs. Bridging the Gaps partners COC and MPact were among the organizations who lobbied for and created a LGBTI Stakeholder Group, which made statements on SDG 4 (inclusive and

equitable quality education) and 10 (reducing inequality) at the High Level Political Forum in New York in July. There was also a successful replenishment of Global Fund which was lobbied for by Bridging the Gaps partners.

This report presents the key results and changes achieved by the Bridging the Gaps programme in 2019. It shares achievements under each of the programme's long term goals, as well as the Ministry's results framework, illustrated by examples and stories of change. The report closes by looking ahead to 2020, including the key challenge of the novel coronavirus (COVID-19) and the effect that will have on PLHIV and key populations. The final section outlines the 2019 consolidated financial report.

1. KEY CHANGES AND HIGHLIGHTS

LONG TERM GOAL 1: A STRENGTHENED CIVIL SOCIETY THAT HOLDS GOVERNMENTS TO ACCOUNT



In 2019, Bridging the Gaps continued its work towards Long Term Goal 1. This was done in a number of ways, notably through mobilising and training of key populations, advocacy for and by key populations at the local and global levels, and capacity building of civil society organisations. This required involvement of key populations, civil society, and governments in Bridging the Gaps countries as well as the Dutch Ministry of Foreign Affairs. Bridging the Gaps used a strategy of building on past achievements and launching new initiatives to continue working towards medium and long term outcomes.

Empowering key populations to be meaningfully engaged in the HIV response

It is critical that key populations are aware of their rights, health literate and empowered to be meaningfully engaged in service delivery and advocacy. Bridging the Gaps aims to empower key populations to organise themselves and see the value of working together to fight HIV. To achieve this, partners worked tirelessly in 2019 to train, support and create spaces for learning for key populations.

MPact partnered with ITPC to lead two PrEP demand-mobilization workshops in Cambodia and South Africa in June and November 2019, respectively. The workshops deepened knowledge, skills and attitudes towards PrEP for advocates from 15 countries in Eastern Europe, Asia and Africa.

Participation in the workshops were highly competitive; 55 participants were selected from 190 applications via a blind review process. Advocates from each workshop applied their lessons learned in a detailed proposal to lead PrEP demand-mobilization initiatives in their countries. MPact and ITPC selected 10 small grants and awarded between 5,000-10,000 USD each to implement their PrEP plans in 2020.

In 2019 GNP+ worked with the AKAR Foundation in Indonesia to improve treatment literacy and advocacy among HIV-positive men who have sex with men (MSM) and PWUD. Learning classes were held for 325 MSM and PWUD conducted within the secretariat and community. They have also been actively involved in the process of developing and monitoring programme evaluation as a part of an HIV technical working group in Indonesia and networking with service providers and policy makers.

ITPC held a regional workshop in Bali, Indonesia in September for treatment activists to discuss hepatitis C virus (HCV) in the region and develop country-level advocacy priorities. The workshop was organised by ITPC South Asia and Delhi Network of Positive People. Based on the local needs and organisation track history, advocacy grants were disbursed to Koalisi Satu Hati (Indonesia), Nava Kiran Plus (Nepal) and Vietnam Network of Positive People (VNP+) following the workshop. To launch the advocacy activities, pre-implementation workshops were held in all three countries.

AFEW Ukraine provided small grants to trained groups of youth leaders to influence the quality of information and services provided to young people, as well as to give opportunities for personal development for the youth leaders. For more on this change, see the Change Story on page 7.



CHANGE STORY 1 (AFEW):

FROM SERVICE RECIPIENTS TO DRIVERS OF CHANGE – DEVELOPING ADOLESCENT DRUG USERS INTO YOUTH LEADERS IN UKRAINE

Introduction

Development of youth leader movements and meaningful involvement of youth in programming and policy development improved access to information and services for young key populations. Providing small grants to the trained groups of the young leaders from key populations worked as an effective method to influence the quality of information and services provided to young people, as well as to give opportunities for personal development for adolescents who use drugs.

Problem

In Ukraine the prevalence of HIV among adolescents who inject drugs is 4%, significantly higher than the 0.27% prevalence among the general population. According to the European School Survey Project on Alcohol and other Drugs, 18% of 14-17 year old students has experience with using drugs. Adolescents who are most-at-risk of being infected with HIV include adolescents that use drugs and their partners, young people who are exploited sexually and young gay boys. Although these at-risk adolescents were included in the Ukraine National Targeted Social Programme on HIV/AIDS for 2014–2018, many of the planned educational and social service interventions targeting this group have not been implemented. As a result, the percentage of young people who can correctly identify ways to prevent sexual HIV transmission decreased from 48% in 2014 to 27% in 2018. Most at risk adolescents have also not been directly involved in developing policies designed to reach them with services

and information. Due to the limited involvement of the community to their design and provision, the services often do not reflect the needs of adolescents.

“The usual lectures are not so interesting, but the game is always fun and you remember everything much better.”

| Young client reached via the Youth Leaders Project

Change

AFEW Ukraine has involved most-at-risk youth into local government policy development and service delivery since 2016. This was done through the Leaders Project, where at risk adolescents in four cities (Kharkiv, Chernivtsi, Kropyvnytskyi and Poltava) apply for small grants to implement projects aimed at raising awareness on sexual and reproductive health, drug use and available social services. In 2019, 35 leaders implemented five projects across the four cities. In Chernivtsi, one of the leaders addressed the need to create a youth centre to the local authorities. The City Council decided in May 2019 to renovate and open a City Youth Centre, where AFEW Ukraine’s partner NGO “New Family” is invited to provide HIV, STI and safer drug use education and services. This will allow to expand their activities in working with at risk adolescents and to create a new space for leadership initiatives. In Poltava in June 2019, young leaders were officially included in the Expert Group working on the city drug policy, showing

that local authorities recognize the need to consult with at risk adolescents.

Through the Leaders Project, almost 700 at risk adolescents and their peers gained better access to information about HIV, STIs, SRHR safer drug use. The Youth Leaders used guided tours, quest games, interactive cinema, and graffiti advertisements to reach their peers. Feedback gained through 20 interviews and 200 responses to an online questionnaire from the adolescents reached through the projects showed that the peer leaders and their use of modern, engaging approaches improved the acceptability of the information and services. One of the leaders' small project initiatives "QR Code as an Assistant to Restore My Rights" was recognized as a best practice in the area of rights education and promotion at the III National Forum of the Youth workers, organized by the Ministry of Youth and Sport in November 2019.

Additionally in 2019, two leader teams from Kharkiv and Chernivtsi applied for and received funds from other donors. The Kharkiv team received a grant from UNICEF for setting up a gym for project clients. The team from Chernivtsi received a grant from organization "Meet and Code" to organize engaging classes for the project's clients. While designing and implementing their own projects, the leaders also enhanced their communication, negotiation, planning and public speaking skills.

Contribution

AFEW Ukraine and local partners "New Family" (Chernivtsi), "Blago" (Kharkiv), "Return to Life" (Kropyvnytskyi), and "Public Health" (Poltava) started to involve at risk adolescents in the project and organizational policy design in 2016. These adolescents were trained to become youth leaders and improve quality and acceptability of services for their peers. The role of these youth leaders has been increasing every year since. The leaders have been actively involved in a variety of activities in project planning, implementation, and monitoring, including through the Leaders Project. They participate in work meetings and advocacy events, monitor human rights violations; provide peer counselling on SRHR, and monitor quality of services in their cities.

Through the Leaders Project in 2019, adolescents have taken more active roles in initiating changes and implementing activities. The youth leaders received support from the local project staff at every stage of Leaders Project's planning and implementation. AFEW Ukraine and their local partners conducted almost 80 trainings on human rights, health issues, and improving leadership skills for the youth leaders. More than 30 youth leaders participated in the Summer Camp organized by "New Family" and AFEW Ukraine in August 2019. Participants from the four project sites had opportunities to share their experiences, improve communication skills, and participate in team building exercises. The leaders also discussed their ideas for the Leaders' projects, which led to further improvements of the projects.

Analysis

Through the Leaders Project, the youth leaders have become more independent, confident and able to address local policy

makers. The project influenced the quality of information and services and their acceptability by teenagers on the local level. More at risk adolescents and their peers now have access to quality information of HIV, STIs and safer drug use.

City administrations, police, and educational institutions have been widely involved in the activities and support for young leaders. The Leaders Projects also received coverage in local and national media. This project has shown that at risk adolescents are able to participate meaningfully in project activities and influence local policies and practices. In the future, the leaders can become staff members of the local partner organizations, establish the youth-led organizations or initiative groups, and continue participating in coordination mechanisms.

Looking Ahead

To ensure meaningful youth involvement and reach more at risk adolescents with quality information and services, it is crucial to continue training. It is also very important to constantly engage new young leaders as adolescents can only represent their community until they are 25 years old. Participation in the Leaders Project is helping at risk adolescents to develop skills to solve their own problems. Increased ownership of the project helps youth to change their attitudes, behaviour and influence their peers.

In 2020, AFEW Ukraine and local partners will continue working with young leaders to empower them to influence services and policies for their peers. In 2020, AFEW Ukraine is piloting the programme 'Journey4Life,' developed by Dance4LifeInternational. This initiative is a structured intervention to empower young people and promote access to SRHR and harm reduction services. Initial results of this pilot programme will be available in September 2020.

Personal Story

When Artem, now 23, was a teenager, he was not happy with his life and wanted to escape reality. For over four years he systematically used drugs such as crystal meth, LSD, and ecstasy. Eventually, Artem's uncle suggested he should visit a psychologist from the Youth Centre of partner NGO "Return to Life". Artem spent three months in the rehabilitation centre run by "Return to Life," and he continued to come to the Youth Centre for counselling, support and educational activities after his stay. He became an active volunteer in the organization, and eventually a youth leader with his own project. After this, he has no desire to go back to drugs. In 2019, Artem was selected as one of the facilitators of the youth-led program Journey4Life.

"If it were not for this project and the Centre, I would probably still be an active drug user. Maybe I would even end up in jail. And what being a leader gave me... a basic set of knowledge, concepts of some kind, let's say, in the field that we are all working. And in general, it's like a foundation, a push in life".

| Artem

CREATING SPACE FOR KEY POPULATIONS TO DEMAND AN ENABLING LEGAL, SOCIAL AND POLICY ENVIRONMENT THAT MEETS THEIR NEEDS

Understanding the needs of key populations, in their own words, is crucial in developing services tailored to communities. Partners worked hard to in 2019 to create space for key populations to demand health, legal and social services that meet their needs. This required involving key populations and civil society organizations that represent them in the development, provision and monitoring of services as well as in decision-making on policies, legislations and budgeting that affects their lives.

In 2019, WHO updated its treatment guidelines, announcing at the 10th International AIDS Society Conference on HIV Science in July the approved use of Dolutegravir among women of childbearing potential, provided access to contraceptives was assured. This elevated the discussion around reproductive rights and access to contraceptives for women living with HIV. ITPC organised a community consultation session at the conference to respond to community concerns around the safety of Dolutegravir and the new WHO guidelines. As a result of the session, ITPC was contracted by the WHO to develop the Community Guide: a translation of the WHO treatment guidelines into simplified language to build awareness among communities. The guide was developed with input from communities, based on knowledge gaps and information needs and will be launched at AIDS2020. In addition, ITPC, in collaboration with Salamander Trust, the International Community of Women Living with HIV/AIDS East Africa, and Africaid, consulted with 198 women in 28 counties through an online survey, interviews and focus group discussions. The results led to an advocacy brief on Women, HIV and their Sexual and Reproductive Health and Rights: Rights, Inclusion, Access, Research, and a presentation at Conference on Retroviruses and Opportunistic Infections (CROI) in March 2020.

GNP+'s support for the National Network of Young People Living with HIV (UNYPA) in Uganda was to push the government in increasing domestic resource mobilisation efforts. UNYPA also sought to ensure that social welfare was available for people living with HIV. UNYPA mobilized stakeholders for a breakfast meeting to discuss the urgent need for domestic resource mobilization towards the HIV response. At this meeting, stakeholders shared updates on the government's commitment to the National AIDS Trust Fund, the 50% PEPFAR COP 19 Commitment as well as the Global Fund co-financing mechanism in Uganda. UNYPA also organized planning meetings with Uganda Network on Law Ethics and HIV/AIDS, the Uganda AIDS Commission, and representatives from the Ministry of Finance and Ministry of Health to discuss funding for HIV and to reflect on the role of different partners in ensuring HIV was adequately funded in Uganda.

INPUD partner Recovering Nepal (RN) Women strengthened its internal organising advocated for the health and rights of women who use drugs in Nepal. RN Women team

had meetings with officials in ministries and organisations working on women issues, violations and rights and discussed the lack of access to gender-specific services and the situation with violations of rights of women who use drugs. They met with the Ministry of Women and Children, Women Cell and approached UN Women.

BUILDING CAPACITY OF CIVIL SOCIETY TO IMPROVE SERVICE DELIVERY AND UPHOLD HUMAN RIGHTS

As the capacity of civil society organizations improves, they become more involved in national mechanisms that support service delivery and upholding of human rights. In 2019, Bridging the Gaps partners worked to strengthen mechanisms for civil society to engage in platforms, coalitions, networks, and HIV coordinating bodies to influence the standard of services and human rights. This involvement will ensure a coordinated response to HIV that is driven by key populations themselves.

In 2019, Mainline started their second Trainer of Trainer programme. This two-year programme has the goal to strengthen eight staff from community based organisations to become international harm reduction trainers. After the programme, these trainers will be capacitated and hired to strengthen service delivery of harm reduction organisations in neighbouring communities and countries.

NSWP's global alliance building efforts generated positive developments in 2019. Thanks to the support of Sex Workers Inclusive Feminist Alliance partners, sex workers are gaining institutional knowledge and political connections that strengthen their global advocacy. For more on NSWP's work to support meaningful involvement of sex workers in global women's rights platforms, please see the change story on page 10.

In Indonesia, COC supported GWL-INA and their community based organisation members in Padang, Surabaya, Pekanbaru and Makassar to set up alliances with five legal aid institutions and 22 ally civil society organisations, and jointly establish Local Crisis Response Mechanisms in these four cities. The partnerships undertook advocacy efforts targeting different actors such as universities, law enforcement, municipality and the private sector.

The South African Network of PWUD (SANPUD) became the national platform legitimately representing PWUD in South Africa, ensuring that voices, needs and experiences of PWUD are included in decision making, as it was the case of the elaboration of the new National Drug Master Plan. For a more detailed look on SANPUD, please see INPUD's Change Story on page 12.



CHANGE STORY 2 (NSWP):

THE IMPACT OF GLOBAL ADVOCACY AND MEANINGFUL INVOLVEMENT OF SEX WORKERS IN WOMEN'S RIGHTS PLATFORMS

Introduction

In 2019, NSWP's global advocacy work has aimed to ensure the protection of sex workers' human rights and their meaningful involvement in global women's rights platforms. This work focused on influencing the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) processes, which are key to respecting and protecting sex workers' human rights. There is a history of the CEDAW Committee being influenced by feminists who promote the abolition of prostitution as necessary to end violence against women and achieve gender equality; these groups interpret sex work as violence against women and exploitation. Support from within the women's rights movement is crucial in creating global platforms that are respectful and safe for sex workers.

Problem

In 2014, UNAIDS estimated that HIV prevalence among sex workers was 12 times greater than that of the general population, even in countries with overall high prevalence. Stigma and discrimination at the global level compromises sex workers' access to high quality rights-based services, such as HIV care, and undermines their capacity to influence programmes and policies that affect their lives. Structural barriers such as travel restrictions and lack of resources prevent sex workers from accessing global policy platforms,

which often require experience and political connections that sex workers lack.

Global North fundamental feminist and abolitionist groups refuse to acknowledge the diversity of the lived realities of sex workers and call for the end of "prostitution" on behalf of 'every woman' in the world. They assert sex workers lack agency and bodily autonomy, framing them as exploited victims. These groups have the resources and connections to influence representatives from UN agencies, national governments and other civil society representatives, while aggressively seeking to shut down the voices of sex workers who advocate for their rights in these spaces. Intimidated by the vitriolic opposition of these groups who refuse to recognise sex work as work and with little support from the mainstream women's' rights movement, sex workers have faced huge barriers to engage in global advocacy spaces.

Change

In 2019, CEDAW Committee considered shadow reports submitted by sex worker-led organisations from Botswana, Democratic Republic of Congo, Kazakhstan, Mozambique, Serbia and Seychelles and listened to the sex worker delegations. As a result, they issued more rights-affirming recommendations and observations on sex work than in previous years. Many of the recommendations published during 2019 advance the protection of the human rights of

sex workers, which ensures their needs. Additionally in 2019, sex workers formally engaged in CEDAW consultations about the General Recommendations (GR) on Trafficking in Women and Girls in the Context of Global Migration during 2019. Following a call for written contributions, 18 of the 101 submissions from civil society were from sex worker-led organisations. During the concept note's General Discussion held in February, all UN agencies present and many member states, including the Netherlands, joined the NSWP sex worker delegation and our allies in the women's movement in urging the Committee to not conflate sex work and trafficking and to maintain the focus of the GR on trafficking. Despite the Committee's previous recommendations that have conflated sex work and trafficking, they agreed that the GR would focus on trafficking and not exploitation of women in prostitution. The first draft of the GR avoids the conflation of sex work and trafficking.

Contribution

In 2016, the NSWP Board prioritised a long-term strategy of building alliances with the women's movement to advance sex workers' rights, which resulted in the Sex Worker Inclusive Feminist Alliance (SWIFA) being formally launched in 2018. Since then, NSWP has worked with numerous SWIFA partners to ensure an alignment of a rights-affirming position on sex work across the UN and to support sex workers' engagement in UN and women's movement spaces. In 2019, NSWP worked with sex worker-led organisations

in Serbia, Botswana, Mozambique, Democratic Republic of Congo, Kazakhstan and Seychelles to conduct national consultations, draft and submit national shadow reports to CEDAW. NSWP also supported country teams of sex workers to participate in their country review during CEDAW sessions in Geneva.

“We feed back to our communities that change is occurring at a global level. They see that we are not alone, and this motivates them to be part of the movement and to be active in sex worker-led organisations.”

**| Kholi Buthelezi - National Coordinator
Sisonke South Africa**

NSWP also supported sex worker-led organisations engagement in the CEDAW process of developing the GR throughout 2019. The GR aims to provide governments with detailed guidance on addressing trafficking in women and girls. NSWP and other SWIFA partners mobilised allies to engage the Committee in the early stages of the development of the GR to ensure it did not conflate sex work and trafficking. NSWP also supported a global delegation of sex workers to attend the half day General Discussion on the GR and coordinated sex worker delegations at two expert meetings organised by International Women's Rights Action Watch (IWRAP) Asia Pacific and the Global Alliance Against Trafficking in Women.

Analysis

Influencing the UN and the global women's rights movement is crucial. CEDAW recommendations influence the

women's rights movement and public attitudes to sex work. Only by being in those spaces can NSWP challenge narratives that erase and misrepresent sex worker's lives and needs. The strong support from SWIFA members and others in the mainstream women's rights movement is a signal that NSWP's global advocacy efforts are succeeding in amplifying sex worker's voices.

Participation of grassroots sex worker advocates in global advocacy platforms is key to strengthening and sustaining national sex workers' movements. The rights-affirming observations issued by CEDAW during country sessions provide sex workers with a framework to advocate for better laws, policies and services related to sex work, HIV and sexual and reproductive health within their needs. PITCH provided financial support for the sex worker country teams to participate in CEDAW country sessions. Additionally, NSWP worked closely with Aidsfonds Sex Work team throughout the global advocacy work. These connections between global and local partners adds value to the work of all partners and strengthens the foundations of both global and local sex worker-led movements.

Looking Ahead

The historical conflation of sex work with trafficking and violence against women, combined with structural inequities that are deeply entrenched in society, persist as challenges for upholding the human rights of sex workers in global policy spaces. These challenges require long-term, continuous engagement of sex workers in global women's rights advocacy platforms, including CEDAW.

NSWP will continue to influence CEDAW through developing advocacy tools rooted in the lived experiences of sex workers. NSWP will also strengthen sex worker-led organisations' capacity to engage in CEDAW national and global processes through secured funding to support two countries in drafting shadow reports and attending their CEDAW sessions in 2020. NSWP will continue to seek funding to support other sex worker-led organisations in future. In addition, NSWP will mobilise and support sex worker-led organisations to submit responses to the public consultation on the first draft of the GR on trafficking of women and girls following its publication on 2 April 2020.

Personal Story

“It was a great opportunity for me to participate in this 74th CEDAW session. The IWRAP training was incredibly useful - identification of allies who we can speak with, as well as what their specific topical focus is. When discussing the specific focus of CEDAW committee members, no one focused on sex worker issues/were particularly receptive; and there were also abolitionists in the committee; I got scared and realised none of the committee members had a specialization on key-populations. When I came back, I met with and reported back to the community. One of the recommendations was to end police violence so we would like to organise a meeting with police departments in each of the divisions of Kazakhstan and conduct trainings and the importance of implementation”.

| Natalya Zholnerova - Coordinator Amelia NGO Kazakhstan



CHANGE STORY 3 (INPUD):

SANPUD SPURS MEANINGFUL INVOLVEMENT OF PEOPLE WHO USE DRUGS IN THE FIGHT AGAINST HIV IN SOUTH AFRICA

Introduction

Until the formation and professionalization of the South African Network of People who Use Drugs (SANPUD), there was a lack of meaningful involvement of people who use drugs (PWUD) in the fight against HIV in South Africa. PWUD were not able to provide input on the policies and programmes that directly affected their health and survival. Thanks to the support of INPUD and Bridging the Gaps, PWUD are increasingly involved in these processes via SANPUD, which serves as an entity that connects the community to policy makers and other stakeholders, and successfully advocates for policy change.

Problem

Meaningful engagement of key populations is essential in ending AIDS as a public health emergency. But meaningful participation is not possible unless key populations are recognised as equal partners, properly funded and capacitated. PWUD face specific and different barriers than the general population to accessing HIV care and treatment. In the South African context, there are three major barriers preventing people who use drugs from meaningfully participating in drug policy making and service implementation: stigma and criminalisation, a lack of access to comprehensive services, and a lack of financial resources to support community mobilisation. Until 2018, there was no community-led drug user organisation to bridge this gap between PWUD and policy

makers and other stakeholders.

Due to the lack of a way for PWUD to meaningfully engage in the process, most strategic and policy documents concerning drugs and public health in South Africa were produced without any input from PWUD. Although there was a large investment in the fight against HIV in South Africa, there was a lack of focus on the specific needs of PWUD. Harm reduction was initiated in 2014, much later than in many other countries, but funding for harm reduction did not include funding or other support for community mobilisation. Lacking access to knowledge, health services, allies, unable to challenge the mainstream narrative and call for immediate action, the South African community of people who use drugs was facing the epidemic alone.

Change

With the support of INPUD and Bridging the Gaps, SANPUD was founded and is now fully functional, sustainable and well positioned in the South African civil society environment. SANPUD was legally registered in 2018, and spent 2019 ramping up organisational capacity: establishing a functional board, appointing core staff and securing new funding. The organisation is now financially secure until 2021, receiving support from the Global Fund and Robert Carr Fund in addition to Bridging the Gaps.

via SANPUD, PWUD are now contributing to decisions through representation in governmental or civil society consultation bodies. Strong links have been forged and maintained with health services. PWUD participate in meetings with local law enforcement agencies and provide training on harm reduction and human rights. SANPUD has managed to link up street drug users suffering abscesses and septicæmia with emergency services. SANPUD has also contributed to various reports and articles, such as the UNODC report on violence against women who use drugs in South Africa. SANPUD was also successful in lobbying for an additional 600,000 EUR for people who use drugs in the South African Global Fund grant.

Thanks to SANPUD and its partners, the term ‘harm reduction’ is now mentioned in the National Drug Master Plan (2018-2022) implemented by the Ministries of Justice, Health, and Social Development. The plan mandates consultation with people who use drugs in the development process, and includes opioid substitution therapy and needle and syringe services as key indicators. These items did not exist in previous years of the national plan.

Contribution

INPUD has been supporting SANPUD since 2015 to become the independent and secure organisation it is today. Between 2015 – 2018, in collaboration with TBHIV Care, OUT Wellbeing and Mainline, INPUD supported the formation of local networks in Gauteng, Cape Town and Durban, which eventually came together under the umbrella of SANPUD. INPUD, in collaboration with the same partners, held community trainings on forging linkages with law enforcement, emergency health services, the University of Pretoria Community Orientated Substance Use Programme and other KP groups. In 2017, during the South African Drug Policy Week, INPUD delivered a training on Global Fund processes and community mobilisation. As a result of this technical assistance and support, SANPUD improved its research capacity and evidence-based advocacy for the health and rights of people who use drugs in South Africa.

INPUD, as the global network of PWUD, identified the main priorities in terms of health and rights of the drug user community and used them as global advocacy priorities. INPUD fought for including these priorities in UN Declarations, UN guidelines and recommendations, and SANPUD used these documents to influence change at country level. Joint INPUD and SANPUD advocacy in spaces like the UN Commission on Narcotic Drugs contributed to the South African government’s improved view on the role of communities in drug policy making. This change ensures that the specific needs of PWUD are incorporated into country level policies and programmes to fight HIV.

Analysis

Historically, key populations have demonstrated their capacity to put in place the most effective actions to determine radical reforms needed to fight AIDS. In South Africa, the registration and financial sustainability of SANPUD is essential in ensuring that PWUD have a voice and they can contribute meaningfully to the implementation of strategies and approaches that improve accessibility, acceptability, availability and uptake of interventions for people who

inject drugs affected by HIV. As a legally registered community-led organisation, SANPUD has legitimacy, direct contact with the concerned community, and can access first-hand information and expertise not available to policy makers and other stakeholders.

Looking Ahead

Stigmatisation is a huge barrier banning people who use drugs from contributing in the public space. Law enforcement officers trained by SANPUD in 2018 and 2019 acknowledged positive changes in their perception on people who use drugs once they got to understand the challenges they face, as described by drug users themselves. SANPUD should continue sensitisation and training of law enforcement officers and other staff from medical services, prisons, social services.

SANPUD will likely play an important role at a regional level, contributing to the formation AfricaNPUD as well as in global level advocacy, such as the UN Commission on Narcotic Drugs. INPUD is committed to supporting SANPUD in these endeavours.

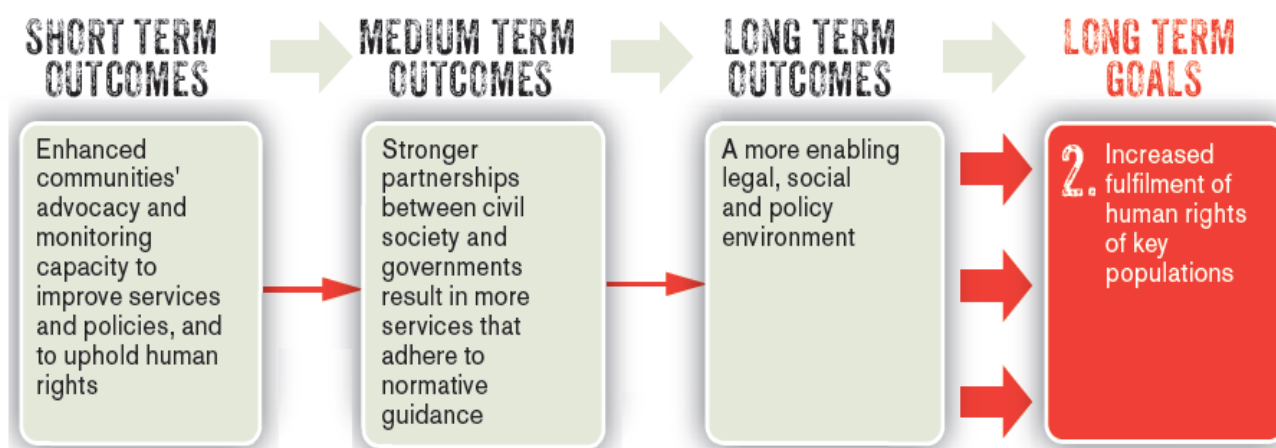
Personal Story

Connie van Staden is one of the first peers who was initiated into the needle and syringe programme provided by OUT Wellbeing in Gauteng and one of the initiators of Drug Users of Gauteng. Connie’s life took a new turn when he got involved as a community organiser and later as SANPUD staff. Working with law enforcement officers, organising community events and addressing the needs of community in his own terms made a huge difference. Currently functioning as SANPUD Communications specialist in Gauteng, he activates as community trainer and local coordinator. Connie is also the Chairman of Drug Users Gauteng.

***“I was in the street in 2015 when we started a substance using network, “Drug Users of Gauteng”, and in the process I was mobilising the community. So, when we started, SANPUD wasn’t formed yet. With the help of INPUD, we tried to mobilise and get the network up and running. They (SANPUD) have given me an opportunity to have positive change in my life and, the biggest of all, they have given me a platform where I can save lives and change other people’s lives. That’s why the projects that I deal with is 100% peer-led, and that is the key to being successful. Peer-led and network-led projects giving people an opportunity to have equal employment, equal housing, this is the only way we can survive, and we can make changes in the lives of people.*”**

| Connie

LONG TERM GOAL 2: INCREASED FULFILMENT OF HUMAN RIGHTS OF KEY POPULATIONS



2019 was a year where the human rights of key populations continued to be under fire. An increase in stigma, violence and discrimination against LGBT people, sex workers and PWUD means that ensuring the fulfilment of the human rights of key populations – with concerted efforts required at national, regional and global level – is more important than ever. Realisation of key populations' human rights will ensure their access to welcoming, quality HIV prevention, treatment and care services. In 2019, the Bridging the Gaps programme continued to work towards Long Term Goal 2, increased fulfilment of human rights of key populations. This was done through engaging in human rights frameworks such as the Universal Periodic Review (UPR), advocacy by key populations and civil society at the governmental level, and training on human rights and standards, which led to a more enabling legal, social and policy environment.

BUILDING ADVOCACY AND MONITORING CAPACITY OF COMMUNITIES TO IMPROVE SERVICES AND POLICIES AND TO UPHOLD HUMAN RIGHTS

In 2019, Bridging the Gaps enabled civil society, communities and key populations to engage in advocacy and monitoring activities to improve services and policies and to uphold human rights. Partners produced evidence-based publications and reports and systematically gathered and used data to inform their advocacy and monitoring. They engaged with human rights frameworks and learned from each other on exchange visits and social media.

MPact co-led a delegation of activists to the Human Rights Council Consultation on human rights and HIV, calling for human rights mechanisms and Voluntary National Review of the Sustainable Development Goals to focus on HIV and criminalization. Activists in Indonesia and Tanzania were supported to develop civil society parallel reports to the Voluntary National Review process, and brought them to the High Level Political Forum for advocacy. MPact also published a Technical Brief on the applicability of SDG 16

to key populations and supported the development of side events at the Expert Group Meeting on SDG 16 and the High Level Political Forum to address the impact of punitive and discriminatory laws on achieving the SDGs for key populations.

The South Africa National Drug Master Plan 2018 – 2023 includes reference to the WHO package of comprehensive services for people who inject drugs (i.e. including needle and syringe services and opioid substitution therapy). It also includes a focus on issues relating to psychosocial services, and issues affecting women and young people who use drugs. Through years of advocacy for harm reduction, representatives from Mainline partner TB/HIV Care, in joint collaboration with SANPUD, were able to provide direct input into the South Africa National Drug Master Plan 2018 – 2023; TB/HIV Care drafted the Needle and Syringe Service policy.

In 2019, MPact developed a training methodology for increasing demand for PrEP among gay and bisexual men inspired by ITPC's PrEP Key Population Activist toolkit. MPact developed a compendium of eight real-life case illustrations of community-led advocacy, social marketing, training and service delivery efforts from around the world to bring PrEP to new markets, to bring it to scale where it is available, and to create and sustain effective demand for PrEP among current and potential PrEP users. The case studies are intended for gay and bisexual men interested in leading new or strengthening existing PrEP-related efforts targeting gay men, health-care providers and policy makers in their own contexts. The case studies were assembled pursuant to detailed desk reviews and qualitative interviews with stakeholders and community-based organizations linked to MPact.

In 2019, NSWP developed numerous advocacy tools informed by the experiences of sex workers to provide sex worker-led organisations with accurate and up to date information and potential strategies to support their advocacy. The advocacy tools are published on NSWP's website, which was accessed 402,586 times by unique visitors and 52,944 times by return visitors (its resources section was accessed 42,806 times). In 2019, 77% of NSWP members reported using NSWP's

advocacy tools and publications to inform their advocacy.

In 2019, GNP+ set out to ensure the voices of PLHIV on UHC are heard and listened to. GNP+ developed a ground-breaking and well-referenced position paper entitled 'Putting the last mile first.' They articulated an evidence-based position on UHC which was clear about the opportunities of UHC for PLHIV, the risks, and what is critical in designing UHC. The paper provides PLHIV networks and allies around the world with a strong and evidence-based foundation for their advocacy on UHC.

COC partners in Kyrgyzstan have been working since March to prepare and a report for the UPR to be held in 2020. Two reports were prepared: one in conjunction with the Anti-Discrimination Centre Memorial, the other with the human rights organization Bir-Duino Kyrgyzstan. Both reports have been sent to UPR-Info. The report includes torture and harassment by law enforcement agencies, intersectional discrimination, incitement to violence on online sites and hate speech based on monitoring of Kyrgyz media to highlight LGBT issues, harassment and threats from attackers. Recommendations that Kyrgyzstan will receive after UPR will strengthen advocacy for the adoption of an anti-discrimination bill.

In 2019, GNP+ finalized a training curriculum for PWUD with HCV co-infection. GNP+ worked with community partners in Kenya, South Africa and Tanzania, as well as partners from ITPC, INPUD and The International Network on Hepatitis in Substance Users to review the curriculum in order to be best suited to reach HIV-positive drug users or may also be at risk for or affect by HCV. Leading HIV-HCV activists from East Asian region (Indonesia, Nepal, Vietnam and Thailand) shared their input to enable activists from African countries with limited experience in this area to learn from the experiences of those African and Asian countries that have begun to address this issue. The first HCV-HIV Advocacy workshop took place in Cape Town, South Africa in November 2019. PLHIV and harm reduction community members and activists from different parts of South Africa were brought together to share and learn from each other. The focus of the workshop was on learning about HCV and creating advocacy plans based on this new gained knowledge.

SECURING STRONGER PARTNERSHIPS BETWEEN CIVIL SOCIETY AND GOVERNMENTS

Bridging the Gaps aims for health care and social service providers to demonstrate increased respect for key populations, including young people and those living with HIV. This is achieved through stronger partnerships between civil society, key populations and governments. In 2019, Bridging the Gaps partners experienced many successes in securing these partnerships with local governments, legal services, police, and country HIV/AIDS agencies.

Local partners of AFEW in Ukraine are constantly working on improving referral mechanisms between government and NGOs working with vulnerable youth. In 2019, this partnership network discussed issues of referral, gaps in

services, rights violations and other problems in order to build services that better suit adolescents' needs. Local partners intensively involved representatives of their partnership network (police, child services, bureau of free legal aid) in conducting training and other educational activities and events for adolescents who use drugs. Due to increased cooperation, juvenile police and youth probation offices often refer their clients – adolescents that have experience with drug use - to the services of the local partners. Sometimes, requests for counselling and services for adolescents and their parents come from schools. It has also become noticeably easier to seek assistance for the project clients from the governmental organizations who are members of this partnership network. The joint activities allowed service providers to improve their knowledge of the target group, helped them to understand their needs and problems better, and to learn from the project staff how to build effective communication with adolescents.

In Kenya, Aidsfonds partner North Star participated actively in the crisis response teams lobbying for stakeholders to support reduction of gender based violence. 436 police officers were trained in strategies to protect sex workers and provide access to justice, addressing arbitrary arrests and police bribes. The police in the locations where the crisis response teams have been formed have been very supportive to sex workers. Cases of gender-based violence have been reported with ease where the response teams have been formed. Male sex workers are still able to operate, due to the human rights awareness of managers of sex work establishments, police, and local government. In Salgaa, the response team members mobilized funds to improve gender based violence desks at the police station.

MPact partner Men for Health and Gender Justice Organization (MHGJO) worked to empower LGBT people to be able to understand and articulate national health policies and the legal framework in Botswana. MHGJO enabled community to get involved in advocacy for quality health service delivery in health care settings particularly in public health settings and to hold health care providers accountable to the Ministry's commitment to provide non-discriminatory services to all people living in Botswana. This was done through demand creation, including sponsored Facebook posts on PrEP and development and distribution of IEC material, which reached 786 MSM. The organization has also built strong partnerships and allies within the National AIDS and Health Promotion Agency in Botswana – this in turn has formed the basis for being awarded an accreditation to expand the provision of clinical services to include PrEP. In order to facilitate setting up of the clinic a nurse was recruited and hired thus to ensure that there is provision of comprehensive sexual health, PrEP, HIV testing and counselling in the drop-in centre. Through 80 LGBTI people per month were served between ages 22 and 31.

Following Aidsfonds partner Ama Myanmar Association (AMA)'s police training for 196 officers in Myanmar, the collaboration between police and sex workers improved significantly. Police officers called the AMA hotline in order to ask for AMA to help get the sex workers released. Police officers from different stations also attend meetings with AMA and exchange views on police arrests. This has led

to sex workers' experiencing less harassment, stigma and discrimination. In 2019, there were 14 cases in all project locations where police called the AMA hotline to assist sex workers in the police station; sex workers were released in all cases. During focus group discussions, one on one counselling, surveys and training, the AMA staff found that 65% of the arrested sex workers were released from police stations in 2019. Police officers are in frequent contact with AMA in Bago and Mandalay, and attend advocacy meetings or other events when invited.

In 2019, Aidsfonds kick-started an unlikely, innovative partnership between sex workers, Pathfinder, Mozambique Republic Police, and the Ministry of Interior to embed a key populations perspective into training for law enforcement officers, enabling them to provide equal service to sex workers and stop using violence.. For more on this change, please refer to Aidsfonds' change story on page 17.

AFEW Kyrgyzstan has developed information booklets for migrating PWUD, which contain practical advice for social workers on harm reduction programmes, samples of necessary documents and information on laws and regulations regarding migration and drug policy in Russia. These booklets have also been used in Tajikistan, where AFEW has developed a strong partnership with IOM Tajikistan. As a result of the partnership, IOM Tajikistan recognizes the need of working with migrating key populations and understands their specific needs in HIV service provision. This will help improve a sustainable approach towards migrants who use drugs in the region. For more details on this development, please see AFEW International's Change Story on page 19.



CHANGE STORY 4 (AIDSFONDS SW):

ENGAGING LAW ENFORCEMENT IN REDUCING VIOLENCE AGAINST SEX WORKERS IN MOZAMBIQUE

Introduction

Sex workers in Mozambique face high levels of sexual and gender-based violence, particularly from law enforcement, which makes them more vulnerable to HIV. Experience in other Aidsfonds programmes has shown that partnering with law enforcement is the most effective way to achieve change. Aidsfonds kick-started an unlikely and innovative partnership between the sex worker community, Pathfinder, Mozambique Republic Police (PRM) and the Ministry of Interior to embed a key populations and human rights perspective in a training curriculum for law enforcement officers. PRM eventually took on full practical and financial ownership to roll out this training towards all law enforcement officers. This enables change in a sustainable and efficient manner – with a reduction of violence towards key populations, including sex workers.

Problem

In 2019 in Mozambique, over 2 million people were living with HIV. In 2013, 30 percent of annual new HIV infections occurred among sex workers in Mozambique. Violence is a key factor that increases sex workers' vulnerability to HIV, as it often causes inconsistent condom use and stops sex workers from accessing necessary support and health care. A study conducted by Aidsfonds, Pathfinder and Tiyane Vavasate showed that sex workers in Mozambique experienced high levels of social stigma, discrimination, and multiple forms of violence, such as beatings, rape and theft. 18 percent of the sex workers surveyed experienced violence from law enforcement officers, and to prevent getting

arrested, 16 percent had sex with law enforcement officers in exchange for their freedom.

While there is no legislation in Mozambique that criminalises sex work, the legal framework does not provide any protection for sex workers. The relationship between sex workers and law enforcement is therefore ambiguous; law enforcement should serve as protection but are often perpetrators of violence. Sex workers are therefore reluctant to trust law enforcement officers and avoid reporting violence or seeking legal aid.³

Change

The training curriculum focuses on clarification of the status of sex work, the obligations of law enforcement in relation to the law, sex worker rights, and the policing of sex work. The training gives insight in to the legislation that underlies the protection of key populations, like the Universal Declaration of Human Rights as well as the law enforcement policy itself. The training rolled out from the national level to PRM's provincial level in July 2019, and has been given to 300 law enforcement officers (30% of the total protective police force). In the course of 2020, all officers will be trained.

In conjunction with the training course, new structures have been put place in Mozambique which allow sex workers to hold law enforcement accountable in cases of violence. As of July 2019, in all of Mozambique's 11 provinces, sex workers hold weekly monitoring meetings with the police.

The challenges discussed in those meetings are informed by cases of violence reported through a designated phone number that sex workers can use and through an online system used to report human rights violations. Both systems are managed by sex workers. Mistreatment of key populations by law enforcement officers now has consequences: officers have been suspended or even fired. In addition, qualitative data gained through a focus group discussion with a small group of 20 trained law enforcement officers and five interviews with sex workers indicate that some changes can already be seen. Law enforcement officers show a more respectful and equal approach towards sex workers by the use of proper language and avoidance of derogatory and disrespectful terms of abuse after receiving the training. They also show early signs of improved police conduct when interacting with sex workers, saying that they feel equipped with more options to intervene and more responsibility towards the wellbeing of sex workers.

Contribution

Aidsfonds has primarily contributed to this change in the role as a broker: the strategy to establish the partnership in Mozambique has been replicated from South Africa, building on the results of the Hands Off programme, funded by the Embassy of the Kingdom of the Netherlands in Mozambique. Following this programme, which ran in five countries in southern Africa from 2015-2019 and aimed to reduce violence among sex workers, the national police force in South Africa has taken responsibility to fund the training of all 153.000 police officers themselves. Aidsfonds linked a law enforcement expert from South Africa to work with the group in Mozambique to help tailor the curriculum to their context, using lessons learned from South African experts, law enforcement officers and sex workers. Furthermore, Aidsfonds trained law enforcement officers in the use of the online system to document human rights violations, which sex worker focal points use to document cases of violence, analyse data, and identify trends to use in their advocacy.

Analysis

Thanks to the implementation of this training, law enforcement officers and sex workers collaborate to protect the rights of sex workers. Sex workers are engaged as facilitators and accountability mechanisms are set-up between sex workers and law enforcement officers. Research shows that these types of interventions can lead to the prevention of 25% new HIV infections. Even though violence by law enforcement may be not completely eradicated by this strategy yet, this same study showed that after a similar intervention, sex workers reported a better environment, less intense violence and greater ease in reporting cases. It also underlined the shift in police attitudes towards sex workers: instead of automatically linking them to crime, they now provide access to justice and support crisis responses.

Looking Ahead

Working top-down (national to municipal) and engaging in behind-the-scenes diplomacy were the best approaches to obtain buy-in from law enforcement, rather than publicly challenging organisational beliefs and cultural norms. It also proved to be more acceptable for law enforcement officers to learn from their peers, so best policing practices from Botswana, Namibia, South Africa and Zimbabwe were

included in the training.

Aidsfonds' Hands Off II programme (2020-2025) will study the impact of the strategy in Mozambique by researching the number of cases of violence towards sex workers and new HIV infections through a base- and end line study. It has already been shown that by moving away from the usual structures of programming and giving ownership of interventions directly to organisations as the PRM, structural change can be achieved. PRM must continue to document cases of violence, further roll out the training to the municipal level and ensure quality reporting on results back to the central level. The working group (which includes Pathfinder and sex workers) has planned quarterly supervision meetings the provinces to ensure these actions occur.

Personal Story

Ines Roberto is a 35 year old male sex worker in the province of Maputo, Mozambique. He has experienced discrimination from law enforcement on several occasions; he has been blackmailed, called slurs, and been humiliated. He was interviewed in December 2019, and said he had noticed a number of changes in the behaviour of law enforcement. He said that the police have even taken his side in disputes with clients, helping him to file a lawsuit against a woman who verbally assaulted him. He feels more comfortable interacting with police and indicated other sex workers felt the same. He attends the meetings with police officers organized by Aidsfonds and says he feels his rights as a sex worker are increasingly recognized.

“I feel very good because now the police do not despise me and discriminate, instead they serve me just like anyone, like someone who has rights.”

| Ines Roberto



CHANGE STORY 5 (AFEW):

PROVIDING HEALTH SERVICES AND INFORMATION TO MIGRANTS WHO USE DRUGS IN CENTRAL ASIA

Introduction

The regional migration flow between the Russian Federation and Central Asia is one of the largest labour migration flows around the globe. AFEW International has been working with partners to raise awareness on the lack of access to health services of central Asian labour migrants and the need for safe migration.

Problem

The Russian Federation is a primary destination for labour migrants from Central Asia. The process of irregular migration is paired with considerable health risks, as migrants face difficulties in accessing medical and social assistance. Social, economic and political factors in host countries and countries of origin put labour migrants at risk of HIV. Recent years have shown a growth of HIV among labour migrants from Tajikistan. Additionally, numerous studies show that migrants from Central Asia have very little knowledge of viral diseases, including STIs and HIV. This holds particularly true for people who use drugs (PWUD), who have limited access to information about local organisations that provide specialised services. A lack of specialised support risks violations of human rights, which could in turn strengthen anxiety and increase drug use.

The number of new HIV cases in Tajikistan among people with a history of international labour migration has increased from 12.3% in 2013 to 14.6% in 2017. In Tajikistan, 42% of PWUD have had experience with labour migration or have plans to migrate for the purpose of labour. In order to reach the

global 90-90-90 goals, a tailored approach towards migrants who use drugs should be developed. Notwithstanding these facts, IOM Tajikistan did not recognise the particular need for specific services for migrants who use drugs and did not provide targeted information for them. During an initial meeting in 2016, IOM Tajikistan expressed the view that working with PWUD would be too difficult. Therefore, no data was collected about migrating PWUD and their needs, which prevented an adequate response.

Change

AFEW has played a crucial role in convincing IOM Tajikistan that migrants who use drugs need tailor made HIV services. IOM Tajikistan has in 2019 for the first time recognized the lack of specific services for migrating PWUD as a problem. As a direct result of the ongoing partnership between AFEW and IOM Tajikistan, there is now focused attention on key populations among migrants, and in particular the needs of migrants who use drugs.

Based on a needs assessment conducted by AFEW Tajikistan and AFEW Kyrgyzstan in 2017 indicating that migrating PWUD have unique needs when it comes to HIV and health, AFEW Kyrgyzstan developed information booklets particularly focussed on migrants who use drugs. Since 2019, 6,000 booklets have been distributed amongst migrants and PWUD. The booklet contains information on available health, HIV and harm reduction services to migrants in Russia, including contact details for Russian NGOs that provide

these services. It also provides practical advice on laws of the Russian Federation in the field of migration and drug policy.

Due to ongoing partnership with AFEW International, IOM Tajikistan and the governmental programs are now very open to distributing information materials, including the information booklets. IOM Tajikistan has launched a joint project with AFEW International in which they will monitor and support health-seeking behaviour of migrating key populations, including PWUD. Outreach workers are collecting data to map the behaviour of migrant key populations to better understand and target these groups with services. Based on the experiences of AFEW International, IOM Tajikistan has now also developed their own information booklets for migrants who use drugs with information on legal and health services in Russia and Kazakhstan. The willingness to include HIV and referrals to harm reduction programmes and NGOs shows a step forward towards decreased stigma and discrimination.

Analysis

This is the first time that IOM Tajikistan is providing service delivery specifically for migrants who use drugs. The fact that IOM acknowledges the necessity to work with PWUD is essential for a sustainable approach to medical service delivery. Importantly, IOM closely collaborates with the Tajik government, which further solidifies the service provision to KPs among migrants. This change has established cross-sectoral and cross-border cooperation between AFEW International, IOM Tajikistan, AFEW Kyrgyzstan, Russian service delivery NGOs and the relevant Tajik Ministries, AIDS Centres and NGOs. The cross-border cooperation will serve as a referral system through which migrants can more easily receive medical and legal support. The established cooperation allows AFEW International to better target the right institutions to address the needs of services for migrants in Tajikistan.

External factors have also contributed to this change. IOM Tajikistan employed a specialist on safe migration in 2016, who became responsible for cross-border cooperation between Russia and the neighbouring countries in Central Asia. Secondly, the 2017-2020 National Programme on combatting HIV in the Republic of Tajikistan included migrants as a part of the vulnerable population. Building on this increase of attention on migration, the Netherlands Embassy in Nur-Sultan organized a round table in March 2016. AFEW International, AFEW Kyrgyzstan and IOM Tajikistan attended the round table. The World Health Organisation (WHO) presented a comprehensive package on essential services for Central Asia and the Russian Federation during a meeting in Copenhagen in September 2017, acknowledging the need to have a service package for KPs among migrants. AFEW International has contributed to this process by sharing the outcomes of the needs assessment with WHO.

Looking Ahead

One of the recommendations regarding access to information for migrants who use drugs is to include all relevant information, including the information provided in the booklets and contact details of service providing NGOs, on the website of the local AIDS Centres. This ensures that information for migrants remains accessible, can be

monitored and regularly updated, and is prevented from being lost if NGO websites become unavailable. Working with an UN-related organisation, such as IOM, significantly increases the chances for a sustainable approach to service delivery for migrants who use drugs. The operational research currently being conducted by AFEW International and IOM Tajikistan will also be used to better target migrants who use drugs with health services.

AFEW and Bridging the Gaps will measure results by analysing to what extent IOM Tajikistan is picking up these activities after the end of the project and manages to change policy on the international level. Relevant governmental officials will attend a regional event in Dushanbe in 2020 to advance a cross-sectoral and cross-border approach of KPs among migrants, with participation of Russian, Kyrgyz and Tajik government representatives as well as NGOs and health officials. There is also close cooperation with a UNDP-led, GFATM-funded project on HIV and key populations, local authorities and the Tajik Ministries of Labour, Migration and Employment, and Health and Social protection. This cooperation further fosters a cross sectoral and cross border approach to promoting the needs of migrating PWUD.

Personal Story

Mehrdad is a 36 year old migrant from Central Asia. He has migrated to Russia several times to earn money for his family. Mehrdad uses drugs during his trips to Russia, but had little to no information on safe migration, HIV prevention and harm reduction. On one trip home, he received consultation and one of the booklets developed by AFEW Kyrgyzstan. He now feels more prepared to migrate and equipped with information to keep himself safe and healthy.

“For those who are migrating for the first time, this is very useful information: how to prepare for the trip, how to register, where to go if you encounter problems. It is important that you can get reliable information.”

| Mehrdad

GUARANTEEING A MORE ENABLING LEGAL, SOCIAL AND POLICY ENVIRONMENT

Discriminatory laws and policies against key populations persist worldwide. In 2019, some of these policies were lifted, partially due to work by Bridging the Gaps partners. In 2019 there was also increased government buy-in on laws and policies that protect key populations. This is the result of years of lobbying and advocacy by key populations and civil society towards local government, thanks in part to Bridging the Gaps support.

AFEW Kyrgyzstan organized and facilitated a round table in October 2019 where court cases on articles related to drugs were presented. During the round table “Monitoring the implementation of reform in the field of drug trafficking in the Kyrgyz Republic” representatives of international organizations, lawyers, NGOs, a representative of the penitentiary system, and expert working group that is considering proposals for amending legislation participated. The participants of the round table will prepare and send a comprehensive report on the community monitoring and recommendations to amend the codes in 2020 to the Government of the Kyrgyz Republic and expert working group.

To ensure enabling policies, Mainline partner MEWA became member of the technical working group on drug policy and harm reduction within the Ministry of Health and Interior Security in Kenya. The TWG provided input Kenyan Drug Policy report. This report, which is expected to be finalized in 2020, recommends the harm reduction model, including needle and syringe programmes, to be implemented in Kenya.

Georgian policy makers and the public at large were made aware of the perspective of young PWUD with regards to regulations and policies around possession of illicit substances. In September 2019, the meeting of the Parliamentary Health Committee discussed a petition submitted by INPUD’s partner the Georgian Network of People Who Use Drugs for Human Drug Policy (GeNPUD) calling for drug policy reform, the scaling up of the governmental suboxone replacement therapy, and adjustments to procedures allowing for easier prescription of controlled medication and relaxation of driving restrictions for stabilised opioid substitution therapy (OST) patients. The Parliament is expected to provide a final decision on this topic in 2020.

Thanks to the lobbying and advocacy of COC partners, the terms “sexual orientation and gender identity” were incorporated into the comprehensive anti-discrimination bill currently waiting for a vote in Kyrgyzstan. Supported by COC country partners, 25 community representatives collected specific cases of discrimination in labour, justice, socio-cultural, and health areas for use in drafting the anti-discrimination bill. This should improve the general understanding of the bill in the future by judges, investigators, militia officers and medical service providers.

On initiative of AFEW’s local partner Blago in Ukraine was a partnership with other NGOs and the Deputy head of Kharkiv Administration on Public Health and Social Protection

to establish a Coordination Committee on Drug Policies. Activities of the Coordination Committee started in 2019 and led to the approval of the Comprehensive Municipal Program on drug use prevention and harm reduction for 2019-2020. Based on the proposals submitted by Blago, support of a rehabilitation centre for adolescents and training for specialists who work with adolescents are included into the programme. This will further enhance cooperation between Blago and the local authorities.

Consensual same-sex relations were a crime in Botswana for decades. But a ruling by the nation’s top court on June 11, 2019 legalized them — marking one of the greatest victories for LGBT rights on the continent ever. COC’s partner LEGABIBO fought for this for years and is convinced that it will have an enormous impact both in- and outside of the country. For more on the decriminalisation of homosexuality in Botswana please see COC’s change story on page 22.



CHANGE STORY 6 (COC):

LEGABIBO'S ROLE IN MONITORING ACCESS TO HEALTH CARE IN THE WAKE OF DECRIMINALISATION

Introduction

The decriminalization of same-sex sex acts in Botswana in 2019 has created an opening for LGBT people to seek healthcare services specific to their needs. Criminalisation creates an unsafe environment for LGBT people to access healthcare services. In order to form relationships between LGBT people and healthcare communities, LGBT organisers must be able to safely and effectively engage in outreach, education, and training with healthcare service providers and institutions. In the wake of decriminalisation of same-sex acts, COC partner LEGABIBO has successfully begun making these connections.

Problem

Botswana has the third-highest HIV prevalence in the world at 29.9%. LGBTI people are at a higher risk of HIV transmission in Botswana due to social stigma, gender inequality, and criminalisation. Recent research published jointly by COC Netherlands and the Southern and East African partners of COC has shown that only 20.56% of LGBT people in Botswana have disclosed their sexual orientation or gender identity (SOGI) to their healthcare providers, and 46% report facing discrimination from healthcare providers if they do disclose. This research was conducted shortly before the decriminalisation, and showed that the vast majority of healthcare services sought by LGBT individuals were HIV testing services, despite a rate of seeking HIV treatment below 10%.

Change

The High Court of Botswana decriminalised same-sex sex acts on 11 June 2019. LEGABIBO (Lesbians, Gays & Bisexuals

of Botswana) filed an affidavit using the aforementioned research results to explain the impact of the criminalisation on LGBT mental health, experiences of violence, and access to healthcare services. Following decriminalisation, LEGABIBO began working with the Ministry of Health and Wellness, District Health Management Teams, local clinics and the LGBT community to provide weekly sensitivity trainings to healthcare service workers. Decriminalisation allowed LEGABIBO to engage in community-led monitoring of the relationship between the LGBT community and healthcare providers, and to make connections with government health services and local healthcare workers to increase healthcare accessibility for LGBT individuals. LEGABIBO and the Ministry are ensuring that these will be sustainable by facilitating weekly discussions and engaging in needs-assessment processes.

Contribution

Since the inception of Bridging the Gaps in 2011, COC has supported LEGABIBO's advocacy initiatives, including gaining registration as an official organisation which could hold the government accountable for LGBT rights. Prior to registration, COC provided funding that LEGABIBO could not obtain from government sources and supported them in capacity strengthening to engage with legislative processes. COC facilitated LEGABIBO to participate in the Universal Periodic Review of Botswana 2018, which resulted in 15 recommendations on SOGI, of which the majority were to decriminalise same-sex sex acts. Botswana accepted many of

the recommendations.

In 2019, the first large-scale community-led research on LGBT in Botswana was published jointly by COC and the Southern and East African partners of COC. This research was conducted by the University of Cape Town, and has been used extensively by LEGABIBO for community outreach regarding LGBT health and wellness. LEGABIBO also used this research during the court case for decriminalisation in 2019.

Analysis

This change is significant because it allows LGBT people in to live more freely and openly, solidifies LGBT rights in law, and creates a precedent for the wider social acceptance of SOGI. The increased connection of the community to health-care services allows LGBT individuals to more safely seek treatment related to their SOGI, including gender-affirming care and HIV prevention and treatment.

Communication of data from the research study was key to LEGABIBO's strategy for gaining public support during the decriminalisation effort. LEGABIBO organisers created posters using data related to the discrepancies faced by LGBT individuals when seeking healthcare services or reporting instances of violence and harassment in order to express the urgent need for decriminalisation to the public. These posters were brought by LEGABIBO organisers and community members to the court during the decriminalisation case, using statistics to provide legitimacy and help win support for the case.

Looking Ahead

This change process highlighted the importance of long-term strategies to improve organisational capacities to engage in legislation and the importance of data collection and research. Both have empowered LEGABIBO to meaningfully engage with the decriminalisation process and contribute to its passing. In order to ensure that LGBT individuals can safely access healthcare services that relate to their SOGI, public healthcare services and providers must have an ongoing relationship with the LGBT community which promotes mutual understanding and respect. This depends on the capacity of LGBT organisations to continuously facilitate the building and maintaining of these relationships alongside the advocacy work that is needed to ensure LGBT rights will be upheld in government.

Moving forward, LEGABIBO is working towards further linking the LGBT community to key allies to strengthen public opinion following decriminalisation, and to guarantee the safety of LGBT persons in society. In 2020, LEGABIBO plans to hold four educational sessions per month to expand outreach and increase awareness of healthcare access issues; to engage and monitor healthcare workers on a quarterly basis for improved service provision; and to win the appeal in the case for decriminalisation. The Ministry of Health and Wellness has also begun speaking with the Ministry of Defence to train police forces on LGBT sensitivity to increase trust between the LGBT community and the police. This will allow LGBT people to feel safe to report discrimination and violence to the police, and police will be able to forward LGBT individuals to the proper health services in cases of violence or trauma.

Personal Story

Bradley Fortuin from LEGABIBO shared his perspective on the changes that have occurred since decriminalisation. Bradley expressed that before decriminalisation, many health care providers saw LGBT people as criminals, and that providing or assisting LGBT people with services would make them punishable as co-conspirators to a crime. In addition to LEGABIBO's engagements with the Ministry of Health and Wellness and the local health facilities and practitioners in sensitising the health care providers on SOGIE and the decriminalisation case, the ruling was an affirmation that health care providers need to provide inclusive services to LGBT people.

"I can now go to the clinic and without shame or fear tell the nurse or doctor that I am gay and engage in consensual same sex sexual activities and need help, which by law I am entitled [to] now."

| Bradley Fortuin

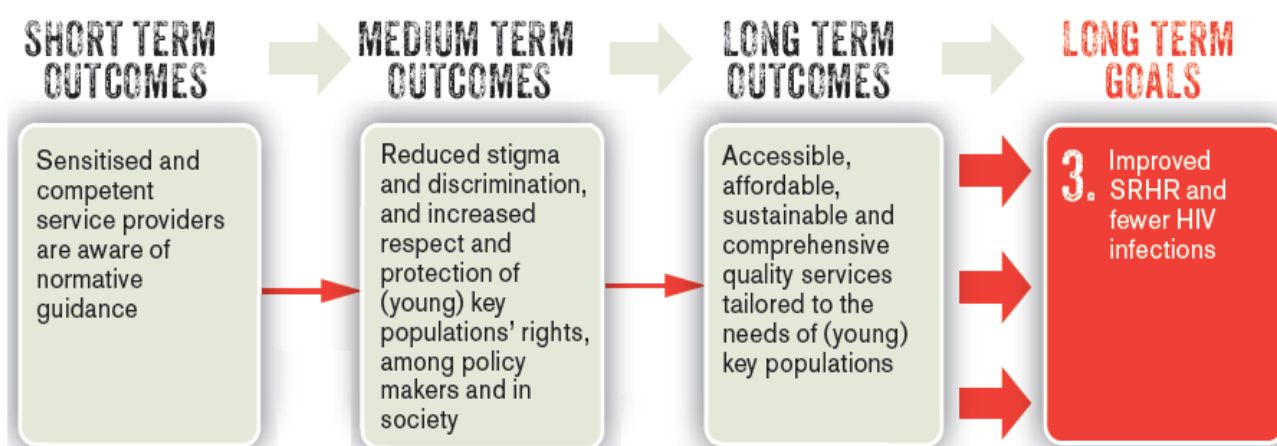
ENSURING WOMEN'S RIGHTS AND REDUCING GENDER-BASED VIOLENCE

NSWP continued to advocate for UN agencies to maintain a rights-affirming position on sex work. Following extensive lobbying by Sex Workers Inclusive Feminist Alliance and other allies in the women's rights movement, the new UNAIDS Executive Director came out very strongly in support of full decriminalisation of sex work following her appointment. Following intensive lobbying by fundamental feminists, UN Women's Executive Director made a statement affirming UN Women is neutral on sex work, while at the same time appearing to endorse the Nordic Model, which seeks to decriminalise only sex workers. This is contradictory to the current UNAIDS position on sex work, despite UN Women being a Co-Sponsor. However, UN Women have not issued a new sex work policy yet and NSWP continues to seek to engage UN Women on this matter.

To reduce HIV partner transmission, SRHR and HIV are inherently linked. AFEW International has supported women-led research among women living with HIV in Tajikistan on access to SRHR, stigma and discrimination and gender-based violence (including in the framework of services). Results of this research have provided better understanding in the source of the problems around partner transmission. The organisation that conducted this research is now part of the working group established by the government of Tajikistan on the national HIV programme for 2021-2025. Particular attention has been given to stigma among women living with HIV in Tajikistan. Additionally, more than 20 female local coaches have received training on how to deal with stigma, resulting in a photo exhibition in Dushanbe. UNAIDS and UN Women at country level have been closely involved in this project.

INPUD's partner RN Women organised several campaigns focused on women who use drugs in Nepal. A street campaign followed by meetings with government officials and UN representatives was organised on 25 November (International Day for the Elimination of Violence Against Women) to raise public awareness on the rights of women who use drugs in the broader contexts of gender-based violence. In addition, a "Support. Don't Punish!" campaign in six cities was launched on 26 June, the International Day Against Drug Abuse and Illicit Trafficking. Both events prioritised the issues of women and girls facing violence in the name of treatment and justice.

LONG TERM GOAL 3: IMPROVED SRHR AND FEWER HIV INFECTIONS



In 2019, Bridging the Gaps continued to support the training of (civil society and governmental) service providers, improvements in treatment and health literacy amongst communities, and the availability of friendly, affordable, sustainable and comprehensive quality services for key populations.

SENSITIZING SERVICE PROVIDERS TO KEY POPULATION-FRIENDLY PROCEDURES AND GUIDELINES

Training health care and social service providers is central to ensuring sustainability of key population-friendly services. Bridging the Gaps partners trained almost 5,000 service providers in 2019. This leads to sensitised and competent service providers and increased satisfaction and access to services by key populations.

ITPC and Aidsfonds jointly led a mystery client training in Bulawayo, Zimbabwe in May 2019. The workshop brought together a total of 22 participants including health care workers, civil society representatives and staff from local sex worker organisation, Sexual Rights Centre (SRC) Zimbabwe. Through plenary discussions, group discussions, case studies and role play, participants were introduced to the mystery client methodology and elaborated a plan for rollout of the plan – to ensure that ultimately sex workers have access to quality health services free of any stigma or discrimination.

With MPact's support, GWL-INA, the network of gay men, transgender people and MSM in Indonesia, translated the normative guideline Practical Guidance for Implementing HIV and STI Programs with MSM into Bahasa and used it as part of the training of 54 healthcare providers in Kiningan, Denpasar, and Bekasi to sensitize them on stigma and discrimination of young gay, bisexual and other MSM and how to improve access and services for them.

Mainline and its partners ensured stronger referral systems from community-based organisations to public health service

providers in an official collaboration with the Indonesian Ministry of Health. For example, Atma Jaya University, Karisma, and Mainline increased capacity of 24 health workers from 12 public health service providers on mental health support to PWUD. Staff was trained on harm reduction, local drug trends, screening for mental health issues and counselling skills. As a result, 243 people from Karisma's harm reduction programme have been referred to the community health centre and health staff now join outreach staff in the field on regular basis. This is a major milestone as government health workers are more competent to provide rights-based services to PWUD into their daily practice. However, a harm reduction policy for non-injecting PWUD is still not in place. In 2020, harm reduction civil society will further advocate for inclusion of harm reduction for non-injecting people who use drugs

COC partner Gender DynamiX in South Africa hosted trainings for 130 healthcare workers across South Africa around gender affirming surgeries and healthcare. The workshop was aimed at increasing knowledge around the provision of gender affirming healthcare and needs of trans diverse persons. The training was designed to address various disciplines and combined: ethics, mental healthcare, law and the presentation of the lived realities of trans and gender diverse individuals to give a holistic view to all participants while also bringing about an opportunity for stakeholders to network. A variety of healthcare workers come from all over the country and sometimes even neighbouring countries. Gender DynamiX stays in close touch with the trained staff to see how they implement lessons learned. Overall, trained staff are more aware of the needs of transgender people.

REDUCING STIGMA AND DISCRIMINATION EXPERIENCED BY KEY POPULATIONS

A goal of Bridging the Gaps is for policy makers to demonstrate increased respect for key populations, including young people and PLHIV. In 2019, a number of policies and projects indicate that there is progress toward this goal.

The Centre for Supporting Community Development Initiatives (SCDI), an Aidsfonds partner in Vietnam, determined through a survey that 400 key population members in Ho Chi Minh City lacked identification cards which provides access to health and social services. SCDI has worked for years to advocate for identification coverage among the community. In 2019, this advocacy changed the perception of law enforcement and the government in Ho Chi Minh City, who concluded that owning a personal identification is an inevitable right for everyone. In October 2019, the Ministry of Public Security released an official document that stipulates guidance for the local authorities to support the issuing or reissuing of identification documents to 400 community members in Ho Chi Minh city. SCDI closely followed the Ministry and organized field trips to help them witness the gaps and complication in policy practice at the local level. Consequently, 344 people received a permanent resident registration certificates or temporary resident registration certificates and are able to access and utilize proactively health and social services funded by the government.

AFEW provided training to two local Tajik NGOs on issues related to stigma among PWUD and PLHIV, and to reduce stigma in the Tajik society. This resulted in the creation of the “Photovoices” project, where PLHIV shared their emotions and feelings through pictures. The aim is to show the human face behind the people that live with HIV and to change societal attitudes towards PLHIV. Local Tajik policy makers have been invited to the photo exhibition. During their participation in the photo exhibition, policy makers have not only been informed about stigma by PWUD and PLHIV, they have also agreed to organize common activities in 2020 such as a round table to address stigma. As a result of this project, the local NGOs managed to establish good contact with UN Women and UNAIDS and have agreed to work together in the future.

MPact and COC partner The Centre for Public Health, Law, Social Economic Rights and Advocacy (CENTA) in Tanzania has begun to collect data regarding access to services and experiences with discriminatory providers, which result in more available information about LGBT people’s access to prevention, treatment, and care interventions. This process involved technical support directed by MPact towards CENTA for educating policy-makers and providers about respectful and responsive ways of collecting such data.

Relations between sex workers and police officers have improved in Uganda. Aidsfonds partner Women’s Organisation Network for Human Rights Advocacy (WONETHA) held their 3rd Annual Sex Workers Conference, attended by 130 participants including implementers, funders, law enforcement, government officials, and sex workers. Additionally there have been security dialogue

meetings between sex workers and law enforcement officials. In these meetings, sex workers and police officers have indicated that the number of arrests of sex workers declined. The meetings also empowered sex workers to know and demand their rights during arrests, such as not speaking without their lawyers present.

ENSURING SERVICES ARE ACCESSIBLE, AFFORDABLE, SUSTAINABLE, HIGH-QUALITY, COMPREHENSIVE AND TAILORED TO THE NEEDS OF KEY POPULATIONS

In 2019, a number of Bridging the Gaps projects have been scaled up by securing additional funding from the Global Fund and PEPFAR, a few examples of which are outlined in this section. This was done through partners documenting and sharing their successes, which built confidence in their projects. In addition, partners advocated for local governments to increase their focus on HIV and key populations. Bridging the gaps also ensured that services were accessible, high quality and comprehensive.

In Zimbabwe, ITPC implemented community treatment observatories to collect data from health facilities and capture the experiences of recipients of care engaging with healthcare. Based on the data collected, facilities were able to adjust procedures which led to better access to HIV care among adolescents. For more on this change, see ITPC’s change story on page 28.

With MPact-led support, MPact and COC partner GALZ’s research and documentation unit led the data collection and analysis in Mutare, Masvingo and Harare. This was done through feedback focus group discussions with samples of those who had accessed HIV and SRHR services. The aim was to understand perspectives of gay men who are HIV and SRHR service users on the services offered. The data collected sought perspectives of each facility from members with respect to Stigma, Discrimination and Safety. This was unpacked through prompts on Availability, Accessibility, Affordability, Acceptability, Affirming and Quality. Overall the perceptions on quality was fair. Most responses indicated that while the services were available they most were offered from a traditional public health approach were services, systems and statistics seem to have been a priority. These findings have helped us to formulate interventions to shift these perspectives by integrating the public health approach and the human rights approach so as to have people and human systems at the centre of services offered.

As a result of active participation of AFEW and Bridging the Gaps local partners in advocacy actions and campaigns, the government of Georgia now supports free diagnostics as a part of the HCV elimination programme. Until August 2019, patients were only entitled to free treatment, while diagnostics still had to be paid by the patient which were often unaffordable for many key populations. The whole HCV elimination programme is now free of charge.

As a result of consistent advocacy by the national network of PLHIV in Kyrgyzstan, the Ministry of Health approved a national plan to increase ART adherence. In 2019, GNP+ and ITPC mobilized to ensure thorough implementation of the plan, turning policy into action. For more on this change, see the change story on page 30.

After five years of service delivery, building evidence and advocacy, Mainline partner Nai Zindagi in Pakistan secured USD 5 million extra funding from The Global Fund. For more on Nai Zindagi's work for PWUD, please see Mainline's change story on page 32.

Through ongoing advocacy and pressure to PEPFAR, USAID, and the CDC, MPact secured commitments on the roll-out and implementation of the Key Population Investment Fund in late 2019. The USD 100 million in funding will support capacity building and structural interventions for gay men and trans women in the HIV response in priority countries. MPact reviewed Country Operating Plans-related communications to Botswana, Burundi, Cote D'Ivoire, Tanzania, and Zimbabwe and issued a communique with analyses and recommendations to US Ambassador and PEPFAR Coordinator Dr. Deborah Birx. MPact continued to push PEPFAR for targeted, tailored, and rights-based programming that center communities in the response. MPact also published a Technical Brief on the ways contributing to Global Fund replenishment in part achieves commitments to SDG 17; ultimately USD 14.02 billion was raised for the replenishment. MPact also developed a Global Fund Policy Toolkit for advocates to better understand Global Fund processes, as pertains to concept note development, grant making process, implementation and advocacy at the Country Coordinating Mechanisms.

Mainline and local partners in Pretoria, Cape Town, Durban and Port Elizabeth aimed to reach more PWUD with right-based qualitative harm reduction services such as needle and syringe programmes and psychosocial support. A total number of 464,667 needles and syringes were distributed, with a return rate of 80.71%. Mainline's partner TB/HIV Care expanded their psychosocial support services in Cape Town, Durban and Port Elizabeth, to include people who use stimulants and women who use drugs. Compared to 2018 data, the number of PWUD reached in 2019 with psychosocial support and social services increased more than 5-fold, from 513 to 2,645. This included 53 OST clients, 583 women who use drugs and 787 stimulant users.

Glink, an MPact partner in Vietnam, was empowered through Bridging the Gaps support to create a sustainable service model tailored to the needs of LGBT people. For more on this change, please see MPact's change story on page 34.



CHANGE STORY 7 (ITPC):

DATA FOR CHANGE: USING EVIDENCE TO IMPROVE ACCESS TO HIV SERVICES AMONG ADOLESCENTS IN ZIMBABWE

Introduction

Communities of people living with HIV (PLHIV) and key populations are uniquely placed to identify issues related to access and quality of services delivered across the HIV prevention, treatment and care continuum. Community treatment observatories (CTOs) provide a means for communities to collect data directly from health facilities and capture the experiences of recipients of care. With the support of the International Treatment Preparedness Coalition (ITPC) and Bridging the Gaps, the Zimbabwe National Network of People Living with HIV (ZNNP+) and Zimbabwe Young Positives (ZYP+) showed that CTOs are a powerful platform for communities to identify existing gaps in service delivery, advocate for changes and ensure that services are more accessible and meet their needs.

Problem

According to latest estimates, Zimbabwe has 1.4 million PLHIV. Despite declines in new HIV infections and AIDS-related deaths from 2005 to 2017, current antiretroviral therapy (ART) coverage rates of 80% need to be scaled up to reach the 90-90-90 targets. The Ministry of Health and Child Care has approved multiple service delivery methods for recipients of ART, such as community ART refill groups and family member refill. However, knowledge of these alternate avenues of accessing ART remains low among communities. Additionally, there is a long turnaround time in getting viral load results, which dissuades many adolescents living with HIV to get tested. PLHIV are also often assigned different appointments for medical check-up, ART pick-up

and viral load testing – leading to recipients of care forfeiting viral load testing for ART pick-up. Key populations and young people living with HIV still struggle to access care due to continued stigma and discrimination, shortage of healthcare workers, poor health systems and inadequate resources for ARVs and lab commodities. As a result, overcrowded facilities and low access to routine viral load testing represent barriers to quality HIV treatment and care for PLHIV. Local organisations, such as ZNNP+ and ZYP+, lacked systematic analysis and evidence to guide their advocacy to improve ART coverage and adherence, which led ITPC and Bridging the Gaps to support in setting up CTOs in four health facilities in Zimbabwe.

Change

The implementation of the Zimbabwe CTOs, hosted by ZNNP+ and ZYP+, resulted in an adaptation of opening hours of health facilities and an overall increase in routine viral load testing in 2019. The CTOs were set up by training community representatives to collect service delivery data via tablets in four health facilities. Based on the findings and subsequent advocacy of the CTO teams, health facilities implemented more flexible operating hours to ensure that adolescents have access to viral load tests outside of school hours. The CTO team also lobbied the higher-level City Health Directorate to obtain the necessary approval for this change. The CTO teams also successfully advocated for health facilities to make changes in the way they schedule appointments, resulting in facilities ensuring that these slots are more convenient for patients, such as by combining multiple

services within one visit. Subsequent in-depth interviews conducted in 2019 with 52 male and female youth aged 15-24 have revealed better access to routine viral load testing.

ZNNP+ and ZYP+ jointly conducted community awareness and demand creation sessions for recipients of care, introducing them to the many ways to access ART, thus empowering them with agency to select the most suitable method for their particular situation. Lastly, the CTO team advocated to the Ministry of Health during the February 2019 community consultative group meeting for a more integrated transport system to accommodate blood samples transported to the lab for viral load testing. As a result, a reduction in turnaround time has been observed; 42% of viral load tests results were returned within three weeks between May and September 2019, compared to less than 5% between May and October 2018. Overall, across all health facilities, access to routine viral load testing increased by 21% - from 2,702 tests performed between May and October 2018 to 3,283 tests performed between May and September 2019.

Contribution

Based on the success of the ITPC Regional Community Treatment Observatory in 11 West African countries, a community treatment observatory was set up in Zimbabwe in May 2017 to monitor access to HIV prevention, treatment and care services, with a particular focus on young people. Using their experience in CTOs in West Africa, ITPC capacitated ZNNP+ and ZYP+ through technical assistance in the form of guidance and practical data collection tools and training. Training was conducted in January 2018 in monitoring and evaluation principles and data collection. Additionally, the use of tablets for quantitative data collection and transfer to the database was introduced. A community consultative group, composed of representatives of ZNNP+, ZYP+, the target health facilities, Ministry of Health, research institute and other implementing civil society and NGOs was formed. Two meetings were held to review the data analysed, identify advocacy priorities and make recommendations on future actions.

Analysis

The use of data not only helped ZNNP+ and ZYP+ identify the issues but was also instrumental in enabling communities to advocate to healthcare providers and district health officials to make site-level changes. As a result, PLHIV were enabled with knowledge to make decisions about accessing ART in the way that most suits their needs and contexts. Additionally, increased access to viral load testing brought about better treatment and management of HIV, particularly among youth, as clinicians use the results to inform the regimens of patients attending the clinics. The establishment and successful implementation of the CTO in Zimbabwe, despite its challenging socioeconomic context, is encouraging for its application in other settings as well.

Looking Ahead

This change story shows that advocacy backed by data is very effective in systematically tackling health access gaps and bring about lasting change. In 2020, the CTO team will seek out additional funding to consolidate and build on the advocacy gains achieved in 2019 and pursue advocacy initiatives where change has not yet been achieved.

The implementation of the CTO in Zimbabwe also highlights avenues that could be further explored if implemented elsewhere. Firstly, piloting of the electronic data collection platform through the use of tablets provided avenues to explore the opportunities and challenges technology can be utilised to increase efficiencies in data collection. Secondly, the CTO model allows for the tracking of access gaps for other health priorities such as tuberculosis, sexual and reproductive health and/or drug resistance.

Personal Story

Hazvinei is a 17-year old girl who lives in Mashonaland East in Zimbabwe. She has been on ART for the past eight years. She lives with her mom in Kunaka village, which is far from the closest ART centre at Kunaka Hospital. Hazvinei often missed her routine check-up because she lacked the money for transport. She and her family had no knowledge of the available different ways to access ART, and she was often queuing at the hospital for hours, waiting to be seen and have her medicines dispensed. When her family could support her, she'd have her blood extracted for viral load testing and be given a date to collect her results but would often never receive them because the results were delayed, or the samples were spoiled or lost on the way to the testing centre.

“I go to the clinic for my viral load results and I am told to come back next week. When I get there the next week, still my results are not out. Ah! I will not go back because it's taking a lot of my money and time.”

| Hazvinei

After finding out about the family refill model through the CTO team community awareness initiatives, Hazvinei and her mother, who is also HIV+, have signed up to this model. Hazvinei's mother now collects the medications on behalf of everyone. Along with others, Hazvinei is more willing to do routine viral load testing. Previously results would take at least eight weeks but now are returned in three.

“Personally, it has saved me time and for our family, it has saved us money”

| Hazvinei



CHANGE STORY 8 (GNP+ & ITPC):

TURNING POLICY INTO ACTION: THE IMPLEMENTATION OF KYRGYZSTAN'S NATIONAL ADHERENCE PLAN

Introduction

Since 2017, the Bridging the Gaps programme has supported the national network of PLHIV in Kyrgyzstan. Better known as Partnership Network, this organization was closely involved with the approval and subsequent implementation of the country's national Adherence Plan 2018-2021 (the Plan), signed by the Ministry of Health in early 2019. In order to turn policy into action, Partnership Network carried out trainings for medical staff, peer counselling and created rapid response teams to improve adherence to antiretroviral treatment (ART) nationally. According to the Republican AIDS Centre, the implementation of the plan has increased adherence in 11% of PLHIV receiving ART.

Problem

There are 8,500 people living with HIV in Kyrgyzstan and 3,700 of them are taking HIV medication. HIV prevalence among MSM is 6.6%, among PWUD is 14.3% and is 2% among sex workers. A community-led and a government study conducted in the country in 2017 showed that PLHIV have access to ART but are struggling to adhere to treatment. Research pointed to barriers to adherence including late CD4 diagnosis, remoteness of healthcare services, lack of funds to visit health professionals, absence of a referral system, low awareness and persisting stigma and discrimination. The studies highlighted the dire consequences of low adherence, estimating that 16.5% of PLHIV receiving ART experience resistance to treatment. If viral loads remain high, preventing HIV transmission is very difficult.

Change

The approval and implementation of the Plan is the result of consistent advocacy by Partnership Network. Partnership Network, with the support of Bridging the Gaps partners, specifically the Global Network of People Living with HIV (GNP+) and the International Treatment Preparedness Coalition (ITPC), started mobilizing to ensure implementation of the plan, turning policy into action. Thanks to this advocacy towards civil society, government and other national and international stakeholders, community peer counsellors have been integrated into health facility medical teams and offer official support to individuals, which has previously been shown to improve adherence among PLHIV. This shows that the Ministry of Health is recognizing the invaluable impact of community involvement in the fight against HIV.

The advocacy by Partnership Network led to implementation of many aspects of the Plan. HIV treatment protocols have been revised to include the possibility to receive ART through proxy letters from family members, which is particularly beneficial for labour migrants. Rapid Response Teams were formed in seven geographical regions to work with PLHIV at individual-level to improve treatment uptake and adherence. After analysing national data on viral suppression, the Rapid Response Teams developed 123 individual adherence plans in 2019 for PLHIV whose viral loads remain high despite being on treatment for over six months. The response teams, which include both doctors and peers living with HIV, also switched treatment regimens for 20 PLHIV. Comparing data from health facilities between 2017 and 2019

reveals encouraging results: 1,170 additional PLHIV received ART (2,888 compared to 4,058) and there was a 20% increase in PLHIV with an undetectable viral load (59% compared to 79%).

“Hundreds of documents are signed at country level. But this plan has been successfully implemented because of pressure from civil society. As of January 2020, we’ve carried out 65% of its activities” -

| Representative from the Republican AIDS Centre

Contribution

In 2017, during the preparation process for developing the Plan, ITPC and ITPCru supported Partnership Network in implementing the community-led study that greatly informed national-level discussions on ART adherence. GNP+ supported advocacy for the Plan’s development. After its approval, both partners offered coordinated technical and financial support to Partnership Network to strengthen implementation of the Plan. In January 2019, stakeholders involved in the implementation of the Plan drafted a roadmap and a resource mobilization strategy, resulting in additional financial resources from the Global Fund, PEPFAR, UNAIDS, UNDP and the Soros Foundation. In June and December 2019, the Republican AIDS Centre in collaboration with Partnership Network organized workshops with the Ministry of Health, UN agencies and civil society to evaluate progress and plan for the next phase of implementation.

Analysis

The success show engagement of communities and civil society makes a substantial difference in improving HIV care and services. Additionally, the leadership of Partnership Network reflects a significant shift in power, with the network of PLHIV guiding action that directly affects their constituents. Key population groups were closely involved throughout the process of drafting and implementation of the Plan. It is the first National Adherence Plan in the whole Eastern European and Central Asia region. As such, Kyrgyzstan is leading and a model for other countries in the region.

Looking Ahead

Successful implementation of the Plan needed a highly collaborative nature of partners, such as civil society, government, UN agencies, funders and PLHIV. The adherence plan will be implemented, monitored and improved via this collaboration throughout 2020. Collaboration and advocacy led to the implementation and expansion of the Plan to be included in the 2021-2023 Global Fund country proposal. At the end of 2019, civil society in the region expressed interest in replicating the experience from Kyrgyzstan in their own countries. Partnership Network, ITPC and ITPCru organized a regional workshop for representatives from nine countries in January 2020 where government and civil society shared lessons learned and recommendations to push for similar plans at national and regional levels.

A few opportunities for improvement of the Plan were identified by PLHIV. The first was shelter: when PLHIV are forced to live together with relatives who are not aware of their HIV status, they risk unwanted disclosure and may not take ART regularly. Second, there is a need to strengthen the work among parents and guardians of children and adolescents living with HIV, as well as adolescents themselves. ITPC and GNP+ will continue to join forces in supporting the positive outcomes, advocating for areas of improvement, and exploring the possibilities of scale up at regional and global levels.

Personal Story

Umid discovered his HIV status in 2009, while he was in a prison in Bishkek for injecting drugs. For a long time Umid ignored the existence of effective treatment, finding the idea of taking pills for a lifetime deeply concerning. When Umid tried to start treatment, of the biggest challenges he faced was with side effects of medications, which caused him to stop taking his treatment during some periods. In early 2019, the Rapid Response Teams provided the support he needed, particularly through the inclusion of individual peer counseling. Umid accepted his HIV positive status, went to self-support groups and made friends with other PLHIV. He learned about ART and eventually managed to take ARVs without interruptions with help of peers.

“The best help you can expect is from someone that has experienced himself or herself the same conditions. In order to manage the side effects properly you should understand how to take drugs...it was my peers that explained this to me. I was given some good advice, I tried, and I proved it to myself that it was really working out.”

| Umid



CHANGE STORY 9 (MAINLINE):

A JOURNEY FROM PILOT TO SCALE-UP OF ART ADHERENCE UNITS BY THE GLOBAL FUND IN PAKISTAN

Introduction

In 2018, UNAIDS estimated that there has been a 57% increase in new HIV infections in Pakistan since 2010. People who inject drugs (PWID) represent a large portion of these new infections, and Pakistan lags behind in the 90-90-90 targets. For more than five years, Nai Zindagi and Mainline have increased access to harm reduction and HIV services for PWID in Pakistan via ARV adherence units (AAUs). In 2019, Nai Zindagi managed to scale up this innovative programme through the Global Fund.

Problem

According to UNAIDS, in Pakistan only 14% of HIV+ people know their status, 69% are on ART, and there is no data on adherence. It is estimated that PWID have an HIV prevalence of 38% in Pakistan; it is less than 1% among the general population. Despite their need, PWID are less likely to receive services compared with people who do not inject drugs. Linking of PWID to ART remained a huge challenge until 2014. In 2013, only 5% of the 2,151 HIV+ PWID could be linked to ART clinics in Nai Zindagi's programme. This low level of access was caused by limited geographical coverage, absence of opioid substitute treatment (OST), and the compromised lifestyle associated with drug use. Furthermore, a lack of adherence support and available detoxification for PWID posed major challenges for treatment coverage; clinicians recommended a 2-week detoxification service prior to ART initiation, but these services were mostly absent or of very low quality. Nai Zindagi conducted assessment on the harm reduction situation in a new area where harm reduction

services had been discontinued since 2016; the assessment showed a shocking HIV prevalence of up to 70%. Innovation was required to reach PWID with lifesaving services, such as ART. The Global Fund had indicated they would only invest in evidence-based interventions that were shown to be effective, which led to the pilot of the AAUs by Mainline and Bridging the Gaps.

Change

In 2019, the Global Fund augmented the harm reduction programs in Pakistan with additional funding of USD 5.0 million after seeing the shocking results of the assessment conducted by Nai Zindagi. This funding has worked to ensure comprehensive services to PWID in concentrated areas in 14 additional districts of Pakistan. This included a further scale up of the AAUs, which were expanded from 30 to 44 districts under the new funding, based on the successes achieved by the pilot. The Global Fund has also increased Pakistan's HIV envelope from USD 35 million for 2018-2020 to USD 71.5 million for 2021-2023.

The AAUs, developed in 2014, increased access and adherence to ART for PWID. The AAU is a residential rehabilitation facility for HIV positive people who inject drugs that combines treatment for opioid dependence with HIV treatment adherence support. By 2019, the AAU had treated 6,364 HIV+ PWID with an adherence rate of 70%. By 2019, 64% of identified HIV+ PWID were linked to ART by Nai Zindagi. In 2019, Nai Zindagi and Mainline also developed and studied

innovations on follow-up support and re-initiation of the AAU. As a result, 1,921 ex-AAU clients were re-integrated into the programme, which led to an ARV adherence rate of 78%.

Contribution

The uptake of the AAU by the Global Fund was made possible after a continuously circle of piloting, testing, evaluating and improving the AAU. Mainline and Bridging the Gaps provided support, especially in flexible funding, that allowed Nai Zindagi to make adaptations quickly to improve the AAUs. Nai Zindagi is an organisation with strong financial systems, transparency and possesses a robust monitoring and evaluation system. These strong organisational capacities were supported through Mainline and Nai Zindagi's partnership, and increased Global Fund's confidence in the AAUs.

In collaboration with Mainline, Nai Zindagi arranged for an external evaluation of the AAU program in 2016. Because of the successes outlined in the evaluation, such as the overall adherence rate of 77.4% for those enrolled in the AAU compared to 51.1% among those not enrolled, Nai Zindagi managed to convince the Global Fund to support the AAU from January 2016 in the first round of scale up. Successes continued to be documented through 2019, leading to another round of Global Fund funding in 2019.

“We have been very willing to pick up innovations from Mainline & Nai Zindagi and scale up. There are not many ideas available that have been tested effectively; it doesn't grow on trees... it achieved impact with a small fund.”

| Global Fund representative

Analysis

The scale up from the Global Fund has had a huge impact on the lives of PWID in Pakistan. Nai Zindagi is able to more effectively link PWID to ART, and graduates of the AAU are adhering to treatment. AAU attendees are 43-51 times more likely to be adherent to ART in a period of 7-19 months after treatment initiation as compared to the non-AAU clients. This leads to better management of HIV and better health for PWID. Having both treatment for opioid dependence and HIV services in one place makes them more accessible for PWID. The scale up by the Global Fund ensures that Nai Zindagi can continue providing these lifesaving treatments to PWID in Pakistan even after the end of Bridging the Gaps in 2020.

Looking Ahead

Data and evidence, sometimes in the form of pilot projects, is essential in securing scale-up by large actors such as the Global Fund. With strong monitoring and evaluation systems, Nai Zindagi was able to build an evidence-base around each programme and each innovation, including the AAU pilot. In addition, technical leadership and strong organisational management allowed Nai Zindagi to become a pioneer in research, implementation and innovation of services for PWID.

“It had a lot to do with strong leadership and the organisational capacity itself. Nai Zindagi knew the constraints of the donors and was very conscious of the fact that we need good management and accountability. We had a trust in the management and capabilities of Nai Zindagi. Thanks to the effective innovations, they made a very convincing case. This was the reason why they able to triple the capacity of AAU since 2014.”

| Global Fund representative

Nai Zindagi estimates that the 2019 scale up by Global Fund will reach 8,000 additional clients in 2020. In the future, to improve the physical access for these services, decentralized AAUs could also serve as outpatient care facilities. Facilities could provide ARVs, adherence support and any potential future OST services. Mainline and Nai Zindagi will continue to advocate the government to implement national OST programmes, which would be a significant milestone, as government and the relevant authorities have traditionally pushed back against them. Clients in OST are more adherent to ART and the programmes have been shown to increase the stability in the lives of PWID. However, domestic funding for HIV and harm reduction services in Pakistan is still minimal; increasing this would significantly improve progress towards the 90-90-90 targets.

Personal Stories

Below are some personal quotes from the clients attending or who have attended an AAU:

“I restored my confidence here at AAU, people often are unable to differentiate HIV and AIDS, residential program taught me so much, I gained hope, I wish to re-join my family when I go back and I am hopeful that it would be achievable with the help of staff here.” Says Asfand

Nadeem shared “There is a lot of stigma related to HIV in our society, I was also afraid but all the fears vanished when I became part of Nai Zindagi, it's a stigma free environment where I get the opportunity to seek support from others like me. More people should join the cause especially newspapers and media should do positive work for HIV”.

Sultan states that “I was aware of my HIV status since years, but was not able to start my treatment, because I was running after drugs, I was unable to drag myself except drugs, I gained New Life (Nai Zindagi) and will never quit ARV medicine.”



CHANGE STORY 10 (IMPACT):

SUSTAINABLE HIV SERVICE DELIVERY FOR GAY, BISEXUAL MEN AND OTHER MSM IN VIETNAM: ADAPTING TO CHANGING FUNDING LANDSCAPES

Introduction

International HIV funding has been dwindling in Vietnam in the past few years, leading community based organizations to shift their resource mobilization strategies to serve their communities. Glink, a social enterprise organisation led by gay and bisexual men based in Ho Chi Minh City and a Bridging the Gaps partner, adapted to the shifting aid landscape in the HIV response to ensure that its clients continue to receive sexual health services. Glink structured and scaled-up a small and innovative program that consists of a fee-based and subsidized services, including public-private partnerships. This led to a strong foundation to provide sustainable, affordable and non-discriminatory HIV services to 9,000 gay men and bisexual men in 2019 and, at the same, reduced Glink's dependency on international funding.

Problem

Vietnam's low-income status changed in 2017 to lower middle-income, driving donors to decrease their funding at a fast pace. This shift impacted the spending on HIV, which was estimated at \$137.5 million in 2015 and at \$113 million in 2018. The Global Fund and PEPFAR have historically supported half of the spending on the HIV response in Vietnam. Bridging the Gaps, which ends in 2020, has also contributed to the HIV response in Vietnam since 2016. Community based groups and social enterprises in Vietnam are heavily dependent on international funding and its rapid decline hinders their ability to provide HIV services to their communities.

The reduction in international aid could impact the HIV epidemic in Vietnam, where the HIV prevalence in Hanoi and Ho Chi Minh City, the two largest urban cities, is 12% among gay men and bisexual men and other men who have sex with men, compared to 0.3% among the general adult population. Stigma and discrimination is an on-going problem; in a survey conducted by Glink in 2018 in Ho Chi Minh City and Can Tho Province, 70% of 500 respondents said that negative discriminatory experiences at public health clinics deterred them from accessing health services. Glink concluded that decreasing funding would thwart its ability to provide and support sexual health services for gay and bisexual men who cannot access public health clinics due to stigma and discrimination.

Change

In response to a real threat of reduced international aid, Glink developed a sustainability strategy that included scaling-up and improving its fee-based and subsidized services. The strategy was implemented from early 2019 and by December 2019, Glink reported the following two changes:

- a. A 250% increase in the number of gay and bisexual men receiving sexual health services (HIV testing, care and treatment, STI screening and treatment, PrEP and post-exposure prophylaxis). Glink served 3,639 clients in 2018 and 9,223 in 2019.

b. Fee-based services accounted for 60% of its overall revenue. Between 2018 and 2019, Glink reduced dependency on international funding from 70% to 40%.

Further, 66% of the men were able to access services at subsidized rates with funding from Glink, the Global Fund and others. Glink uses the revenue created by the fee for services to provide subsidized services to those who cannot afford them. By November 2019, as documented in a survey about demand and access to HIV services at Glink in Ho Chi Minh City, 70% out of 300 patients who were surveyed and were referred to the public clinics said that they returned to Glink because of the quality of services, and the staff's empathy and confidentiality even if they had to pay for services.

Contribution

MPact supported Glink through a one-day workshop for staff on efficient HIV service delivery strategies in March 2019. MPact also advised Glink senior staff to conduct assessments, design programs, and deliver services from January to December 2019 and trained Glink staff on PrEP demand generation at a regional workshop hosted in Siem Reap, Cambodia in partnership with ITPC in July 2019. MPact shared tools and resources such as the PrEP training material and the MSM Implementation Tool (MSMIT) for program design, planning and implementation and financially supported Glink to implement its strategy from January to December 2019.

With this support, Glink increased its staff's knowledge, applied for pharmacy and laboratory licenses to support HIV services, improved its in-take forms to screen patients, and sharpened its customer services practices to meet the needs of its patients. Glink trained 28 front staff on sexual health, sexual orientation and gender identity, HIV treatment and care, customer service, and program design and it trained nine senior staff on program management, monitoring and evaluation and business administration. According to three interviews with staff and senior management, as a result of the trainings and available resources facilitated by MPact, staff were able to streamline service delivery and expand businesses hours. Service hours were added from 6PM to 9PM in mid-2019 and Glink set up a system for patients to pick up their HIV medications every three months instead of monthly, and established a home-delivery system for medications.

Analysis

Despite the decline in international aid, Glink will continue to provide HIV services, including counselling, testing and treatment for HIV and STIs, PrEP, condoms and lubricants to gay and bisexual men in Vietnam. The self-sustainable strategy allows Glink to remain a beacon of services for its community. This achievement required strong partnerships; Glink collaborated with PATH through the Healthy Market Project whose aim is to improve the context to bring the HIV services closer to the key population. Glink and PATH enhanced that partnership and became the strategic partner to track the new model of delivery services. At the same time, Glink engaged with PEPFAR/USAID, the Administration for HIV/AIDS Control, CDC-Vietnam, the Global Fund local HIV response, and pharmaceutical companies. Their support included trainings, materials and policy documents that contributed to Glink's overall strategy.

Looking Ahead

Glink's work demonstrates that community based organizations can implement successful resource generation strategies that help reduce or stop dependency on international aid. This requires the appropriate support from allies, stakeholders, and donors. The bottom-up approach and unwavering support from MPact and other partners played a significant role in implementing Glink's sustainability strategy. Key lessons learned in partnership include the importance of transparency, open communication, responding to local partner's needs, facilitating resources, and supporting innovative approaches and knowledge. From a resource mobilization perspective, organizations can implement new strategies by identifying something they are good at and selling the service or skills. Furthermore, support for strengthening the foundation of the organization is a crucial, strategic and long-term investment. Glink estimates that to become completely independent from external funding, they will have to keep a ratio of 70% fee for service patients to 30% subsidized and free services patients. Glink plans to continue to engage and work with funders to be able to reach this ratio and provide subsidized and free services.

Looking ahead, Glink will continue to expand its work in 2020 by finishing construction of its own building to house a clinic, a lab, a pharmacy and its headquarters in Ho Chi Minh City; scaling-up services in its current locations; and opening clinics in Hai Phong and Da Nang City. The purchasing of the land and the construction of the building was possible because of the financial stability afforded by the resource mobilization strategy. Glink hopes to become a technical assistance provider to other organizations and donors, and will publish a how-to guide to becoming a sustainable community based organization.

Personal Story

Tran, a 29-year old gay man living with HIV, arrived at Glink in mid-2019 to receive treatment for syphilis. He was receiving ARV treatment at an outpatient public health clinic in Ho Chi Minh City. The clinic linked him to Glink for the STI treatment because they did not offer it. Tran received the free treatment and learned that he could also receive the ARV treatment at Glink, but that he would have to pay for it. Nonetheless, he decided to continue his HIV treatment at Glink and cover the cost because he felt comfortable, welcomed by his peers and that it was affordable. He had felt discriminated against at the outpatient public health clinic. The public health clinic is only open Monday to Friday and closes at 5:00 p.m., so Glink's expanded hours were appealing. Tran now receives his ARV medications every three months and sometimes receives them via home delivery service, which is not offered by the public health clinic. An added benefit at Glink for Tran is that his boyfriend, who is HIV negative, is receiving subsidized PrEP.

ENSURING GENDER-SENSITIVE PROGRAMMING AND SERVICES

It is critical that services and programming are also gender-sensitive. The challenges faced by women and the transgender and gender non-confirming communities in the HIV response are unique and require a specialised approach. This was a focus for many partners in 2019.

Mainline partner Nai Zindagi in Pakistan has a programme targeting female spouses of PWUD. In 2019, 1,030 spouses were registered in Nai Zindagi's programme. Since the beginning of the programme, a total of 5806 spouses have been registered, and 5,398 have been tested for HIV. Of the 555 spouses that tested positive for HIV+, 362 are on treatment. Currently, Mainline, Nai Zindagi and the University of New South Wales are finalising an academic article assessing HIV incidence and associated risk factors in female spouses of people who inject drugs.

COC formed strong partnerships towards an enabling social and policy environment to allow assertive and confident LGBT people to demand adequate, non-stigmatizing and non-discriminatory services. JINSIANGU in collaboration with Trans*Alliance organized convening's in Kenya, focused exclusively on trans* needs and issues on the provision of comprehensive and inclusive quality health services. Trans* Alliance also conducted community advocacy forums on gender, services provision and reached 150 intersex, transgender & gender non-conforming peer leaders.

In 2019, Mainline partner MEWA in Kenya reached 282 women who use drugs with comprehensive harm reduction services, making the total of women who use drugs enrolled over 500. Special services such as women only service hours, shelter and specific SRHR services were provided for the women who use drugs. Over the past two years, MEWA has given special attention to address the SRHR needs of women who use drugs. Maternal and child health services improved and among all women sheltered within MEWA there were no maternal or foetal deaths. Uptake of immunization services among MEWA's clientele is at 100% with positive results for children's developmental milestones. Screening for STI's is at 100% with positive a reduction in the incidence and prevalence of STIs. The reduction in positive cervical cancer diagnoses was especially notable, going from 5% to 0% following risk reduction counselling on multiple sexual partners and provision of consistent sanitary towels and undergarments. Incidences in which women who use drugs have reported cases of sexual, physical, verbal and emotional abuse have demonstrated an understanding of gender-based violence. Cases of at-home abortion, whether voluntarily or forced, are later referred for post abortion care. For HIV testing and services, uptake is at 100% with seroconversion rate at 3.1%, while those enrolled at HIV care management is at 100% and sustained viral load suppression is at 94%.

As of July 2018, Global Fund has adopted and gradually duplicated this gender sensitive approach developed by MEWA in Global Fund supported civil society organisations in the country who implement harm reduction services. In addition to the MEWA branch in Kilifi county, Global Fund

also supports four community organisations in Nairobi, Kwale, Malindi and Mombasa. As of January 2019, all Global Fund supported harm reduction civil society organisations provide female-sensitive services. This includes scaling up the female peer educators/ service providers up to 30-40% of the total staff, having women's-only service hours at the DICs' were female specific commodities and activities were provided, supporting networks of WWUD and commemorating International Women's Day as a fixed part of the annual activities. Prior to the scale up, all implementing organisations were trained on the approach, through the manual designed by MEWA, Nai Zindagi and Mainline.

With the support of COC, Ardhany Institute in collaboration with the University of Indonesia and AFSW's partner OPSI published a report on the background and needs of lesbian and bisexual female sex workers in Jakarta and recommendations on how to improve their position. This needs assessment will inform programme activities moving forward into 2020.

STRATEGIC COLLABORATION

Successes achieved by Bridging the Gaps often occur in strategic collaboration with other stakeholders. In 2019, collaboration with local governments, UN agencies, Global Fund and the Dutch Ministry of Foreign Affairs led to many valuable results, some of which are outlined below. In addition, Bridging the Gaps worked closely with the PITCH project in 2019 towards shared goals. Strategic collaboration ensures that results are robust and sustainable.

Local government collaboration

In Kenya, female sex workers were empowered in understanding and participating in the UHC process in four UHC pilot counties, in collaboration with PITCH and local government. The Kenya Sex Workers Alliance (KESWA), an Aidsfonds partner, printed a simplified booklet of the UHC policy and trained sex workers ambassadors in KESWA operation areas. Topics from the booklet included what UHC is, its principles, and what recipients are expected to do. The booklet strengthened collaboration between the county AIDS coordinators and the sex worker community in the fight against HIV. The sex workers in the UHC pilot counties (Isiolo, Machakos, Nyeri, Kisumu) are able to hold county governments accountable on access, availability and sustainability of integrated primary health care under UHC, particularly for key populations. This document was reviewed by select UHC ambassadors and they were trained under PITCH on how to refer to clauses within the document.

In Kenya, Mainline partner MEWA was able to work with the national government to integrate a gender sensitive approach to programmes and policies. Thanks to this collaboration, the women who use drugs manual developed by Bridging the Gaps partners Mainline, MEWA and Nai Zindagi in Pakistan has been incorporated into the national curriculum for training for key population programming and health care workers. The 2018 key population and size estimation also now has a specific focus on women.

2019 marked the first time in Tanzania's Integrated Biological and Behavioural Survey that the Ministry of Health involved key populations in the survey technical working groups through implementing partners the Centers for Disease Control and Prevention (CDC) and ICAP. Aidsfonds partner 'Voice of Girls and Young Women' was part of the technical advisory team to advise the Ministry on how to engage key populations in the survey. Also in Tanzania, sex workers were engaged in the national key population forum, which monitors all key population-related interventions within the country. The platform also serves as the voice of key population constituencies in Tanzania recognized by the government.

Collaboration with other donors

Mainline, Global Fund and UNAIDS have jointly funded a project to assess the rise of heroin and the current availability of harm reduction services in six cities in Indonesia. The assessment aims to inform the development of the harm reduction programme of the Global Fund. Outcomes of the

report are expected in April 2020. Mainline also partnered with Global Fund, UNAIDS, PR Spiritia, and Karisma to train 240 police officers in 23 districts in Indonesia on HIV/AIDS, harm reduction, and legal and health rights of people who use drugs. The training, started in 2019 and ending in 2020, ensured that law enforcement officials adopt a more humane approach towards people who use drugs. The rights-based handling of PWUD by law enforcement will be closely monitored in the field in 2020.

Mainline and partner SCDI in Vietnam developed the field lab, which aims to disseminate expertise around people who use stimulants throughout the Asian region and thereby to improve service access and quality for people who use stimulant drugs. In 2019, four community-based organisations in Hanoi followed an intense two-month training course, with the support of Bridging the Gaps and Open Society Foundations. During the course, frontline staff improved their skills around behaviour change counselling, outreach strategies and mental health interventions. The teams also built referral systems to public mental health service providers. With high-quality services for people who use stimulants now in place in Hanoi, the aim is to promote the site as a field lab. In 2020, the field lab will invite organisations from national level and the Asian region to join and learn from the expertise.

In alignment with Global Fund and together with Medecin du Monde, Mainline supported staff of Mukikute in Tanzania to implement services such as OST referral, needle and syringe exchange, support groups, HIV testing, wound dressing, women services and outreach. By organising meetings with governmental agencies – responsible for the coordination of harm reduction activities in Tanzania – funding and support beyond 2019 was secured, and scale-up of the needle and syringe programme was formally authorized. Initial talks in the Global Funds' country coordinating mechanism about post 2020 funding were successfully held.

Dutch Ministry of Foreign Affairs collaboration

Mainline maintains strong relationships with Dutch Embassies in Vietnam, Pakistan and Indonesia. Ambassadors and diplomatic staff are aware of and strongly support Mainline's presence and their partners work on harm reduction in the countries. A local representative from the Dutch Embassy in Pakistan attended an advocacy meeting from Mainline's partner the Association of People living with HIV-Pakistan on decentralisation of ART services. The attendance of diplomatic staff gave extra support to advocate for the HIV response on national level.

COC also continued engagement in the UPR through organizing three UPR Advocacy Weeks in 2019. COC supported the participation of SRHR and LGBT human rights defenders from Kenya and Kyrgyzstan, coordinated with the Dutch government and Office of the United Nations High Commissioner for Human Rights to take part in the training to strengthen the knowledge and skills of the participants, and facilitated over 25 meetings with State Representatives for human rights defenders to advocate on their issues and lobby for recommendations to improve the human rights

situation in their countries.

In 2019 AFEW-Ukraine continued supporting the Country Key Populations Platform and acting as a member of the Platform Supervisory Group. In collaboration with the Embassy of the Netherlands in Ukraine and the Ukrainian Network of PLHIV, the platform conducted a training of trainers in October for 16 activists from four key populations that had previously participated in trainings provided through the platform. The participants will train key populations during capacity building trainings organized by the Ukrainian Network of PLHIV and other national and international organizations. AFEW's Autumn School has been opened by the Netherlands Honorary Consul in Bishkek.

In October, COC and MPact partner Lighthouse hosted the Stronger Together Summit, for 80 leaders of the LGBT community in Vietnam, policy makers and international organizations. The Dutch Ambassador in Hanoi was one of the keynote speakers that responded to the first draft of the statement at the summit, which was focused on equity, health and sustainability. It was a consensus document between activists that included specific recommendations and call to action directed to decision makers, civil society and government. For example, the statement calls for strengthening gender equality and gender sensitive policies in the health system, both public and private, and for developing specialized services for transgender people such as hormone replacement therapy and surgery.

Collaboration with PITCH

NSWP's alliance building efforts generated positive developments during 2019. Thanks to the support of Sex Workers Inclusive Feminist Alliance partners, sex workers are gaining institutional knowledge and political connections that strengthen their global advocacy and are more able influence the recommendations made by the UN to countries on women's rights issues. In collaboration with the PITCH project, NSWP coordinated and supported the participation of six country sex worker teams in CEDAW's country review processes, including sessions in Geneva.

In partnership with PITCH, INPUD was involved in the process leading up to the High-Level Meeting, including in the Vienna intersessional. At the High-Level Ministerial Segment in March 2019 and the Commission on Narcotic Drugs, they coordinated drug user presence, and organised the community-led side events "Your Targets Impact Our Lives: Taking Stock of the Drug-Free World Failures" and engaged in the resolution process.

In April 2019 Aidsfonds partner Legalife-Ukraine, with Bridging the Gaps and PITCH support, launched the Council of Sex Workers Leaders, as a strategic partner of the state in designing and implementing policies on sex work. The Council is made up of 10 most active community representatives from 10 regions and Kiev. The council aims for decriminalization, social and economic justice for sex workers and to fight HIV/AIDS. The council mobilized sex workers in 13 regions and partners with NGOs and state bodies to ensure sex workers receive legal, medical, psychological, humanitarian assistance. Sex workers now have a place at the decision-making table and are recognised as experts, and were

included in developing the Strategy 2030 and Strategic Plan 2019-2020 for the Comprehensive Response to Human Rights Barriers in Accessing HIV and TB Prevention and Treatment.

MPact, in partnership with PITCH, co-led a delegation of activists to the Human Rights Council consultation on human rights and HIV (February 12-13) and called for human rights mechanisms to focus on HIV and criminalization, which was later referenced by summary report of the Office of the High Commissioner for Human Rights. Similarly, and during the United States High Level Political Forum on Sustainable Development, MPact co-organized a side event titled "Empowered while Criminalized: Multi-stakeholder Strategies for Combatting Stigma, Discrimination, Violence, and Inequalities – Linking SDGs 3, 5, 10 and 16", in collaboration with Aidsfonds and PITCH.

2. LINK TO MOFA RESULT AREAS

The three inter-related long-term goals of Bridging the Gaps jointly work to ensure the health and rights of key populations, and align with result areas 1, 2 and 4 of the Dutch SRHR Policy.

Long Term Goal 1: A strengthened civil society that holds governments to account	Result area 1 and 4
Long Term Goal 2: Increased fulfilment of human rights of key populations	Result areas 1, 2 and 4
Long Term Goal 3: Improved SRHR and fewer HIV infections.	Result areas 1, 2 and 4

RESULT AREA 1: BETTER INFORMATION AND GREATER FREEDOM OF CHOICE FOR YOUNG PEOPLE ABOUT THEIR SEXUALITY

Programmatic experiences in Bridging the Gaps confirm what research – the little that is available – on young key populations and their access to HIV/SRHR services tells us: that young people from key populations experience additional barriers in accessing SRHR, HIV and harm reduction services. Young people are among those that are, even within key population approaches, harder to reach. They have different needs and require an appropriate set of, and approach in, services.

Yet, in 2019, 30% of the people who received services via Bridging the Gaps partners were under the age of 24. Over the years, Bridging the Gaps has gathered a number of ‘best practices’ in reaching and engaging youth from partners across target countries. To learn from these best practices and use these learnings to scale up the demand for and uptake of services by young key populations, Young, Wild... and Free was initiated. The alliance was awarded an SRHR Flexible Fund grant by the ministry in August 2019 and started this two-year project with young members of key populations in four scale-up countries.

In Ukraine, AFEW has reached 285 service providers with trainings and study visits. The trainings covered Ukrainian legislation regarding adolescents’ rights, cases of rights violation and how to properly respond, comprehensive approaches to work with adolescents who use drugs, HIV prevention and SRHR issues. The trainings and study visits have significantly improved knowledge and materials used will remain available for future use.

In 2019, AFEW local partners continued supporting the expert groups and coordination committees in Ukraine to unite efforts of the government and NGOs in the development of relevant regional policies. As a result of these coordination committees, local authorities and governmental institutions in Ukraine have taken more responsibilities in implementing and financing activities within the municipal programmes. In 2019, several educational events, salaries of some social workers and publication of informative materials were funded by local budgets. In Chernivtsi, local authorities supported the creation of City Youth Centre, focusing on HIV and drug use prevention, and other issues of safety and well-being of young people. Establishment of the Centre will help to expand services for key populations and provide basic consultations to adolescents using drugs by project specialists, and to create a space for leadership initiatives. Similarly, AFEW Kyrgyzstan has support of the municipality for the Youth Centre in Bishkek.

With MPact’s support, GWL-INA in Indonesia trained 60 young LGBT people to increase their knowledge on SRHR for them to share the information with peers and during outreach activities in their communities, and disseminated information online to increase the awareness and knowledge of 1,500 young gay and bisexual men with key SRHR and services in order to facilitate access to HIV and STI testing and treatment.

As part of the Action for Access, a community-based participatory action research project, MPact trained and mentored local young community based researches in Vietnam and Kenya to investigate the unique forces that shape access to sexual health services among gay men and other men who have sex with men, and trans women who have sex with men. As a result, Istar MSM in Kenya and Lighthouse in Vietnam completed the qualitative portion of a study; presented qualitative findings at the Transgender Health Summit in San Francisco, USA; gained IRB approvals in Vietnam and Kenya (Vietnamese, Kiswahili and English), and launched survey in October 2019. Additionally, Action for Access conducted interim analyses of survey data and presented at Action for

Access! meeting in Nairobi in November 2019. The data will be used as evidence that can further guide policy changes that support the health and rights of the most vulnerable populations.

Aidsfonds partner SRC in Zimbabwe saw a lot of young sex workers entering the industry and rapidly responded to address the lack of knowledge on their rights to reduce their exposure to abuse by clients, fellow sex workers and law enforcement agents. SRC mobilized young sex workers to make use of friendly services and safe spaces at the drop-in centres, through partnerships with organizations such as Populations Services International and Population Services Zimbabwe. The distribution of condoms supported safer sex, reducing their exposure to HIV and other STIs. And the purchase of STI treatment drugs also curbed the spread of STIs amongst sex workers and their clients.

Table 1 outlines the numbers of young people reached with services – health, social and legal services – by the Bridging the Gaps programme in 2019.

Table 1: 2019 outputs on young key populations.

1a.	# of KP members aged 24 and younger using testing services	18,170
1b.	# of KP members aged 24 and younger using treatment services	3,957
1c.	# of KP members aged 24 and younger using PWUD specific medical harm reduction services	1,495
1d.	# of KP members aged 24 and younger using other health services	61,518
1e.	# of KP members aged 24 and younger using social services	13,295
1f.	# of KP members aged 24 and younger using legal support services	1,050
Total number of youth reached with services in 2019		99,485

RESULT AREA: 2. IMPROVED ACCESS TO CONTRACEPTIVES AND MEDICINES

The Bridging the Gaps alliance works in several ways on improving access to and usage of SRHR and HIV/AIDS medicines, services, vaccines and commodities (Objective 2B and 2C3 MoFA and L1 and L3 Bridging the Gaps). The alliance also continues to advocate for improved availability and affordability of sexual and reproductive health and HIV/AIDS medicine, vaccines and commodities, through treatment literacy and advocacy. Table 2 outlines figures on the number of key populations reached with health, social and legal

services by Bridging the Gaps in 2019.

Aidsfonds partners Health Options for Young Men on HIV/AIDS & STI (HOYMAS) and North Star Alliance reached over 30,000 sex workers with HIV testing and treatment in Kenya in 2019. They provided specific clinical services for male and female sex workers, integrating HIV and SRHR services. They provided early treatment for STIs, HIV testing, STI screening and treatment, and viral load tests. HOYMAS also ran support groups and encounter groups which has helped to retain many sex workers on PrEP and effective adherence to HIV treatment.

MPact supported its partners in Tajikistan to run a peer support group for 67 gay, bisexual, and other MSM living with HIV to receive SRHR information, treatment education and mental health support to help them overcome internal stigma, access HIV services, share information on how to start HIV treatment, and adhere to ART. MPact also implemented an outreach project to disseminate SRHR to gay, bisexual, and other MSM and to distribute 6,000 condoms and 400 lubricants, and conduct 800 one-on-one counselling sessions to raise HIV awareness, testing and treatment.

Table 2: 2019 outputs on key populations accessing health and social services

1a.	# of KP members using testing services	59,724
	Aged 24 and younger	18,170
	Aged 25 and older	41,554
1b.	# of KP members using treatment services	26,939
	Aged 24 and younger	3,957
	Aged 25 and older	22,982
1c.	# of KP members using PWUD specific medical harm reduction services	10,846
	Aged 24 and younger	1,495
	Aged 25 and older	9,351
1d.	# of KP members using other health services	172,650
	Aged 24 and younger	61,518
	Aged 25 and older	111,132
1e.	# of KP members using social services	54,592
	Aged 24 and younger	13,295
	Aged 25 and older	54,592
Total number of key population members reached with services in 2019		324,751

RESULT AREA: 4. MORE RESPECT FOR THE SEXUAL AND REPRODUCTIVE RIGHTS OF GROUPS WHO ARE CURRENTLY DENIED THESE RIGHTS

In alignment with Long Term Goal 2, Bridging the Gaps works to fulfil MoFA Result Area 4 of increasing respect for SRHR for key populations. This is done through training of service providers on human rights and gathering data on the SRHR needs of key populations to inform programming. Tables 3 and 4 outline key numbers on advocacy, legal support and human rights from 2019.

In 2019, the ‘Bridging the Gaps Medical School’ developed by AFEW expanded its activities to two remote regions in Georgia. Patients and doctors in small Georgian villages have very limited access to the information on HIV/AIDS, hepatitis prevention and treatment programmes, as well as drug use related issues. During the training, doctors were taught on the specific needs of key populations and the consequences of stigma towards PWUD as a result of HIV. The materials and content of this training has been prepared based on PWUDs existing experiences with medical services. In total six trainings were conducted for 73 medical doctors in Telavi, Kvareli and Akhmeta. As result of the trainings, health professionals significantly improved their knowledge and understanding of drug related issues, SRHR and HIV. The analysis of the pre- and post-questionnaires showed that the knowledge of the participants increased in the following topics: prevention of HIV related stigma and discrimination; human rights; issues of psychoactive substances use and drug addiction; HIV prevention among spouses and sexual partners of drug users.

Thanks to Bridging the Gaps support, MPact was able to advocate to the Tanzanian Ministry of Health, Community Development, Gender, Elderly and Children and the Tanzania Commission for AIDS (TACAIDS) who committed to meeting the U.S. Government’s minimum requirement to prohibit forced anal exams, an unscientific and deeply unethical method of seeking evidence to prosecute people for consensual homosexual sex.

ITPC conducted an online survey and focus group discussions in 28 countries among women living with and vulnerable to HIV on issues of SRHR, HIV, contraception and reproductive health choices. The findings of the latter informed a presentation at the CROI 2020 conference on community perspectives of HIV and contraception. Once the community guide is completed, it will be disseminated to communities and used during treatment education trainings to support treatment access advocacy.

Table 3: Advocacy outputs 2019

4.	# local/national/regional/global stakeholder meetings organised or attended by partner organisations	1,112
5.	# human rights violation cases acted on	1,949
6.	# of global level advocacy tools, campaigns and resources	361

Table 4: Legal support and human rights training outputs 2019

1f.	# of KP members using legal support services	5,354
	Aged 24 and younger	1,050
	Aged 25 and older	4,304
2b.	# of legal service providers trained	978
3.	# of law enforcement staff trained on human rights	7,594

Table 5: All 2019 outputs

Output indicator:	Total 2019
1a. # of KP members using testing services	59,724
Aged 24 and younger	18,170
Aged 25 and older	41,554
1b. # of KP members using treatment services	26,939
Aged 24 and younger	3,957
Aged 25 and older	22,982
1c. # of KP members using PWUD specific medical harm reduction services	10,846
Aged 24 and younger	1,495
Aged 25 and older	9,351
1d. # of KP members using other health services	172,650
Aged 24 and younger	61,518
Aged 25 and older	111,132
1e. # of KP members using social services	54,592
Aged 24 and younger	13,295
Aged 25 and older	54,592
2a. # of service providers trained	4,730
2b. # of legal service providers trained	978
3. # of law enforcement staff trained on human rights	7,594
4. # of local/national/regional/global stakeholder meetings organised or attended by partner organisations	1,112
5. # of human rights violation cases acted on	1,949
6. # of global-level advocacy tools, campaigns and resources	361

3. LOOKING AHEAD

In 2020 the Bridging the Gaps alliance is laying the groundwork for partners to continue their work beyond the programme and ensure sustainability of key results. This includes seeking and creating strategic opportunities to share and advocate for the 'Bridging the Gaps approach' and to showcase the results of almost ten years of key population led HIV responses. As this is the last year of the alliance, ensuring services will be taken over by other donors is paramount, which will inform many advocacy initiatives in 2020. In collaboration with the PITCH programme, Bridging the Gaps is conducting a study – 'Where is the funding for the Key Population HIV Response?' – to address the data gap on funding that is available for key populations as part of the wider HIV/AIDS response. This will be a valuable tool to advocate for sustained, increased, and better funding for key services and advocacy support in the future.

Bridging the Gaps is providing support to partners to strengthen their capacity to influence donors and raise funds from varied sources, including domestic resources. While partners are provided with ongoing support to sustain their work and their results within the programme, the need for additional support on this topic was identified via a July 2019 survey conducted with country and regional partners. A group of programme team and lead agency staff – the Towards 2020 Sustainability Task Team – has engaged a training partner to develop an online course and regional workshops for partners to build on and further develop their skill sets in these areas. The online course will be launched in June 2020, and the regional workshops have been rescheduled for Q4 2020.

After the UHC High-Level Meeting in September 2019, progress in achieving UHC will need to take place at the country level. Due to intense global lobbying efforts, PLHIV are the only population living with a disease specifically mentioned in the UN UHC Political Declaration, yet the omission of key populations from the declaration is a real concern. GNP+, in collaboration with Bridging the Gaps partners and other allies, will use this momentum to move forward on its primary objective of ensuring HIV remains a priority agenda in UHC discussions, policies formulations, planning, implementation and evaluation at the country-level. Ongoing efforts are necessary to ensure that key populations do not disappear from the UHC agenda.

The alliance is currently doing an assessment of the impact of the COVID-19 crisis on all partners and the collective ability to achieve the results laid out in the 2020 work plan. The virus and the measures taken by governments across the globe are deeply affecting the HIV/AIDS response and the communities that are the heart of Bridging the Gaps: sex workers, PWUD, LGBT people and PLHIV. In all Bridging the Gaps countries, these groups are among those most affected, not only in terms of health but also through the economic and social implications of lockdowns, restrictions in mobility and

other measures taken by governments. Alliance and country partners are developing strategies to continue providing essential services and advocacy within the new - and in many ways, restricted - contexts.

HIV2020, which was scheduled to take place in Mexico City from 5-7 July and organised by Bridging the Gaps alliance partners, was ultimately cancelled due to the COVID-19 crisis. HIV2020 was organised as an alternative to AIDS2020, which was scheduled to be held in the US but will now be held virtually. HIV 2020 has been re-imagined as an extended series of virtual sessions. Despite the change in format, HIV 2020 objectives, themes and principles remain the same. The programme will reflect the messages of *Affinity, Intersectionality and Solidarity* as originally planned. Most importantly, HIV 2020 remains committed to reaffirming the leading role communities play in the global HIV response. HIV 2020 will conclude with sharing learnings and highlights on World AIDS Day 2020 in December.

Finally, Bridging the Gaps is working with INTRAC, an external review committee, and partners in conducting an end evaluation, making it as useful a tool for alliance partners and partners as possible. The aim of the End Evaluation is to provide evidence on the effectiveness of the programme, as well as to foster learning by providing practical recommendations in collaboration with partners. Alliance partners are involved and supported to apply outcome harvesting, to strengthen their capacity of measuring and analysing change processes, enhancing their ability to demonstrate their contributions, their added value, and being able to gather strong evidence for ongoing advocacy, programming and fundraising.

4. FINANCIAL RESULTS

CONSOLIDATION 2019

TOTAL BUDGET AND EXPENDITURES

Per alliance partner and lead agency

Partner	Budget	Expenditure	Utilization
AFEW	€ 1.555.918	€ 1.626.948	105%
AFSW	€ 2.290.101	€ 2.257.546	99%
COC	€ 1.655.927	€ 1.468.248	89%
GNP+	€ 563.686	€ 675.498	120%
INPUD	€ 258.859	€ 246.461	95%
ITPC	€ 262.369	€ 450.738	172%
Mainline	€ 1.130.736	€ 1.229.080	109%
MPact	€ 1.222.906	€ 1.086.830	89%
NSWP	€ 385.344	€ 387.205	100%
Lead Agency	€ 1.084.993	€ 871.008	80%
Research	€ 364.945	€ 266.376	73%
Total	€ 10.775.784	€ 10.565.940	98%

Per country

Partner	Budget	Expenditure	Utilization
Botswana	€ 217.622	€ 148.324	68%
Georgia	€ 233.076	€ 262.313	113%
Indonesia	€ 684.674	€ 631.494	92%
Kenya	€ 1.054.828	€ 1.069.466	101%
Kyrgyzstan	€ 787.628	€ 938.142	119%
Mozambique	€ 98.891	€ 79.070	80%
Myanmar	€ 98.666	€ 98.686	100%
Nepal	€ 18.672	€ 26.533	142%
South Africa	€ 781.156	€ 736.162	94%
Tajikistan	€ 527.148	€ 303.503	58%
Tanzania	€ 478.381	€ 449.767	94%
Uganda	€ 209.339	€ 197.259	94%
Ukraine	€ 635.296	€ 728.895	115%
Vietnam	€ 683.469	€ 774.473	113%
Zimbabwe	€ 365.134	€ 400.261	110%
Regional	€ 487.988	€ 446.130	91%
Global	€ 676.102	€ 743.824	110%
Coordination + Lead Agency + Research	€ 2.737.715	€ 2.531.639	92%
Total	€ 10.775.784	€ 10.565.940	98%

Per strategy

Partner	Budget	Expenditure	Utilization
Strategy 1	€ 2.509.112	€ 2.474.308	99%
Strategy 2	€ 1.759.405	€ 1.660.960	94%
Strategy 3	€ 3.079.990	€ 3.202.959	104%
Strategy 4	€ 689.562	€ 696.075	101%
Coordination + Lead Agency + Research	€ 2.737.715	€ 2.531.639	92%
Total	€ 10.775.784	€ 10.565.940	98%

Per project

Partner	Budget	Expenditure	Utilization
Joint Activities (GNP+, ITPC)	€ 963.555	€ 1.252.843	130%
Lead Agency + Research	€ 1.449.938	€ 1.137.384	78%
LGBT (COC, MPact)	€ 2.878.833	€ 2.555.078	89%
PWUD (AFEW, INPUD, Mainline)	€ 2.808.013	€ 2.975.884	106%
SW (AFSW, NSWP)	€ 2.675.445	€ 2.644.751	99%
Total	€ 10.775.784	€ 10.565.940	98%

THE SPREAD AND IMPACT OF HIV WILL ONLY BE STOPPED AND REVERSED THROUGH A RELENTLESS FOCUS ON, AND INCLUSION, OF, THE POPULATIONS MOST AFFECTED.



In strategic partnership with



Ministry of Foreign Affairs of the Netherlands