

The South African National LGBTI HIV Plan, 2017-2022 is a milestone in the country's response to HIV, AIDS, STIs, and TB for LESBIAN, GAY, BISEXUAL, TRANSGENDER, INTERSEX PEOPLE

2017/22

SOUTH AFRICAN NATIONAL LGBTI HIV PLAN



FOREWORD

Despite progress made over the last decades of our fight against HIV; Lesbians, Gays, Bisexuals, Transgendered and Intersex people (LGBTI) in South Africa are still stigmatised because of their actual or perceived sexual orientation or gender identity. More often than not, this results in the LGBTI community not receiving the same attention as the general population in our country's response to HIV, tuberculosis (TB) and Sexually Transmitted Infections (STIs). Furthermore, LGBTI people in South Africa continue to experience homophobic violence and abuse and face numerous barriers to accessing health care, social and legal services. These barriers contribute to their heightened vulnerability to HIV infection and hate crimes. While little data exists on this population we know that globally, gay men - and other men who have sex with men (MSM) - are 19 times more likely to be living with HIV than the general population, and transgender women are 49 times more likely to be HIV infected.

As part of the global call to reach to key and vulnerable populations with targeted interventions, and in support of the implementation of the National Strategic Plan for HIV, TB and STIs, South Africa has achieved another milestone in the history of our HIV response – the development of the South African National LGBTI HIV Plan. This Plan was developed under the leadership of the multi-sectoral LGBTI Technical Working Group, coordinated by the SANAC Secretariat. The LGBTI HIV Plan will guide all stakeholders in HIV and STI prevention, care, and treatment for all members of the LGBTI populations in South Africa, inclusive of all sexual minorities living in the country. The LGBTI HIV Plan brings us closer to a world in which members of the LGBTI populations can realise their health and human rights in an environment that is affirming of their sexual orientations, gender identities, and gender expressions. The development and the launch of this Plan, shows that we are serious about combating new infections and addressing related social and structural drivers of HIV, TB and STIs in this population.

The Plan provides for a standardised minimum package of services to be implemented by all sectors, within and outside of government. The Plan outlines five interlinked service packages, namely: health, empowerment, psychosocial support, human rights, and evaluation. What is more exciting is that the Plan also endorses the provision of PrEP for HIV negative MSM including gay and bisexual men and Universal Test and Treat (UTT) for all LGBTI persons.

Dr PA Motsoaledi, MP
Minister of Health



PREFACE

The South African National LGBTI HIV Plan, 2017-2022 (LGBTI HIV Plan) is a milestone in the country's response to HIV, AIDS, STIs, and TB. A national, multi-sectoral effort to address the linked HIV, TB and STI epidemics among Lesbian, Gay, Bisexual, Trans* and Intersex (LGBTI) people is urgent and somewhat overdue. Due to HIV vulnerabilities that are unique to each sub-group, there is a need for a strategic document that focuses on the LGBTI groups to support the National Strategic Plan on HIV, STIs and TB 2017-2022.

Several factors -- including widespread social disapproval of homosexuality -- create stigma and barriers to accessing health care. Lack of access to necessary prevention commodities such as condom-compatible lubricants, lack of knowledge on the part of health care and social services professionals about LGBTI specific health, exclusion from equal opportunity to participate in the economy, and internalised stigma all contribute to LGBTI people's vulnerability to HIV, TB and STIs. This Plan adds substance to service provision, human rights, strengthened community networks, and other priorities of the national HIV response through a peer-led approach. Addressing these specific challenges in a systematic, multi-sectoral way will improve the health and psychosocial outcomes of LGBTI individuals and communities and create services that are more inclusive for all people living in South Africa.

Building on the knowledge of a wide range of stakeholders, data and evidence from research, particularly on MSM and trans*; and the lessons learned from civil society programmes for these groups, the LGBTI HIV Plan articulates a set of interventions that will improve the national response to LGBTI wellbeing. Moreover, the LGBTI HIV Plan aims to involve and engage more stakeholders in response to the challenges that confound LGBTI health. The LGBTI HIV Plan serves as an aid to all stakeholders and implementers, informing their programming, messaging, research, and monitoring and evaluation, and as a guide on how to tailor their programmes for the LGBTI community.

The Plan marks an exciting development in HIV programming in South Africa. Over the coming years, we look forward to all stakeholders building an environment that is affirming of LGBTI sexual identities and orientations, and which provides LGBTI people with the necessary tools to realise their health and human rights goals.



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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ASAB	Assigned Sex at Birth
CBO	Community-Based Organisation
CMD	Common Mental Disorders
DBE	Department of Basic Education
DSD	Department of Social Development
DOE	Department of Education
DOH	Department of Health
DOJ	Department of Justice and Constitutional Development
FBO	Faith-Based Organisation
FTM	Female-to-Male (trans man)
HCV	Hepatitis C Virus
HCW	Health Care Worker
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
HTS	HIV Testing Services
IEC	Information, Education and Communication
KABP	Knowledge, Attitudes, Beliefs and Practices
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
M&E	Monitoring and Evaluation
MMC	Medical Male Circumcision
MSM	Men who have Sex with Men
MTF	Male-to-Female (trans woman)
NGO	Non-Governmental Organisation
NSP	National Strategic Plan
PE	Peer Educators
PEP	Post-Exposure Prophylaxis
PHC	Primary Health Care
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PrEP	Pre-Exposure Prophylaxis
PSS	Psychosocial Support
SANAC	South African National AIDS Council
SAPS	South African Police Services
SBCC	Social and Behaviour Change Communication
SOGIE	Sexual Orientation and Gender Identity Expression
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
TB	Tuberculosis
UTT	Universal Test and Treat
WHO	World Health Organization
WSW	Women who have Sex with Women

KEY TERMS

Asexual	Someone who does not experience sexual attraction to others
Assigned sex at birth	The classification of infants at birth as either male or female usually based on inspection of the external genitalia. Thus 'assigned male at birth' (AMAB) and 'assigned female at birth' (AFAB) should be used in place of such offensive and derogatory terms such as 'biological male/female', male/female bodied, or 'born male/female' when referring to trans* people
Binary	The understanding of gender and sex as being exclusively either male or female
Bisexual	A person who is attracted on different levels (e.g., emotional, physical, intellectual) to and/or has sex with both men and women and who identifies with this as a cultural identity
Cisgender	A term describing a person whose perception and expression of her or his own gender identity matches the biological sex she or he was assigned at birth
Cross-dresser	Someone who, for whatever reason, dresses in clothing associated with the opposite gender. This is a form of gender expression – someone who is transgender is not cross-dressing
Dysphoria/gender dysphoria	Anxiety, distress or discomfort (often profound) associated with or resulting from the incongruence between one's gender identity and assigned sex at birth
Femme	An identity or expression that leans toward femininity
Gay	The term 'gay' can refer to same-sex sexual attraction, same-sex sexual behaviour, and same-sex cultural identity. It is commonly used to refer to men who are attracted on different levels (emotional, physical, intellectual, etc.) to and/or have sex with other men and who identify with 'gay' as a cultural identity
Gender and sex	The term 'sex' refers to biologically determined differences, whereas "gender" refers to differences in social roles and relations
Gender expression	The way in which a person's sense of gender manifests itself, usually as an extension of the person's gender identity. This includes all domains in which gender is expressed, including dress, speech, and mannerisms
Gender fluid	A gender identity that changes (i.e. is fluid)
Gender identity	A person's deeply felt internal and individual experience of gender, which may not correspond with their sex assigned at birth. It includes both the personal sense of the body—which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical, or other means—and other expressions of gender, including dress, speech, and mannerism
Gender non-conformity	Displaying gender traits that are not normatively associated with a person's biological sex. 'Feminine' behaviour or appearance in a male is considered gender non-conforming, as is 'masculine' behaviour or appearance in a female
Gender reassignment therapy	Having surgery in order to change primary and secondary sexual characteristics
Heteronormativity	Related to 'heterosexism', it refers to the privileged position associated with heterosexuality based on the normative assumptions that there are only

two genders, that gender always reflects the person's biological sex as assigned at birth, and that only sexual attraction between these 'opposite' genders is considered normal or natural. The influence of heteronormativity extends beyond sexuality to also determine what is regarded as viable or socially valued masculine and feminine identities, that is, it serves to regulate not only sexuality but also gender

Heterosexism

A system of beliefs that privileges heterosexuality and discriminates against other sexual orientations. It assumes that heterosexuality is the only normal or natural option for human relationships, and posits that all other sexual relationships are either subordinate to or perversions of heterosexual relationships. In everyday life, this manifests as the assumption that everyone is heterosexual until proven otherwise

Heterosexual

Having sexual, romantic, and intimate feelings for or a love relationship with a person or persons of a gender other than one's own

Homonormativity

The system of regulatory norms and practices that emerges within homosexual communities and that serves a normative and disciplining function. These regulatory norms and practices need not necessarily be modelled on heteronormative assumptions, but they often are

Homophobia

Also termed 'homophobia', it refers to an irrational fear of and/or hostility towards lesbian women and gay men, or same-sex sexuality more generally

Intersectionality

The interaction of different axes of identity, such as gender, race, sexual orientation, ability, and socio-economic status, in multiple and intersecting ways, resulting in different forms of oppression affecting a person in interrelated ways

Intersex

A term referring to a variety of conditions (genetic, physiological, or anatomical) in which a person's sexual and/or reproductive features and organs do not conform to dominant and typical definitions of 'female' or 'male'. Such diversity in sex characteristics is also referred to as 'biological variance' – a term which risks reinforcing pathologising treatment of differences among individuals, but which is used with caution in this document to indicate an inclusive grouping of diversity in sex characteristics, including, but not limited to, intersex individuals

Lesbian

A woman who is attracted on different levels (emotional, physical, intellectual, etc.) to and/or has sex with other women and who identifies with this as a cultural identity

LGBTI

An abbreviation referring to lesbian, gay, bisexual, transgender, and intersex people who are not cisgender and heterosexual. 'LGB' refers to sexual orientations, while 'T' indicates a gender identity, and 'I' a biological variant. They are clustered together in one abbreviation due to similarities in experiences of marginalisation, exclusion, discrimination, and victimisation in a heteronormative and heterosexist society, in an effort to ensure equality before the law and equal protection by the law. However, the possible differences between persons who claim these labels and those to whom these labels may be assigned ought not to be trivialised. The respective issues, experiences, and needs of these people may in fact differ significantly and in several respects. In solidarity with the activist position regarding this matter, however, in this document, reference is made to LGBTI, and distinctions among the diversity of identities that exist are minimised

Men who have sex with men

Men who have sex with men, regardless of whether or not they have sex with women or have a personal or social gay or bisexual identity. It also includes men who self-identify as heterosexual but have sex with other men. It encompasses the large variety of settings and contexts in which male-to-male sex takes place, regardless of the multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with any particular community or social group

Non-binary

An umbrella term for any gender identity that does not conform to the strict binary of being either male or female. Many non-binary people identify as transgender

Pansexual	Attracted to people of any gender, or attracted to people irrespective of their gender
Queer	An inclusive term that refers not only to lesbian and gay persons, but also to any person who feels marginalised because of her or his sexual practices, or who resists the heteronormative sex/gender/sexual identity system
Sexual behaviour	Sexual behaviour is distinguished from sexual orientation because the former refers to acts, while the latter refers to feelings and self-concept. People may or may not express their sexual orientation in their behaviour
Sexual diversity	The range of different expressions of sexual orientation and sexual behaviour that spans across the historically imposed heterosexual–homosexual binary
Sexuality	Sexuality is a central and lifelong aspect of being human and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors
Sexual health	Sexual health is a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled
Sexual orientation	Each person's profound emotional and sexual attraction, and intimate and sexual relations, in relation to the gender of the person's partner(s)
Trans*	Trans* people generally self-identify with a gender that does not correspond to the sex assigned to them at birth. The term trans* is used with an asterisk at the end to signify that "trans-" may be followed in any number of ways (e.g. "transsexual," "transgender," and "transvestite"). The asterisk also acknowledges other gender identification categories and social gender roles, such as genderqueer and androgynous, among others
Transgender	Transgender people have a very intense experience of their gender being different to that assigned by birth. Transgender people sometimes seek some form of medical treatment to bring their body and gender identity closer into alignment
Transphobia	An irrational fear of and/or hostility towards people who are transgender or who otherwise transgress traditional gender norms
Transsexual	A medical term mostly used to describe people who (may) seek medical and surgical treatment to bring their body, sex and gender identity into alignment
Transvestite	A person who dresses in the clothing of the opposite sex for various reasons but not because they want to change their sex or gender
Transitioning	The process of undergoing treatment to change assigned sex
Transman	An individual who starts his life with a female body but whose gender identity is male. FTM = female to male
Transwoman	An individual who starts her life with a male body but whose gender identity is female. MTF = male to female

EXECUTIVE SUMMARY

The South African National LGBTI HIV Plan 2017-2022 (LGBTI HIV Plan) was developed to guide the work of all LGBTI stakeholders and implementers in South Africa. The Plan is inclusive of all sexual minorities living in South Africa, and recommends evidence-based and multi-sectoral HIV interventions to address the HIV epidemic in the country. The Plan builds on consensus of LGBTI stakeholders from across South Africa on priorities, challenges, and goals related to providing appropriate, accessible and acceptable services for LGBTI people. In line with the National Strategic Plan for HIV, STIs, and TB 2017-2022 (NSP 2017-2022) the LGBTI HIV Plan recommends activities that, by 2022, will bring us closer to addressing the vulnerabilities of LGBTI to HIV, TB and STIs with evidence-based practices and within an environment that is affirming of their human rights.

The development of the document, led by the South African National AIDS Council (SANAC) and the LGBTI Sector, involved consultation with a Technical Working Group (LGBTI-TWG) made up of various stakeholders including government, LGBTI organisations, experts on LGBTI programming, development partners and civil society organisations.

Many factors contribute to the vulnerability of LGBTI people to HIV, TB and STIs. Stigma and discrimination based on sexual orientation and gender identity and expression, as well as lack of knowledge about LGBTI health needs, prevents sexual minorities from accessing the necessary prevention, care and sexual health services in the public system. Social stigma is linked to poor mental health outcomes as well as sexual and other violence perpetrated against LGBTI people, and diminished economic opportunities. Other contributing factors include misinformation about HIV and STI prevention among LGBTI people, unavailability of HIV, STIs, and TB prevention commodities, high-risk sexual behaviours, and drug use and alcohol abuse. Historical racial and socioeconomic inequalities exacerbate the vulnerability of many LGBTI people, particularly in areas where LGBTI-competent services are unavailable. While very little is known about TB among LGBTI groups in South Africa, it is likely that many of the above-mentioned factors also contribute to TB vulnerability.

This Plan aims to address HIV, STIs and TB service provision through five interlinked packages, namely: health, empowerment, human rights, psychosocial support, and evaluation. The plan assumes that the 90-90-90 objectives to end the HIV epidemic can only be achieved if all five packages are synergistically implemented.



1. INTRODUCTION

Lesbian, gay, bisexual, transgender, intersex (LGBTI) communities face discrimination and exclusion across the world in all spheres of life. Homophobic violence and abuse targeting LGBTI communities occur on a regular basis. Particularly vulnerable are young LGBTI people who experience estrangement from family and friendship networks, harassment at school and invisibility, which can lead in some cases to underachievement at school, dropping-out of school, mental ill-health and homelessness. This discrimination not only denies the LGBTI community equal access to key social goods such as employment, health care, education and housing, but it also marginalises them in society and makes them one of the vulnerable groups who are at risk of becoming socially excluded.

LGBTI communities are at higher risk of HIV infection and related illnesses. This health risk is due to several factors including stigma and prejudice towards non-binary genders (3), and violence directed towards members of LGBTI groups because of non-conforming sexual orientation or gender identity. Stigmatisation may stem from various levels of society, including the mainstream population, faith-based organisations, the family, and significantly, from public service employees. Globally, gay men and other men who have sex with men (MSM) are 19 times more likely to be living with HIV than the general population (4), while transgender women are 49 times more likely to be HIV infected (5). Furthermore, results from various monitoring projects show that criminalisation of LGBTI populations has led to increased fear among the LGBTI communities, greater concern that health-care workers may disclose their orientation to authorities, increased cases of organised gangs threatening and extorting individuals on the basis of their sexual orientation, and more physical attacks (4).

Exclusion and discrimination of LGBTI people have major impacts on their lives resulting in:

- High rates of school dropout.
- Separation from home and families, resulting in absent familial and social support.
- Unemployment, due to having less stable home lives and fewer job options.
- Social isolation from mainstream communities, and rejection from religious communities.
- Inability of public services to serve LGBTI needs.
- Ignorance of individual rights and entitlement to services.
- Increased migration and geographic movement to urban areas and other countries.
- More mental health issues such as depression, low self-esteem, and suicidal thoughts and attempts (1).

South Africa has one of the most progressive Constitutions in the world with regards to protection of sexual minorities (6, 7). In 1996 South Africa became the first country in the world to publish a constitution that protects people from discrimination on the grounds of sex, gender and sexual orientation. South African laws ensure legal emancipation of people under the LGBTI banner and allows people to apply for legal adjustment of one's sex description without having to undergo reassignment surgery (7, 8).

However, despite the many supportive structures, LGBTI people still face many obstacles as there is a considerable gap between the progressive legal code and the much more conservative South African culture, values and practices (7).

Background

Stigmatisation and discrimination affects the LGBTI community in a number of ways. It creates psychological difficulties related to rejection, which can manifest as depression and these difficulties often lead to harmful behaviour such as excessive alcohol and drug use. Stigma may also be internalised where issues of self-esteem and self-worth are negatively impacted (9).

Health services are often inadequate and inaccessible as some healthcare workers (HCW) display negative and stigmatising attitudes or do not have adequate clinical skills to provide targeted LGBTI health care. Preventative tools such as dental dams for women who have sex with women (WSW) and condom-compatible lubricant are not always available in public health facilities. The lack of access

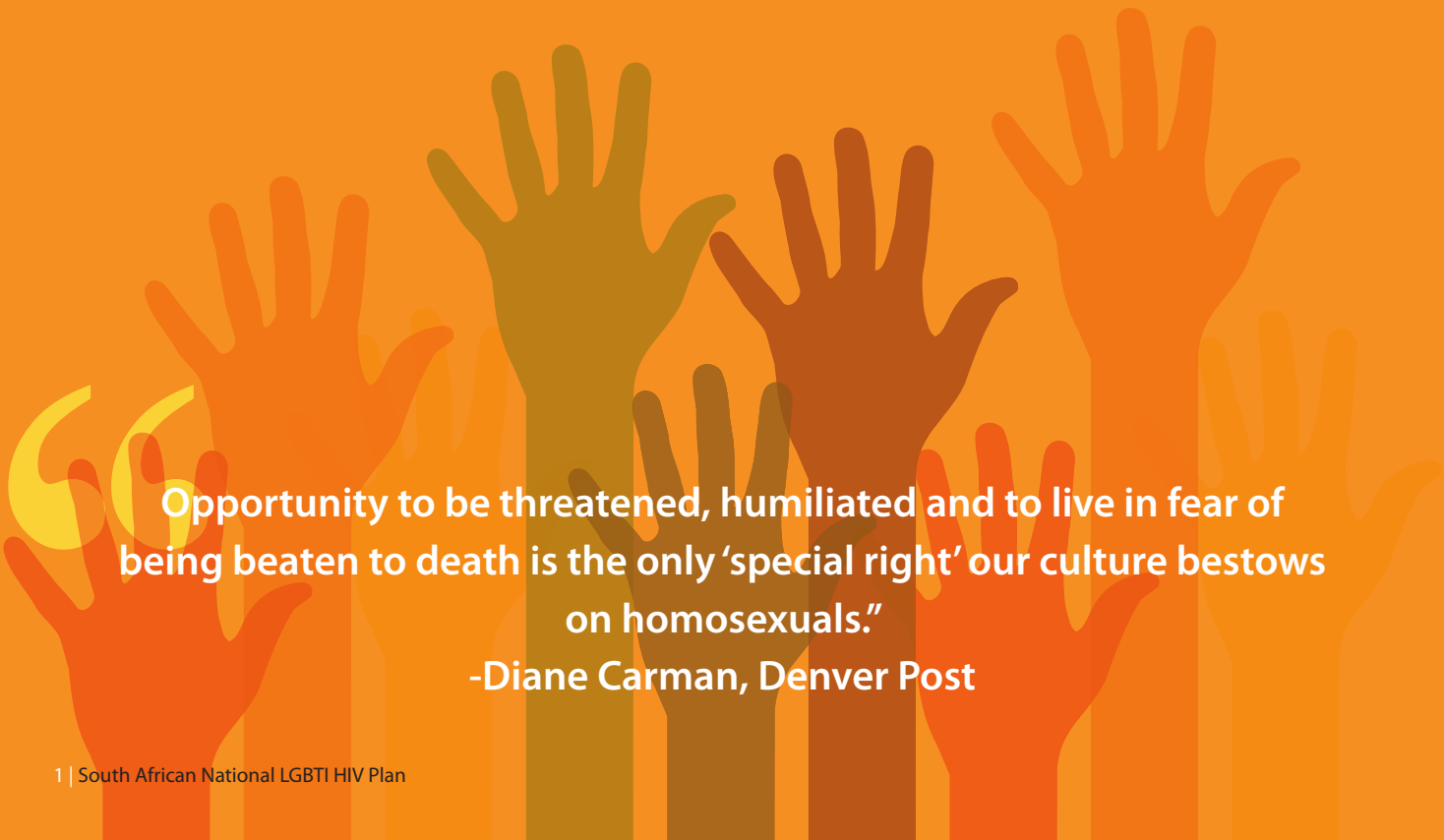
to comprehensive sexual and reproductive health (SRH) and rights in the transgender community are linked to HIV infections (10). Fear of discrimination and internalised stigma, result in delayed health seeking behaviour, or in increased risk-taking behaviours (11, 12). This often leads to self-medicating, avoiding prevention tests and screening, and approaching health services as a last resort and therefore very late.

Health programmes designed for the general population sometimes inadequately cater for the additional needs of the LGBTI populations. The South African government provides few specialised health and social services focusing on LGBTI people (12). Several community-based organisations (CBOs) have established programmes to fill this gap, working closely with government. These ground-breaking partnerships between the South African government and civil society ensures equitable services to LGBTI people and this Plan will be used to further strengthen and scale up such partnerships.

The LGBTI HIV Plan has been developed to guide all stakeholders in HIV and STI prevention, care, and treatment of all members of the LGBTI populations in South Africa, inclusive of all sexual minorities living in South Africa. The LGBTI HIV Plan brings us closer to a world in which members of the LGBTI populations can realise their health and human rights in an environment that is affirming of their sexual orientations, gender identities, and gender expressions.



SECTION A: STRATEGIC APPROACH



“Opportunity to be threatened, humiliated and to live in fear of being beaten to death is the only ‘special right’ our culture bestows on homosexuals.”

-Diane Carman, Denver Post

THE LGBTI PLAN

LGBTI COMMUNITIES

The LGBTI populations are grouped together because they are sexual minorities who confront common issues of rejection, stigma and discrimination. This document is cognisant of these shared issues but also recognises the heterogeneity of these communities.

One of the difficulties faced in producing one plan for the different communities is the delineation of the groups within the LGBTI population.

This Plan includes the following groups of people:

1. Women who have sex with women

Women who have sex with women (WSW) are women who identify as lesbian, bisexual, or heterosexual, but also have sex with other women.

Women who have sex with women are racially and socio-economically heterogeneous (2) but share – along with other sexual minorities – barriers to accessing and using social and health care services in South Africa (13).

HIV Risk Factors among WSW

The biologic risk of HIV transmission through female-to-female sex is unclear, but there are case reports of HIV transmission among this group (14). The well-documented risk of female-to-male transmission of HIV indicates that vaginal and other secretions such as menstrual blood, and blood from trauma during rough sex, are potentially infectious and that oral or vaginal exposure to these secretions can lead to HIV infection (14).

Common behavioural HIV risk factors among WSW include injection drug use and concomitant heterosexual sex, particularly with high-risk men (14). WSW frequently have sex with men and are more likely than women who have never had sex with other women to have male partners at higher risk of HIV infection (e.g., MSM and PWID) (15). In a recent southern African study, nearly half of the WSW participants reported having consensual heterosexual sex and 18.6% of the women reported engaging in transactional sex despite self-identifying as lesbian (16).

Homophobia is particularly widespread for WSW, and in southern African countries, WSW are particularly vulnerable to homophobic sexual assault (2). Sexual assault – commonly labelled as “corrective rape” in South Africa – has been increasingly reported (17), with 31% to 45% of women reporting having been forced to have sex or having been raped (16, 18). Lesbian and bisexual women are at higher risk than other women in a patriarchal society, and lesbians in a homophobic one (19). A systematic review (2) found that women who belong to a sexual minority in southern African

countries were reluctant to use health services and to disclose their sexual orientation or activities to health professionals, which indicated delayed or no health care as well as a lack of sexual health information and HIV risk behaviours (15). In addition, facilities rarely have WSW-specific prevention barrier commodities at health facilities such as dental dams and finger condoms (20).

Finally, little education or information about WSW prevention, care and treatment is available in South Africa (21), which contributes to the perception that lesbians are “immune” to HIV infection (22). These misconceptions among lesbians ironically puts them at higher risk through lack of health-seeking behaviours and high risk sexual activities (22, 23). Although many WSW have tested once for HIV infection, few know their partner’s HIV status (23, 24).

HIV prevalence and HIV morbidity

Data on HIV and STI prevalence among WSW in South Africa are sparse. Self-reported HIV prevalence is estimated at 9.6% (24). Other estimates range from 8% (22) to 13.8% (2) making this comparable to or higher than among women who don’t have sex with other women, who have prevalence of 11.2% (25). Globally, there is evidence of high STIs (especially HPV) in this community (18).

Much of the limited research on sexual minorities has focused on MSM, while the health and HIV risk of WSW has been sidelined in research and in the resulting policies and strategies in the response to the HIV epidemic (15). HIV and STIs have a great impact on WSW and further research is needed to determine the population size, HIV and STI prevalence, and risk factors affecting WSW within the HIV, STI and TB epidemics.

2. Men who have sex with men

MSM includes men who identify as gay or bisexual as well as men who identify as straight but who also have sex with other men. Due to their high risk of HIV, oral pre-exposure prophylaxis (PrEP) is recommended as an effective prevention mechanism for HIV negative MSM and transgender women to reduce transmission of HIV. For MSM who are already positive, universal test and treat (UTT) – where antiretroviral treatment (ART) is offered immediately – is important in order to reduce the viral load of MSM to help reduce the risk of transmission. MSM who also engage in vaginal sex should also be offered medical male circumcision.

HIV prevalence and HIV-related morbidity

HIV prevalence among MSM in South Africa ranges from 10.4% to 49.5% (12, 26–29). The Human Sciences Research Council’s (HSRC) Marang Men’s Study found HIV prevalence of 22.3% in Cape Town, 48.2% in Durban and 26.8% in Johannesburg (30). The prevalence varies considerably between urban and rural areas and according to socio-economic status.

MSM in South Africa are also affected by other STIs at relatively higher rates than men in the general population, and a history

¹Details regarding the HIV and HIV-related health risks are discussed in Section B

of having contracted STIs has been found to be associated with HIV infection in the MSM population (31). There is a lack of data on STIs among South African MSM, but one study conducted in Cape Town found STI prevalence of 31% in this population when testing for chlamydia and gonorrhoea (32). National population size estimates (PSE) for MSM in South Africa range from 750,000 (33) to 1.2 million (34).

3. Transgender people

Transgender people (trans*) are individuals whose gender identity or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms, including transsexual, transgender, and transvestite. Note: When serving trans* people, use the descriptive term and pronouns preferred by the individual.

Many trans* people are prescribed hormones by their doctors to change their bodies to reflect their gender identity. Some undergo surgery, but not all trans* people can or will take those steps, and a transgender identity is not dependent upon medical procedures. These include trans men (female to male) and trans women (male to female). Gender affirming surgeries are not accessible to all trans people, and is not an essential component of transition. People can change their identity documents and live as their chosen gender without surgery and many choose this option (35).

HIV prevalence and HIV morbidity

The prevalence of HIV is 49 times higher among trans women than in the general population, and higher than in WSW and MSM (5). Global research confirms that trans* people – especially trans women – are particularly vulnerable to HIV infection (35-37). Trans* people are often excluded from MSM and WSW research and therefore do not have services designed according to their needs (35). Trans* individuals' sexual orientation varies, as they can be gay or lesbian, straight or bisexual, a frequent source of misunderstanding among health providers (35).

4. Intersex people

The term intersex refers to a variety of conditions (genetic, physiological, or anatomical) in which a person's sexual or reproductive features and organs do not conform to dominant and typical definitions of female or male. Such diversity in sex characteristics is also referred to as 'biological variance' – a term which risks reinforcing pathological treatment of differences among individuals, but which is used with caution in this document to indicate an inclusive grouping of diversity in sex characteristics, including, but not limited to, intersex individuals.

Intersexuality is important in the way it shapes the possibilities of living out one's identity (7). The rights of people with variations of sex development in South Africa, were first explicitly secured through an amendment of section 1 of Act 4 of 2000

(Promotion of Equality and Prevention of Unfair Discrimination Act) in January 2006. Even though people with variations of sex development are protected under the Constitution, no legal documents recognise intersexuality. Since 2003, South African health care professions have refrained from forcibly assigning gender at birth, opting to wait until the individual is able to make an informed choice. In cases where parents insist on immediate surgical interventions, a multi-disciplinary team is convened to make decisions (7). This team collaborates to protect the intersex child and to ensure that the privacy and dignity of the individual and family are protected (38).

Intersex people are subject to more stigma than other non-conforming identities and orientations. In some societies, female infertility precludes marriage, which could affect employment prospects and creates economic dependence. Religious and philosophical views may influence how parents respond to the birth of an intersex infant, while poverty and illiteracy negatively affect access to health (39).

Although medical interventions for intersex individuals are largely surgical, birth of an intersex child prompts a long-term management strategy that involves a myriad of professionals working with the family. Intersex individuals face intense problems that are associated with gender assignment, including the diagnosis, genital appearance, surgical options, need for life-long hormone replacement therapy, the potential for fertility, views of the family and sometimes circumstances relating to cultural practices (39).

HIV prevalence and HIV-related morbidity

Intersex and trans* populations are the most under-researched of all the non-conforming groups (40) and data on HIV prevalence and incidence is urgently needed.

GOALS AND OBJECTIVES

GOAL

The goal of the South African National LGBTI HIV Framework is to provide consolidated guidance to reverse the burden of disease from HIV, STIs and TB and to promote a rights- and evidence-based environment for LGBTI people in South Africa. This will be achieved through the implementation of five interlinked service packages: health, empowerment, psychosocial support, human rights, and evaluation.

FIVE YEAR OBJECTIVES AND TARGETS

1. Health:

- To reduce HIV by 63%; TB by 30%; and increase detection of STIs by 70%, with comprehensive prevention; and
- To treat HIV, TB, and STIs among LGBTI people through :
 - Providing a package of LGBTI-appropriate HIV, STIs and TB-related health care services to 200 000 LGBTI people;
 - Initiating 5,000 MSM and trans* people on PrEP;
 - Ensuring that 95% of the LGBTI community have access to

and use condoms and condom-compatible lubrication correctly and consistently; and

- o Ensuring that all LGBTI have access to comprehensive health services:
 - 90% of LGBTI living with HIV, STIs or TB know their status;
 - 90% of LGBTI who test HIV, STIs or TB positive are linked to treatment;
 - 90% of MSM and transwomen who test HIV negative are offered combination prevention packages, including PrEP;
 - 90% of LGBTI on ART are virally suppressed and those on TB treatment, complete their treatment; and
 - LGBTI people have access to and are retained in care.

2. Empowerment

To empower LGBTI populations through a peer-led programme that will strengthen community networks and LGBTI organisations to address the social and economic factors that restrict economic opportunities.

3. Psychosocial support

To reduce internalised and external stigma and discrimination against LGBTI and to offer or refer for counselling and harm reduction support.

4. Human rights

To develop and implement effective mechanisms to deal with human rights abuses and violence from the public, police and health care providers; sensitisation of police and prosecuting authorities; and legal literacy and paralegal support to reduce violence against LGBTI.

5. Evaluation

To establish a participatory and evidence-based plan for the delivery of acceptable, accessible, appropriate and available services for LGBTI people in South Africa.

GUIDING PRINCIPLES

The following guiding principles underpin the LGBTI HIV Plan:

- Community-led: The LGBTI community will be involved in the planning, implementation and review of the Plan and its implementation.
- Rights-based: Strategies are rooted firmly in the protection and promotion of human and legal rights, including prioritising gender equity and gender rights.
- Evidence-based: initiatives are based upon evidence and statistical data.
- Multi-sectoral: South African Government, civil society, private sector and all other stakeholders will be meaningfully engaged in the implementation of this Plan. Stakeholders are cognisant of resource constraints in South Africa.

- Leadership and accountability: All stakeholders accept responsibility for the implementation of the Plan.

PROGRAMME APPROACH

THEORY OF CHANGE

The theory of change posits that implementing these five packages will lead to increased access to HIV, STI and TB services and to the creation of an enabling environment to improve the health of LGBTI people and reduce the number of new infections and mortality related to HIV, STIs, and TB. Improved service coverage and greater access to commodities and services, such as condoms and condom-compatible lubricants, substance-use interventions, stronger community networks, and increased access to justice and human rights, will decrease LGBTI exposure to HIV, STIs and TB by encouraging less risky sexual behaviour and prompt access to, and utilisation of, health services.

This theory recognises that specific health risks are due to the experience of stigma and discrimination, and subsequent marginalisation, and suggests that an enabling environment is critical to the success of the Plan. An enabling environment is one in which all role-players, such as health and social workers, law enforcement officials, legal representatives and community members, contribute to improved LGBTI wellbeing. An enabling environment will result in decreased violence and a reduction in stigma and discrimination. This in turn, will achieve the goal of reducing the incidence of HIV, STI and TB related mortality.

The theory of change also highlights the central role that research evidence plays in achieving the desired outcomes and impacts. LGBTI populations are under-researched and this plan will contribute to evidence for South African best practice. Programmatic data will be collected with a monitoring and evaluation grid, which will inform implementation research. Surveillance data will contribute to accurate population size estimates for accurate target setting, programme evaluation, and the development of prevention and treatment cascades for the individual LGBTI populations.

KEY FEATURES

Evidence indicates that effective HIV, STI and TB prevention, care and treatment packages for the LGBTI community should include combinations of biomedical, behavioural and social, and structural interventions tailored to local contexts (41), and delivered by peers from the local community.

Key features of LGBTI HIV Plan are as follows:

- A peer-led approach that utilises peers drawn from the target community to identify high-risk individuals, provide psychosocial support, provide a range of relevant information, guide individuals to access services, and enhance prevention outreach interventions. Peers are the

²In the absence of reliable population size estimations, these targets were set based on available data. Targets will be reviewed as evidence becomes available.


³This target will be reviewed once uptake is assessed in the first year

- backbone upon which service provision is implemented and facilitated, and through whom the community is enabled to access services. Alignment among all service providers will promote the roll out of this peer-led model, accommodate the mobility of the population, and contribute to meeting the aims and objectives set out by the plan. A peer-led model notes the opinions of the LGBTI community, allows organisations to access the LGBTI community effectively, and facilitates access to health care and adoption of safer sexual behaviours. Improved agency and mobilisation in the LGBTI populations and sensitisation of health and social workers will facilitate better uptake of health and social services. In addition, peer educators will provide referral to allied services such as support for gender-based violence and substance use. Peer educators will link LGBTI individuals to legal services, safe spaces and assist them in accessing other support, where appropriate.
- Packages are tailored to local conditions, including resources, services, socio-economic and cultural circumstances.
 - Collaborative implementation between South African Government Departments, specifically the Departments of Health, Social Development, Justice, Basic Education, Higher Education, and parallel NGO services and CBOs.
 - Packages are owned by and include LGBTI community voices; community and CBO participation in the planning, design, resourcing, managing and implementing of an HIV, STI and TB prevention, care and treatment response is community-based.
 - The approach is learning-oriented and emphasises ongoing capacity development, while also being adaptive to new developments.
 - The approach is subject to continual monitoring, evaluation, implementation research and reporting.
 - The Plan is flexible and easy to adapt to changing epidemic patterns.



Figure 1. Theory of Change

SECTION B: IMPLEMENTATION GUIDE



LGBTI groups are geographically widespread but members are present within each general community. It is important that interventions work within the LGBTI community and in the general population to address stigma and discrimination.

IMPLEMENTATION

The LGBTI communities comprise diverse populations ranging from poor people living in informal settlements to highly empowered individuals, with diverse education levels, values and world views. It is therefore not possible to develop programmes which will be appropriate for all people within a specific population. The greatest need is among the poor and disadvantaged who face the most discrimination and are the ones dependent on public health services. The main effort of the Plan is therefore to target the disadvantaged sector of each of the populations.

LGBTI groups are geographically widespread but members are present within each general community. It is important that interventions work within the LGBTI community and in the general population to address stigma and discrimination.

Negative experiences with HCW contribute to the erosion of a sense of safety leading to LGBTI individuals either avoiding care, or accessing care as a last resort: In the Western Cape, 16% of LGBTI people either delayed or avoided health care for fear of stigma (2).

Lesbians are less likely than heterosexual women to access preventive and routine tests such as screening for cervical- and breast cancer.

BASIC PACKAGES OF SERVICE

As the HIV epidemic continues to be fuelled by social-structural factors such as stigma and discrimination, violence, lack of community empowerment, violations of human rights, and lack of evidence, it is assumed that the health objective can only be achieved if objectives 2 through 5 are realised.

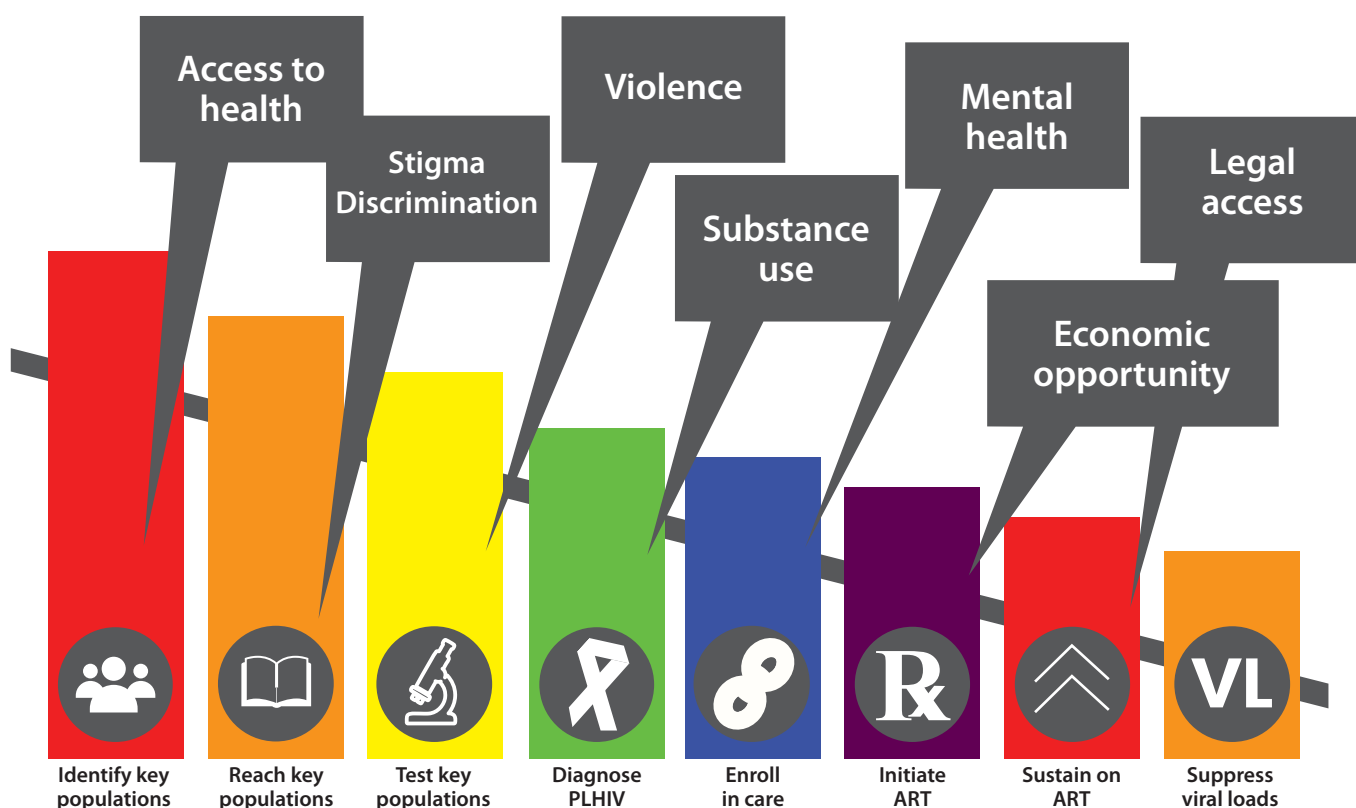
1. HEALTH SERVICES

Appropriate and adequate healthcare services

All LGBTI communities face difficulties with inadequate or inappropriate health care service delivery, although this may be experienced in different ways. The problems are summarised in Figure 2.

Health care worker attitudes

Health care workers (HCWs) often base practices on an assumption of sameness, rather than ensuring equal access to services (7). This can lead to unhelpful and disempowering interactions between HCWs and sexual minority clients (42). These negative attitudes towards LGBTI people range from discomfort and insensitivity to open hostility and sometimes refusal to provide services (2). Some HCWs regard gender diverse people as ill or perverse. There is also sometimes curiosity about sexual practices that invade the privacy of LGBTI



Evaluation and Research evidence

Figure 2. Cascade of HIV prevention, diagnosis, care and treatment (90-90-90 Cascade)

individuals. This problematic attitude sometimes means that LGBTI people do not receive appropriate services and do not disclose their health concerns and risks. A recent study with 80 transgender and gender non-conforming people showed that access to health care, especially to HIV care, is a major concern (35). The report found that health services are discriminatory and health workers provide sub-standard care to transgender and gender non-conforming persons.

Health care workers' knowledge of LGBTI issues

HCWs must be aware of and trained in the health issues affecting LGBTI individuals and need to understand how the person's gender identity and sexual orientation affects their health and risk of contracting HIV, STIs and TB. It is important to offer services that are embracing of diversity, and inclusive of LGBTI communities so as to ensure services are appropriate to the client and that the client is willing to disclose their concerns to the HCW. There is a complete lack of knowledge of HIV and STI transmission regarding WSW and trans men. As an example many HCWs believe that a PAP smear is not needed for lesbians or trans men. The result is late detection of cancer. This lack of information points to inadequate training of HCWs at medical schools and nursing colleges.

Health programmes

Health programmes are targeted at the general community and may not be appropriate for the LGBTI communities. To address these issues the LGBTI HIV Plan will:

- Provide LGBTI-sensitive and appropriate HIV, STI and TB services throughout the country.
- Standardise programmatic materials including job aides, training materials and communication materials.
- Amend all relevant policies and guidelines to reflect MSM, WSW and trans* issues.
- Develop new policies where necessary.
- Design strategies to ensure the adequate supply of internal and external condoms and condom-compatible lubricants.
- Create structures to ensure the supply of health materials not currently available such as equipment for anal and cervical cancer screening, and dental dams.
- Ensure that all HCWs are appropriately trained on LGBTI issues and specific health needs.

Community-based outreach

Community-based outreach is an effective method of reaching people, particularly those who face barriers to obtaining mainstream services, as is often the case for people from the LGBTI populations. Mobile outreach is a highly effective means of delivering prevention interventions such as HIV Testing Services (HTS), condom programmes and targeted communication, as well as a useful access point for referral to opioid substitution therapy and ART.

Core Health Package

- Peer-led outreach
- Clinic-based services
- Condoms and condom-compatible lubricant
- HIV, STI and TB screening, prevention, care and treatment
- Sexual and reproductive health (SRH) services
- Laboratory services

WSW (additional services)

- Research on STI and HIV transmission
- Dental dams, finger cots, and other prevention commodities
- HIV education to debunk myths on lack of HIV transmission risk
- Family planning
- PAP smears
- PMTCT
- Mammograms

MSM (additional services)

- PrEP and UTT
- Rectal care and treatment
- Screening for viral hepatitis

Trans* (additional services)

- PrEP and UTT
- Referral for surgery
- Family planning
- PAP smears
- PMTCT
- Mammograms
- Rectal care and treatment
- Screening for viral hepatitis

Intersex People (additional services)

- Research knowledge on intersex factors that could contribute to HIV, STI and TB vulnerability
- Multi-disciplinary care teams

Prevention

Comprehensive condom and condom-compatible lubricant programming is one of the most effective prevention methods to date.

Increasing the availability, accessibility, affordability and use of dental dams, and internal and external condoms and condom-compatible lubricants through targeted distribution programmes is an essential component of the HIV and STI response. Consistent and correct use of condoms reduces sexual transmission of HIV and other STIs in both vaginal and anal sex by up to 94% (41). Use of water- or silicone-based lubricants (as opposed to petroleum-based) helps to prevent condoms from breaking and slipping. Effective condom programming is particularly important for key populations such as MSM, adolescents, sex workers and the trans* community.

While condoms and condom-compatible lubricants may be widely sold, providing condoms with water-based lubricants free to LGBTI populations removes any barrier that cost may pose. Both internal and external condoms should be available through multiple outlets that reach all the different LGBTI populations and particularly young people in these communities. Condom-compatible lubricant must accompany condoms in adequate quantities.

Condom promotion campaigns must increase awareness, promote the acceptability and benefits of condom use and help to overcome social and personal barriers to their use. All condom programmes should address the complex gender, religious and cultural factors that could impede condom use, and promotion and marketing tools should be inclusive of MSM, WSW, and trans* people.

Along with promotion and supply, information and skills-building in negotiating condom use and use of the correct lubricants must be offered. Risk assessments and risk reduction-counselling go hand in hand with these skills development. Behavioural interventions can encourage consistent condom use.

HIV treatment as prevention

Pre-exposure prophylaxis (PrEP)

Oral pre-exposure prophylaxis (PrEP) is the daily use of ART drugs by HIV-uninfected people to block the acquisition of HIV. Studies have demonstrated the effectiveness of PrEP in reducing HIV transmission among MSM and transgender women. Willingness to use PrEP varies and the main factors that influence PrEP use include effectiveness, side-effects and cost. There are concerns with PrEP use related to risk compensation, drug shortages, and poor adherence.

According to the WHO, oral PrEP for MSM has proved feasible in various trial settings and acceptability studies (including among young MSM). PrEP is best offered as one component of a comprehensive set of HIV prevention interventions. In the introduction of PrEP, it is important to assess the barriers and

enablers to existing HIV prevention strategies in the specific population and context.

Post-exposure prophylaxis (PEP)

Post-exposure prophylaxis (PEP) reduces the likelihood of acquiring HIV infection after possible exposure to HIV. ART has been prescribed as PEP following sexual assault, possible exposure through unprotected sex, and when condoms break or slip off. PEP is currently the only way to reduce the risk of HIV infection in an HIV-negative individual who has been exposed to HIV. As such, it is widely considered an integral part of the overall prevention strategy. Despite its short duration and reported availability, completion rates and uptake of PEP are low. Therefore, counselling and other adherence support measures are recommended. PEP should not be considered 100% effective.

Universal test and treat (UTT)

Viral load is the single greatest determinant of the risk of HIV transmission. When someone is virally suppressed (viral load is undetectable), the risk of HIV transmission is significantly reduced. Early initiation of ART, regardless of CD4 count, or universal test and treat (UTT), is available to all people that test positive for HIV. Early initiation is especially important in key populations such as MSM and the trans* community.

Prevention of mother-to-child transmission (PMTCT)

PMTCT is the use of ART to reduce the transmission of HIV from an HIV-positive mother to her child. PMTCT should be available for WSW and trans men who are pregnant.

Medical male circumcision for HIV prevention (MMC)

There is no evidence that MMC prevents HIV transmission through receptive anal intercourse (41). MSM and trans* individuals will still benefit from MMC if they also engage in vaginal sex. MSM should not be excluded from MMC services where it is offered for HIV prevention.

Behavioural Interventions

There are a number of behavioural risk factors which differ from one LGBTI population to another.

Knowledge

There is a widespread belief that WSW are not at risk of HIV transmission. This belief exposes WSW to HIV and STIs in a number of ways:

- WSW perceive themselves to be protected, and consequently do not use barrier or other prevention commodities.
- WSW infrequently test for HIV, and often this is done too late.
- Few HIV programmes are targeted at WSW.
- There is little knowledge of HIV and STI transmission in the lesbian community and among HCWs.

Low knowledge of condom-compatible lubricants and the role of STIs among MSM and trans* people result in increased vulnerability.

Sexual Practices

Certain sexual practices increase the risk of HIV transmission due to biological factors. Condomless receptive anal sex puts an individual at risk for HIV and STIs.

Reported condom usage among MSM and trans women is low and condoms are often not used with regular partners because of the perception that condom-use reduces sexual pleasure and/or shows mistrust and infidelity. The use of alcohol and other drugs impairs safer-sex decision making. Inconsistent and incorrect condom use combined with a high number of partners increases the risk of contracting HIV or STIs.

Transactional sex, where there are power differences characterised by age differences and differences in economic status, pose a risk for transwomen or MSM when negotiating safe sex. It is important to distinguish transactional sex from sex work. Sexual interactions during normal patterns of socialising are reportedly frequently characterised by a transactional element and these 'transactions' would usually involve individuals buying alcohol for potential sex partners, who frequently identify as heterosexual.

Trans* and MSM may resort to sex work when faced with unemployment. Sex worker populations globally have a higher risk of HIV infection due to their multiple overlapping vulnerabilities. Recent research on sex work, conducted in four South African cities, found that male sex workers were 2.9 times more likely than female sex workers to have condomless intercourse (43).

Safer sexual behaviours and practices are enabled when people understand their risk exposure; have the knowledge, skills and conviction to reduce that risk; have an environment in which to exercise this knowledge; and safe affirming places to be tested and treated. Behavioural interventions provide information, motivation, education and build the necessary skills to help individuals reduce risky behaviours and sustain this positive change. Behavioural interventions may address individuals or groups. One-on-one counselling must focus on awareness of personal risk and risk reduction strategies; for example, counsellors or community workers may discuss risk behaviours, relate a participant's activities directly to HIV risk, and consider strategies to reduce this risk. In contrast, peer-to-peer interventions and group sessions must focus more on awareness of overall risk, with group sessions offering the added benefit of group support for finding behavioural interventions to help individuals support safer behaviours and sustain this positive change.

Effective social marketing campaigns that promote testing, treatment and other services, as well as social bio-behavioural

Recommendations for adolescent LGBTI

Adolescents deserve specific consideration as at this stage in their development the urge to explore and experiment normally develops ahead of decision-making ability. Adolescents' evolving cognitive abilities are an important consideration in the design of behavioural interventions for them. Adolescence is also a critical stage for identity development and LGBTI adolescents might be even more vulnerable during this stage (46).

Skills-based interactive and participatory approaches for adolescents from LGBTI communities, including online, mobile health, peer and outreach approaches, have proved acceptable to adolescents and have shown promise in some contexts (47).



change interventions are part of the comprehensive package. These may take place face-to-face or through broadcast mass media and digital media. Choices of content and approach, as well as of the medium, should be based on good formative analysis of the local situation. Although the logic of behavioural interventions is primarily based on individual awareness and decision-making about risk, such interventions can operate at community level. For example, interventions may involve training opinion leaders to communicate with their peers, thus changing perceptions of social norms about risk and risk avoidance. There is insufficient evidence to make general recommendations for all LGBTI communities.

HIV testing services (HTS)

HIV testing services (HTS) is the essential first step in enabling people with HIV to know their status and provide the link to HIV prevention, treatment and care services. Due to the high HIV prevalence, HIV-negative MSM and trans women are encouraged to test 3-monthly. For those who test negative, HTS is an important opportunity to put those at risk of HIV in contact with primary prevention programmes, like PrEP, and to encourage retesting and condom use. HTS must always be confidential, voluntary and free from coercion. Like all testing services, HTS for the LGBTI communities need to emphasise the WHO 5 Cs of HTS: consent, confidentiality, counselling, correct results, and linkage to care. Furthermore, HTS must be part of a comprehensive prevention, care and treatment programme. It is important that there are clear and robust links between testing and HIV prevention, treatment and care services; poor linkages prevent people from acting on their test results.

Members of the LGBTI communities sometimes test late due to fear of stigma and discrimination thus increasing their health risks. Community-based and mobile outreach-testing, linked to prevention, care and treatment, has the potential to reach greater numbers of people than clinic-based HTS – particularly those unlikely to go to a facility for testing due to fear of stigma. In all epidemic settings, accessible and acceptable HTS must be available to adolescents and provided in ways that encourage testing especially for the MSM and trans* populations. Young MSM and trans* people must be able to obtain HTS without required parental or guardian consent or presence.

HIV self-testing (HIVST)

HIV self-testing (HIVST) is an emerging approach with the potential to be high impact, low cost and empowering for those who may not otherwise test, particularly among high risk populations such as LGBTI. In order to suit a local context, HIVST may be delivered in multiple ways which vary as to type of support, range of access and site of sale or distribution. Although HIVST is an effective screening method for HIV, all reactive self-test results must be confirmed according to national testing algorithms (SA HIV Clinicians society, 2017), it may stimulate demand for and increase uptake of HTS among LGBTI, who may be more reluctant to or unable to seek existing services.

Linkage to and enrolment in care

HTS is just the first step in the continuum of HIV care; a positive HIV diagnosis without linkage to HIV prevention, care and treatment has limited benefit. Ensuring that people are linked to and enrolled in HIV clinical care is necessary to realise the full health and prevention benefits of ART. Unfortunately, substantial losses occur at every step of the HIV care continuum. These losses are particularly large among people from LGBTI populations.

A number of psychological and social barriers hinder linkage to care for people newly diagnosed with HIV. The perceived stigma associated with attending an HIV clinic continues to be a barrier to early care enrolment. For members of the LGBTI community especially, lack of family support, family rejection and fear of disclosure further hinder access. Additional issues related to socio-economic factors may also hamper linkage to care.

Antiretroviral therapy (ART)

The use of antiretroviral therapy (ART) for HIV in the LGBTI populations should follow the same general principles prescribed in the national treatment guidelines. LGBTI communities may experience discrimination and marginalisation that can impede their access to health care, and treatment for HIV. It is important to ensure that everybody testing HIV positive have access to immediate and appropriate HIV treatment and care.

Providers should be aware of other medication and substances that LGBTI are taking when ART is initiated and new drugs that are added during ongoing treatment. For many from the LGBTI community, this may include recreational drugs, drugs for co-infections and co-morbidities. Possible drug interactions add complexities when prescribing ART and monitoring of treatment. Counselling on the possible consequences of drug interactions and an environment that promotes and enables reporting of adverse reactions are critical components of high-quality care for all people with HIV. It must be emphasised that alcohol is NOT contra-indicated for people on ART.

Prevention and management of co-infections and co-morbidities

An essential part of HIV treatment and care is the management of opportunistic infections such as TB, STIs and viral hepatitis. Viral hepatitis B and C disproportionately affect MSM and trans women as a result of sexual transmission. Catch-up hepatitis B immunisation strategies should be instituted and serology testing should be offered to individuals from populations with high hepatitis C (HCV) prevalence or who have a personal history of HCV risk exposure.

Sexual and reproductive health services (SRH)

There is a high rate of STIs among MSM and trans women (44). STI screening and treatment must be routinely available

to the members of these communities. Family planning and pregnancy should be discussed with trans men and WSW. Termination of pregnancy (TOP) and PMTCT must be available for WSW and trans men of child-bearing age.

Preventative screening

Mammograms and PAP smears should be part of routine annual care for WSW and trans men to assist early detection of breast and cervical cancer and anal screening for HPV and prostate cancer screening for MSM and trans women.

Recommendations for adolescent LGBTI

Adolescents deserve specific consideration as at this stage in their development the urge to explore and experiment normally develops ahead of decision-making ability. Adolescents' evolving cognitive abilities are an important consideration in the design of behavioural interventions for them. Adolescence is also a critical stage for identity development and LGBTI adolescents might be even more vulnerable during this stage (46).

Skills-based interactive and participatory approaches for adolescents from LGBTI communities, including online, mobile health, peer and outreach approaches, have proved acceptable to adolescents and have shown promise in some contexts (47).

All forms of HTS must be voluntary and adhere to the five Cs: consent, confidentiality, counselling, correct test results

and connections to care, treatment and prevention services. Confidentiality is especially important for the LGBTI community.

2. EMPOWERMENT SERVICES

Psychosocial difficulties, stigma and discrimination as well as general income inequity, poverty and gender inequalities contribute to the economic disempowerment of the LGBTI populations. Many members of the LGBTI community are economically vulnerable, which can restrict their ability to negotiate for safe sex, discuss fidelity with their partners, or leave risky relationships.

Skills building

The LGBTI HIV Plan is underpinned by a peer-led approach to strengthen CBO capacity. Skills development is a crucial component for the economic empowerment of the LGBTI community. The development of skills includes providing skills building workshops and training for peer educators (PE) on providing health education, condom negotiation, care-seeking, and managing their financial affairs.

Employment/Economic empowerment

The inability of trans* individuals to obtain gender-congruent identity documents, despite the law allowing for this, makes it extremely difficult for them to obtain employment in the formal sector. Gender non-conforming people may also have

Table 1. Summary of health services

Objectives	Specific activities	Description	Inputs	Implementation Considerations	Responsible
1. Health Package					
Objective 1: To reduce HIV, STI and TB incidence and mortality among LGBTI populations in line with the 90-90-90 (HIV and TB) and STI treatment targets	Provide LGBTI-sensitive and appropriate HIV, STI and TB services throughout the country	HTA clinics – at least 1 per district		Determine network for LGBTI services Prepare for 'friendly' service delivery	DoH
		NGO clinics		Parallel services where these exist	NGOs
		CBOs	Funding	Build capacity; use for service provision	Sector
		Mobile outreach with Peer Educators (PE)	PE Mobile vans Clinical staff	Develop PE job description Mobile van availability	DoH/NGOs
	Standardise programmatic materials	Job aides: treatment algorithms	Design Layout Printing Funding	Adapt national guidelines for LGBTI communities	SANAC
		Sensitisation manual; counselling material		In collaboration with DoH, CDC, NGOs	SANAC
		Communication materials			SANAC
	Amend all relevant policies and guidelines to reflect MSM, WSW and trans* issues	Official documentation for trans*	Lobbying Home Affairs	Requires implementation and training	Home Affairs
		WLC SOP – trans*	Agreement with DoJ	Lobby for national rollout	DoJ
		Dental dams – WSW		Lobby for updated policy	DoH
		MMC for MSM			

Objectives	Specific activities	Description	Inputs	Implementation Considerations	Responsible
1. Health Package					
	Develop new policies where these are not in place	PrEP for trans* & MSM	Adapt guidelines to include and make special reference to LGBTI specific needs	Requires additional trained DoH resources at hospitals and clinics	DoH
	Design strategies to ensure the adequate supply of internal and external condoms and condom-compatible lubricants	Scented	Internal condoms	Design condom & lube distribution Plan for LGBTI	DoH
		Adequate supply	External condoms		
		Accessible where needed	Dental dams		
		Bottled lube	Condom-compatible lube		
		Distribution plan			
	Ensure that all HCWs are appropriately trained on LGBTI issues and specific health needs	PE manual	Funding	Competes with other training priorities	SANAC CDC Regional Training Centres
		Sensitisation			
		Adherence			
		Condom negotiation			
		Training curricula: clinicians	SA HIV Clinicians society	Register for continuous professional development credits	SAHCS DoH DHE
	Implement comprehensive continuum of care and develop prevention and treatment cascades for each LGBTI community	HTS	Test kits	Dependent on outreach services	DoH
		PrEP	Drugs POC Creatinin test	PrEP roll-out at existing MSM and trans* sites where ART is provided	
		UTT	Laboratory tests Consumables	Immediate initiation on ART after confirmed positive HTS and HIVST	
		PMTCT		Specifically include WSW and trans men needs in policies	
		MMC	Adapt guidelines	Not protective in condomless anal sex	
		PEP	PEP kits	Update policy for LGBTI and training	
		Retention	Counselling time	Determine evidence-based adherence strategies	
		SRH: FP, STI, TOP	Drugs Consumables Referral	Specifically include WSW and trans men needs in policies	
		Screening: mammograms, PAP smears, anal cancer, hepatitis B and C, STI		Overburdened clinics Deviations from general population guidelines	
			Develop health literacy and communication materials	Relevant health topics customised to LGBTI needs	

left school early because of pressures to conform, and have consequent difficulties accessing employment. On average, male and trans* sex workers are responsible for two child or adult dependents (44). Sex work will therefore remain a pragmatic means of earning a living for some members of the MSM and trans* communities.

Economic empowerment means that the LGBTI populations should be able to exercise the same rights as all other employees to safe and fair working conditions, with ongoing skills training, employment and fair credit programmes, and have the same potential to support their families and plan for their future as all other members of the general population.

In South Africa, low levels of education are among the social/structural factors that increase LGBTI vulnerability to HIV, STI and TB infection. Trans* and gender non-conforming people may leave school early because of their difficulty with wearing prescribed uniforms that contradict their sexual identity and/or pressure to conform. Adult education for the LGBTI community is therefore critical when it comes to mitigating the vulnerability of the LGBTI community, expanding their life choices, reducing risk, and promoting resilience. Interventions include facilitating linkage to adult basic learning and training (ABET), as well as bursary schemes and scholarships to attend educational institutions.

Strengthening community systems

Community systems are systems used by communities—both as individuals and as organised collectives such as CBOs—to discuss, organise, and deliver responses to the challenges faced by that population. LGBTI people can improve their health outcomes by being equipped with the capacity, resources (including funding), skills, and tools to address the challenges associated with adopting protective behaviours and accessing health services. Strong community systems are crucial in designing, implementing, monitoring, and evaluating interventions, and in addressing the stigma, discrimination, and other barriers to care that are embedded deeply in the social, political, and economic contexts that LGBTI individuals must overcome.

Campaigns and outreach

The MSM, WSW, and trans* populations might not be geographical communities in the usual sense but still identify as a sub-community. This provides difficulties in that they are not concentrated in a particular space as with geographical communities and lose the opportunity to use their identification with their group. Sensitisation campaigns should be mainstreamed both locally and nationally through traditional media and social media platforms to reach all members and the general population. LGBTI organisations should be used in these campaigns, where possible.

Community Networks

Social cohesion and social participation is an important aspect in enhancing community health. Networks that

Core package of services

- Personal development
- Skills building
- Employment/economic empowerment
- Standardised IEC
- Campaigns
- Outreach
- Community networks
- CBO capacity
- Empowerment programme/safe spaces

Core Package of Empowerment Services

- Personal development
- Skills building
- Employment/economic empowerment
- Standardised information, education and communication materials (IEC)
- Campaigns
- Outreach
- Community networks
- CBO capacity
- Empowerment programme/safe spaces



strengthen the community should be established. This could be both at a local level within geographical areas but could also be done nationally through social media.

CBO and NGO capacity

Developing a collective identity and building the capacity of LGBTI organisations are effective ways of empowering the LGBTI community. The LGBTI CBOs and NGOs have knowledge of LGBTI issues, are connected to the communities and are trusted by the LGBTI populations both as a source of information and as a source of support. Expanding CBOs and NGOs, with additional resources including funding, will ensure sustainable equitable services to LGBTI populations that are community owned.

Peer support and community mobilisation can facilitate social cohesion, mutual support, and development of self-help groups and networks. The LGBTI HIV Plan will provide support to and facilitate LGBTI-led initiatives to build a collective identity.

3. PSYCHOSOCIAL SERVICES

Given the hostile environment in which many members of the LGBTI populations live, a number of factors, both internal to the LGBTI community and external in their environments, have an impact on their psychosocial well-being. Psychosocial support is an important component of a holistic service offered to the LGBTI community. Psychosocial support is conventionally offered by psychologists and social workers, but can also include the care and support offered by HCWs,

counsellors, social workers, peer educators, family members, friends, neighbours, and other community members.

The psychosocial service package comprises a number of components, which address different elements of psychosocial support.

Stigma and discrimination

South Africa has one of the most progressive constitutional and legal frameworks worldwide for the protection of the rights of LGBTI individuals (6). Legal protection, however, and the values enshrined in the Constitution do not address the harmful effects of prejudice and stigmatisation prevalent in South African society, and the realisation of equal rights in everyday life is challenging (42, 45). The Bill of Rights in the South African Constitution explicitly prohibits discrimination based on gender, sex, or sexual orientation (46). Discrimination ranges from everyday experiences of discrimination to human rights violations, hate crimes against sexually and gender non-conforming minorities, and high levels of gender-based violence generally.

Research shows widespread hostility to and sometimes violence against lesbians (24), antagonism towards the trans* community (47) and frequent experiences of verbal abuse among South African MSM. One study found that 24.5% of the MSM in their sample from Cape Town reported experiencing at least one human rights violation in their lifetime (26). This is an important health issue as the daily experience of stigma and discrimination has important direct and indirect effects on health and wellbeing:

Table 2. Summary of empowerment services

Objectives	Specific activities	Description	Inputs	Implementation considerations	Responsible
2. Empowerment Package					
Objective 2: To empower LGBTI communities through a peer-led programme to strengthen community networks and to address the social and economic factors that restrict opportunities	Skills building	ABET Scholarships		Availability of additional funding	
	Employment	Career pathing In-service PE training		Available funded positions	DoH NGO / CBO
	Workplace policies	Gender neutral bathrooms Employment equity		Requires policy change	
	Strengthen CBO networks	Establish quarterly meetings Skills building workshops		Train CBO skills to expand services	SANAC
	Strengthen LGBTI communities and community groups			Create platforms	NGOs
				Availability of additional funding	
	NGO services	Clinics Mobile outreach		Align existing services with DoH	DoH
	Social grants	Linkage with social workers		Shortage of social workers	DSD

- Mental health: Experiences of stigma and homophobia are associated with depressive symptoms, and in South Africa research has found that frequent experiences of stigma is linked to mental stress (48, 49), for example, reported high rates of common mental disorders and alcohol and substance use in a small sample of MSM in Cape Town.
- Experience of stigma often results in problematic coping strategies such as substance use and engaging in high-risk sexual activities (49).
- Experiences of stigma and discrimination have been linked to increased HIV risk behaviours (50, 51); condomless anal intercourse amongst MSM was associated with higher levels of depression (50), and this relationship was moderated by the level of homophobic stigma reported by participants. Tucker et al. (50) found linkages between experiences of homophobia, poor mental health outcomes, and condomless anal intercourse. Research suggests that trans women may practice receptive anal sex as a means of gender affirmation (52).
- Risk of violence and, for lesbians, risk of rape is an important risk for HIV infection. One research study in southern Africa found that 31.1% of the lesbian and bisexual women in their survey had experienced forced sex by men or women (24).

Core Package of Psychosocial Services

- Mental health services, counselling & care
- Peer support groups and networks
- Stigma/discrimination
- Violence/verbal assault
- Counselling support
- Harm reduction



Indirect effects of high levels of stigma and homophobia on the health and wellbeing of LGBTI individuals include:

- Limiting access to health services and relevant HIV prevention information and resources; preventing LGBTI individuals from accessing legal assistance in cases of physical or sexual abuse.
- Potentially reducing access to economic opportunities, which may be associated with an increase in transactional sex. Among lesbian and bisexual women in a southern African survey, 18.6% of the women reported engaging in transactional sex. In North America, an estimated 24% to 75% of trans women sell sex (53) and the financial benefits of sex work for trans women with little access to the formal labour market have been reported.
- High levels of stigma and homophobia increase the likelihood that LGBTI individuals will experience violence, both in their intimate relationships and in their daily lives, and the widespread acceptance of homophobic social attitudes may increase the 'acceptability' of enacting violence on individuals who practice same-sex sexual behaviour.

Internalised stigma

Internalised stigma happens when LGBTI individuals are subjected to negative perceptions, intolerance, discrimination and stigma and as a result, turn those ideas inward believing them to be true. It leads to negative attitudes towards the self, resulting in poor self-worth and self-esteem and internal conflict:

- The ability to properly manage our lives, including our health, is dependent on the belief in our abilities and self-worth. Lowered self-esteem and a sense of inadequacy often result in negative health outcomes. There may also be the inability to negotiate safer sex practices leading to vulnerability to HIV, STIs, and TB.
- Intimate partner violence may be related to internalised stigma. Internalised stigma has been linked to lower levels of HIV-related knowledge and greater endorsement of HIV-related conspiracy beliefs (54, 55).
- Feelings of inadequacy and the expectation of stigma and discrimination may lead to people not accessing or delaying

Table 3. Summary of Psychosocial Services

Objectives	Specific activities	Description	Inputs	Implementation considerations	Responsible	
3. Psychosocial Package						
Objective 3: To develop and implement effective mechanisms to deal with human rights abuses and violence from the public, police and health care providers; sensitisation of police and prosecuting authorities; and legal literacy and paralegal support	Stigma and discrimination: Public HCW Internalised stigma	National campaign	Design	Integrate with DoH efforts	SANAC Service Providers	
		Sensitisation	Workshops			
		Counselling	Trained PE	Ability of PE to cope with burden	DoH	
	Violence: Police	Sensitisation	Workshops Meetings	Competing priorities	DoJ	
	Violence: Community	Mass campaigns				
	Violence: intimate partner violence	Negotiation skills Counselling			SANAC Service Providers	
	Common mental disorders Suicide ideation	Counselling Referral to specialists	Counsellor capacity Referral	Availability of psychologists / social workers		
	Harm reduction	Substance use	Referral	Referral networks for rehabilitation Needle exchange	CDA	
	Risky behaviour	Mass campaigns	Design	Integrate with DoH campaigns	SANAC DoH Service Providers	
	Support groups (could be online) and Safe spaces	Curriculum; victims of violence & stigmatisation	Workshops	Creation of online and face to face forums		
	Individual counselling	Mental Health problems	Counsellor time Referral for specialist care	Training of HCW and PE		
		PrEP / UTT				
		Adherence				
		Coping skills				
		Disclosure: HIV and/or coming out				
		Transitioning trans*				

access to health services even when actual stigma does not exist.

- Trans* people experience gender dysphoria – where they feel intense feelings of dislike and even hatred for their bodies. Untreated and unacknowledged, these feelings can lead to self-harm, and a severe neglect of their health, particularly sexual and reproductive health.

Mental health services, counselling and care

The full range of HIV, STI and TB-related counselling appropriate to the different LGBTI communities will be provided by HCW and peers. The HCW must be sensitised to the issues relevant to each of the LGBTI communities.

Peer support groups and networks

Peer support groups are an effective way of providing information and providing support. Several organisations run support groups for gender non-conforming people; some of these groups also include their families. It is important to note that a diverse 'community' does not necessarily want to be in support groups with others, based only on sexual orientation. Networks must be developed between members of the LGBTI communities. These networks could range from social groups through to WhatsApp groups and formal referral systems. Digital support groups might prove to be a workable solution, but needs more evidence. Some success was demonstrated in some models but more research is needed on best practice and scalability.

Stigma and discrimination

LGBTI populations are often the targets of high levels of stigma and discrimination. Addressing these issues is therefore an important component of a psychosocial support package. The development of support groups for victims of violence and creation of safe spaces for LGBTI populations to disclose their HIV status and discuss stigma and discrimination are some of the ways to combat stigma and discrimination. These efforts must be complemented with competency and sensitisation training of health and social workers to reduce stigma and discrimination. This training should also be expanded to law enforcement officials, other service providers, and the community. The Western Cape police – through advocacy by SWEAT, Women's Legal Centre (WLC), GenderDynamix and Triangle project have a Standard Operating Procedure (SOP) for trans* people in conflict with the law. The SOP makes clear what is acceptable when searching, transporting and holding trans* people. This is particularly relevant for trans* sex workers. It is recommended that this SOP be adopted nationally.

Violence against the LGBTI populations

The members of the LGBTI community experience high levels of intimate partner violence, physical violence and, for lesbians, sexual violence including rape (104). Inability to negotiate safer sex practices means higher risk of HIV, STIs and unwanted pregnancy. Violence increases the likelihood of

Topics for Counselling

- General HIV counselling issues (diagnosis, PrEP, disclosure, pre-ART, adherence)
- Developing self-worth and assertiveness
- Developing effective intimate relationships
- Developing effective coping strategies
- Managing substance use
- Depression, mental health issues, and suicidal thoughts
- For trans* people: Transitioning

Core Package of Human Rights Services

- Confidentiality
- Supportive legislation and policies, and law reform
- Legal literacy
- Sensitisation of law enforcement, HCW, and social workers
- Access to legal support



future risky sexual behaviour such as inconsistent condom use or lack of condom use, increased risk of STI and HIV infection (56). Violence and lack of control over one's life means that members of the LGBTI community give lower priority to their health needs when facing more immediate concerns such as safety and survival. Prevention of violence in all its forms is therefore a critical component of empowering the LGBTI community.

Efforts to eliminate violence towards the LGBTI community will include the review of restrictive criminal laws, and the involvement of sensitised law enforcement agencies, the judiciary, and health services. At an individual level, educational strategies can help the LGBTI community reduce violence by providing safety tips and creating awareness of legal protection options and support to access these. At a local level, norms around violence will be addressed. At a community level, working with the police services will ensure that they take reports of violence from the LGBTI populations seriously.

Counselling support

Psychosocial stress is associated with poor mental health outcomes (e.g., anxiety, depression, substance use etc.). People with mental health problems have been shown to be at greater risk of HIV, STI and TB infection. Counselling will be offered to those members of the LGBTI populations who experience psychosocial stress as part of this package. Linkages to psychological assistance will be provided to improve coping skills, self-efficacy and self-esteem.

Alcohol abuse and drug use

High levels of alcohol consumption are associated with higher HIV prevalence, higher exposure to sexual violence, and increased morbidity and mortality (9). Some members of the LGBTI community develop potentially harmful habits of substance use. Alcohol and drug use in some settings may further exacerbate their vulnerability and risk. In addition to affecting sexual decision-making and judgement, alcohol and drug use also hampers condom negotiation skills, condom use and general health. Informing the LGBTI community about the risks of alcohol and substance use as well as providing brief screening, harm-reduction counselling and referral to services for those who need it, is an important component of the psychosocial support package.

4. HUMAN RIGHTS SERVICES

South Africa's legislation addresses issues relating to gender identity and sexual orientation:

- The South African Constitution provides explicit protection against discrimination on the basis of sexual orientation. In addition, legal protections are provided by: The Health Act; The Equality Act 4 of 2000; the Domestic Violence Act 116 of 1998; the Rental Housing Act 50 of 1999; the Employment Equity Act 55 of 1998; the Medical Schemes

Act 131 of 1998; the Labour Relations Act 66 of 1995; and the Civil Unions Act 17 of 2006.

- Discrimination on the basis of gender identity is illegal in terms of the Constitution. The Alteration of Sex Description and Sex Status Act 49 of 2003 allows for individuals to legally change their gender and to access an identity document in line with their gender identity.

Although the laws have been passed, the implementation thereof is lacking at times. To address these issues, a comprehensive package of services for the LGBTI community will include a human rights component:

The right to confidentiality

The right to confidentiality is a basic right. The sensitisation of HCW and other officials will stress the importance of confidentiality in working with members of the LGBTI community. This right will also be emphasised in the training of peer educators.

Supportive legislation and policies

Although protection of the LGBTI community is enshrined in the Constitution (46), this has not always been consistently implemented. Often trans* people are kept waiting for long periods of time before being able to legally change their identity documents. Advocacy and sensitisation is urgently required.

Legal literacy and services

Establish a structure to ensure that the LGBTI community is able to provide input into all relevant legislative processes. Supportive legislation and policies, including law reform, may take time to realise and any changes to legislation or policy will not be effective without supportive activities being run in parallel. Supportive activities within the legal and human rights package will include legal literacy on the human rights of the LGBTI community and capacity strengthening to better document, report and prosecute perpetrators of abuse or discrimination against the LGBTI community.

Sensitisation of law enforcement, HCWs, and social workers

The rights of members of the LGBTI community, and an understanding of the importance of these rights, will form an important part of the sensitisation training of HCWs, social workers and law enforcement officials. Trans* people are often subjected to police harassment based on their status as trans* people, sex workers and also because many are homeless. There are also assumptions about their drug use.

Access to legal support

Access to legal support will be provided to report situations where the rights of members of the LGBTI community have been violated. A referral network to ensure that LGBTI individuals have access to legal services, will be implemented.

Table 4. Human Rights Services

Objectives	Specific activities	Description	Inputs	Implementation considerations	Responsible
4. Human rights Package					
Objective 4: To ensure the development and implementation of effective mechanisms to deal with human rights abuses and violence from the public, police and HCW, sensitisation of police and prosecuting authorities, and legal and paralegal support	Protection and prosecution in WSW and other rape cases			Overburdened system with long waiting lists	DoJ NGO
	Reporting of violence	Create App or helpline		Determine who responds when someone reports an act of violence and what assistance will be provided to the individual	SAPS
	LGBTI rights	Booklet		Distribution to LGBTI members, make available online	SANAC
	Confidentiality	Informed consent Respect for privacy		Train HCW	DoH
	Legal literacy	Booklet		Distribution to LGBTI members, make available online	SANAC Service providers
		Train PE on legal rights and literacy			DoJ
	Legal support	Create access and referral		Find partner to provide legal support	SANAC
		Communicate App details			
	Ensure multi-sectoral involvement	Police	Meetings	Policies, sensitisation, detention in cells	SAPS
		Correctional services		Policies, sensitisation, condom & lube supply	DCS
		Department of Justice		Prosecution of perpetrators, adoption of WLC SOP	DoJ
		Basic Education		LGBTI incorporated in Life Orientation curriculum	DBE
		Higher Education		Protective policies, training on LGBTI needs incorporated in nursing/medical/social worker curricula	DHE
		Social Development		Linkage to social workers and social grants	DSD
		Home Affairs		Official documentation	DHA
	Advocacy agenda: Determine items and establish process and platforms	Act 49 SRHR Chapter 2 Section 27 Detention in holding cells	Meeting Regular reports	Platform	Section 27

Table 4 outlines the activities, implementation considerations and responsible partners for the human rights package of the LGBTI programme.

5. EVALUATION

Research

There is little research on HIV, STIs and TB as they affect LGBTI groups. A few programmes, mainly from CBOs, are targeted at the MSM and trans* communities but there is a lack of research in general, and specifically regarding WSW and HIV transmission and intersex individuals. Some research needs include:

- Evidence-based prevention interventions tailored to the needs of each LGBTI sub-population
- Identification of the drivers and impact of HIV, STIs and TB on adolescent and adult LGBTI groups
- Specific research on young LGBTI populations
- Surveillance to determine PSE, behavioural and structural factors preventing LGBTI populations from accessing care
- Implementation research to underpin target setting and programme design and rollout
- Design and testing of health literacy campaigns tailored to LGBTI needs

- Regular stigma surveys to measure the effect of sensitisation efforts
- Impact evaluations on the rollout of this Plan

Monitoring and evaluation (M&E)

The process of active monitoring and reporting of the LGBTI HIV Plan will involve a structured and coordinated system that aligns NGO and CBO reporting with the public reporting systems and which is bought into by all stakeholders, including the coordination body, SANAC Secretariat, and the LGBTI Sector.

Reporting against a set list of indicators, accurate M&E will assist the country to evaluate the implementation, outcomes and impact of the LGBTI HIV Plan. Core indicators will assist the SANAC Secretariat to assess the state of progress at any given time during the programme while contributing to a better understanding of the response. The indicators below are aligned with the theory of change described above, the outcomes of the packages of services described in Section A, as well as existing national and international indicators.

Table 5. Summary of Research Evaluations

Objectives	Specific activities	Description	Inputs	Implementation considerations	Responsible
5. Evaluation Package					
Objective 5: To establish ethically-based evidence for the delivery of acceptable, accessible, and available services for LGBTI in South Africa within the human rights-based Plan	PSE	Accurate size estimations	Mapping and size estimation	Funding for individual studies	SANAC
	Knowledge, attitudes, practices and behaviour surveys (KAPB)	Deeper understanding of LGBTI needs	Survey questionnaire		
	Operations research	LGBTI adolescents	Implementation science project		
	Impact evaluations (IE)	LGBTI Plan	IE study		
	Treatment cascades				
	Stigma index surveillance				
	Hate-crime registry				
	Integrated bio-behavioural surveys (IBBS)				

Table 6. Monitoring and Evaluation Indicators

Inputs/Activities	Outputs	Outcomes	Impacts	Indicators and evidence*
6. Monitoring and Evaluation Indicators				
Recruitment and training of peer educators	Increased coverage of LGBTI services Hotspot maps and site specific implementation plans	Population size estimations (PSE)	Reduced HIV, TB and STIs	# PE recruited # PE trained # sites mapped # LGBTI identified
Recruitment of LGBTI by peer educators through health literacy training and HTS	Increased uptake of HTS by LGBTI	Increase in LGBTI who know their status	90% of LGBTI who are HIV-positive know their status	# LGBTI reached # HTS # HIV positive # HIV negative HIV prevalence*

Inputs/Activities	Outputs	Outcomes	Impacts	Indicators and evidence*
6. Monitoring and Evaluation Indicators				
Linkage of LGBTI who received HTS	Increased uptake of ART / PrEP / PEP services among LGBTI	Increased knowledge of HIV, ART, PrEP and PEP	Reduced acquisition and transmission of HIV, TB and STIs	# newly enrolled on ART # newly enrolled on PrEP # requested PEP
Adherence counselling	Increased compliance with treatment: ART or prevention methods	Retention in programme	Increase in number of LGBTI on ART who are virally suppressed Increase in number of LGBTI on PrEP who are adherent	% virally suppressed on ART % adherent on PrEP % seroconversions on PrEP % AIDS deaths HIV incidence*
Tracking and tracing of defaulters	Step-up counselling for defaulters			# and % reintroduced into programme
Condom and lubricant distribution programme(s)	Increased demand and use of internal and external condoms and lubricants	Reduced exposure to HIV and STIs for LGBTI and sexual partners	Reduction in incidence among LGBTI	# condoms distributed # bottles of lube distributed % LGBTI who used condom at last sex % LGBTI who used condom-compatible lube at last sex
		Safer sexual behaviour		
Screening for TB	LGBTI screened for TB	TB treated and prevented in LGBTI	Decreased mortality and morbidity among LGBTI	# TB cases detected % TB cases treated successfully
STI and SRH programmes	Increased demand and uptake of STI, SRH by LGBTI	Increase in STI treatment among LGBTI		% STIs detected % STIs treated
Empowerment programmes: skills development and training	ABET and PE trained LGBTI	Improved employment opportunities	Empowered LGBTI populations	# LGBTI employed after training # LGBTI promoted after training
		Career pathing		
		Piloted job creation initiatives		
Empowerment programmes: community strengthening	LGBTI community meetings	Stronger LGBTI networks		
		Empowered communities		
Psychosocial and mental health support programmes	Increased demand and supply of psychosocial and mental health services among LGBTI people	Increase in the number of LGBTI accessing and using psychosocial, harm reduction and mental health services	Improved well-being	# counselled # referred for specialist counselling # referred for social grants # referred for substance abuse
Human Rights programmes: advocacy	Increased sensitisation Decrease in human rights violations	Support for victims of human rights violations	Protected human rights	# sensitisation workshops for HCW/ general public/ law enforcement
				# victims supported
Human Rights programmes: policy improvement	Increased legal literacy	LGBTI knowledgeable on human rights		# policies amended # policies implemented

Data sources and flow

The above indicators have been selected for monitoring the effectiveness of the LGBTI HIV Plan. Wherever possible indicators will be collected using routine data sources. The other indicators would be obtained from non-routine sources to generate the required information.

Routine data collection

The proposed flow of data is from the implementing organisations through to the SANAC Secretariat, which is responsible for the coordination of the Plan. Data will then flow upwards to the South African Government to be used for policy and strategic decisions. Data should flow back to the implementing partners to utilise in operationalising their response/strategy and to understand the needs in their areas of work. This flow mirrors the funding and organisational model of the programme and will avoid duplication and the development of parallel systems.

Data use

Information generated must reach all those who need the information to facilitate decision-making in order to strengthen the response and improve the performance of the organisations and institutions. Dissemination is an active and systematic process to ensure that all implementers in all sectors, provinces and stakeholders receive the information that they need, timeously and in a practical format, for decision making. To this end, an annual report on the LGBTI HIV Plan will be produced and disseminated.

CENTRAL ROLES AND RESPONSIBILITIES

PLANNING, COORDINATION AND MANAGEMENT

South African National Government departments will lead policy and strategic guidance for the LGBTI HIV Plan. The SANAC Secretariat will play a coordination, resource mobilisation and advocacy role for this Plan, which is closely aligned to the goals and objectives of the NSP.

The SANAC Secretariat will be responsible for strategic information management including size estimation, coordination of an implementation research agenda, programmatic and impact evaluations, real time monitoring, quality improvement and innovative financing options.

The National LGBTI Technical Working Group (established by SANAC on 29 March 2016) will provide ongoing technical guidance for the LGBTI HIV Plan. This group includes representatives of South African Government (including representation from the DoH High Transmission Area [HTA] programme), the SANAC Secretariat, implementation

organisations, development partners, researchers and the LGBTI sector. The role of this group includes maximising synergies between different partners as well as providing the opportunity for LGBTI population input to inform programme design, implementation, adaptation, and monitoring.

Provincial, District and Local AIDS Councils including Ward AIDS Councils, where these exist, will be capacitated to ensure the mainstreaming of this Plan into local AIDS response strategies. This will decentralise planning, management and coordination of the Plan.

SUSTAINABILITY

In order for the LGBTI HIV Plan to be sustainable, key activities are required to take place. These include the capacity strengthening of government departments, the capacity building of coordinating structures and implementers supporting LGBTI community mobilisation, alignment of the programme within existing systems, sustaining and monitoring commitment to the Plan, and creating an evidence base for effective, efficient and accessible services for LGBTI people. Capacity strengthening is an enabler for the implementation of this Plan and as such funds should be mobilised for this activity.

HUMAN AND FINANCIAL REQUIREMENTS

Mobilisation of additional resources is essential if South Africa is to implement the LGBTI HIV Plan on a scale to sufficiently reduce disease burdens in these populations. The SANAC Secretariat will lead processes to identify potential donors to finance full implementation of the Plan. The SANAC Secretariat will also facilitate processes for the development of multi-agency, joint funding proposals.

COSTING AND FINANCING

The SANAC Secretariat will commission a costed implementation plan and also estimate the medium to long term costs for the full scale-up of the South African National LGBTI HIV Plan. This will inform the prioritisation of the packages for implementation.

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