



CONFERENCE REPORT

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Acronyms & Abbreviations

ART	Antiretroviral therapy
BtG	Bridging the Gaps alliance
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNP+	Global Network of People Living with HIV
IAC	International AIDS Conference
IAS	International AIDS Society
INPUD	International Network of People who Use Drugs
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex
MPact	MPact Global Action for Gay Men's Health and Rights
MSM	Men who have sex with men
NSWP	Global Network of Sex Work Projects
OST	Opioid substitution therapy
PITCH	Partnership to Inspire, Transform and Connect the HIV response
PLHIV	People living with HIV
PWUD	People who use Drugs
SWIT	Sex Worker Implementation Tool
UHC	Universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

Note on text: For the purposes of this document *key populations* refer to gay and bisexual men and other men who have sex with men, people who use drugs, sex workers, and transgender people, including people living with HIV.

Moving Ahead Based on What We Heard: HIV2020 Strategic Recommendations

HIV2020 aimed to reaffirm the role key populations and communities play in the global HIV response. In addition to achieving this goal, it made a strong case for further bolstering that role based on the growing need to focus on key populations to have any reasonable chance to successfully turn back the epidemic.

The primary themes and lessons learned from the four-month online event point to some **strategic recommendations for strengthening and expanding the engagement and leadership of key populations and communities**. They include the following:

- Finding ways to **increase investments** for key population- and community-led organisations, groups, and networks domestically, regionally, and globally.
- Stronger and more targeted efforts on **decriminalisation** of key populations at global and national levels.
- Building and sustaining key population- and community-led **monitoring and advocacy capacity** and incorporating the findings into HIV policy and programming decisions at multilateral institutions, donors, government health and finance ministries, and other stakeholders.
- Accepting and encouraging **flexible and unconventional approaches** by key population- and community-led organisations and group to reach out, inform, and support their peers.
- Ensuring that key populations and communities are seen and engaged as **full and equal partners** and not solely or primarily as adversaries with unrealistic demands or expectations.
- Removing policy and other barriers that prevent key populations and communities from **participating meaningfully in all environments and spaces** where HIV resources, policies, treatment and prevention, and financing are discussed.

These are not new proposals. Communities and key populations have been making them for years, if not decades – including at all International AIDS Conferences (IACs) that claim, unconvincingly, to fully accept and listen to them. But the proposals remain valid and deserve to be taken seriously and pursued by all actors in HIV responses. The urgency is even greater now in an era of rapid change in global health and development as priorities such as Universal Health Coverage (UHC) and COVID-19 erode attention on HIV.

The world needs communities and key populations to be stronger and better supported to take the next critical steps to reduce HIV as a public and individual health threat. HIV2020 Online has shown how and what can be done when communities lead and direct. If governments, donors, multilateral institutions, and other HIV stakeholders are serious about their stated desire and political will to end the epidemic, they must hand over the keys and the steering wheel so that key populations and communities can assume the driver's seat.

1. Introduction: Why HIV2020?

HIV2020 Online: Communities Reclaiming the Global Response was a watershed event in many respects. It was the first large-scale global event focusing on the HIV response that deliberately sought to put key populations and communities at the front and centre, highlighting and emphasising the importance of their voices. It was also the first such global event in which people most affected and vulnerable to HIV designed, led, and set the entire agenda – basing their decisions on what was most important to them, their families, friends, and communities.

This focus should seem obvious. What would be more practical than a people-centred approach based on listening to those most affected to know how to tackle a devastating disease most effectively?

But four decades into the global epidemic, the power and influence have remained elsewhere. At global, regional, and national levels, responses to HIV are dominated by governments, other policy makers, donors, researchers, and multilateral institutions (including technical partners) that see the epidemic largely as a biomedical problem that should be addressed primarily through that lens.

The individuals who decide what to emphasise, where funds should be directed, and which populations should be prioritised are rarely people living with HIV, or members of key populations. This is reflected in the agendas and topics of most international HIV conferences, even when there are highly publicised efforts to ‘involve’ communities.

It is important to acknowledge the substantial progress over the years under the current overarching model, around which these traditional conferences revolve. Lifesaving drugs were developed and are



From the early days in New York and San Francisco, in Johannesburg and Kampala, in Bangkok and Mumbai, it is activists in the communities who have led. People living with HIV, women, gay men, sex workers, transgender people, people who use drugs – they organised their communities and claimed their rights. This courageous community activism led to some of the most important breakthroughs in the HIV response.



~ Winnie Byanyima, Executive Director of UNAIDS

now available around the world, saving millions of lives; innovations in health care delivery and financing continue to improve efficiency and quality in efforts to control HIV; and high-profile targets and goals, regularly generated and publicised by agencies of the United Nations and other establishment institutions, drive attention and awareness.

What is less known and appreciated, however, is the instrumental role of people living with and/or affected by HIV in all these positive developments. Committed, driven, and savvy activists from communities of key populations and people living with HIV worked together alongside allies to find ways to get governments, donors, multilaterals (including technical agencies), and drug companies to take necessary actions aimed at expanding treatment, prevention, care and support services around the world. Their persistence is echoed in the work of tens of thousands of community activists today who seek to maintain momentum for change while also trying to prevent reversals.

What is also not appreciated is that this overall progress is a mirage in many respects. It has become clearer than ever that the progress so often celebrated is full of holes and gaps of political, social, and cultural inequalities that exacerbate inequities and leave key populations behind. The inadequacy of the mainstream HIV response is evident in the failure to drive political will – and more importantly political action – to overturn the inequalities and inequities that create and sustain disparities in the HIV response. More than 60% of new HIV infections now occur among key populations and their sexual partners. Tuberculosis (TB) continues to kill more people living with HIV than any other disease. In nearly every country, TB susceptibility is highest among key populations and other marginalised people, including migrants, the incarcerated, and those living in poverty.

These trends underscore where HIV responses are failing. Real progress in HIV responses in any context can only be achieved through stronger efforts to address these inequities and by focusing on the challenges, needs and priorities of key and vulnerable populations. This requires more political will and action in areas such as the decriminalisation and HIV-related stigma and discrimination, as well as greater leadership and engagement by key populations and communities themselves. These communities are still not given the opportunity to be as involved as they should be in designing, leading, implementing, and overseeing services and programmes that can best support their peers. Their direct and indirect exclusion is a huge missed opportunity, given the decades-long evidence of people living with HIV and key populations contributing towards and influencing policy development, service delivery, evidence gathering, programme management and every other possible role in the HIV response. The thousands of activists who have made such a critical difference in whatever progress has been achieved to date include professionals of and from these very key populations and communities.

“Working at community level, led by activists and people living with HIV/AIDS, and they're the best to know what is required, and they know their own communities, and ultimately will have the best results for them. It's their choice, their lives and they need to live their lives in the way they want to live their lives.”

~ Sigrid Kaag, Dutch Minister for Foreign Trade and Development Cooperation

HIV2020 was designed to be a part of the solution to the persistent failures of global HIV conferences, by showing the world how, when, and why key populations and communities have the knowledge, skills and embedded experience to play and fulfil a bigger role. HIV2020 Online aimed for key populations and communities to reclaim their rightful role in identifying and making decisions in response to the risks, threats, and crises that directly affect them, and more importantly to set the agenda themselves – just as activists have been doing so since the beginning of the epidemic in the face of constant challenges to their very existence in order to get the change they want and need.

2. About HIV2020 Online: History, Structure and Participation

HIV2020 was conceptualised, planned, co-organised, and rolled out by community- and key population-led networks – Global Network of People Living with HIV (GNP+), Global Network of Sex Work Projects (NSWP), International Network of People Who Use Drugs (INPUD), and MPact Global Action for Gay Men's Health and Rights (MPact).^{1,2}

Originally, HIV2020 was planned as a large conference in July 2020 in Mexico City, and local civil society groups and the Mexican federal government had been in negotiations to co-host. The timing was deliberate. HIV2020 was scheduled to overlap in part with the IAC, which was to be held in the San Francisco Bay Area, United States. HIV2020 organisers wanted to draw attention to what many perceived as the IAC's remoteness to and dismissiveness of the challenges and priorities of key populations and communities. The decision by the International AIDS Society (IAS) to hold the IAC in the United States for the second time³ in a decade was seen as yet another affront, given the host country's travel restrictions for sex workers and people who use drugs (PWUD) and the discriminatory and often hostile attitudes during the Trump administration on human and health rights of key populations both domestically and abroad.

¹ HIV2020 Online was funded by the [Ministry of Foreign Affairs of The Netherlands](#) through the [Bridging the Gaps Alliance \(BtG\)](#) and the [Partnership to Inspire, Transform and Connect the HIV responses \(PITCH\)](#); [Open Society Foundations \(OSF\)](#); [UNAIDS](#); [Gilead Foundation](#); and [ViiV Healthcare](#), and with the support from International Civil Society Support (ICSS), [POZ](#), and [Positively Aware](#).

² Please see Annex A: List of Members of HIV2020 Working Groups.

³ The XIX International AIDS Conference was held 22 – 27 July 2012 in Washington DC, United States.

Years of attending IACs biennially had left many communities of key populations and communities living with and/or affected by HIV feeling excluded, ignored, belittled, and unwelcomed and the decision to hold the IAC 2020 in the

“Too often the IAS has failed to give serious consideration to the meaningful involvement of communities most impacted by HIV. But HIV2020 is also a celebration of our communities reclaiming the response.”

~ Ruth Morgan Thomas, Global Coordinator of NSWP

United States was seen by many as yet another example of disrespect. Key population-led organisations and other community groups mobilised in response to launch a counter-narrative, which transpired into HIV2020, that would value inclusivity, respect, and action on behalf of those most in need of quality HIV services and support.

Due to the COVID-19 pandemic, HIV2020 was reimaged as HIV2020 Online – a series of two-hour sessions that took place online over four months from July through October 2020. The virtual series retained the [original goals and objectives of HIV2020](#):

1. **Reaffirm the leading role key population and communities play in the global HIV response** by centring them in a reimagined peer exchange about new research and its implications for policy and practise; and
2. **Deliver recommendations to the International AIDS Society**⁴ for how it could change its governance and conference structure to ensure key population concerns are heard, respected, and responded to seriously.

HIV2020 organisers received more than 250 proposals from key population and community advocates, researchers, programme implementers, donors, and allies in response to a call for Expressions of Interest (EOIs) issued in 2019. A total of 155 proposals and 35 performance/art proposals were deemed responsive to the call and advanced to peer review⁵ conducted by at least two peers. Seventy-eight high-scoring proposals and 12 performance sessions were then selected and reviewed by smaller task teams.

In May 2020, the organisers issued a call for proposals to solicit applications for organising HIV2020 Online. The team of consultants⁶ was selected shortly thereafter began in June the work of coordinating the registration, programme, communications, and technical implementation of HIV2020 Online.

HIV2020 Online had a total of 2,921 registrants⁷ from 131⁸ countries. Most of them participated multiple times over the four months of the conference which saw the participation of 7,397 participants over 33⁹ successfully completed sessions who joined in to listen, participate, view, and interact with one another. Most sessions were organised by one or more key population-led and/or community groups, including local, regional, and global networks and organisations/groups of gay men and other men who have sex with men (MSM), PWUD, sex workers, people living with HIV (PLHIV), women and girls, and young people.

HIV2020 Online was offered in five languages simultaneously¹⁰ and the diversity in presentations reflected the often-ignored fact that there are different ways for people to tell stories, make points, and promote and explain advocacy priorities in ways that resonate with others. The virtual sessions had a variety of different topics, styles of presentation, and ways to participate. For example, some sessions:

⁴ The [10 recommendations to the International AIDS Society](#) were first articulated in July 2020.

⁵ Five community-led peer review groups were formed – gay and bisexual men, people living with HIV, people who use drugs, sex workers, and transgender people.

⁶ The core group selected the team of consultants: Conference Coordinator, Lead: Rachel Ong, Singapore; and Conference Coordinator: Niluka Perera, Sri Lanka.

⁷ Not included are incomplete registrations, registrations that did not accept the disclaimer, and registrations that did not submit the form.

⁸ Please refer to Annex C: Demographic Information of Registered Participants

⁹ Please refer to Annex D: HIV2020 Online Session Summaries

¹⁰ HIV2020 Online was offered in English, French, Portuguese, Russian, and Spanish and the services were provided by [Tlatolli Ollin](#).

- discussed ‘traditional’ topics such as challenges in accessing HIV services based on objective analysis, while others consisted of personal experiences and reflections;
- were more mainstream-style panel discussions with moderators and speakers, while others were designed to include drama, dance and other performance arts;
- presented models of activities, structures or advocacy strategies that could be adapted for different contexts and communities (e.g., using the Sex Worker Implementation Tool), while others were more abstract, reflective and/or ruminative; and
- offered direct and ‘practical’ advice (e.g., on how to document and seek to overcome legal and human rights barriers that affect people who use drugs), while others aimed to raise questions only.

HIV2020 was characterised by inclusivity and diversity among those directly involved in the sessions – including moderators, speakers, panellists, performers, session viewers, and rapporteurs¹¹. Advocates, activists, and members of key population and community groups from around the world participated in one way or another. They were joined by scientists and researchers, donor representatives from governments, foundations, multilateral institutions, and technical partners.

In addition to bringing together this wide range of participants under one umbrella, the event promoted cross-fertilisation of ideas, participants and groups as much as possible – thereby increasing the opportunity to break down preconceived notions while sharing and learning. Examples of this taking place included a dialogue between funders and grant-makers and key population and community representatives; a discussion on low and inconsistent levels of funding for key population programming; a session that explored ways to overcome existing gaps in meeting the treatment and support needs of children living with HIV; and the experience of scaling up key population- and community-led research through data collection, management and analysis in Latin America and the Caribbean.

Given the virtual nature of the conference, the [website of HIV2020 Online](#) along with its social media platforms on [Twitter](#), [Facebook](#), [Instagram](#), [YouTube](#), and [SoundCloud](#) played a critical role in keeping people informed and updated. By livestreaming sessions on Facebook (when it was requested by the session organisers to reach a wider audience) and making all videos of all sessions publicly available on its YouTube and SoundCloud channels shortly after their completion in English, French, Portuguese, Russian and Spanish, HIV2020 Online created a rich and dynamic archive that allowed people to watch and revisit the sessions and consider its key messages at their own convenience. This digital archive will remain accessible to showcase the efforts of key populations and communities worldwide that have come together in solidarity, and to remind donors and decision-makers of their commitments and the need for rights-based and collective action to end HIV as an epidemic by 2030.

As HIV2020 transformed to become a virtual event, the cultural component evolved to present and showcase the lives, interests and advocacy messages of key populations and communities through art, video, performances, and exhibitions on the website through the HIV2020 Online Gallery¹², which ran from July through October. This gallery featured eight photo exhibitions, documentaries, and video performances submitted by key population and community artists and performers across themes of human rights and advocacy, as well as shared experiences and journeys of sex workers, PWUD, LGBTQI+ and PLHIV.

In addition, monthly video highlights¹³ of key messages of sessions were produced over the four months, and a final conference recap video was also produced.

Across the main conference programme and the online gallery of exhibitions and performances, the vibrant, exuberant and diverse nature and realities of key populations and communities living with and/or affected by HIV resulted in an overall conference which brought across what many had to share,

¹¹ The team of 11 rapporteurs were from key populations and communities across the world – including from gay men and men who have sex with other men, transgender people, young people, people living with HIV, human rights and harm reduction activists, amongst others.

¹² Please refer to Annex E: HIV2020 Online Gallery Exhibits and Performances

¹³ The [recap videos of HIV2020](#) are available on the YouTube Channel.

say, teach, and learn, much of it for the greater good and well-being of millions worldwide in a forward-looking and positive manner. The current of excitement that ran through much of HIV2020 reveals a lot about what has often been missing from standard IACs.

3. Common Themes Across HIV2020 Sessions

Several overarching themes were evident across the conference sessions. One that could serve as a motto for HIV2020 is the importance and value of **diversity with inclusion**. The terms are often presented as opposites, or at least not compatible, but the conference content showed how they strengthen each other.

Key populations and communities are by nature diverse, with different needs and challenges related to HIV and their overall health and well-being. In addition, these needs and challenges vary by context even within the same key population, as was indicated across the conference sessions: for example, gay men and other MSM in Latin America, North America, and Eastern Europe have different HIV risk profiles and thus different immediate and longer-term priorities in terms of their health and rights. The same is true with sex workers, PWUD, and transgender populations – and there are further distinctions related to intersectionality across and within these populations (e.g., transgender sex workers, gay men who inject/use drugs, etc.). Further diffusion is related to HIV status, especially where there are major gaps between availability and access to treatment and prevention services and support across men, women and girls, and young people, etc.

This multifaceted diversity must be recognised and understood for the specific needs and challenges to be addressed as successfully as possible, including through advocacy, service and support, and policy change. However, as was reinforced throughout the conference, **key populations and communities cannot get the diverse needs met adequately without more meaningful inclusion into broader HIV programmes, health systems, and funding streams**. And meaningful inclusion in turn means that key populations and communities are recognised as essential stakeholders with the physical and legal space, resources, and capacity to be involved to the fullest extent possible.

Other common themes included:

- **Solidarity** can be a deciding factor in the effectiveness of key population and community engagement at any level. At the grassroots level, for example, responding to the HIV risks and vulnerabilities of indigenous communities who are frequently marginalised can best be done through coordinated efforts involving groups focusing on economic, social, and environmental issues, among others. Similarly, solidarity among different key population groups and networks can create more powerful advocacy and awareness-raising efforts to the benefit of all people living with and/or affected by HIV.
- **The ‘whole’ person**. Key populations are more than just people highly vulnerable and affected by HIV or criminalised and/or marginalised by stigma, discrimination, and violation of rights. They are also individuals with different interests, passions, attitudes, abilities, spiritual traditions, etc. The importance of personal expression was highlighted in several conference sessions, including one emphasising that PLHIV and key populations are not just ‘subjects of research’ and another that explored and explained the concept of ‘nine genders’ among some indigenous populations in Canada.
- **Social determinants**. Physical health is only one factor in the well-being of communities and key populations, regardless of where they live. Additional factors can be just as important or more so for people living with and/or affected by HIV, including poverty, cultural traditions, and employment and education opportunities. The COVID-19 pandemic has heightened the negative impact of many of these social determinants and other risk and well-being factors, including mental health.



Responding to HIV is more than just lubricants, condoms and medicines.



~ Olga Belyaeva, Programme Coordinator of Eurasian Network of People who Use Drugs (ENPUD)

- Although one session focused specifically on **criminalisation**, nearly every session referred to it in one way or another, usually as the main or a contributing factor to the health, economic, legal, and social obstacles that key populations face in most societies. Criminalisation casts a wider net across communities. PLHIV in many countries can be prosecuted for HIV transmission, and legal regimes around the world criminalise sex between men, sex work, drug use, and even the expression of gender identities and sexual orientation. The threat of legal sanctions, no matter how remote, reduces the extent and reach of HIV prevention and treatment services for the most affected and vulnerable. Often, criminalisation and legal barriers are directly responsible for extensive suffering and death on a continuous and massive basis, such as restrictions on harm reduction services for PWUD in Eastern Europe and Central Asia.
- Like criminalisation, **stigma and discrimination** was a cross-cutting issue in most HIV2020 sessions. As was noted directly or indirectly in the conference sessions, stigma and discrimination affect the realistic options and decisions among key populations and communities wherever they live, and across all age groups. Yet at the same time, they also reinforce the critical need for communities to be more involved in HIV responses, including by reaching out to and connecting with people who are fearful or distrustful of health facilities. In such instances, key population- and other community-led groups are often the only viable entry point for HIV prevention and treatment services for these groups.
- An interesting additional narrative as an outcome of discussions on stigma and discrimination and criminalisation across the conference sessions focused on **resilience and self-reliance**. In the face of stigma, discrimination, and criminalisation, key populations and communities have strengthened themselves and made connections with allies and partners that engage, listen,

COVID-19 at HIV2020: Major immediate threats, but potential opportunities?

The COVID-19 crisis shadowed and influenced HIV2020 from the beginning. Not only did the pandemic force a change to an all-online event, it also became a theme and discussion point in many of the sessions.

Worldwide, COVID-19 has caused major disruptions in health systems, with HIV treatment, prevention, support and care services often becoming difficult or impossible to obtain and access due to clinic closures, supply chain challenges, and restrictions on travel. Observations in several HIV2020 sessions highlighted how and why key populations and PLHIV have been disproportionately affected, including access to opioid substitution therapy (OST), condoms, antiretroviral therapy (ART), and HIV treatment adherence support.

As noted in one session, income-earning opportunities for sex workers have drastically reduced or dried up completely due to lockdowns aimed at controlling COVID-19. People have less money to spend on sex during steep economic downturns, and the physical intimacy of sex makes it a huge transmission risk for COVID-19. Moreover, in countries with emergency funding programmes for people not working during the pandemic, the informal sector – including sex workers – are typically not covered.

The disproportionate impact on key populations is one of the main reasons COVID-19 represents such a huge threat to HIV responses. But the pandemic has also created potential opportunities for them in the longer run. Key population and community advocates and their allies are likely to be considering the following, for example:



- COVID-19, like HIV, is highly stigmatised (and for some of the same reasons) and marginalised and poor people are the most vulnerable to contracting the virus that causes it and dying. Defeating COVID-19 requires focusing on the populations that are often left behind in any health responses and could be a lesson that will be taken into account by learning from the HIV movement.
- The increased global attention on health in general could bring much-needed attention and resources for effective, evidence-based HIV responses. The huge amounts of money governments are finding to finance COVID-19 responses can be starkly contrasted with the years of flatlined financing for the global HIV response. Important questions can be asked about why, for example, the Global Fund has been able to quickly and flexibly reallocate/reprogramme funding for COVID-19 when it has not moved more swiftly and effectively to ensure more money is available for communities in Latin America and elsewhere that have long focused on HIV, TB and malaria issues but have chronic financing challenges.

and support them. This has enhanced their ability to find solutions to immediate needs, thereby helping to build and strengthen their own capacities as well as their ability to support and share with others.

- **Advocacy and activism.** The importance of advocacy was signalled with the first session after the opening plenary – a session on key population-led global advocacy and national movement building. Several sessions included references to key population-led national, regional, and global advocacy activities undertaken for reasons including equitable access to HIV treatment, legal and policy change to remove barriers (e.g., regarding harm reduction services and criminalisation of same-sex relations), and inclusion in decision-making processes. A session on treatment activism involved community representatives from seven countries, all of whom shared their experiences and jointly considered advocacy strategies and approaches.
- **Inadequate funding and investment.** Key population- and community-led networks and groups that focus on their rights and needs never have enough money to do even a fraction of what they can or should be doing to make the positive difference they are capable of delivering. This has been a chronic issue they have faced since the beginning of the HIV epidemic. Unfortunately, any progress made over the years has plateaued, stalled, and in some instances even reversed in recent years largely due to external donors stepping back from HIV funding and transitioning funding out of investments in countries based on rigid country income guidelines. In many countries and contexts, few or no domestic investment sources exist to replace or expand what key population- and community-led groups are trying to do to mitigate the effects of HIV. This overarching frame of inadequate funding and investment was underlined in many HIV2020 sessions, including difficulties in scaling-up promising interventions led by key populations and community groups, and supporting the reach of ‘non-traditional’ approaches to HIV awareness prevention, support and care that have exhibited great value.

Many of these themes were referenced and highlighted during the HIV2020 Online special closing plenary on the 1 December 2020, World AIDS Day. The event marked the conclusion of four months of virtual sessions that demonstrated the vast, rich, and diverse perspectives of key populations and communities living with and affected by HIV worldwide. Over the course of 33 total sessions attended by 7,397 participants – including speakers, presenters, and viewers – participated in discussions and performances that highlighted the needs, opportunities, and challenges of key populations as they made the case to claim a role for communities at the centre of HIV responses everywhere.

The closing plenary provided an opportunity for remarks and reflections from stakeholders directly engaged in supporting and promoting key population-led engagement, including representatives from donors¹⁴, technical partners¹⁵, community leaders¹⁶ and advocates.

 *We are the evidence. It's impossible to make HIV services accessible and good quality without us.* 

~ Anton Basenko, Alliance for Public Health

Speakers universally agreed that the conference lived up to its expectations by concretely demonstrating how and why key populations and communities should

‘reclaim the response’ to HIV. An important observation repeatedly made was that **no one else can or should own or dominate the response**. As several speakers noted, effective HIV responses rely on

¹⁴ This was represented by Ambassador Pascalle Grotenhuis, Dutch Ministry of Foreign Affairs

¹⁵ This was represented by Dr Laurel Sprague, UNAIDS

¹⁶ This was represented by representatives from the four global networks that conceptualised and co-organised the event – Friedel Dausab from GNP+, Ruth Morgan Thomas from NSWP+, Judy Chang from INPUD, and Mohan Sundararaj from MPact; George Ayala who gave closing remarks, former Executive Director of MPact; and community advocates from key populations – Phelister Abdallah (Vice President of NSWP, Board Member of GNP+, and National Coordinator of the Kenya Sex Workers Alliance), Jeffry Acaba (a Filipino living with HIV who is a board member of GNP+ and Programme Officer of APCASO), Anton Basenko (who works at the Alliance for Public Health in Ukraine, is an advocate for PWUD and also a member of the Communities Delegation to the Board of the Global Fund), Najeeb Fokeerbux (an LGBTQI+ youth advocate from Mauritius who serves on the MPact Board), and Marcela Romero (a trans woman activist and regional coordinator of RedLacTrans – the first regional transgender network in Latin America and the Caribbean) who was unable to join the plenary in real time, but provided a recording of her input.

reaching and supporting those most in need and leaving no one behind – and it is only communities that have the knowledge, skills, and connections to do that well.

HIV2020 Online also proved that **key populations and communities are resilient and have long been capable and prepared to lead and be equal partners**. This was evident not only in the numerous examples of successful key population-led projects and activities described across the sessions, but also

“We have proven that when we – people and key populations living with HIV, lead the design, content, and delivery of a conference, it becomes more vibrant inclusive, innovative. This conference has set a standard for how future HIV conferences should be done.”

~ Jeffry Acaba, APCASO

because communities were able to deliver a complex and diverse conference so efficiently and effectively – all the while ensuring, for example, that every session was available in five languages.

In addition to highlighting the value, impact, and achievements of key populations and communities, the conference was successful in **emphasising the challenges and risks that characterise the everyday lives of key populations worldwide**.

Stigma, discrimination, and criminalisation persist, and these barriers are often ignored in HIV responses that focus largely on biomedical issues. The global reluctance to forcefully address these challenges constitutes a human rights and equity failure that all involved should be accountable for – donors, governments, technical partners, multilateral institutions, and beyond.

Setting a course for change in the future

Throughout the closing plenary, the overarching message of protest was accompanied by a call for joint action that would allow communities to truly claim their earned and rightful roles as equal partners in HIV responses. This would require a greater emphasis on **global solidarity and responsibility** that acknowledges that the heaviest burdens remain on the most vulnerable and marginalised – and that this is true not only for HIV, but for other crises such as the COVID-19 pandemic. Change is also needed on a more fundamental level when considering how best to serve and support people living with and at risk of HIV as one size does not fit all and where political leadership, commitment and will needs to be revitalised after four decades into the HIV epidemic.

“Many sessions demonstrated the intersectionality of all of us. We as people don't just have one identity.”

~ Friedel Dausab, GNP+

Some hopeful signs of communities reclaiming the response could be seen in a presentation during the closing plenary by Laurel Sprague from UNAIDS on the collaborative work, led by key populations and communities to achieve shared agreement on definitions for key population- and community-led responses. One key objective of this work is to have these definitions specified in future Global AIDS Monitoring (GAM) reports which would help to increase countries' inclinations and abilities to meet their commitments under the 2016 United Nations General Assembly Special Session (UNGASS) Political Declaration on HIV and AIDS that at least 30% of all service delivery is community-led by 2030, and at least 6% of all global HIV resources are allocated for social enabling activities, which are typically correlated with key activities undertaken by key populations and communities.

This work could have a major positive impact if it is followed through, prioritized and publicized and could be a critical component of demands by key populations and communities, many of which were echoed in throughout HIV2020 Online and in the closing plenary, to address a major obstacle – Although the global epidemic is disproportionately affecting key populations, they have only limited access to investments needed to do the work. **Lack of funding** was a consistent theme throughout HIV2020 Online and even if, or when key populations and communities have the space and opportunity to be more meaningfully involved, the promise is hollow if they do not have the financial capacity to fully seize the role.

“ We have sent a strong message to our partners outside there that communities do it better, and we have always done it better. ”

~ Phelister Abdalla, National Coordinator of Kenya Sex Workers Alliance

Ultimately, what was discussed, highlighted, and shared during the closing plenary and throughout HIV2020 Online underscored that the vital need for more and sustained investments in communities is not just a desire but a necessity. **Communities not only deserve to have more influence and be leading in HIV responses, but they have earned that right.**

4. Moving Forward: Lessons Learned and Recommendations Reinforced

The extensiveness and varied content across HIV2020 Online sessions offered unique insight into the lives and experiences of key populations and communities living with the reality of HIV on a daily basis. The information and observations can and should be used to help build and sustain improved HIV responses for all that are equitable, grounded in human rights, and reflective of the priorities and needs of PLHIV and those who are affected by HIV.

Session evaluations were sent to individual registrants of each session to try to understand (1) the overall satisfaction; (2) the usefulness of the content for participants' work; and (3) whether something new/helpful was learned that could be applied to the work of the participants.

Based on the 1,558 survey results¹⁷ received across all 33 sessions:

- **Overall satisfaction of the session:** 77% of participants surveyed were completely satisfied and 21% of participants were somewhat satisfied.
- **The content of the session is useful to my work:** 76% of participants surveyed completely agreed and 22% of participants somewhat agreed that the content of the session was useful for their work.
- **I learned something new/helpful that I will apply to my work:** 68% of participants surveyed completely agreed and 21% of participants somewhat agreed.

Several lessons learned from the individual sessions and the overall HIV2020 Online conference are useful guides for how and why this type of engagement in HIV responses is so valuable and important.

Key populations and communities already have – and have always had – the expertise, skills and motivation to play bigger and more influential roles in leading the HIV response. HIV2020 Online highlighted the myriad ways that individuals and groups of people from often marginalised and criminalised communities have the power, resources, drive, and ability to take things into their own hands and make a difference even if they are not given the space to do so. The scope and scale of what key populations and communities are already doing and providing in HIV responses is underappreciated. They are the pillars of HIV responses in many places at a highly personal level – including by directly supporting, training, educating, caring for their peers and others living with or vulnerable to HIV.

“ We’re the experts on this. Our solutions might not look like what donors want, but they’ll have to trust us to know best. ”

~ Mahri Bahati, Director of Programmes at IRGT

Key populations and communities are **creative and innovative**. HIV2020 Online provided a venue and platform to show and celebrate the different ways they express themselves, interact with each other, and make themselves and others feel safe and comfortable. Different and innovative forms of communication can be effective when seeking to raise awareness among key populations of their rights, which is often a critical step toward making their voices heard. For example, members of Tais Plus, a sex worker-led organisation in Kyrgyzstan, developed a theatre piece to present and explain the content of the Sex Worker Implementation Tool (SWIT) as part of their efforts to get sex worker groups to understand how to use it.

¹⁷ Please refer to Annex F: Evaluation of HIV2020 Online Sessions

As the SWIT and another example, the PLHIV Stigma Index, further illustrated, key populations and communities have experience in preparing and using tools and mechanisms that can be used to influence decision-making and policy-setting at various levels. Also instructive is that both the PLHIV Stigma Index and SWIT were developed by key populations in collaboration with other key population and community groups as well as technical partners – the former with UNAIDS and the latter with the World Health Organization (WHO). This shows that the professionalism and quality among key populations, when sufficiently recognised, accepted and supported, can lead to vital and important results.

HIV2020 Online offered numerous examples of communities engaged in and leading **scientifically rigorous analysis and assessment**, including in areas such as treatment access and adherence, models of care and support, and mental health. In various settings, communities have been collecting quantitative and qualitative data that they then use for targeted advocacy for policy change. Examples mentioned over the course of the online conference included key population- and community-led monitoring of HIV treatment access and gathering data on hate crimes against sex workers. In these and other instances, communities are taking the lead in identifying the problems and challenges, getting the evidence that shows the situation and impact, and proposing and demanding solutions and change.

Yet, as was evident across the scope of the sessions, there is more than one approach to improving people's lives. It was demonstrated that cultural projects can have impacts as significant as policy and legislative advocacy work, and stories can sometimes be more powerful than statistics. This kind of flexibility is crucial to communities' success in building trust, empathy and connections. They know the value of exploring approaches to communicate and support people in ways they welcome and understand.

Another lesson learned is that **communities often do more with less and achieve greater impact and results**. They are often highly efficient in part because they face constant funding and capacity constraints. These constraints limit their reach even in places where they are most needed and valued. Scaling up effective HIV responses from any perspective, from grassroots to global, will always be difficult due to financing and implementation challenges. Investing in key populations and communities in a manner that recognises the magnitude of the returns that those investments bring will lead to the expansion of community interventions and provide the opportunity to capitalise on their well-earned efficiency while making greater progress.

Lastly, HIV2020 Online was held at a cost of US\$138.32 per registered participant, without registration costs incurred towards registrants of the conference. The success of this low-cost model reinforces the call for future IACs to lower the costs of holding such events and reiterating the need **for the IAS to waive IAS membership/registration fees for key population and community advocates and experts** who do not or cannot attend conferences due to their associated costs.

Annex A: List of Members of HIV2020 Working Groups

A. Core Group Members

Organisation
Global Network of People Living with HIV (GNP+) <ul style="list-style-type: none">Rico Gustav, Executive Director – replaced in October with Friedel Dausab, GNP+ Board Member
Global Network of Sex Work Projects (NSWP) <ul style="list-style-type: none">Ruth Morgan Thomas, Global Coordinator
International Network of People who Use Drugs (INPUD) <ul style="list-style-type: none">Judy Chang, Executive Director
MPact Global Action for Gay Men's Health and Rights (MPact) <ul style="list-style-type: none">George Ayala, Executive Director – replaced in September with Mohan Sundararaj, Interim Executive Director

B. Programme Working Group Members

Aditi Sharma (Chair)

Florence Anam

Raul Caporal

Victor Manuel Chima Ortiz

Ernesto Cortes

Hilda Esquivel

Aline Fantinatti

Mick Matthews

Ruben Maza Ramos

Ruth Morgan Thomas

Cynthia Navarrete

Mohan Sundararaj

C. Communications Working Group Members

Judy Chang (Chair)

Gonzalo Aburto

Jake Agliata

Angel Fabian

Nicole Finkelstein

Nadia Rafif

Valentin Simionov

Greg Tartaglione

Hannah Wright

D. Fundraising and Logistics Group Members

George Ayala (Chair)

Judy Chang

Raoul Fransen

Rico Gustav

Naina Khanna

Kevin Moody

Ruth Morgan Thomas

Andy Spieldenner

Annex B: HIV2020 Online Conference Programme

*All dates are according to Pacific Time Zone (San Francisco Bay area, United States)

JULY		
	Session	Organiser(s)
6	Opening Plenary	GNP+, INPUD, MPact & NSWP
7	Global Advocacy and National Movement Building: Shifting the Paradigm	INPUD & NSWP
8	Beyond Blame: Challenging Criminalisation for HIV Justice Worldwide	HIV Justice Network (on behalf of HIV Justice Steering Committee)
9	The Dollars and Sense of Effective Grantmaking	Funders Concerned about AIDS & ViiV Healthcare Positive Action
14	Social Determinants of health, HIV and activism [session held in Spanish]	Housing Works
21	Presentation of SWIT as a successful strategy to advocate for the human rights of people who perform sex work in HIV/STIs [held in Spanish]	PLAPERTS
23	Our gay bodies: Body image, intimacy, and community support through Kink	Mpact, Ishtar MSM
28	Drug Policy and Harm Reduction: Preventing HIV/AIDS [session held in Spanish]	Instituto RIA, AC; REDUMEX; ReverdeSer Colectivo; PLAPERTS México; Escola Livre de Redução de Danos; LANPUD, Asociación Costarricense para el Estudio e Intervención en Drogas (AECID), Red Argentina por los Derechos y Asistencia de los/as Usuarios/as de Drogas (RADAUD), & Fundación Equilibrio
29	[Art Performance & Discussion] Divine & Cursed	Diabolique Cabaret

AUGUST		
	Session	Organiser(s)
4	A Roadmap for Meeting the HIV Targets: Defending Bodily Autonomy and Integrity	ARASA
5	Hate Crimes Against Sex Workers: Data Collection and Advocacy [session held in Russian]	Shah Ayim Network
11	Young People Are Leading the Way!	Y+ Global
13	Women who Use Drugs and Narcofeminism: Changing the Narrative	Metzineres & Urban Survivors
18	Time is running out for Children Living with HIV	GNP+, ICW, Y+, Aidsfonds, ITPC, PATA, Coalition of Children affected by HIV, HealthGap & UNICEF
18	[Film & Discussion] China's Transgender Sex Workers	Michael Liu
20	Strengthening the safety and security of gay and bisexual men and their program implementers in Latin America and globally [session held in Spanish]	Sero Project, FHI 360, SOMOSGay, MPact, AIDS Healthcare Foundation
25	Medicalised Bodies, Absent States [session held in Spanish]	Redlactrans, IRGT
27	Grassroots Response to the Drug War: Fighting Back	River Valley Organising Project: Unharming Ohio

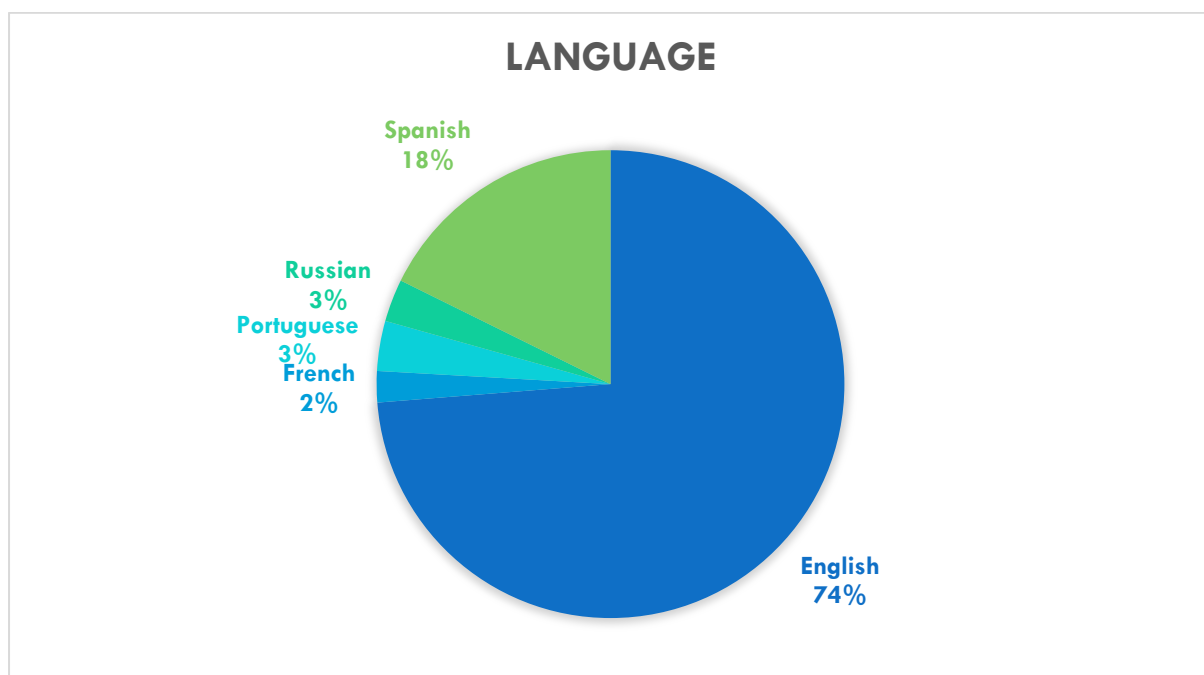
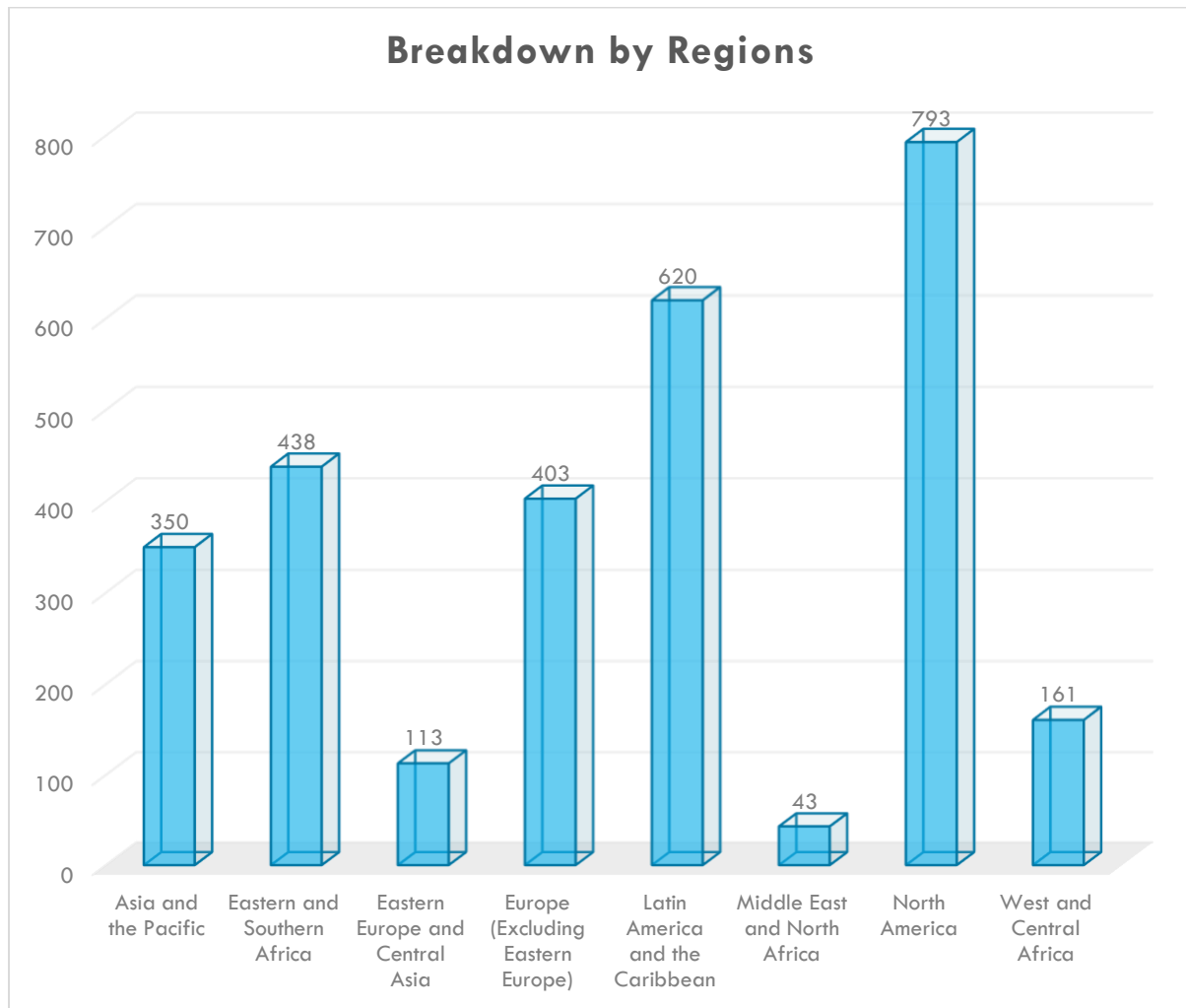
SEPTEMBER

	Session	Organiser(s)
1	Community Advocacy: How we Innovate and Mobilise	PITCH
3	Soliciting for Change: Understanding the impacts of the Swedish Model and full decriminalisation of sex work	ICRSE and Scarlet Alliance
8	Data from the ground up: Scaling up community-led data collection, management and analysis	Caribbean Vulnerable Communities, Global Health Centre Graduate Institute, GrenCHAP, Trans Este Podemos Avanzar, UNAIDS
10	Overcoming Legal Barriers as a mechanism for the struggle for rights of vulnerable populations in the fight with the HIV epidemic in the EECA region [session held in Russian]	ENPUD
15	Not just subjects of research!	Aidsfonds
22	HIV, Drugs and Positive Women in Response [session held in Spanish]	LANPUD
24	The Nine Genders, A Reintroduced Indigenous Way of Organizing Gender	Canadian Aboriginal AIDS Network
28	[Film & Discussion] Kokh (A Womb)	FAITH
29	Now more than ever: New strategies to fight back for HIV prevention	Frontline AIDS

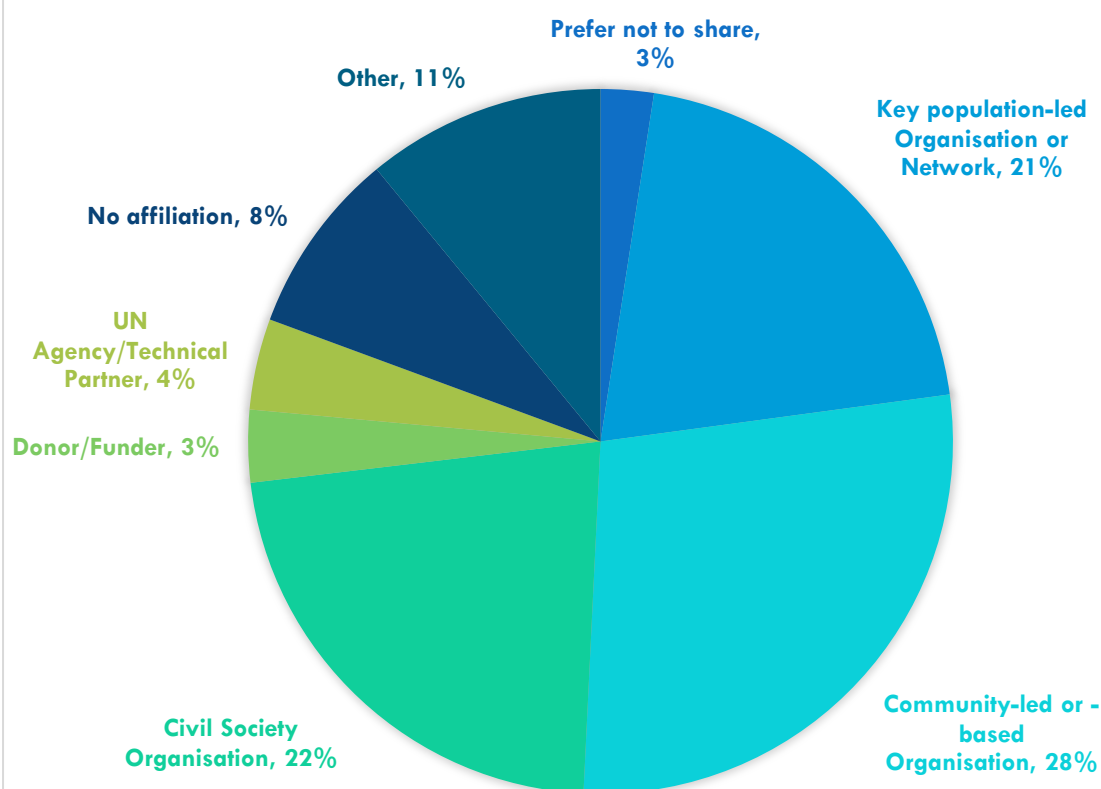
OCTOBER

	Session	Organiser(s)
1	Stigma: Measure it, Act on it, End it	GNP+
6	HIV2020 – Treatment Activist Meeting	100% Life Ukraine, ABIA, AIDES, APN Plus, GNP+, ITPC, Public Citizen, STOPAIDS, TAC
9	Community based mental health services for people living with HIV [session held in Russian]	Peer Partners NGO
15	[Art Performance] Theatre performance about SWIT [session held in Russian]	Tais Plus
20	Where is the money for key population programming?	The Bridging the Gaps Alliance
23	Women, bodies and experiences: Individual and collective empowerment through the Theater of the Oppressed [session held in Spanish]	ICW Latin America and HIVOS Latin America

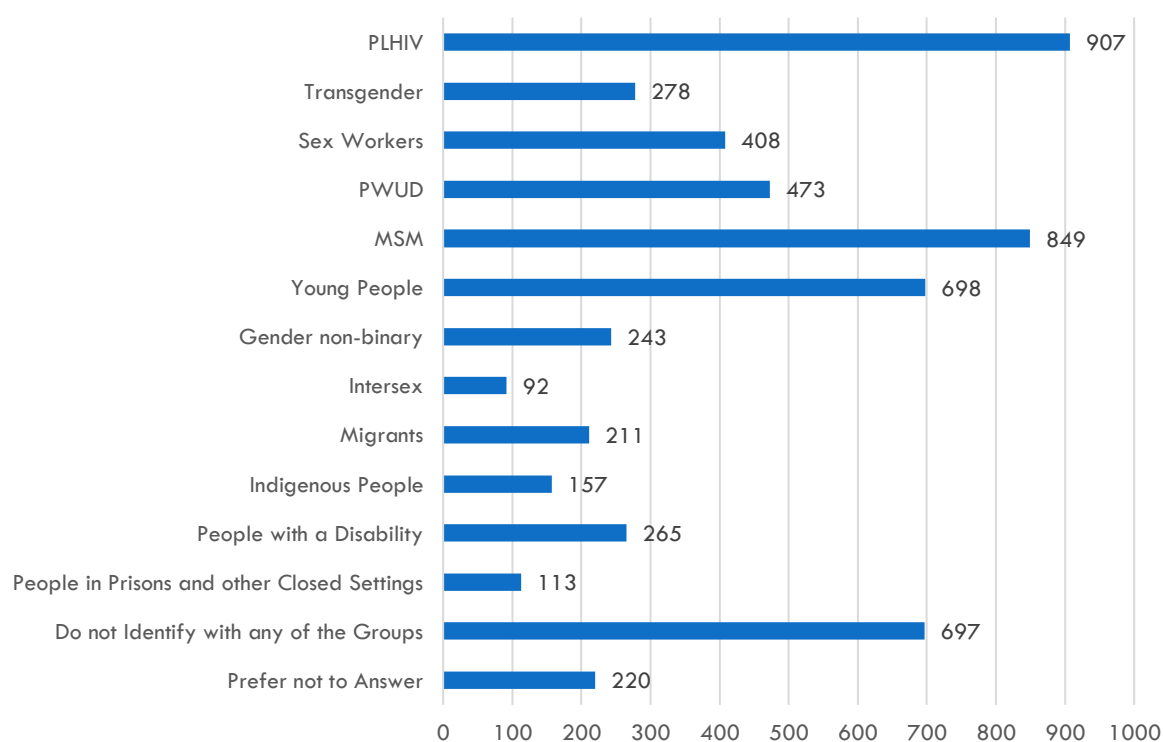
Annex C: Demographic Information of Registered Participants



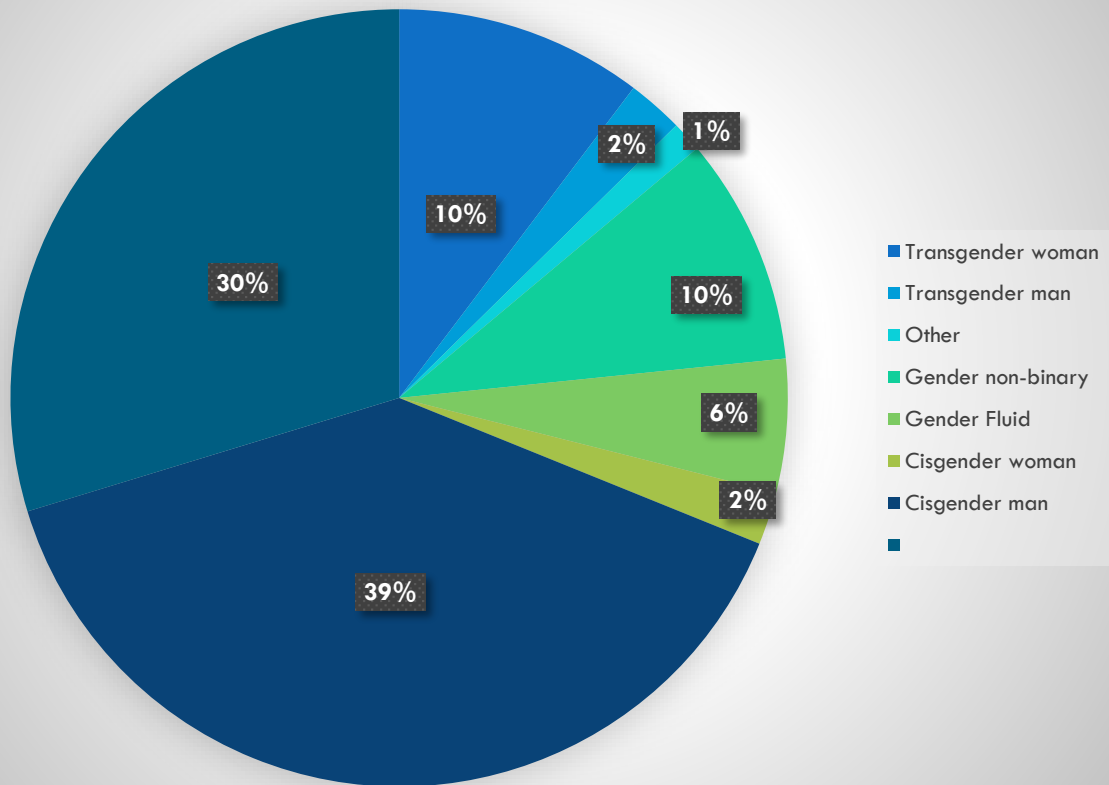
ORGANISATIONAL AFFILIATION



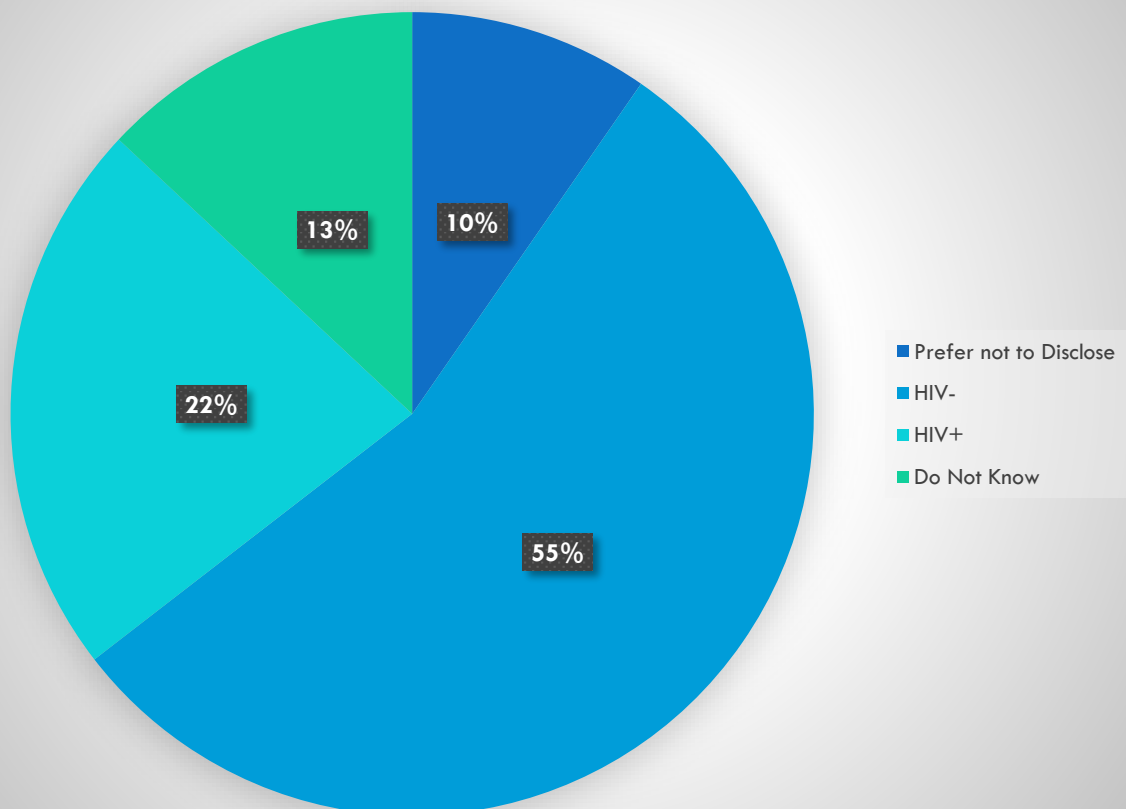
KEY POPULATION & COMMUNITY IDENTITY



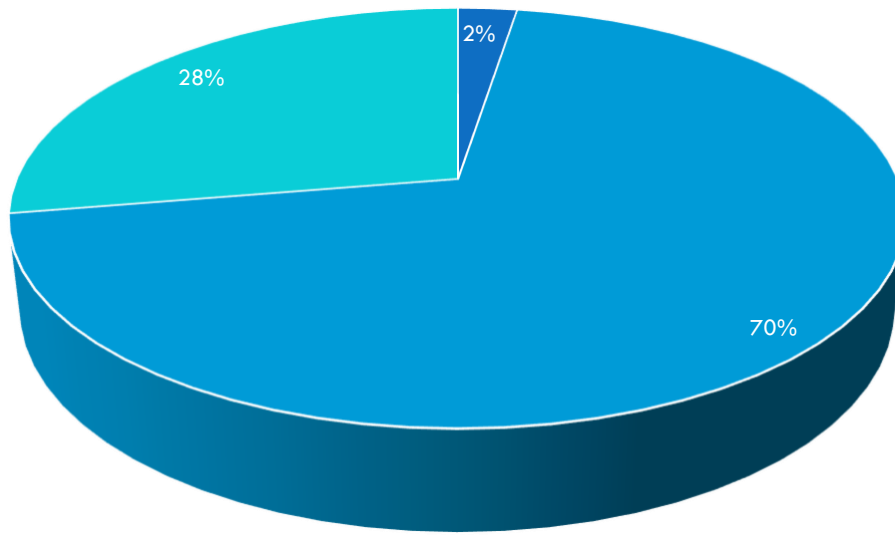
GENDER IDENTITY



HIV SERO STATUS



AGE



■ Prefer not to answer ■ 31 years and older ■ 30 years and under

Annex D: HIV2020 Online Session Summaries

**All dates are according to Pacific Time Zone (San Francisco Bay area, United States)*

I. Opening Plenary, 6 July 2020

The landmark HIV2020 online conference formally opened on 6 July 2020 with an opening plenary that laid the groundwork for an extensive series of sessions and events to take place over three months. The session featured live and pre-recorded comments and input from a wide range of individuals and groups involved in efforts to expand and strengthen the engagement and influence of the people most directly affected by HIV – communities and key populations – in all responses to the global epidemic.

The focus of most remarks and observations centred on the **simple yet strong message that communities not only can but should lead**. More effectively fighting HIV depends on community voices and priorities to be better recognized, respected and followed. Only people who are experiencing on a daily basis the difficulties, challenges and abuses that come with living with HIV and being uniquely vulnerable to it due to legal, social and economic marginalization know what is best for them.

Years of trying to get this message taken seriously have only had limited success in general. As several plenary participants observed, communities mostly remain invisible and ignored, their achievements and skills devalued or dismissed.

Yet participants also strongly reaffirmed that giving up has never been an option and never should be. Recent events have reinforced the urgency of the fight to realize the potential of communities and for the world to finally take concrete actions toward realizing the vow to ‘leave no one behind’. By further exposing and entrenching inequities in countries worldwide, the Covid-19 pandemic underscores the importance of renewing the advocacy and calls for community-led change that benefits all people affected by HIV in profound, sustainable ways, wherever they live. All actions and steps toward a brighter future depend on commitments at global, regional and local levels to meet the needs of all people living with and at risk for HIV in a holistic way that keeps them healthier and safer overall.

Listed below is information about the participants in the opening plenary followed by a summary of some of the key themes and issues mentioned, including several of the priorities from the perspective of communities and key populations.

The opening plenary consisted of three main parts:

- Overview and welcome from the directors of the four **global networks that conceptualized and co-organised the event**: Ruth Morgan Thomas from the Global Network of Sex Work Projects (NSWP), George Ayala from MPact Global Action for Gay Men’s Health and Rights (MPact), Judy Chang from the International Network of People Who Use Drugs (INPUD), and Rico Gustav from the Global Network of People Living with HIV (GNP+)
- Pre-recorded videos of commentary by high-level representatives from different **essential non-civil society sectors** in national and global HIV responses and community engagement within them, including Winnie Byanyima, Executive Director of the Joint UN Programme on HIV/AIDS (UNAIDS); Dr Alethse De La Torre, General Director of the National Center for the Prevention and Control of HIV/AIDS (CENSIDA) within the Mexican Ministry of Health; Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund); and Sigrid Kaag, Minister for Foreign Trade and Development Cooperation of the Netherlands.
- A panel discussion with **community-based advocates from a wide range of key populations** from regions around world, including Africa, Asia, Eastern Europe and Latin America. The five community panellists included Phelister Abdalla, the National Coordinator of the Kenya Sex Workers Alliance; Jeffry Acaba, a Filipino living with HIV who is a board member of GNP+; Mahri Bahati, Director of Programs at IRGT, a Global Network of Transgender Women and HIV; Olga Belyaeva, a drug policy reform activist from Ukraine; and Sergio Lopez, a Paraguayan activist and Program Officer with SOMOSGAY, a local organisation focusing on LGBTI and human rights issues.

Key themes and issues raised during the plenary

Listed below are overviews of several of the themes and issues introduced during the opening plenary. They provide an initial framework for the three months of the HIV2020 virtual conference that will follow, which will include

discussions of existing challenges, threats and problems that communities and key populations face; opportunities and proposed solutions for positive change; and advocacy strategies and entry points.

A. Communities already have the knowledge, experience, drive and strength to lead.

This basic truth is encapsulated in comments for the plenary by Winnie Byanyima, UNAIDS' executive director: "From the early days in New York and San Francisco, in Johannesburg and Kampala, in Bangkok and Mumbai, it is activists in the communities who have led. People living with HIV, women, gay men, sex workers, transgender people, people who use drugs – they organised their communities and claimed their rights. This courageous community activism led to some of the most important breakthroughs in the HIV response."

B. Halting and reversing the threat and impact of HIV on everyone cannot be done without communities.

For all HIV programmes, interventions and approaches to be more effective, communities must be influential in their design and implementation. In her comments for the plenary, Dr Alethse De la Torre Rosas from CENSIDA in Mexico stressed the urgency of taking this seriously: "To meet the UNAIDS targets to end the AIDS epidemic we need to deliver programs that are acceptable to communities – it is time to stop doing everything for communities without actually including them....Community-led responses can help national programmes and health institutions to identify persistent problems, barriers and solutions that are adequate by helping to monitor their outcomes. Community-led responses can reach geographical regions and people that the majority of healthcare systems have no access to."

C. Communities face numerous obstacles and challenges to improvements in their health and well-being.

In far too many places in the world, HIV remains a disproportionate and constant threat to the health, lives and futures of gay and bisexual men, people who use drugs, sex workers and transgender people. One main reason is that they are uniquely and consistently vulnerable. As stated forcefully by CENSIDA's Dr De la Torre Rosas, "Criminalization, discrimination, and sexual stigma that the LGBT+ community, as well as people who use drugs and sex workers face on a daily basis, limits the provision and uptake of HIV prevention, treatment and care service, which leads to worse outcomes, therefore increasing inequalities."

Phelister Abdalla, a sex worker activist and plenary community panellist, further emphasized the "clear link" between decriminalization and reducing HIV infection. In her remarks for the plenary, Sigrid Kaag from the Dutch Ministry for Foreign Trade and Development Cooperation pointed to the "pressures of conservative voices" at global and national levels as a growing threat to vital efforts to fighting back against stigma, discrimination and criminalization.

D. Covid-19 represents a huge threat to HIV responses, but also an opportunity for communities' value to be highlighted.

Peter Sands from the Global Fund delivered a chilling warning: "After many years of progress in the fight against HIV and AIDS, and in promoting a more rights-based, people-centred vision of health, we face the prospect of going backwards.... A UNAIDS/WHO analysis suggests that interruptions to ART [antiretroviral treatment] could see an additional 534,000 deaths over the next 12 months. That would take us back to the annual death toll we saw in 2008. Twelve years ago."

Community panellist Jeff Acaba, a Filipino advocate living with HIV, discussed the impact from a local level, noting that Covid-19 had "amplified structural challenges that continue to hamper key populations accessing lifesaving services." Human rights were already a major concern. He said that in his region (Asia), governments were scapegoating and oppressing people living with COVID-19 in many of the same ways that they have targeted people living with HIV and key populations.

Yet at the same time, a strong case can be made – and should be made much more loudly and consistently – that communities' knowledge and innovation is needed more than ever now at the local level especially. According to Sands: "Where we see successful COVID responses, governments are leveraging the HIV infrastructure and networks that so many of you have contributed to.... Much of the response is based on the capabilities and infrastructure put in place to fight HIV anyway. Whether it's viral load testing instruments being used for C19 diagnosis. Or HIV community-outreach organisation supporting communications and contacts."

Acaba added that communities had already been designing and implementing innovations to reach and support each other during the restrictions on movement and interaction enforced during the Covid-19 epidemic. Many of them, he said, were being developed by young key populations. Funding is needed for them to be made available more broadly, although their full value can only be ensured if communities continue to lead their implementation.

E. Communities know what they need – and need to be listened to.

Community representatives in the opening plenary stressed that communities cannot achieve their full potential in HIV responses unless they have the resources and support they need to do the work they know is necessary. **More funding** is one thing, with a focus on investing on HIV responses that are led by the most affected communities, including gay and bisexual men, people who use drugs, sex workers, and transgender people.

Community panellist and trans activist Mahri Bahati put it bluntly when discussing the plight of many trans groups: “Our community needs more than statements of concern and solidarity.... We need investments of financial capital, plain and simple. We cannot survive on social capital alone. Our organisations need funding to hire and pay trans to design and deliver services tailored for our communities.” She added that donors should also recognize that “we’re the experts on this. Our solutions might not look like what donors want, but they’ll have to trust us to know best.”

This message was echoed by another community panellist, Sergio Lopez, who works for an organisation focused on LGBTI and HIV issues in Paraguay. He said that if important funding sources such as the Global Fund can move quickly to be flexible in making money available for Covid-19 responses (as it has done since late March 2020), then they can move more swiftly to get money to communities in Latin America and elsewhere that have long focused on HIV, TB and malaria issues but have chronic financing challenges. This an example, he added, of communities not being treated like priorities even when they are constantly reassured that they are priorities.

Many communities also need **more capacity** to be stronger and more effective. Sex worker advocate Phelister Abdalla said that when she started trying to organise her community, she and her colleagues did not know how to do basic things such as express themselves or apply for funding. With the support of partners, they started learning and training others around the world so they themselves could provide quality services to other sex workers, including by running clinics and hiring health care specialists.

Communities also want and expect others involved in fighting HIV to understand that it **not just a biomedical issue**. According to Olga Belyaeva, a community panellist and drug policy reform activist from Ukraine, “responding to HIV is more than just lubricants, condoms, and medicines”. The overall approach should be based more broadly on what people really need, including, for example, drop-in shelters and clinics, “friendly” and accommodating services, and methadone being available to all who want and need it wherever they live.

In most places too, a holistic and comprehensive response that would be most effective among communities would also include support for nutrition, housing, basic social services and employment – especially during economic and social crises such as the COVID-19 pandemic.

II. Global Advocacy and National Movement Building: Shifting the Paradigm, 7 July 2020

This session focused on the why and how of connecting national, regional and global key population (KP) and community movements. A main specific objective was to reimagine community movements not as linear approaches but as more circular ones of building connections, amplifying voices, working through collective actions and speaking in solidarity. The session aimed to conceptualize a collective movement that is reflective of diversities, intersectionality, and lived realities, and which has the goals of changing policies and shifting cultural paradigms to eliminate stigmas, discriminations and criminalisations of KP communities. The session was divided into three parts: 1) plenary speakers, 2) group breakouts, and 3) closing remarks.

Speakers underscored the importance of connecting the three levels of movement building and advocacy – from the global to regional and to national. Ruth Morgan Thomas of NSWP framed the issue in the following way: “Global advocacy is about upholding the voices of our communities across the world.... It is on behalf of our community; it is about our collective voices, not about our own individual voice, opinions; it is about we, not me; it is about us, it is about building a consensus on principles that can be endorsed by all of our members and communities in their diversities...”

She and other speakers stressed the need for global advocacy to be informed by the regional and national/grassroots voices. At the same time, global advocacy also has the responsibility to ensure that communities on the ground have access to information, resources, and support needed for their meaningful and effective participation, including their ability to input into global policy frameworks, mobilise at the country level, and ensure government accountabilities.

While the session featured primarily the experiences of drug users and sex workers organising, their observations and lessons learned are applicable to other KP communities. The principles of self-representation, community empowerment, and community leadership were among those noted as being important to prioritize. Speakers also highlighted the need for continual and sustainable resources and support for building community leadership and

capacity, and for community knowledge and expertise to be recognised, respected, and valued. Examples from Latin America and Kenya demonstrated the importance and value of community engagement in the formulation of public policies and the design and implementation of programmes and services for highly stigmatised and criminalised communities and key populations.

One prominent component of the session centred on speakers and participants identifying specific words or phrases that they considered meaningful in the context of community mobilisation. Among those highlighted were partnership, collectivism, lived realities, political challenge, solidarity, visibility, unity, connection, inclusive, accountability, youth participation, amplify, peace and power.

During their final reflections, speakers reemphasised the importance of listening to each other while recognising and holding each other accountable for the roles we as communities play and the spaces that we occupy. Several also spoke about the importance of recognising the diversity and intersectionality between and among communities as well as the importance of building a collective voice and finding a collective way to move forward.

III. Beyond Blame: Challenging Criminalisation for HIV Justice Worldwide, 8 July 2020

HIV criminalization refers to laws or policing in which people living with HIV (PLHIV) can be prosecuted for acts that would not be crimes if they were not living with the virus. According to a recent Advance HIV Justice 3 report, there are 72 countries where thousands of PLHIV have been unjustly criminalized in the past several years. Laws used to criminalize members of many key populations, including transgender people, sex workers, and gay men and other men who have sex with men, also often directly affect and influence HIV criminalization.

Speakers provided **examples of efforts around the world to address the issue**. In Africa, the AIDS and Rights Alliance for Southern Africa (ARASA) has challenged criminalizing provisions in HIV-specific laws in 19 countries, with a particular focus on cases of women living with HIV being prosecuted for breastfeeding. The Women's Lawyer Association in Malawi emphasizes legal empowerment, including by working with grassroots women living with HIV to challenge specific provisions of laws that could be used to prosecute them. Activists in Francophone Africa developed an advocacy fact sheet as part of a larger effort to exchange resources on HIV criminalization.

In Eastern Europe and Central Asia (EECA), community-led research was conducted in seven countries to raise awareness on HIV criminalization and build more dedicated advocates. Mexican advocates prepared an 11-point declaration on criminalization of HIV and have continually challenged penal codes in different states of Mexico that have been used to criminalize PLHIV.

Some **solutions and lessons learned** from these and other efforts include the importance of peer support, building alliances with different key population organizations and networks for joint advocacy, and taking a harm reduction approach to challenge criminal justice systems (e.g., looking at eliminating or reducing penalties for HIV-related criminalization). Education, visibility of communities, needs assessments, and building capacity on legal advocacy are all important in most contexts.

Also, science is currently being used as a solution to get through to lawmakers and the criminal justice system. In 2018, a global expert consensus statement on the science of HIV in the context of criminal law was released, and an interim scoping report has been developed covering the past two years. It is a useful document to be used in court and instrumental for advocacy on law reform. The statement has been used in several cases, courts and law reform advocacies in different countries such as Colombia, Uganda, Kenya, Canada, Lesotho, Morocco, Belarus and Burkina Faso.

Emerging concerns include molecular HIV surveillance, which can be used to identify who transmitted HIV from one person to another. Such surveillance raises issues of privacy and confidentiality and is often done disconnected from communities. Also, worrying parallels are being seen between HIV and COVID-19 criminalization. Alleged spitting and coughing on people (and thus potentially transmitting the virus that causes COVID-19) has been used as the basis of filing criminal charges and even been labelled as a terroristic threat.

IV. The Dollars and Sense of Effective Grantmaking, 9 July 2020

The session focused largely on what donors can do to make HIV-related investments align more with the needs of communities and their organisations. **Key populations** were a main topic. Although they are the most vulnerable to HIV, disproportionately limited funding is targeted to them. As cited during the session, as recently as two years ago, almost half of new HIV transmission were among key populations, and in some regions, they accounted for almost 95% of all people living with HIV. However, between 2016–2018, only about \$1.3 billion of a total of \$57 billion in HIV funding was specifically for key populations.

Session participants mentioned several reasons for these situations. Regional and national key population networks often have difficulties in accessing funding because they are seen as criminalized populations and some of the activities they promote and provide (e.g., various harm reduction interventions for people who use drugs) are illegal in some countries. As a result, many organisations cannot legally register and open bank accounts. Language barriers are also a factor, as many funding programmes require the use of English in all relevant documents. Impact and outcomes can also be difficult to measure, as the work of key populations cannot only be captured by quantitative indicators and performance metrics. Another common challenge is the administrative burden that some funders place on all grantees, which is especially problematic for small, community-based groups and networks.

Suggested solutions and policies that could lead to more funding for key populations within HIV responses include more flexibility in grant making; eligibility requirements that do not inadvertently exclude criminalized key populations; longer-running funding cycles; easier access to core funding, which can be critical for sustainability; and support for organizational development and capacity building, advocacy and campaigning apart from services. Examples of positive donor engagement referenced during the session included Bridging the Gaps by Aidsfonds, ViiV Positive Action Fund, Robert Carr Fund, Elton John AIDS Foundation LGBT Fund, and the Global Fund's Communities, Rights and Gender - Strategic Initiative (CRG-SI).

Several participants also stressed the need for much faster action to get targeted funding to communities during the COVID-19 era. This is essential because the pandemic has scaled up health and economic inequalities for vulnerable populations and has exacerbated infringement of human rights and social injustice. Many donors, including the Global Fund, have sought to do this by creating special COVID-19 emergency response funding streams. It will be important to closely monitor how quickly and efficiently these funds get to communities and key populations, with changes to processes implemented quickly if barriers are identified.

V. Social Determinants of health, HIV and activism, 14 July 2020

From the perspective of their areas of expertise and activism (the health and rights of people living with HIV, trans people, sex workers and people who use drugs), the panellists discussed how social determinants affect health – especially among vulnerable groups – and how policies can reflect and reinforce structural problems.

Charles King opened with comments on the value of reaching “high arenas”, such as the General Assembly of the United Nations and the World Bank, where commitments have been made for fighting AIDS, extreme poverty and inequality. In his opinion, although important, such commitments are mostly symbolic and insufficient. Little progress has been made because of the lack of measures to implement them. Even the richest cities in the world, many of which can claim some success in these areas, fail to support the most vulnerable groups. To fully address the vulnerability factors that these groups largely share, a three-dimensional approach (economic, social and environmental) is needed through integrated actions at all levels of government nationally, and internationally as well.

Stacy Velásques emphasized the deep roots of conservatism in Latin America as a latent threat to vulnerable groups. She called for deeper international cooperation to hold governments accountable for their global health and human rights commitments and for programmes' sustainability. In her view, differentiated and specific strategies are needed for different populations within an integral health approach that fully includes trans people, including in formal labour markets. Gisela Sambrano made similar comments on an integrated health approach, adding as well that its success relies in part on better data and building the capacity of medical professionals to serve vulnerable groups more empathetically and effectively.

Cynthia Navarrete also focused on greater inclusion for vulnerable populations, including people who use drugs and sex workers. This is a vital strategy to address their stigmatization by state institutions as well as social organizations that are supposed to support their health and overall well-being. A priority change would be expanded access to a range of services (physical, dental and mental health, etc.) in a more integrated way that also respects and reflects harm reduction principles and risk factors.

In her comments, Amaya Odorika went further by articulating a new approach to substance use that starts by refuting the word ‘drugs’ because of its stigma and ambiguity. To her, this would be an important step away from perspectives that consider substance use as an “individual moral flaw”, abstinence as the only socially accepted behaviour, and substance users responsible for all the violence they experience. A radical new approach would also directly confront the racist, classist, colonial and patriarchal attitudes that influence other social determinants of health. Naiké Ledan echoed this idea when calling for a change in current structures that divide the world between the privileged and the oppressed. In her view, it is only radical agendas such as this one – and not just changes to programmes, etc. – that will lead to responses to the main problems faced by the most vulnerable.

VI. Presentation of SWIT as a successful strategy to advocate for the human rights of people who perform sex work in HIV/STIs, 21 July 2020

PLAPERTS is a regional platform formed by sex worker organisations from 11 Latin American countries. Since 2015, it has applied the **Sex Worker Implementation Tool (SWIT)** in various actions. Panellists at the session, all of whom are associated with PLAPERTS, discussed how the tool has been used and its impact.

The SWIT was produced in collaboration with sex worker-led organisations by United Nations programmes and agencies, other international institutions and non-governmental organisations. In addition to offering practical guidance on effective HIV and STI programming, it provides evidence for the value and benefits of the decriminalisation of sex work, the involvement of sex workers in developing policy, and the empowerment and self-determination of sex work communities as a fundamental part of the fight against HIV.¹⁸

Advocacy carried out by sex workers' organisations is part of this process. Important advocacy activities have included efforts to guarantee that sex workers have access to condoms and lubricants and raising awareness and capacity building of police officers and health workers. These and other sex worker-led efforts aim to confront violence and prejudice against sex workers and to ensure that their rights are recognized and respected.

Panellists agreed that the SWIT has been a positive tool that has also helped to empower sex worker communities and strengthen their organisations. The self-determination approach emphasized by the tool and the sex workers, which means that programmes and initiatives are managed by sex workers themselves, has been critical in gaining sex workers' trust. It was observed, however, that more regular and sustainable funding could enable sex workers organisations to work even more effectively.

The **Covid-19 pandemic** was the second major topic of the session. It has demonstrated and further exposed the vulnerable position of sex workers and numerous structural problems in much of Latin America, including the lack of access to health care services and violence and discrimination perpetuated by authorities and the police.

One priority is that critical health and safety initiatives for sex workers have been weakened. For example, the distribution of condoms and lubricants has been hampered during the Covid-19 crisis, and there is a risk that they will expire in government stocks. PLAPERTS and other sex worker communities and organisations have focused on demanding that governments provide and distribute these materials regularly to sex workers and everyone else, since the prevention of HIV and STIs must be sustained despite the concentration of efforts in the fight against the coronavirus.

Also, the organisation and cooperation skills that PLAPERTS has gained through the application of SWIT have given sex workers the confidence and ability to design and support coronavirus prevention efforts for their communities. One example is the 'coronasutra', an illustrated set of safer sex positions that allow for distance between faces. In Ecuador, sex workers elaborated a biosafety plan that has been presented to local authorities with the aim of reopening workplaces and allowing sex workers to resume their activities.

Panellists also noted that the Covid-19 pandemic has highlighted the need for sex workers to have access to a wide range of services besides health care, e.g., in areas such as housing, poverty eradication, and employment opportunities that enable people to alternate sex work with other income-generating activities.

VII. Our gay bodies: Body image, intimacy, and community support through KINK, 23 July 2020

The session was structured as an interactive dialogue among gay and bisexual men about how kink has shaped their relationships to their bodies, their sexual partners, and their communities. It was framed around the question: What can we learn from identities, behaviours and practices that thrived underground and still do in most parts of the world?

The session began with a survey that asked the speakers about their perceptions of their own kinks and expression of sexuality and pleasure. (Kink was defined at the beginning of the session as "the engagement in non-conventional sexual practices, concepts, or fantasies".) It then moved into a discussion of some crucial messaging around consent, communication, pleasure, safety and respect.

Speakers highlighted that there is a level of impact and restraint that should be taken into consideration during sexual experience that can involve varying sexual practices or kinks. It was observed that the expression of kink transcends common notions of sexuality or gender and provides an alternative sense of community (with the kinkster

¹⁸ <https://www.nswp.org/resource/sex-worker-implementation-tool-swit>

community) and source of empowerment beyond the typical community circles (e.g., queer community or gay community)

Speakers also stressed the need for more positive presentation wherein the engagement in and discourse around kink is more visible and public and treated without stigma or discrimination. The importance of community-led education on issues of kink rather than looking at it from a more medical perspective was noted as being effective in promoting sexual and bodily health. Within this framework, topics like bondage or condoms for queer people should not be stigmatized.

Kink also has a role to play for many people in directly addressing the stigma that can sometimes stifle the discussion of sex or accepting one's identity. There should be open and honest ways of communication that can lead to stronger bonds between sexual partners, an important consideration because communication and consent are fundamental aspects of practicing or engaging in kink. Safe words and body language can be used to recognize the needed levels of care and attention for sexual partners. Self-care and aftercare for one's sexual partner (e.g., appreciating the partner) is an important part of the overall kink process. All partners involved should be aware and respectful of the culture of safety around kink, including that it be 'safe, sane and consensual',

Discussion participants also acknowledged that finding the intersections of kink, sexuality, rights, and HIV knowledge comes in various forms. For example, one speaker (Sergio Lopez) said that he has used kink as part of a process to express himself, work around various traumas, and create judgement-free spaces. In this way, kink has been an important part of the journey he has undergone to accept his sexuality.

VIII. Drug Policy and Harm Reduction: Preventing HIV/AIDS, 28 July 2020

The main components of the dynamic session included initial statements by representatives of the meeting's organising institutions, group discussions involving moderators and panellists, summaries of key points, and proposals for positive changes.

The initial statements covered a lot of ground, starting with an **overview of the consequences of criminalization, stigma and discrimination towards people who use drugs**, which often include abuses and human rights violations by law enforcement agents or health professionals (among many others).

Stigmatization can actually kill people because it contributes to compulsory detention and rehabilitation, social life exclusion, limitations on access to health and justice, and the 'normalization' of violence.

Current drug policies often make the situation worse because they are based on punitive approaches and do not focus on public health. Such policies persist despite clear evidence of their inability to address criminal markets defined by violence or to safeguard the health and human rights of users.

Also, these drug policies should be seen as increasingly irrelevant and improper due to a growing number of regulatory options available around the world that are based on a more realistic and rights-based evaluation of the social and health damages versus the costs of the policies. An underlying assumption among session speakers was that risk and damage reduction is the necessary perspective to serve as a basis for the design, implementation and evaluation of services and public policies as they affect and reflect drug use. To be fully effective and inclusive, services and policies need to be aware of the full range of causes for using drugs and thus consider harm reduction and other support options not just from a medicalization point of view.

During the group dynamics part of the session, moderators and panellists considered the points and issues raised already and sought to reply to five questions posed to participants: 1) What are drugs?; 2) What are drug policies?; 3) Have you experienced stigma for using drugs? Or how is stigma linked to people who use drugs?; 4) How can we reduce risks and harm related to drugs use?; and 5) How can we reduce risks and harm of drug policies?

The groups' responses converged on issues and observations such as some drugs being legal (e.g., coffee and sugar) and others illegal; the intersectionality and multiplication of stigmas (racial, social, gender, sexual orientation, etc.); and the harm of drug policies, especially among socially vulnerable groups. Reference was made to an Ecuadorian experience in which, an important but simple change in the law to curb stigmatization has had no effect on the reality of people's lives. That lack of impact underscores the need for new perspectives on how to mitigate the harm to people's health and well-being in general as well as from specific laws and policies.

Also discussed after the group responses was advice on safety measures for substance use by people living with HIV.

Proposed changes to improve the overall situation focused on the end of prohibitionist policies, decriminalization and regulation of substances. An approach is needed that integrates social justice – from production to sale – to protect farming communities, ensure access and quality to people who use psychoactive substances, and implement appropriate development strategies for countries where these plants are grown.

IX. [Art Performance & Discussion] Divine & Cursed, 29 July 2020

This session at HIV 2020 included the first-ever production of ‘Divine and Cursed’, a performance art piece by Diabolique Cabaret, a Colombian group, with music by Cosey Fanni Tutti, an English performance artist and musician. Two artists, Elvira and Tahuanty, performed it from their home’s basement, with the walls and what looked like a bed covered in white fabric and fake blood all around. (At one point, they used this blood to write ‘HIV’ on the back wall.)

The performance lasted for about 20 minutes. Elvira – a cisgender female – played a character both influenced by Dracula and Saint Sebastian, while Tahuanty (a cisgender male with a moustache) played a nun, at least for the beginning of the presentation.

People from all over the world joined the live online session to watch. Some were confused by the performance (e.g., believing the session was hacked) and posed questions in the chat about the session’s authenticity. In response, the hosts explained the nature of the performance and clarified that a discussion would be held after it ended.

The open public interventions following the performance included questions and observations from viewers that were then discussed by one or both of the artists – both of whom remained completely naked during the discussions. The performance was praised as powerful and empowering and they were asked to explain it. Hellvira talked about the relation between religion and sexuality being a frequent theme for them. She observed that the two words ‘divine’ and ‘cursed’ of the performance’s title refer to the existing tension between religion and sexuality. In her words, “either you’re a saint or a whore”, meaning that other options were taken away from people, from the official perspective of many religions, including Catholicism. She also referred to Dracula as a recurring character in their work.

One element in particular of the performance was the subject of substantial interest: a transparent plastic cloth. A viewer asked, “Are we doomed to live with a plastic wall between us?”. Another one compared the plastic to a condom, and saw it as a barrier for life renewal, but as the artists “manage to get out of the plastic fabric”, he took it as a strong element of regeneration in the performance. Although Elvira said she wants people to draw their own conclusions, she agreed on that interpretation.

The public remarked that in some parts of the world, due to the content and nudity involved, the performance might not be allowed to happen. Elvira announced that Diabolique Cabaret has its own manifesto that focuses on battling censorship and defending the right to freedom of expression and to free sexuality, among other points. The full manifesto was only in Spanish at the time of the session, but she promised to get it translated to English and to send it to HIV2020 organisers.

At the finish, Elvira proposed a toast and asked the public to picture the red liquid in her glass as blood, “the blood of life”, and left the stage.

X. A Roadmap for Meeting the HIV Targets: Defending Bodily Autonomy and Integrity, 4 August 2020

The session discussed the principle of bodily autonomy and integrity and the need to ensure that it is integrated in HIV programmes in order to reach global HIV targets and to utilize it as an entry points to advocacy on broader health rights. There were two panel discussions in the session. The first focused on why and how the principle should be mainstreamed in all HIV and sexual and reproductive health and rights policies, programmes and services.

The moderator, Felicita Hikuam, set the tone by stating that key and vulnerable communities need to have agency over their own bodies because enjoyment of this right decreases vulnerability to HIV infection and contributes to the effectiveness of HIV responses. Hejin Kim from ARASA highlighted the need to address structural barriers, including by ensuring equitable access to services, addressing stigma and discrimination, decriminalizing key populations, addressing gender inequality, and so on. Programmes and services aimed at reaching the 2030 targets on HIV will not be sustainable or effective without taking such actions to overcome existing barriers.

Atty. Tambudzai Gonese from the Southern Africa Litigation Centre presented a video illustrating the experiences of communities and the barriers and challenges they face in accessing health and HIV services because of prevailing stigma and discrimination associated with their gender identities, sexual orientation, sexual practices, etc.

Also as part of the first session, Louise Carmody from Amnesty International presented on how the criminalization of sexuality and reproduction undermines bodily autonomy and integrity and efforts to reach HIV targets. Criminalization is manifested through the adoption of laws and policies that directly or indirectly penalize those whose expression of, choices and practices in relation to sexuality and reproduction are deemed contrary to norms and standards of morality. Other laws and policies that result in discrimination and marginalization of communities include those that criminalize sex work, abortion, and HIV transmission.

The second panel of speakers shared examples of community action and advocacy on the right to bodily autonomy and integrity. Y-Fem Namibia works with young women to build a new generation of feminists utilizing inter-generational cross-learning. Coalition of African Lesbians (CAL) has worked to address the discrimination faced by women in sports due to their sexual orientation or their gender identity or expression.

The session also included opportunities to share experiences of bodily autonomy and integrity as an avenue to building partnerships with other groups and other movements that strengthen the collective effort of these communities. For instance, the Kenya Sex Workers Alliance has partnered with feminist groups to promote the rights of sex workers as women and as workers.

XI. Hate Crimes Against Sex Workers: Data Collection and Advocacy, 5 August 2020

The session started with a presentation by Karina Kobogonova and Gulandom Bobojonova providing an overview of the Shah-Aiym Network's experience in documenting and reporting hate crimes against sex workers. The Office for Democratic Institutions and Human Rights (ODIHR) within the Organization for Security and Cooperation in Europe (OSCE) is the main partner in this activity. Between 2016 and 2019, the network submitted 65 cases from 4 countries (Kazakhstan, Kyrgyzstan, Russia and Tajikistan), of which 28 cases had been accepted and included in OSCE annual reports on hate crimes as of August 2020. The key objective of Shah-Aiym Network in working with OSCE is to ensure that violence against sex workers is on the OSCE agenda.

Another speaker, Marina Avramenko, described how ODIHR / OSCE determines whether a submitted case can be considered a hate crime, including an overview of how key terms such as 'hate crime', 'criminal offence', 'bias motivation', and 'protected characteristics' are defined. She also presented some examples of crimes against sex workers and explained why they should be considered as hate crimes and included by ODIHR / OSCE under the protected characteristics.

Kristina Mahnicheva then offered more detail about how the Shah-Aiym Network has tried to persuade ODIHR / OSCE to perceive crimes against the sex workers as hate crimes. In the network's view, clear instances of 'whorephobia' and misogyny as major bias motivation factors against sex workers underscore why they are hate crimes and fit within the defining indicators being used by ODIHR / OSCE. Mahnicheva also explained why the Shah-Aiym Network has suggested that hate crimes/incidents against sex workers should be under the protected characteristic of gender-based violence as assessed by that agency. (Currently, ODIHR / OSCE does not include information about cases of domestic violence and rapes in its annual reports on hate crimes because it believes that doing so could distract from the focus on the hate aspect of the reported crimes crime as a social phenomenon). The network held a roundtable on this subject with OSCE in 2019 and hopes to continue discussions.

The session ended with a joint presentation by Artur Sopkeev and Zhanar Sekerbayeva about the issue of intersectionality, among other topics. One aspect discussed was the intersection of discrimination against someone based on various grounds when it is uncertain which exact characteristic triggered the hate crime. Examples from different countries were presented, and they also offered a definition of the term 'hate language' and explained its relation to hate crimes.

The Q&A parts of the overall session included the following observations and information from speakers:

- Although there are no real practical results yet of such advocacy work with OSCE for the sex worker communities in the network's countries, the work has helped to make the issue of hate crimes against sex workers more visible for OSCE.
- No cases have been presented from Uzbekistan and Azerbaijan because currently there are no members from those countries in the Shah-Aiym network.
- A hate crime does not need to be officially registered as a crime in a country to be reported to ODIHR/OSCE.
- The network reports a case only if permission is granted by the victim.
- An LGBT organization first explained the ODIHR / OSCE mechanism to Shah-Aiym in 2012.

XII. Young People Are Leading the Way!, 11 August 2020

Young people have been at the forefront of leading the HIV response at various levels. This session focused on different innovative best practices by national, regional and global youth-led networks and organizations in areas including advocacy, capacity building trainings, online campaigns, community-led service delivery, improving the quality of life of young people living with HIV (YPLHIV), and COVID-19 responses. Advocacy, improved service delivery, and strengthening youth leadership were the three main focus areas of the presentations, as summarized below:

- Fundacion Chile Positivo showcased its health and education fairs, HIV testing sites, research, and educational workshops. The workshops and fairs focus on HIV and STI prevention, sexuality and rights, and advocacy for YPLHIV, with online tools and learning platforms (e.g., Menti and Kahoot) used to be more engaging.
- UNYPA presented on its PEERDRUG Delivery Model, which aims to address challenges in accessing HIV services due to COVID-19. The group works with health facilities to get them to refer young people to the organisation for support and helps deliver HIV services to the population itself. These services include provision of male and female condoms, HIV treatment referrals, psychosocial counselling and support, STI management referrals, and referrals for cases of gender-based violence.
- The RNJ+ presentation highlighted its youth centre as a welcoming and safe space for young people to meet and access HIV and sexual and reproductive health and rights (SRHR) services such as counselling, health talks, HIV testing, trainings, etc. The youth centre seeks to encourage youth leadership and to reduce experiences of stigma and discrimination, among other priorities.
- Youth LEAD developed the YKP toolkit to address the lack of guidance for comprehensive programming for the needs of young key populations (YKPs). In 2019, Youth LEAD conducted trainings on the toolkit with youth participants from nine countries in Asia-Pacific at a gathering in Bali as well as in-country trainings in Timor-Leste and Papua New Guinea that resulted in the establishment of those countries' first YKP national networks.
- J+LAC discussed the importance of developing advocacy mechanisms and tools to address abuse and violence against YKPs in Latin America and the Caribbean. Other activities it undertakes include developing communication campaigns and promoting HIV combination prevention services, provision of condoms and lubricants, initiation to antiretroviral therapy, and making HIV services mobile and accessible.
- In the Philippines, Kabataan San Sidlangan focuses on developing youth leaders. One approach is to provide them with national/regional/international platforms to speak and engage in. Another is working with coalitions, NGOs, government agencies and other relevant sectors (such as anti-poverty) to build skills and knowledge on SRHR, HIV, and mental health issues, among others.
- Youth RISE works with young people who use drugs and are engaged in the full spectrum of harm reduction interventions. It aims to empower and build the capacity of young people on larger issues such as social justice, public health and human rights, and how to address structural barriers that affect young persons' access to health care, housing, and education, and other important areas of well-being and security.

XIII. Women who Use Drugs and Narcofeminism: Changing the Narrative, 13 August 2020

The session had three main parts: personal experiences and reflections from three women who use drugs, an overview of the work of two local organisations focusing on women who use drugs, and an open question-and-answer discussion.

The three personal stories were shared by members of the Urban Survivors Union's Narcofeminism Story Share project in the United States. The project aims to disrupt the traditional narrative around drug-using women. It is based on the belief that cultural projects can have impacts as significant as policy and legislative advocacy work and that a story can sometimes be more powerful than statistics.

- In her story, Caty Simon talked about her initiation into injection drug use by men and how dependent many women are on men for the injection process. The story suggests, however, that even in situations of women's injection dependence on men, the power dynamic may go both ways and the narrative of abuse can be much more complex.
- Jess Tilley's story describes her experience of almost dying from overdose at the age of 23 and being saved with Naloxone and highlights her relationship with her mother. Her personal account indicates that tough love is not the only way to engage, thereby opening the possibility of a dialogue for parents with their drug-using children.

- The final story, presented by Louise Vincent, centres on her feelings, thoughts and actions when someone she loves overdosed once again in her presence. The story illustrates how repressive drug policy narratives can even have negative impacts on how people who use drugs perceive their peers and can cause misplaced aggression.

The second part of the overall session started with a presentation by Priscilla Gadilha about RENFA, a feminist antiracist apolitical anti-prohibitionist women's network founded in 2016 that currently has a presence in 11 Brazilian states. RENFA opposes the existing repressive national drug policy and its consequences, tries to give a voice to female drug users, defends harm reduction approaches, and advocates for women who use drugs to participate in policy making processes. The network actively cooperates with other female drug users' groups from different countries in Latin America in an effort to introduce a new drug policy model for the region that will include legalization of drugs and elimination of stigma towards people who use drugs.

Aura Roig followed with a presentation of the work of Metzineres, the first integrated harm reduction programme exclusively for women and gender nonconforming people in the Catalonia region of Spain. Metzineres developed and now implements an innovative grassroots intervention model of working with women who have often been excluded from specialized services either because their drug use or due to male chauvinist attitudes. At the core of the programme is a community space, which averages 40 visitors per day, where women can feel safe and relax. To be effective, the model requires understanding the different factors of vulnerability for the clients and all women who use drugs.

Self-identification and visibility were among the key themes of the session's concluding question-and-answer component. Speakers observed that new narratives that are culturally and geographically specific for women, for people of colour, for queer and transgender people, etc. can help to address common myths about women who use drugs. They also stressed that only the person herself who is using drugs can know if she needs help or support – and that others cannot and should not impose their assumptions.

XIV. Time is running out for Children Living with HIV, 18 August 2020

This session aimed to sound the alarm on the HIV community's collective failure in progress toward achieving the '90-90-90' global targets in children and to propose strategies and recommendations to help drive faster progress. (The targets refer to diagnosing 90% of all children living with HIV, initiating 90% of those diagnosed on treatment; and achieving viral suppression in 90% of those on treatment.)

Among the problems discussed by session speakers are the limitations of PMTCT programmes in reaching children who are born outside of the health care system (e.g., children born at home, traditional birth attendance) and children older than 18 months old. Critical steps mentioned by speakers to help overcome existing gaps included ensuring the following:

- Pregnant and breastfeeding women at risk of HIV infection have access to PrEP and other high impact prevention measures, as well as HIV testing during pregnancy
- Children born exposed to HIV have access to point-of-care early infant diagnosis (POC EID)
- Programmes are in place for addressing gender-based violence
- Equitable access to optimal and durable treatment options (i.e., drug options and child-friendly treatment formulations) for children with HIV
- Children with HIV and their caregivers have guaranteed access to community-led service delivery interventions
- Differentiated and disaggregated services for children between 0-5 years old and children who are 5-15 years old
- Drastic increase in funding, both domestically and from international sources, for more rapid scale-up of paediatric HIV programmes

Session participants observed that the challenge of addressing childhood HIV has been further compounded by the escalating COVID-19 pandemic. In Kenya, for example, many health facilities have been transformed into COVID-19 facilities, leaving many women living with HIV without access to appropriate sexual and reproductive health and PMTCT programmes and services. Steep increases in job losses, poverty and food insecurity linked to COVID-19 are also making things worse. For example, many more children and their families do not have adequate food for basic nutrition and, in some instances, for taking their HIV medications.

Panellists discussed about the potential need to do "differently" – in other words, to take action not because of the need to meet programmatic targets but because "we need to fight for the next generation". Several shared their perspectives on opportunities and ways of collaboration for effective advocacy, including steps that advocates can

and should take between now and the end of the year. They include engaging in the upcoming PEPFAR COP process, the ongoing Global Fund and UNAIDS strategy development processes, and country-level Global Fund funding request development processes. The session concluded with a call for a greater and more active civil society and community-led responses and advocacy on HIV in children.

Note on abbreviations: PMTCT = prevention of mother-to-child transmission. PrEP = pre-exposure prophylaxis. PEPFAR COP = U.S. President's Emergency Plan for AIDS Relief's Country Operational Plans. Global Fund = Global Fund to Fight AIDS, Tuberculosis and Malaria. UNAIDS = Joint United Nations Programme on HIV/AIDS

XV. [Film & Discussion] China's Transgender Sex Workers, 18 August 2020

The session was divided into three parts: a presentation on female transgender sex workers in northeast China, a film presentation, and a short question and answer (Q&A) discussion.

In the first part, the presenter, Michael Liu, used a collection of photos as an entry point to discuss the following: 1) the working environment for trans sex workers; 2) current Chinese laws and their application on sex workers; 3) violence faced by trans sex workers and their solidarity in response; 4) health care issues, including issues of discrimination and family acceptance; and 5) the history of transgender in Chinese culture and the Chinese word for 'trans' as language of anti-hegemony.

According to Liu, there is a long-recorded history of transgender people in the region, including visual images of them in traditional north-eastern culture. Currently, he said, there are numerous examples of sex workers' creativity and innovation in their efforts to "live their own life" and be who they want to be. Many are married and with families whom they support through their sex work.

However, most experience challenging working conditions in northeast China as a result of their identity and a legal environment that criminalises sex work. Liu noted that transgender sex workers are the most marginalised group within the overall sex worker community in China and are much more vulnerable to discrimination and physical violence, including from the police, partners, clients and sometimes family members.

Access to health care, including for HIV-related services, is limited for transgender women in this region of China. In one study, it was found that 40% of trans women sex workers are HIV-positive. One reason for their lack of access to essential health care services is that they face 'double' stigma and discrimination based on being transgender and being sex workers. Stigma based on being sex workers also leaves them largely excluded from trans movements in China.

The documentary film shown during the second half of the session, *Record the disappearing environment/history of 'Yaoer'*, followed two female transgender sex workers in their daily life and provided an intimate look into their emotions and relationships with their partners and boyfriends.

XVI. Strengthening the safety and security of gay and bisexual men and their program implementers in Latin America and globally, 20 August 2020

The session focused on information and observations regarding the experiences of gay and bisexual men living with HIV in Latin America. Their health, safety and security vary across the region, with multiple challenges persisting even though living with HIV is no longer a death sentence.

Widespread social stigma remains a major structural problem in Latin America. One manifestation is the criminalisation of people living with HIV, which can lead to their incarceration, in many of the region's countries. In recent years, legislators at regional and national levels in Mexico and Colombia have passed criminalization laws of this type. In both cases, however, top courts have blocked them.

In parts of the region, sexual orientation and gender identity are as important as economic factors in influencing people's decisions to migrate. In Venezuela and the Northern Triangle (Guatemala, Honduras and El Salvador), for example, many people cannot be open about their sexuality, so they decide to leave. This has become much more difficult due to the COVID-19 pandemic, however. Also, people living with HIV often have challenges in staying on treatment when they leave a country, especially if they do not manage to obtain a multi-month reserve supply before departing.

Meanwhile, many of those who stay in Latin America remain at risk for violence and abuse. Speakers at the session discussed methodologies for how key population and programme implementers can support them. One approach relies on the results of risk assessments that take into account the identification of threats, risks and the capacities of organisations. Workshop trainings can identify the strengths and gaps of different organisations and facilitate

the exchange of experiences. Given the overarching negative impact of HIV criminalization, all groups typically have a decriminalisation agenda in addition to focusing on other objectives.

Also discussed during the session were the following:

- The importance of local and national organisations in the region joining and participating in broader networks in order to reduce the power gaps between them and society and established authorities.

The value of empowering and funding youth organisations as a way to ensure that young people have active political participation in different spaces.

XVII. Medicalised Bodies, Absent States, 25 August 2020

The session focused on the 'Guide to recommendations on comprehensive health care for trans women in Latin America and the Caribbean', which was produced by REDLACTRANS, a regional network of transgender women-led organizations from 24 Latin American and Caribbean countries. Panellists of the session, all of whom are associated with REDLACTRANS, discussed the tool and challenges to trans women in the region.

The guide and its recommendations aim to build the capacity of health professionals to better understand and recognize trans women's needs. In some countries, it has been presented to and distributed in hospitals, health departments, and ministries of health.

One important priority of the guide is to increase the recognition that comprehensive health care for trans women cannot be offered through medicalized practices and approaches only. According to session panellists, the current prevailing situation in the region is that HIV treatment and care only includes provision of antiretroviral drugs (ARVs). Follow-up with clients is rare, and few health professionals pay attention to or ask about things such as the effects of poor living conditions on transwomen's physical and mental health.

The guide also discusses the construction of trans women's gender identity and what that might mean for their quality health care. Session panellists noted that trans women usually arrive at health services after hormone self-medication and clandestine (and potentially dangerous) practices such as liquid silicone injections. Therefore, inclusive health services should be guaranteed to trans people, from childhood to adult life, to prevent those dangerous practices. Other relevant preventive health services that should be regularly available include uterine and breast cancer tests for trans men and proctologist's appointments for trans women. In the guide and elsewhere, REDLACTRANS also has stressed that training trans women is important for advocating for comprehensive health services and promoting more dialogue with health professionals.

Session panellists also discussed the impact of the COVID-19 pandemic, which has further exposed the vulnerable position of trans women in the region. Many trans sex workers have become economically destitute because they have been unable or willing to perform sex work. Those who continue working often find that their severe financial difficulties limit their ability to negotiate condom use with clients, which makes them more susceptible to infections. The suspension of HIV testing and hormone therapies and difficulty in getting HIV medications were also mentioned by panellists as major challenges during the ongoing COVID-19 crisis.

The COVID-19 crisis has also exposed the institutional violence against the trans community in many countries. This was evident during gender-based lockdowns, including when the governments of Peru and Panamá decided to curtail the spread of the virus that causes COVID-19 by restricting the movement of people out of their homes and assigning days of the week when men and women were allowed to go out for essential tasks. Such division left trans people in a limbo, and the lack of recognition of trans identities resulted in the use of violence by police officers, with arbitrary arrests, psychological harassment, and trans women prevented from entering commercial services.

Violations of human rights during the COVID-19 pandemic were included in a REDLACTRANS report 'Trans lives in times of pandemic' that was referenced during the session.

XVIII. Grassroots Response to the Drug War: Fighting Back, 27 August 2020

Award-winning Canadian journalist Travis Lupick shared the story of a group of activists who pioneered harm reduction services for drug users from poor communities in Vancouver's Downtown East Side neighbourhood. In recent decades, marginalized communities of people who used drugs, the poor and people with mental health issues in this part of the city had no access to services; experienced discrimination, including from community centres; and faced high risks of getting infected with HIV and dying from drug overdose.

In his presentation, Lupick highlighted the work of Liz Evans, Ann Livingston, Dean Wilson and others who responded to these issues beginning in the 1990s by providing shelter, harm reduction and other health services, and by setting up safe injection and overdose prevention sites. As part of their efforts, they lobbied the city government to provide services for these vulnerable communities and to change policies that criminalized drug use and harm reduction interventions. The impact of these services was evident almost immediately, as they were largely responsible for a dramatic decrease in the number of new HIV infections and deaths by overdose.

The grassroots activism that enabled the establishment of harm reduction programmes in Vancouver eventually was copied in other parts of Canada and the United States, with often similarly positive results. Yet despite these successes, deaths due to drug overdose remain a huge concern, especially with the introduction of fentanyl and carfentanyl into the drug supply.

Open discussion with the session audience followed Lupick's presentation. The dangerous and deadly impact of COVID-19 on the programmes and services in Vancouver and other places was one of the issues raised. Government-imposed lockdowns have resulted in temporary shutdowns of service delivery. Social isolation due to lockdowns has meant that drug users have been using drugs on their own, which has contributed to recent all-time monthly highs in the number of deaths due to drug overdose across North America.

Country contexts were also discussed in relation to the effectiveness of grassroots activism to respond to the war on drugs. One participant from South Africa raised a concern about whether it was ethical to allow people to openly use drugs given that in their context, young drug users were closely implicated in violent crimes. To this, Lupick responded by throwing a question to the audience instead: "What's better, open drug use or drug use in the shadows?" He then emphasized the positive results of programmes when there are health workers supervising drug use.

XIX. Community Advocacy: How we Innovate and Mobilise, 1 September 2020

This session aimed to provide a platform for participants to learn about how key population communities can advocate to successfully challenge legal and social barriers standing in the way of a cohesive HIV response. Panellists gave examples from different communities in three countries to highlight the importance of community-led advocacy and community mobilisation in the HIV response.

For people who use drugs in Vietnam, the main approach used in advocacy is engagement and partnership building. Over the years they were able to build partnerships between the community, policy makers and the government. As a result, the community of people who inject drugs has become part of the policy making process. Another approach has been to focus on the value that support, and interventions can have on the society at large as well as the community. This was successful in prompting the government to invest in harm reduction not only in terms of policy but also in terms of funding – a critical step because donor funding for substitution treatment no longer exists in the country. The government also has contributed to the reduction of new HIV infections among people who inject drugs in Vietnam by investing in needle and syringe programmes.

For the LGBTQI community in Uganda, criminalisation remains a huge issue that continuously hinders access to services. The main approaches used in advocacy for the community are strategic litigation and partnership building, which is essential for steadily building movements and engaging in the HIV response. During the COVID-19 pandemic and the shutdowns of the economy related to it, members of the community have been struggling. But because of the strong leadership and partnerships in place, people have come together and have been well-informed about the available services as many service points have been blocked during shutdowns.

The sex worker community in Nigeria has continuously experienced stigma and discrimination. Recently, a group of female sex workers were arrested on unknown charges and were denied access to lawyers and services, including antiretroviral drugs (ARVs). Many were forcefully tested for HIV. In response, the Nigerian Sex Workers Network organised a press briefing with the support of over 70 civil society organisations (CSOs) to bring the issue to the attention of the government. The network then organised a protest in the streets of Abuja, after which a petition was sent to the Human Rights Commission. These efforts led to their invitation to a hearing at the commission at which the chairperson supported those detained by noting that although sex work is not legalized in Nigeria, it also is not criminalised. The network's actions galvanized support from other stakeholders in different sectors and has put an end to raids on sex workers in Abuja as well as other cities in Nigeria. The episode and its consequences show why joint advocacy is very important in activism.

In addition, at the session, two models were presented on how to get people mobilized and interested in participating:

- Command and control model, where an organisation sets the agenda and action plan and therefore essentially tells supporters what to do. (Example: the classic petition model)
- Distributed agency model, where an organisation creates a momentum around a cause and invites people to take their own action. (Example: #MeTooMovement)

XX. Soliciting for Change: Understanding the impacts of the Swedish Model and full decriminalisation of sex work, 3 September 2020

This session, co-hosted by ICRSE and Scarlet Alliance, explored the impact of different legal frameworks on sex workers' vulnerabilities to violence, human rights violations, and HIV infection.

In the first part of the session, speakers from sex worker activist networks in Sweden, Norway, France, Ireland and the Netherlands discussed how criminalisation of sex work in various forms (the Swedish model and pimping laws, among others) negatively impacts sex workers. Research shows that criminalisation exposes sex workers to violence, blocks them from seeking redress and justice for rights violations that they face at work, and makes it difficult or illegal to implement safety measures like working in pairs, working indoors, or hiring support staff such as drivers or security guards. It makes it harder to negotiate with clients (for example, around condom use) and discourages accessing health care services, due to fear of prosecution.

Additionally, criminalisation distances sex workers from the police, as police become 'enforcers' and can be a source of violence rather than of support and safety. This makes it impossible for sex workers who are victims of crime while working to seek support from police. Session participants argued that these laws are rooted in racist, misogynist and transphobic ideologies that have particularly negative impacts on sex workers of colour, trans sex workers, and migrant sex workers, including by leaving them highly vulnerable to violence and less able to access support services or seek redress for rights violations.

Legalisation or licencing does not remove these barriers, speakers observed, because it often exposes sex workers to excessive regulations that may put them at risk of harassment and violence. Under legalisation frameworks, sex workers may be required to register on lifelong government databases, to disclose their full legal names and addresses to clients or to the public, to undergo forced medical testing for HIV and STIs, and may be banned from working in pairs or in particular areas. Speakers observed that full decriminalisation, and the implementation of a public health approach to sex work focused on workers' rights, is the only way to fully safeguard the rights of sex workers.

In the second part of the session, activists from Scarlet Alliance and the Sex Worker Outreach Program in the Northern Territory (SWOP NT) discussed their campaign for decriminalisation of sex work in the Northern Territory of Australia. It was a grassroots sex-worker led movement that engaged with a huge variety of stakeholders and community members to explain the impact of criminalisation on sex workers and why decriminalisation is the safest, most just, and most inclusive solution.

Activists in the Northern Territory worked with labour unions and sex worker groups to develop a charter of human rights, and they held pop-up community education stalls to share experiences of struggles under criminalisation. They gave evidence to government enquiries, promoting a discourse of rights and justice. Government committees hosted closed sessions specifically for sex workers, to ensure that they had safe spaces in which to present evidence, share testimonies, and explain the systemic stigma and discrimination they face, the implication of policies like mandatory police registration, and how their rights had been impacted, without fear of prosecution or harassment. Through this process, they succeeded in attaining full decriminalisation in the Northern Territory in 2019.

XXI. Data from the ground up: Scaling up community-led data collection, management and analysis, 8 September 2020

The session focused on how and why communities of people living with and vulnerable to HIV should be involved in collecting and highlighting data that can help to influence more effective HIV responses that reach all in need. In particular, having reliable population size estimates and behavioural data on key populations, women and girls is increasingly important in making the case for funding and services to be better targeted to support them.

Among the methods used in many countries to collect such data are the Delphi method, 'wisdom of the crowd', the 3-way capture-recapture method, and social media users. All can help to gather data that is more representative of the whole country, unlike in the past when data often was only gathered in major cities.

In the COVID-19 pandemic era, there has been increased pressure to use digital technologies for data collection, including mobile apps, e-health, tele-health, biometrics and other digital tools. However, human rights advocates have been concerned about the privacy and confidentiality risks of many of these technologies for communities most vulnerable to HIV as well as youth and children. These risks include algorithmic discrimination, cyber-attacks on health care, and manipulating youth and children in one way or another.

To mitigate those risks, session speakers said, it is important that governments and global health agencies carefully consider how to manage them to protect people. Also, civil society and communities' advocates need to be directly involved in gathering data and in pushing for human rights-based governance for digital health, and to ensure that communities own and control the data they gather.

A speaker from Caribbean Vulnerable Communities Coalition (CVC) shared how the organization was able to benefit from academia and how research has informed its interventions and its development of an evidence base for its work in gathering data on key populations. One key step was the establishment of a specialized research unit within CVC to address and negotiate the differences among the assumptions and different knowledge that partners bring to the table.

Also, two representatives from community-based organisations (CBOs) in the same region shared their experience in partnering to conduct population size estimates (PSE). One main observation is that it is difficult to conduct studies to obtain such estimates in small country contexts where key population behaviours are criminalized. As a result, studies in some places in the eastern Caribbean have been abandoned or the results have not been published. However, some positive results were obtained when larger sample sizes were achieved compared with earlier attempts to conduct PSE data in that region, including among sub-groups of men who have sex with men, trans women and sex workers previously unknown or poorly characterized. Important overall outcomes included that the capacity of the local organizations was enhanced, community systems were strengthened, and local authorities had greater regard for CBOs.

XXII. Overcoming Legal Barriers as a mechanism for the struggle for rights of vulnerable populations in the fight with the HIV epidemic in the EECA region, 10 September 2020

The session consisted of presentations by four individuals associated with the Eurasian Network of People who Use Drugs (ENPUD), a regional network in Eastern Europe and Central Asia (EECA) that currently has 143 members from 13 countries. Summaries of each presentation are provided below:

- Alexander Levin gave an overview of some **important barriers that people who use drugs (PUD) face in EECA**. They include legal barriers such as criminalization of PUD; low or zero access to opioid substitution therapy (OST); declining levels of funding available to support harm reduction activities; and absence of low-threshold access to HIV, hepatitis C and TB treatment services. The network's priority activities to address these barriers include building its capacity to mobilize community representatives, addressing stigma towards PUD, and mobilizing partners in the region to help ensure access to essential health services for the population.
- Olga Belyaeva discussed **how ENPUD uses the data it collects on human rights violations of PUD**. In 2020, for example, ENPUD tried to inform the content of national proposals for Global Fund to Fight AIDS, TB and Malaria (Global Fund) grants in a few EECA countries. ENPUD also has contributed to the strategic planning of several donors and technical agencies, including by offering relevant recommendations for their activities and engagement in the region. At a more grassroots level, ENPUD is working to build the capacity of its members to organize advocacy campaigns and actions to make the problems of PUD visible for governments and the broader society.
- Lyudmila Vins presented some **results of a monitoring project focusing on human rights violations of PUD in detention facilities** in six countries in the region. As of the end of 2019, 110 cases of human right violations were collected by 8 community activists in 4 countries (Russia, Moldova, Georgia and Ukraine). Six became strategic litigation cases and four complaints were submitted to the European Court of Human Rights (ECHR). Problems identified include restricted access to treatment for HIV-positive people who use drugs, lack of access to painkillers, difficulty getting a fair trial, and allowing or facilitating release due to illness.
- Vins also presented the **results of research on the social and domestic problems of PUD** conducted in Orenburg (Russia) in 2019. Some of the findings were that nearly half (48%) of the 101 respondents had no livelihood, 44% had at least one person they had to take care of (children), and a huge majority (83%) had never approached state-funded social services for support or were refused such support because of

their drug use or due to the absence of documents. Nearly 4 in 5 of all respondents said they were reluctant to seek out medical support out of fear that they would be prosecuted for drug use/possession or that their HIV or hepatitis C diagnosis would be divulged.

The session ended with a presentation by Ivan Anoshkin, a human rights activist from Togliatti (Russia). He discussed his personal experience of defending the rights of PUD by using available international human rights mechanisms such as ECHR and United Nations committees. In 2012, he requested the Russian Ministry of Health to provide him with access to OST but was denied. In 2013 he submitted two complaints to the ECHR against Russia – one regarding the prohibition of the OST by the government (which was dismissed by ECHR) and another regarding the torture and degrading treatment to which he was subjected by the police (he won a lawsuit and received compensation). Anoshkin also took part in the development of a shadow report to the UN Committee against Torture that he presented at the 64th session of the committee in 2018.

XXIII. Not just subjects of research!, 15 September 2020

The session focused on community-based participatory research (CBPR), a collaborative approach in public health that aims to equally involve community members, organizational representatives and researchers in all aspects of research processes and procedures. Three examples were provided of the work supported by Aidsfonds, a non-governmental organisation (NGO) based in the Netherlands. It has used the CBPR approach for several HIV and sexual and reproductive health and rights (SRHR) interventions for sex workers, with sex workers playing a key role at every step in the research.

One project, titled Community Empowerment Studies, looked at access to SRHR and HIV services using the Sex Worker Implementation Tool (SWIT), a community-driven assessment done in three countries. The second project focused on violence against sex workers, looking at the type of violence and perpetrators, factors that increase the risks, and mitigation factors to lower the risks. It was conducted in seven countries. The third study discussed, known as 'Sex workers knows best', was an open research grants programme for community-led organizations in four countries. OPSI Bali studied access to social protection mechanisms among sex worker populations in three cities. In southern Vietnam, G-Link focused on access to and use of pre-exposure prophylaxis (PrEP) among sex workers.

These three projects have resulted in important achievements aimed at addressing the challenges identified during the research, including: (1) evidence-based advocacy by sex workers for increased support for community empowerment; (2) evidence-based programming on ending violence against sex workers and working with law enforcement; and (3) piloting of targeted interventions to increase availability and awareness of PrEP.

Panellists from community-based groups (e.g., in Indonesia and Uganda) involved in these CBPR initiatives highlighted several lessons learned from their work. One was that the most practical use of CBPR data is for advocacy and lobbying on the ground. Another was the value of working with people with backgrounds in high-quality research (e.g., community members in academia) to help build skills and to avoid potential challenges, especially for ethics approval. Compensating community members for their time for sharing their personal life experiences was also seen as part of an overall approach that empowered sex worker communities.

In the facilitated breakout groups, discussions revolved around how researchers and community members can work together in different research processes, research questions, research set-up, data collection, data analysis, and dissemination. Key highlights include the following: online research processes still remain participatory even during COVID-19; the importance of linking with health care providers (counsellors) to provide mental health support for both interviewers and respondents; communities' inputs are valuable as they can inform on the research focus and limitations; the importance of speaking the language that communities understand and local translation; aligning with the principle of 'do no harm'; building community members' capacity as peer researchers and utilizing their respective networks; the need for communities to be able to understand and analyse data; research findings should be feedback at the policy table; and that knowledge exchanges should be funded.

XXIV. HIV, Drugs and Positive Women in Response, 22 September 2020

The session centred on the experiences of and challenges faced by women who use drugs and/or live with HIV in Latin America and the Caribbean. Although the women's lives and their contexts are different, they share common struggles against discrimination, criminalization and social exclusion. Session panellists mentioned the special problem of 'double discrimination', which makes it even more difficult for many to get health care services. For example, some of these women must lie, by denying they use drugs, to get access to HIV treatment.

Other challenges mentioned by panellists included the following:

- Standards and models adopted to drug issues are usually designed from a masculine perspective.
- The criminalisation of drug users is a main reason many women are afraid of reporting violence and abuses perpetrated by the police, such as extortion and forged acts of drug traffic.
- The increase of incarceration of women in the region is related to tougher anti-drug laws that have been implemented by governments. These women frequently lack rights in prison (e.g., to work), which makes them even more vulnerable. Some women in prison therefore have little choice but to exchange sex for benefits, such as food, and also drugs. They rarely have access to condoms, lubricants or syringes.
- The COVID-19 pandemic has had many negative consequences for the population in the region, including lack of food and medications for people living with HIV, the rise of abstinence campaigns enforcing prohibitive approaches to drug consumption, and trans sex workers' more limited ability to have enough food and materials (condoms, lubricants, syringes, etc.).

Throughout the session, panellists discussed priority changes to these and other challenges. They included the following:

- Many women who use drugs are fearful of losing custody of their children and lack support from their partners. One policy that would be responsive to their needs would be the provision of nurseries in treatment services for the ones who want to quit drug using.
- The linkages among HIV, drugs and sex work highlight the need for policies that lead to more and better access to condoms, lubricants and harm reduction services for all vulnerable women. Regarding trans women performing sex work, for example, drugs are frequently related to survival strategies such as dealing with cold weather on the streets and experiencing solitude and humiliation.
- Panellists argued that governments must understand that the incarceration of women does not reduce drug traffic. Policies should reflect this reality.
- More flexible drug regulations could have a beneficial impact on HIV treatment, prevention and care. Cannabis, for example, can greatly help people living with HIV to deal with loss of appetite as well as helping to ease the pain of people with terminal illnesses.

At the end of the session, the panellists read the 'Document of LANPUD women' (Documento de las mujeres de LANPUD). In this text, among other things, LANPUD members demand access to health services for drug users and people living with HIV without discrimination, inter-sectoral public policies and comprehensive services for women, guarantees for sexual and reproductive rights, job opportunities without violence, and respect for women's autonomy and privacy.

XXV. The Nine Genders, A Reintroduced Indigenous Way of Organizing Gender, 24 September 2020

In this session, Michael Parsons from the Canadian Aboriginal AIDS Network (CAAN) introduced the concept of the Nine Genders, an indigenous spiritual teaching based on the idea that we are gendered by our spirits, and not by our physical bodies. Therefore, although a majority of people have bodies and spirits that are congruent – for example, a female body with a female spirit – that is not the case with everyone. In some cases, the spirit and the body do not align (for example, a male body with a female spirit) and some people have both male and female spirits within them. This is the basis of the indigenous concept of 'two spirit', which can be understood as both a sexuality and a gender and is often used as an umbrella term for a diversity of sexual orientations and gender identities.

During the session, three speakers from indigenous communities in Canada shared their stories of being two spirit and discussed how the Nine Genders paradigm can support those struggling with their own identity to work towards self-love. This teaching affirms that a person's gender comes from their spirit, and that their spirit was given by the creator – and therefore, each person is exactly how they are "supposed to be". Speakers noted that this can be a particularly useful teaching tool for young people. Children who identify as transgender are more likely to experience abuse and to attempt suicide, and understanding the complex relationships between gender, physical bodies and spirits can help to reassure these children and help them to move toward self-acceptance.

One speaker, Gayle Pruden, discussed growing up on a small reserve as one of five children and the only two-spirit person in her family. Assigned male at birth, Gayle identifies as two spirit and now lives as a woman. She shared her personal story of leaving her reserve as a teenager and moving to a city before returning to her family. She noted that her journey to self-love ultimately was made possible due to the love and acceptance that she felt from her family.

Another speaker, Sharp Dopler, shared their personal story of discovery around sexuality and gender. After being assigned female at birth and coming out as gay in the 1980s, Sharp came to identify as two spirit. They highlighted the restrictions (and in some cases, harm) that gender stereotypes can cause, and shared how learning from indigenous knowledge-keepers has enabled them to break free from the limitations of gender and express their full self. Sharp also shared the advocacy they have done within their communities to promote inclusion of two-spirit people.

Speakers emphasised the need to dismantle rigid gender binaries that are often imposed on indigenous people and which are still present in many indigenous traditions today (including dance, music, and ceremonial roles). They also shared how they have used the teachings of the Nine Genders and of two-spirit identities to begin questioning and breaking down binary constructs of gender and promoting more equal and inclusive communities.

XXVI. [Film & Discussion] Kokh (A Womb), 28 September 2020

This session featured a screening of a short film titled 'Kokh – A Womb' followed by a discussion about it. 'Kokh' is an **advocacy video about the promotion of safe abortion rights among female sex workers in Nepal**. It highlights the lived experience of sex workers, the social stigma around abortion, and the ongoing fight for the sexual and reproductive health and rights (SRHR) of sex workers, including access to safe and legal abortion services.

One component of the short film is a conversation between two female sex workers after one of them gets pregnant again and her friend discourages her from having another abortion. This sets a framing device for other issues presented, such as the challenges female sex workers face, including taking care of a family; the stigmatizing and judgmental attitudes around abortion, including by health providers; and the fact that a large share of abortions in Nepal are unsafe despite the procedure being legal in the country. (In 2004, for example, Nepalese women had 323,100 abortions, of which 186,000 [around 58%] were unsafe.)

The first speaker, Miraz Thakuri, discussed the video and its development process. He noted that the film crew worked tirelessly with sex work communities in an effort to better understand their lives and to ensure their actual experiences would be reflected and represented. The film is an example of the different ways that FAITH, the organization that created it, does advocacy on behalf of and in collaboration with key populations in Nepal – including but not limited to people living with HIV, drug users, sexual minorities and sex workers. In addition to film, Faith uses art, culture and music to raise the voices of highly affected populations.

The second speaker, Reena Lama, shared more about the current situation of sex workers in Nepal and responded to a couple of questions in the chat room. She stressed that because abortion is so often an “occupational hazard” for sex workers, it is important to improve their sexual and reproductive health and rights. This remains difficult in Nepal for many reasons, including that sex work is illegal. Criminalization contributes towards making sex workers hard to reach and leaves them vulnerable to systematic violence and discrimination. Widespread discrimination deters their health care access and, as a result, many sex workers have poor health outcomes

FAITH aims to support them to get the services they need and have a right to, including abortion, and to provide assistance in managing the procedure while also creating demand for post-abortion care. One important step is to raise the awareness of sex workers the legal framework that allows them to have abortions if they choose. The organization hopes this will become easier since the government in 2018 approved the Safe Motherhood and Reproductive Rights Act, which has clauses on stigma and discrimination.

XXVII. Now more than ever: New strategies to fight back for HIV prevention, 29 September 2020

The state of HIV prevention and what that means for people vulnerable to HIV worldwide was the main overall topic of the session. Speakers agreed that even before COVID-19, the outlook for HIV prevention was bleak. The year 2020 marks the deadline for the UNAIDS ‘fast-track’ targets where new HIV infections should be dropping below 500,000 per year. But instead, the agency’s last three global reports have shown that the number of people acquiring HIV is no longer decreasing and currently sits at a staggering 1.7 million people per year.

Session participants acknowledged that unless governments and donors acknowledge these failures, the numbers will continue increasing, which is already a trend in some regions. And moreover, COVID-19 is already making the situation much worse. In many countries, access to HIV prevention and harm reduction services has disappeared or become much more limited even as restrictions intended to fight the pandemic are being used to harass, abuse and imprison communities that are most affected by HIV. Looking ahead, the economic impacts of COVID-19 are likely

to mean less money is available for all areas of health in much of the world, including for HIV services. There is a very real risk that governments and donors could even give up HIV prevention altogether.

As always, community-based organisations (CBOs) and other civil society groups are leading the fight to keep prevention a top priority, and especially when it comes to reaching key populations and adolescent girls and young women. During the current global health emergency, it is communities that are keeping HIV prevention services open and, in some cases, adapting them to prevent and mitigate the impact of COVID-19 alongside HIV. Now more than ever, CBOs need to be funded and supported, speakers stressed. This requires governments and donors to recognize the need for HIV prevention services as a lifesaving priority and to fully fund it, and for the legal and human rights barriers that stop people from accessing HIV prevention and harm reduction services to be lifted.

During the session, speakers discussed how governments should step up to get rid of or dismantle the obstacles to more effective and accessible prevention. The following were among the **main recommended approaches and strategies proposed** to reignite the prevention debate and ensure that prevention is prioritised:

- Greater recognition of the importance of community leadership and youth leadership in the HIV response.
- Data and evidence are crucial in bringing services to communities
- Integrated approaches are needed for HIV, TB and other services
- Connecting prevention and human rights as well as decriminalisation during advocacy
- Building partnerships, both national and international, and a 'deeper' movement are fundamental in the response
- More focus on domestic health financing

Session participants also emphasized the importance of intersectionality in prevention. This means, for example, that COVID-19 and the austerity surrounding it should not undermine HIV in terms of funding for prevention services or in terms of economic policies that end up making people more vulnerable.

XXVIII. Stigma: Measure it, Act on it, End it, 1 October 2020

The session focused on how community leadership and engagement can help to combat HIV-related stigma and discrimination, which are persistent challenges to people living with HIV wherever they live. HIV-related stigma can be seen throughout society, including in the workplace, education and justice systems, and health care settings. The impact can be severe: HIV-related stigma and discrimination hamper the success and impact of HIV services and provision, including by restricting access to HIV treatment and care for key populations.

Five speakers discussed how they and their communities are seeking to address the challenges:

- Sasha Volgina spoke about the [Global Partnership](#), which focuses on various settings and provides guidance around stigma and discrimination. It began as a call to action from the communities themselves supported by different agencies (e.g., UNAIDS) to fight against stigma and discrimination.
- Harry Prabowo discussed some of the regional support provided by the Global Partnership in the Asia-Pacific region, including for work in Papua New Guinea, Vietnam, and Indonesia. He highlighted the strong partnerships among communities, but also noted that the recent limits on the work due to the COVID-19 pandemic.
- Valeriia Rachynska reflected on the benefits brought by the Global Partnership to communities in Ukraine. She stressed the ongoing need for continued advocacy with the government to ensure there is a platform to speak about issues and challenges faced by communities living and affected by HIV in relation to stigma and discrimination.
- Annah Sango from GNP+ introduced the [PLHIV Stigma Index Advocacy Toolkit](#), which the network released in June 2020. This revised version of the tool, which is intended to be used by communities themselves, can help to assess and document the experiences of people living with HIV and the experiences that they face regarding stigma and discrimination. Sango encouraged users to think progressively about their interventions as a next step when using the tool. For example, advocacy plans should bring out the issues faced by people living with HIV and the advocacy should be based on strong data.
- Do Dang Dong from Vietnam shared experiences from Vietnam in using the tool. He emphasized that the work should not end with the report, but instead should continue with advocacy work based on the data that benefits communities.
- Pim Looze from GNP+ provided additional insights on the toolkit. She echoed Do's observation that measuring stigma alone is not sufficient in achieving change, noting that the toolkit offers suggestions for how networks of people living with HIV and other users can take action based on the findings and

recommendations from reports. She also highlighted that the tool is adaptive and responsive because it complements human rights systems.

During the Q&A at the end of the session, speakers further stressed that local communities should ‘own’ the stigma measuring process and make their own decisions about how to organize and engage, based on their contexts. They also said that communities can find ways to advocate even in countries that have not joined the Global Partnership (e.g., Brazil). In such places, one approach could be to directly communicate needs and demands to various agencies (including in the UN family) that can influence policy.

XXIX. HIV2020 – Treatment Activist Meeting, 6 October 2020

Community-led advocacy has long played a leading role in identifying and seeking to remove barriers to affordable, quality treatment for HIV, hepatitis C and many other health conditions for all in need. To be effective, communities have taught themselves and others how to understand and engage in government, budgetary, legal and trade policies, including in highly technical areas such as intellectual property (IP) and patents, that greatly influence access to essential medicines and other health commodities.

Many of the lessons learned from this important legacy are relevant in the fight against the COVID-19 pandemic, which like HIV is disproportionately affecting the world’s most marginalized people.

This session provided **an overview of some persistent and new challenges to HIV treatment access and the work undertaken by advocates in different parts of the world**. It featured examples of what community-based organizations and their allies are prioritizing, what actions they are taking, what outcomes they hope to achieve, and what their successes and limitations have been. The session concluded with a **discussion of current and planned efforts to ensure equitable and rapid access to essential COVID-19 therapies, vaccines and other health-saving technologies**.

Summarized below are some of the advocacy activities and priorities mentioned by speakers presenting the seven country and regional examples:

- The **roll out of TLD** (tenofovir/lamivudine/dolutegravir) as a key treatment regimen for people living with HIV in South Africa is taking place without proper processes and protocols being followed. Many people are being switched to the new regimen without proper preparation or explanation, including about possible side effects.
- Activists in Brazil are fighting for the Supreme Court to annul one article of the national patent laws that allows extensions of **patent terms**. In practice, this could mean patents for essential medicines could be valid for 25 years or more.
- In the United States, advocates are seeking to address the massive racial and ethnic **disparities in utilization of pre-exposure prophylaxis (PrEP)**. The high costs and structural weaknesses of health systems are among the reasons that only 5% of blacks eligible for PrEP are receiving it, compared with 40% of eligible whites.
- Advocates in France are using social media and direct engagement with parliamentarians and government officials to ensure that a social security financing bill includes an amendment on **transparency in drug prices**.
- In Ukraine, advocates’ longstanding focus on **treatment optimization** has led to huge savings on procurement of drugs to treat HIV and other conditions. This has allowed a major expansion of access without greatly increasing the necessary budget.
- Advocates in India and other parts of the Asia-Pacific region have played important roles in convincing governments to file **compulsory licenses** to override patent restrictions for many important drugs for HIV, cancer and other diseases.
- Community groups in Thailand are advocating with the government to have **dolutegravir (DTG) be approved for first-line regimens** in the national health insurance system. Currently, it has been approved only for third-line regimens.

During the **discussion on COVID-19**, the People’s Vaccine Campaign was described. It is a new global movement focused on ensuring that all coronavirus vaccines are public goods that manufacturers anywhere are allowed to make, are affordably priced, and are freely available to those who need them wherever they live. A vaccine “owned by all of us” is necessary to stave off a “global vaccine apartheid”.

Speakers also noted the many similarities between HIV and COVID-19 regarding access and cost issues, including the oversized role of pharmaceutical companies that rarely share information and vigorously seek to enforce

patents. Many of the same initiatives, advocates and organizations are already adding COVID-19 as a priority. The Medicines Patent Pool (MPP), which has focused on reducing costs of commodities for HIV and other diseases, is now mapping patent landscapes and approaching patent holders to initiative negotiations.

XXX. Community based mental health services for people living with HIV, 9 October 2020

The session highlighted mental health in the context of people living with HIV (PLHIV) and key and vulnerable populations, including men who have sex with men, people who use drugs and young people. Speakers discussed the correlations between mental health outcomes and quality of life, including the effects on HIV prevention, treatment and care outcomes for PLHIV.

Among the mental health problems many PLHIV experience, depression appears to be the most common. It has direct, negative effects on HIV treatment initiation, ART adherence, and immune responses (e.g., lower CD4 counts). Other mental health issues mentioned as being among those they often experience included post-traumatic stress disorder (PTSD), self-harm, anxiety, sleep disorders, suicidal thoughts, negative self-image, and feeling of hopelessness. The stigma and discrimination that many PLHIV and key populations regularly face also can negatively impact their mental health, including by triggering these mental health concerns or making them worse.

A key gap in finding solutions that can help more people is the lack of research on the correlation between mental well-being and long-term treatment for PLHIV. Speakers shared an overview of existing research and knowledge on the interplay of mental health, well-being and HIV and emphasised the need to translate these findings into practical recommendations for practices and programme designs.

As part of the discussion on how to reach those in need, speakers shared models of integrated services and framework within the HIV care setting through which PLHIV can get access to prevention, screening, treatment and care for mental health problems. They also discussed some existing tools and approaches that can be useful in helping to address mental health problems among PLHIV and members of key and vulnerable populations. These mechanisms range from traditional self-support groups to various digital tools (e.g., mobile phone apps) developed by both mental health professionals and community groups that aim to provide mental health support for vulnerable populations.

The session concluded with a call from the speakers for an integrated mental health approach that is person-centred and community-based; considers issues including depression, anxiety, substance use, and treatment adherence; and acknowledges challenges of self-stigma and 'otherness'.

XXXI. [Art Performance] Theatre performance about SWIT, 15 October 2020

The major part of the session contained pre-recorded pieces of a theatre performance aimed at illustrating and raising awareness about the Sex Worker Implementation Tool (SWIT). The performance, which was developed by activists from Tais Plus, a community-based organisation from Kyrgyzstan, focused on how sex workers should protect their rights when being pressured by the police and how they should not be afraid of doing so. It was also recently presented to community representatives in the country on 14 September, Sex Workers' Pride day.

Session participants from Tais Plus said that they showed the video during visits to sex worker groups in Osh and Talas, other cities in Kyrgyzstan. It reportedly was received positively, with the local organizations deciding to use the SWIT video themselves for the purposes of their work with the community.

Different opinions were expressed by community representatives who saw the piece on Sex Workers' Pride day. Some questioned the ability of sex workers to protect their rights in real situations, especially when police violence is involved. Several of them said, though, that it is much easier for them to understand the content of the SWIT in such format. Some expressed interest in becoming involved in future performances as actors themselves.

The session continued with a presentation by Annelia (with additional comments from Olcha Schetinina) on the Theater of the Oppressed – another performance concept that colleagues from Tais Plus are planning to use to target and involve the community. Theater of the Oppressed is a form of popular community-based education, created by Brazilian theatre visionary Augusto Boal, that uses theatre as a tool for social change. Such an approach allows audience members to become actively involved in the performance and influence the plot progress, which can help them to reflect on and discuss socially significant topics.

In response to several questions at the end of the session, participants noted the following:

- It is too early to say how this work has impacted the sex worker community in Kyrgyzstan, and no assessment has yet been done. But there is real value in the experience of gathering community

representatives from around the country to help them develop presentations on each part of the SWIT to present to governmental authorities.

- Tais Plus plans to produce another video of better quality to use for advocacy purposes, including to target government officials and other partners in their country to ensure they are aware of the key principles of working with sex workers.
- The COVID-19 context makes it difficult to continue promoting the SWIT among governmental partners, because virtual forms of communication are not very effective in reaching them. Another challenge is the unstable political situation in Kyrgyzstan in recent weeks.

Advice offered to other groups interested in organizing such theatre performance themselves included putting aside any fears of proceeding; attracting donor funding for the specific purpose; getting some acting training; and using such performances as much as possible as an effective advocacy tool.

XXXII. Where is the money for key population programming?, 20 October 2020

The session focused on a report, 'Fast-Track or Off Track? How insufficient funding key populations jeopardises ending AIDS by 2030', that was released by Bridging the Gaps, PITCH and Aidsfonds. It included three separate sections: a presentation of the report, a panel discussion with community members, and a panel discussion with donors.

Overview of the report: David Scamell, the report's lead researcher and author, said that the findings indicated that funding for key populations affected by HIV is "way off track", thereby threatening the achievement and fulfilment of the goals and targets of ending the epidemic by 2030. Only 2% of funding for HIV programmes targets key populations, a tiny amount that contributes to an 80% resource gap. The report calls for significant scale-up of resources for HIV programming for key populations most affected by HIV, as substantially more money is needed given estimates that an additional \$36.49 billion is needed from funders for key populations and HIV programming over the next decade to 'get back on track'.

Community panel observations: Speakers on the community panel highlighted the impacts of limited funding among the key populations they work with. Selected observations include the following:

- David Subeliani highlighted the realities for harm reduction services for persons who use drugs, including restrictions on the reach and delivery of services.
- From her perspective as a representative of a sex worker network in Africa, Grace Kamau stressed the importance of ensuring that whatever funding is made available actually goes to the communities that need it.
- Tengku Mihari noted that anti-LGBT campaigns in Indonesia had affected programming and that more funding and resources were needed for community responses on human rights violations.
- According to Jeff Acaba, communities of people living with HIV need funding beyond just treatment, for instance to address structural and systematic issues like stigma and discrimination.

Donor panel observations: Speakers on the donor panel discussed some of the ways that they and other funders could help to generate more dedicated funding for key populations in HIV responses in the future. Selected observations include the following:

- Peter Sands discussed the Global Fund's efforts to address the underfunding of key populations, including by ensuring that countries understand why greater shares of Global Fund grant money should be allocated to them. He also emphasized that equal funding and focus should be given to prevention programming.
- Winnie Byanyima cited the need to do more work to gather and utilize data to develop concrete approaches to the need for increased funding. She said that UNAIDS' new strategy will look into closing the financing gap for key populations as well as increasing support for community-led monitoring and addressing the shrinking fiscal space for countries with the highest burdens.
- Sarah Hamilton highlighted the role and potential of the philanthropic community in funding the HIV response and key population work. It can be an alternative source of funding where governments are unable to support work around human rights or health. Currently, though, philanthropy's share of overall HIV funding is just 2%, so scaling up is needed.

XXXIII. Women, bodies and experiences: Individual and collective empowerment through the Theater of the Oppressed, 23 October 2020

The session was about the application of the Theatre of the Oppressed methodology as a component of an empowerment process for women living with HIV in Latin American and Caribbean countries. It was developed as a joint project of ICW Latin America, Hivos, and organizations that work specifically with the Theatre of the Oppressed, Magdalena International Network and Metoca. (Theatre of the Oppressed refers to forms and approaches that use theatre as a means of promoting social and political change.)

The overall project is based on popular education and other participatory methodologies in addition to Theatre of the Oppressed. A main objective is to work with and through the body, using theatre methods and techniques, to access emotions and personal experiences – which in turn stimulate self-consciousness, empathy, support and solidarity among individuals and groups. Personal experiences of violence, in diverse forms, were common themes among the women who participated in the project.

Through the project to date, a total of 124 women have been trained as facilitators of empowerment groups; 62 empowerment groups have been formed in 11 countries; and more women living with HIV have become involved in leadership roles at local, national and regional levels. The project was recognized as good practice in the struggle against discrimination at the 2018 International AIDS Conference in Amsterdam.

The elaboration and presentation of a play centred on the participants' experiences, based on the Theatre of the Oppressed, was part of the project activities. In Costa Rica, the play was presented for selected audiences, such as female psychologists and government bodies, and also for a general audience at one of the biggest hospitals of the country (Hospital Calderón Guardia) on World AIDS Day. Presenting the play in other places and for different audiences has been more difficult due to the COVID-19 pandemic, but the training of the women remains as a significant accomplishment.

Session panellists, who included both project organizers and participants, discussed their experiences about the Theatre of the Oppressed approach and the overall empowerment project more generally. One observation was that working with the body and emotions was different and challenging compared with the usual practices of activists working with HIV issues. Also, there was some concern about the viability of transmitting the methodology to other colleagues and how to apply it to diverse countries, cultural contexts and situations.

To help overcome such concerns, the project included a focus on building confidence among participants and organizations involved through a collective and participatory approach. Also, session panellists added that because the methodology adopted is specially based on body expression (with more movements than words), language differences are not major obstacles for its application in different settings.

In addition, session panellists said that the project stimulated important reflections on their roles as activists and women living with HIV. Women activists and leaders are often silent about their own fragilities and the violence that occurs in their private lives, as they usually feel the need to have a public stance based on strength and collective commitment. For many of the participants, the project contributed to their rethinking the concept of leadership, in which failure is usually not admitted.

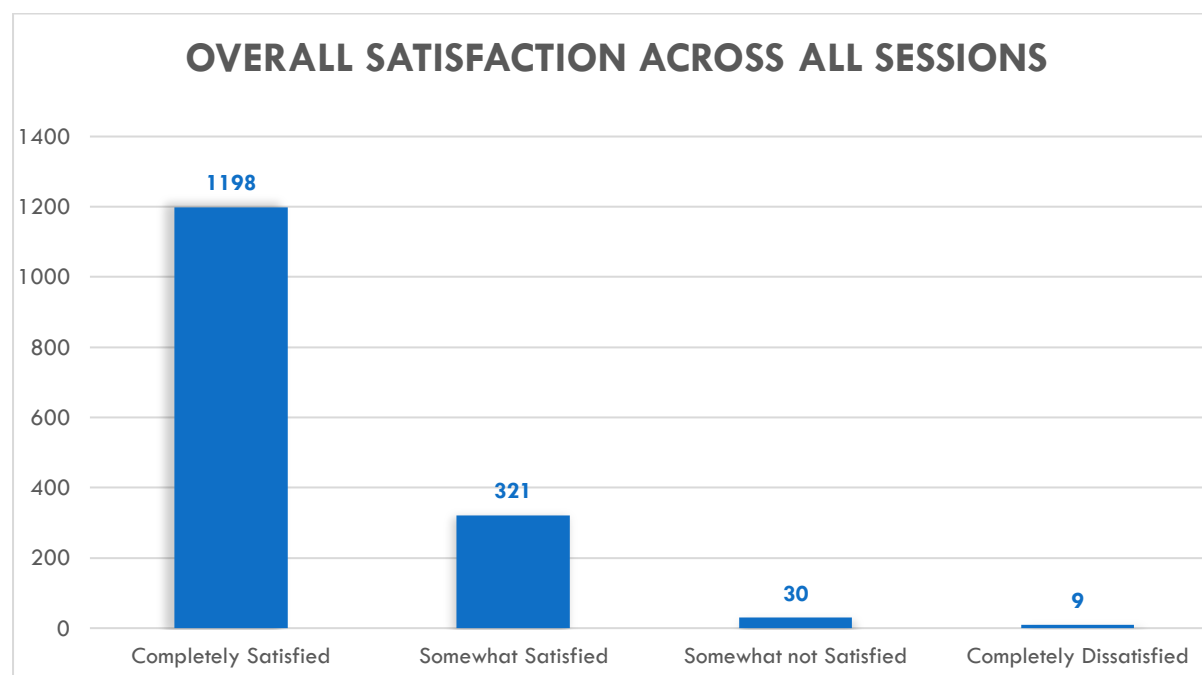
The session also included a demonstration of a practical exercise by panellists that included participation by the virtual audience through the chat function, and the exhibition of a video showing some project activities and participants' accounts.

Annex E: HIV2020 Online Gallery Exhibits and Performances

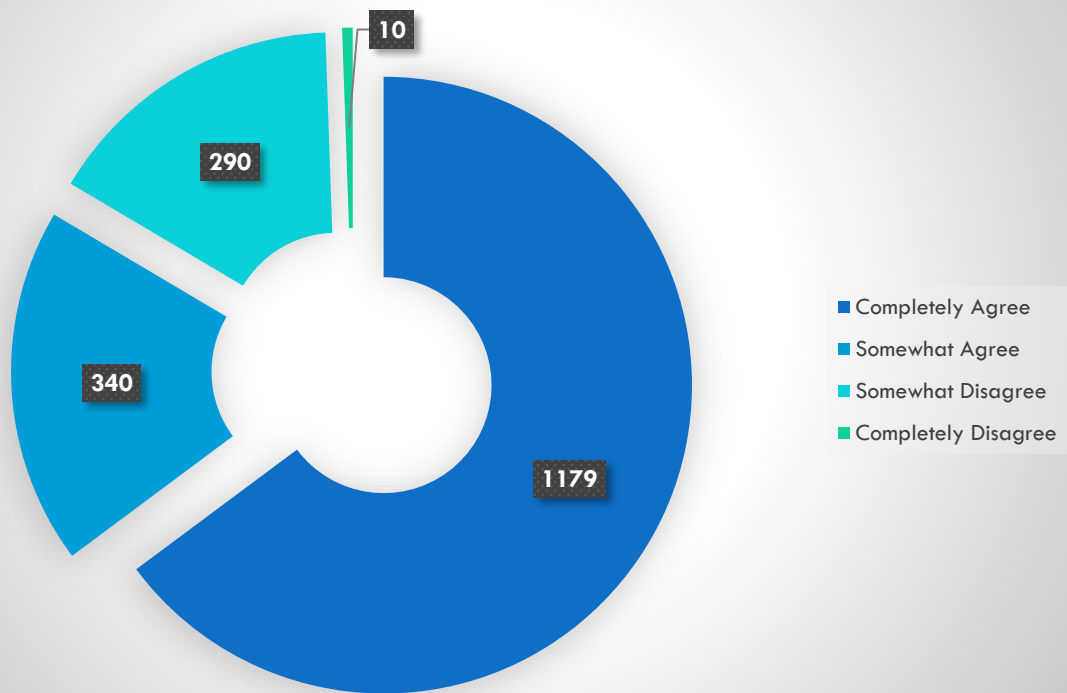
All gallery exhibits were available only for the duration of the conference.

	Title	Contributor(s)
1	Not Your Rescue Project: Films from the Sex Workers Right Movement	Monica Jones, bambi Katsura, Laura Kane, Carol Leigh, Laura Murray, AK Saini, PJ Starr
2	Yeki Hambe: Let It Go	Sex Worker Theater South Africa
3	Key Populations Communities Leading the Global HIV Response: Celebrating the Change we Make	The Bridging the Gaps Alliance (BtG)
4	Clan-destine: The Lived Realities of LGBTI+ Africans	Stefan Hofmeyr
5	Luv 'til It Hurts: Experiences from Egypt & Brazil	Ankh
6	Human Rights Tattoo	Saner van Bussel
7	TAKING BACK WHAT'S OURS! An Oral History of the Movement of People Who Use Drugs	INPUD & Drugreporter (Rights Reporter Foundation)
8	A HIV Journey: A Story of Hope	Eliane Becks Nininahazwe

Annex F: Evaluation of HIV2020 Online Sessions



THE CONTENT OF THE SESSION IS USEFUL TO MY WORK



OVERALL SATISFACTION ACROSS ALL SESSIONS

