No One Left Behind

Understanding Key Populations

Achieving Triple Zeros by 2030

NATIONAL
STD/AIDS
CONTROL
PROGRAMME

UNFPA

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Achieving Triple Zeros By 2030

National STD/AIDS Control Programme
of the Ministry of Health,
Nutrition & Indigenous Medicine &
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Clerical Support

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Message from the Director General of Health Services

I applaud the publication of this book "No One Left Behind-Understanding Key Populations: Achieving Triple Zeros by 2030" which is a great aid for all Primary Health Care Workers and other categories in achieving Sustainable Development Goals adopted by United Nations in 2015.

Ending the AIDS epidemic by 2030, will require countries to take a Fast Track approach during the next five years and it is essential to target key populations on curative and preventive services while lifting of stigma and discrimination, removal of punitive laws, etc.

United Nations Assembly Meeting on ending AIDS, held in 2016 has decided to deliver the comprehensive care for 90% of all the key populations by 2020 and it is necessary to equip all the healthcare workers with knowledge, skills and positive attitudes towards key populations to achieve that target.

As the key populations have the highest risk of contracting and transmitting HIV, they should be given adequate access to prevention, care and treatment services. This book well describes reasons why key populations are at higher risk of acquiring HIV infections, the current situation of Sri Lankan laws and how discrimination and social stigma prevent these particular key population groups approaching health care services.

I thank all authors for publishing this book to fulfill current need. This publication is a great help for all the readers including healthcare workers to understand the importance of leaving no one behind in ending the AIDS epidemic by 2030, as part of the Sustainable Development Goals.

Dr. Palitha Mahipala
Director General of Health Services
Ministry of Health, Nutrition & Indigenous Medicine

Message from the Deputy Director General - Public Health Services

I would like to extend my heartiest congratulations for the publication of “No One Left Behind-Understanding Key populations: Achieving Triple Zeros by 2030” as it is a current need to understand key populations.

The United Nations Member States unanimously adopted to end the AIDS epidemic by 2030, as part of implementing the Sustainable Development Goals. The world is embarking on a Fast- Track Strategy to end the AIDS epidemic by 2030. To achieve this goal successfully ,understanding the key populations is of utmost importance for accessing the health care services especially sexual health.

Sri Lanka provides a comprehensive sexual healthcare package for key populations and this ensures sexual health promotion among key populations. Still there are structural factors such as stigma, discrimination and punitive laws that intensify the marginalization these groups experience and deter them from the services required.

This book answers the issues pertaining to key population groups and it will greatly help to reach the visionary goal of ending the AIDS epidemic after three decades.

Dr. Sarath Amunugama
Deputy Director General Public Health Services - 1
Ministry of Health,Nutrition & Indigenous Medicine

Message from UNFPA Country Representative

As Country Representative of the United Nations Population Fund (UNFPA) in Sri Lanka, I am very happy to have supported the National STI/AIDS Control Programme (NSACP) of the Ministry of Health, Nutrition and Indigenous Medicine in developing this extremely valuable and timely publication.

Sri Lanka is categorized as a low prevalence country, when it comes to HIV/AIDS with a prevalence rate of less than 0.01%. However, the presence of a large youth population, internal and external migration and a clandestine but active sex industry raises the need to pay more attention to the future trends of HIV/AIDS in Sri Lanka.

One of the key pledges of the SDGs is that no one is left behind. Also the world has planned to go for Fast Track Targets by 2020 and to end the epidemic by 2030. In its attempt to achieve the SDG targets on HIV/AIDS, the UNFPA Country Office in Sri Lanka has supported the NSACP to develop a National Condom Strategy from 2016-2020. UNFPA strongly believes and supports the full implementation of the national condom strategy in achieving triple zeros.

This publication for Primary Health Care Workers is an important step in implementing the National Condom Strategy 2016-2020. It will greatly assist Primary Health Care Workers by providing them with valuable knowledge on different groups of people with different identities to ensure equal access for HIV/AIDS services. It will also help to ensure the rights of key populations for essential services and information related to HIV/AIDS. Additionally, this awareness will create an enabling environment free from stigma that encourages key populations to access quality services.

UNFPA stands committed in supporting the Ministry of Health, Nutrition and Indigenous Medicine in implementing the National Condom Strategy 2016-2020 that will enable Sri Lanka to ensure the reproductive rights of people in the country.

Mr. Alain Sibenaler
UNFPA Country Representative, Sri Lanka

Preface

I would like to extend my sincere appreciation for the publication of this wonderful book "No One Left Behind-Understanding Key Populations: Achieving Triple Zeros by 2030"

Sri Lanka is unique among the other South-East Asian countries as it is the only country that offers universal healthcare and education free of charge to the public. As a result, currently, Sri Lanka is experiencing a low level of HIV epidemic with a prevalence rate of less than 0.1% in the general population,as well as in the key population groups.

The world has committed to end the AIDS epidemic by 2030, as part of the Sustainable Development Goals (SDG) with support of all global partners. Ending the AIDS epidemic will not be possible without greatly increased efforts to reduce new infections and prevent AIDS - related deaths among key populations at highest risk of HIV acquisition and transmission. This issue focuses on 6 such populations. ie;sex workers, people who inject drugs, men who have sex with men, transgender individuals, beach boys and prisoners.

Ensuring the success of the Sustainable Development Goals including ending the AIDS epidemic, will require global solidarity and partnership, especially in times of diverse and demanding global challenges. Focus must remain strong and commitment to leaving no one behind and building a more sustainable world by 2030 must continue to be unwavering.

Structural factors such as stigma, discrimination and punitive laws intensify the marginalization these groups experience and deter them from the services they need.

Unless effective strategies are put in place to mitigate the HIV burden in key populations, the global epidemic will worsen over time , preventing the world from realizing the dream of an AIDS - free generation. Discriminatory laws and policies often contribute to, and reinforce, the sub-optimal reach of HIV services.

This book , titled "No One Left Behind-Understanding Key Populations: Achieving Triple Zeros by 2030," with new knowledge addresses all the aspects related to HIV and key populations.

I highly acknowledge Dr. Janaki Vidanapathirana, Consultant Community Physician, National STD/ AIDS Control Programme, Dr. Prageeth Premadasa, Senior Registrar in Venereology, National STD/AIDS Control Programme, Dr. Nirosha Disanayake, Registrar in Community Medicine, National STD/AIDS Control Programme, Dr. Nimali Fernando Wijegoonewardene, Registrar in Community Medicine, National STD/AIDS Control Programme for their commendable contribution in writing this valuable

Dr. Sisira Liyanage
Director of National STD/AIDS Control Programme
Ministry of Health,Nutrition & Indigenous Medicine

Contents

Abbreviations

DU	Drug Users
FTM	Female to Male
HRT	Hormone Replacement Therapy
HRBA	Human Rights-Based Approach
HTC	HIV Testing and Counselling
IBBS	Integrated Biological and Behavioural Surveillance
IDU	Injecting Drug Users
KP	Key Populations
LGBT	Lesbian Gay Bisexual Transgender
MSM	Men who have Sex with Men
MTF	Male to Female
PR	Principal Recipient
SW	Sex Workers
TG	Transgender people

Glossary

Biphobia	Biphobia is a source of discrimination against bisexual people, and may be based on negative bisexual stereotypes or irrational fear.
Bisexual	Having emotional, romantic, or sexual attractions to both men and women.
Cisgender	The term Cisgender is used to describe people who are not transgender. Cis is a Latin word.
Cross - dressing people	Cross-dressing is the act of wearing items of clothing and other accoutrements commonly associated with the opposite sex within a particular society.
Femininity	A set of attributes, behaviours, and roles generally associated with girls and women.
Gender	Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for boys and men or girls and women. Societies decide which resources men and women can access jointly or separately, the work they can perform, the clothes they wear, and the knowledge they are allowed to acquire, as well as how they acquire and use it. Gender is about relationships that may change over time and place. These influence the ways that people act, interact, and feel about themselves. While aspects of biological sex are similar across different cultures, aspects of gender may differ. Gender depends on the attitude of the people and where they live.
Gender Expression/ Presentation	The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. (typically referred to as masculine or feminine). Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender nonconforming gender expression may or may not be transgender.
Gender Identity	One's internal sense of being male, female, neither of these, both, or other gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their gender identity are not necessarily the same.

Gender Non-Conforming	Not all gender non-confirming people are transgender persons. This is used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity.
Genderqueer (Trans Non Binary People)	Genderqueer (GQ), also termed non-binary or gender-expansive, is a catch all category for gender identities that are not exclusively masculine or feminine identities, which are thus outside of the gender binary and cisnormative gender binary and cinormative. Genderqueer people may identify as having an overlap of, or indefinite lines between, gender identity, having no gender or genderless and moving between genders or having a fluctuating gender.
Harmful gender norms	Harmful gender norms are social and cultural norms of gender that cause direct or indirect harm to women and men. Some examples are norms that contribute to women' s risk and vulnerability to HIV, or those that hinder men from assuming their share of the burden of care or from seeking information, treatment and support.
Heterosexual	Having emotional, romantic, or sexual attractions to members of the other sex
Homosexual	Having emotional, romantic, or sexual attractions to members of one's own sex
Human Rights-Based Approach	A human rights-based approach is a conceptual framework for the HIV response that is grounded in international human rights norms and principles, both in terms of process (e.g. right to participation, equality and accountability) and outcome (e.g. rights to health, life and scientific progress). HRBA addresses discriminatory practices and unjust distributions of power that impede progress in the HIV response by strengthening the capacities of rights-holders to claim their rights and the ability of duty-bearers to meet their obligations.
Homophobia	Homophobia is the fear or rejection of (or aversion to) homosexuals and/or homosexuality. This often takes the form of stigmatizing attitudes or discriminatory behaviour, and it occurs in many settings in all societies, often beginning as early as school.

Inter sex	Various conditions that lead to atypical development of physical sex characteristics are collectively referred to as intersex conditions. For information about people with intersex conditions.
Lesbian (women who have sex with women)	A lesbian is a woman attracted to other women. She may or may not be having sex with women, and a woman having sex with women may or may not be a lesbian. The term women who have sex with women should be used unless individuals or groups self - identify as lesbians. The term women who have sex with women (including adolescents and young women) includes not only women who self-identify as lesbian or homosexual and have sex only with other women, but also bisexual women and women who self -identify as heterosexual, but who have sex with other women. People should never be referred to as an abbreviation, such as WSW (for women who have sex with women), since this is dehumanizing. Rather, the term should be written out in full, although abbreviations for population groups can be used in charts or graphs where brevity is required.
Key Populations	Key Populations have the highest risk of contracting and transmitting HIV due to their behaviours.
Masculinities	Socially constructed definitions and perceived notions and ideals about how men should or are expected to behave in a given setting. Masculinities are configurations of practice structured by gender relations, and can change over time. Their making and remaking is a political process affecting the balance of interests in society and the direction of social change.
Sex Assigned at Birth	The assignment and classification of people as male, female, intersex, or another sex assigned at birth often based on physical anatomy at birth and/or karyotyping.
Sex	Sex is assigned at birth, refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

Sexual Orientation	A person's physical, romantic, emotional, aesthetic, and/or other form of attraction to others. In Western cultures, gender identity and sexual orientation are not the same. Trans people can be straight, bisexual, lesbian, gay, asexual, pansexual, queer, etc. just like anyone else. For example, a trans woman who is exclusively attracted to other women would often identify as lesbian.
Sexual Rights	Sexual rights embrace a human right that already is recognized in many national laws, international human rights documents and other consensus statements: the right of all persons to the highest attainable standard of sexual health, free of coercion, discrimination and violence. This includes the following: accessing sexual and reproductive health-care services; seeking, receiving and imparting information related to sexuality; obtaining sexuality education; enjoying respect for bodily integrity; choosing a partner; deciding to be sexually active or not; participating in consensual sexual relations; engaging in consensual marriage; determining whether or not (and when) to have children; and pursuing a satisfying, safe and pleasurable sexual life.
Transgender	Transgender is an umbrella term to describe people whose gender identity and expression does not conform to the norms and expectations traditionally associated with their sex at birth. Transgender people include individuals who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g. hormone therapy) and individuals who identify as having no gender, multiple genders or alternative genders. Transgender individuals may self-identify as transgender, female, male, transwoman or transman, transsexual, hijra, kathoey, waria or one of many other transgender identities, and they may express their genders in a variety of masculine, feminine and/or androgynous ways. Due to this diversity, it is important to learn and use positive local terms for transgender people, and to avoid derogatory terms.

Transphobia	Transphobia is fear and rejection of (or aversion towards) transgender people, often in the form of stigmatizing attitudes or discriminatory behaviour.
Trans man	A trans man is a transgender person who has been assigned female at birth but whose gender identity is that of a man.
Trans sexual	A person who Emotionally and Psychologically feels that they belong to the opposite sex.
Trans women	A trans man is a transgender person who has been assigned male at birth but whose gender identity is that of a female.

Ending the AIDS Epidemic by 2030

The world is committed to end the AIDS epidemic by 2030, as a part of the Sustainable Development Goals (SDG) with the support of all global partners. The Sustainable Development Goals are the Goals which adopted by the United Nations Member States unanimously in 2015. The lessons learnt in responding to HIV plays an instrumental role in the success of achieving many of the Sustainable Development Goals, notably Sustainable Development Goal three, good health and well-being, and the goals on gender equality and women's empowerment, reduced inequalities and enhance global partnerships and justice & peace in the societies. **Ending the AIDS epidemic by 2030 will include:**

- **Zero new HIV infections**
- **Zero discrimination**
- **Zero AIDS-related deaths**

Ending of the AIDS epidemic by 2030 requires countries to take a Fast-Track approach during the next five years. The approach has been planned according to UNAIDS 90–90–90 fast track targets, which are supposed to achieve by 2020. **These fast track tragets comprise of :**

- **90% of people (children, adolescents and adults) living with HIV knowing their HIV status:**
- **90% of people who know their HIV positive status are receiving treatment.**
- **90% of people on HIV treatment have a suppressed viral load so that their immune system remains strong and the likelihood of their infection being passed on is greatly reduced.**

In other words, Fast–Track response is planned to reach three milestones by 2020:

- Reduce new HIV infections to fewer than 500 000 globally by 2020.
- Reduce AIDS-related deaths to fewer than 500 000 globally by 2020.
- Eliminate HIV-related stigma and discrimination by 2020.

Global decision to reduce new infections to 500 000 by 2020 requires continued progress towards the 90–90–90 targets and intensive focus on a people-centred, combined approach.

Fast-Track Targets

by 2020	by 2030
90-90-90 Treatment	**95-95-95** Treatment
500 000 New infections among adults	**500 000** New infections among adults
ZERO Discrimination	**ZERO** Discrimination

Introduction of Key Population Groups

United Nations General Assembly prevention targets have identified that ensuring of 90% of people at risk of HIV infection, access comprehensive prevention services, including harm reduction, by 2020.

Within the response to AIDS, leaving no one behind is both a moral and a human rights imperative and a public health necessity. HIV-related vulnerabilities are influenced by inequalities and prejudices entrenched within the legal, social and economic structures of the society. Harmful cultural and social gender norms, criminalization of same-sex relationships, cross-dressing, sex work, drug use, and laws that require third party authorization for sexual and reproductive health services block HIV prevention and increase risky behaviours. Homophobia drives gay men and other men who have sex with men away from HIV testing and HIV prevention activities, and is associated with lower adherence to treatment.

Key populations (KPs) are the groups those who have a disproportionate burden of HIV in many settings. They frequently face legal and social challenges that increase their vulnerability to HIV, and barriers to access HIV prevention and treatment. **Key populations are named as:**

- **Sex workers (SW)**
- **Men who have sex with Men (MSM)**

- **People who inject drugs**
- **Transgender people.**
- **People in prisons and closed settings**

In addition to those groups, Beach boys (BB) also are recognized as a group of key population in Sri Lanka. In addition to the above main key populations, UNAIDS has included people living with HIV, and sero-negative partners in sero-discordant couples into this term.

Key populations show the highest risk of contracting and transmitting HIV due to many reasons, yet mainly due to risk behaviours. Epidemiologically, the KPs face increased risk, vulnerability and/or burden to acquire HIV infection due to a combination of biological, socioeconomic and structural factors. Access to relevant services is significantly lower in this group than in the rest of the population. In many low and middle-income countries, KPs show 15-25 percent higher HIV prevalence rates than that of the surrounding general populations.

Yet, they also have the least access to preventive services, care, and treatment services because their behaviours are often stigmatized, and even criminalized. Criminalization and stigmatization of same-sex relationships, transgender, sex work and people who use drugs lead to block the access to HIV prevention services and increase risky behaviours. Homophobia drives gay men and other men who have sex with men away from HIV testing and HIV prevention activities and is associated with lower adherence to treatment. Women in KPs face specific challenges and barriers, including violence and violations of their human rights. There can be no discrimination against anyone who belongs to KPs. All over the world, legal frameworks, social stigma, and discrimination have rendered these populations voiceless in the decision-making processes that affect their lives, including those related to HIV.

The human rights of members of KPs must be protected and everyone should be given the equal right to access quality healthcare services and be free from discrimination. Access to justice is particularly important for people from KPs. Interventions to reduce the burden of HIV among KPs must be respectful and acceptable to the recipients as well as appropriate and affordable to them. People from KPs require accurate health and treatment information which facilitates their decision-making process. Integrated service provision is needed to counteract the multiple co-morbidities and poor social situations experienced by many people from KPs.

It is important to have a clear understanding of the definitions of sex, gender and sexual orientation. It will be very helpful to understand key populations for HIV infection.

Sex

Sex is assigned at birth, refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

Sex Assigned at Birth

The sex assignment and classification of people as male, female, intersex, or another sex assigned at birth, often based on physical anatomy at birth and/or karyotyping

Gender

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers as appropriate for boys and men or girls and women. Societies decide which, resources men and women can access jointly or separately, work they can perform, clothes they wear, and knowledge they are allowed to acquire, as well as how they acquire and use it. Gender is about relationships that may change over time and place.

It influences the ways that people act, interact, and feel about themselves. While aspects of biological sex are similar across different cultures, aspects of gender may differ. Gender depends on the attitude of the people accoding to the place they live in.

Gender Expression/Presentation

Gender Expression is defined as the physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, (which is typically referred to as masculine or feminine) and etc. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender nonconforming gender expression, may or may not be transgender.

Gender Identity

Gender Identity is defined as one's internal sense of being male, female, neither of these, both, or other gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their gender identity are not necessarily be the same.

Masculinities

Socially constructed definitions and perceived notions and ideals about how men should or are expected to behave in a given setting. Masculinities are configurations of practice structured by gender relations, and can change over time. Their making

and remaking is a political process, affecting the balance of interests in society and the direction of the social change.

Femininity

Femininity is a set of attributes, behaviours, and roles generally associated with girls and women.

Intersex

Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.

Sexual Orientation

Sexual orientation refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviours, and membership in a community of others who share those attractions. Research over several decades has demonstrated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex. However sexual orientation is being divided into three categories;

1. **Heterosexual** (having emotional, romantic, or sexual attractions to members of the other sex)
2. **Homosexual** (having emotional, romantic, or sexual attractions to members of one's own sex)
3. **Bisexual** (having emotional, romantic, or sexual attractions to both men and women)

Sexual orientation is distinct from the other components of sex and gender, including biological sex (Anatomical, Physiological, genetical), gender identity and social gender role. There is no consensus among scientists about the exact reasons why an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although research have examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no finding has emerged that permits scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.

There are two main theories as to what causes homosexual attractions. One is a homosexual orientation is essentially dictated by genetic and or biological factors: put simply, that people are "born gay." The other theory is homosexual attractions develop as primarily as a result of psychological and environmental influences and early experiences.

Bisexuality

Research has found that some individuals who identify as bisexual, show patterns of sexual arousal (and sometimes patterns of sexual behavior) that appear to be predominantly heterosexual or homosexual, whereas some individuals who identify as heterosexual or homosexual show bisexual patterns of genital arousal, attraction, or behaviour.

There are two types of bisexualities:

a. Persistent bisexuality

b. Transitional bisexuality

Some individuals who are eventually identified as homosexual, temporarily adopt a bisexual identity before doing so. Men may adopt transitional bisexual identities in the process of trying to make sense of divergent parts of their current and previous attractions and histories, likely to the fact that they may have had emotionally satisfying romantic relationships with women despite feeling sexual attractions only towards men, or the fact that their previous heterosexual encounters may have been unsatisfying but not distasteful. Finally, some men may be initially identified as bisexual, because, they have bisexual patterns of attraction but, eventually, switch to a gay identity as most of their attractions and all of their sexual behaviours involve in men. Some individuals with homosexual patterns of attraction may identify as bisexual because they perceive it to be an easier transition to make than a direct transition to homosexual, while some individuals with bisexual patterns of attraction may be identified as homosexual, because, they are aware that some members of the gay community view bisexuals as untrustworthy, closeted, or promiscuous.

Factors Affecting Bisexuality/Homosexuality

a. The sexual choice of the individual

b. Political attitudes about homosexuality and beliefs in the society / culture

c. Genetic factors

d. Hormonal

Understanding Key Populations

Men who have Sex with Men

Men who have sex with men refers to all men who engage in sexual and/or romantic relations with other men regardless of their sexual identity or sexual orientation, and irrespective of whether they also have sex with women or not.

Homophobia

Homophobia is the fear or rejection of (or aversion to) homosexuals and/or homosexuality. This often takes the form of stigmatizing attitudes or discriminatory behaviours, and it occurs in many settings in all societies, often beginning as early as school days.

Biphobia

Biphobia is a source of discrimination against bisexual people, and may be based on negative bisexual stereotypes or irrational fear.

Sex Workers

The term Sex Workers(SW) refers to “females or males who are selling sex in exchange of money or goods, in an array of contexts or venues including the street, lodges/hotels, brothels, massage parlours, karaoke bars/nightclubs, or homes”.

SWs include female, male and transgender adults (18 years of age and above) who receive money or goods in exchange of sexual services, either regularly or occasionally. Sex work, is consensual sex between adults, can take many forms, and varies between and within countries and communities. The degree of sex work also varies to which it is more or less “formal”, or organized. As defined in the Convention on the Rights of the Child (CRC), children and adolescents under the age of 18 who exchange sex for money, goods or favours are “sexually exploited” and not defined as sex workers.

People who Inject Drugs

“People who inject drugs” refers to people who inject psychotropic (or psychoactive) substances for non-medical purposes. People who self-inject medicines for medical purposes – referred to as “therapeutic injection” – are not included in this definition. The definition also does not include individuals who self-inject non-psychotropic substances, such as steroids or other hormones, for body shaping or improving athletic performances. People who inject drugs are having a specific risk of transmission of HIV as they are sharing of blood-contaminated injection equipment, much of this guidance is relevant also for people who inject other substances.

Transgender

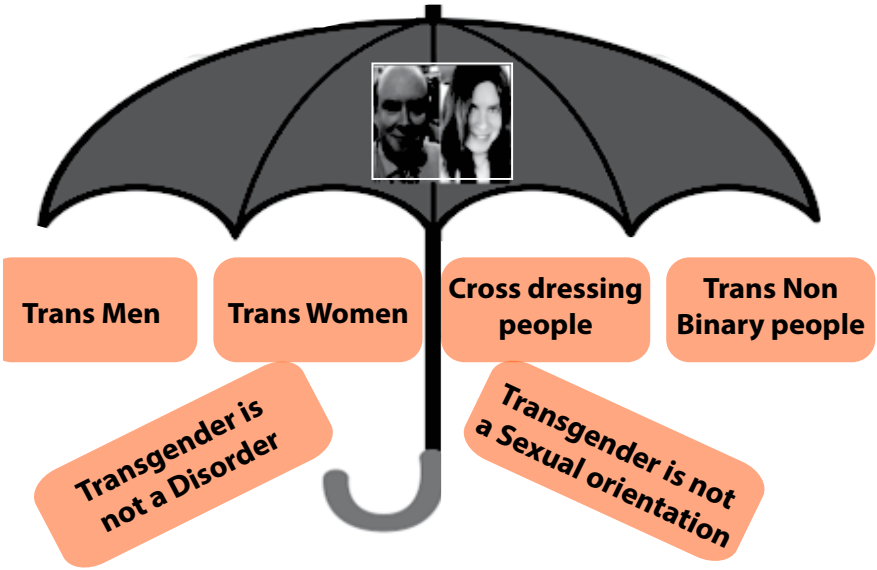
The term ‘‘transgender (TG)’’ refers to the people whose gender identity is different from their assigned sex. *Transgender* is also an umbrella term: in addition to including people whose gender identity is the opposite of their assigned sex (trans men and trans women), it may also include people who are not exclusively masculine or feminine (people who are genderqueer) and cross dressing people.

Gender identity refers to a person's internal sense of being male, female or someone else; gender expression refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice or body characteristics.

People who identify as transgender or transsexual are usually people who are born with typical male or female anatomies but feel as though they have been born into the "wrong body." For example, a person who identifies as transgender or transsexual may have typical female anatomy but will feel like a male and seek to become a male by taking hormones or electing to have sex reassignment surgeries. Transsexual people alter or wish to alter their bodies through hormones, surgery, and other means to make their bodies as congruent as possible with their gender identities.

Trans or Transgender Umbrella

The term transgender refers to people whose gender identity is different from their assigned sex.



Trans Man

A trans man is a transgender person who has assigned female at birth but whose gender identity is that of a man.

Trans Woman

A trans man is a transgender person who has assigned male at birth but whose gender identity is that of a female.

Cross Dressing People

Cross-Dressing is the act of wearing items of clothing and other accoutrements commonly associated with the opposite sex within a particular society.

Genderqueer (Trans Non Binary People)

Genderqueer (GQ), also termed non-binary or gender-expansive, is a catch all category for gender identities that are not exclusively masculine or feminine identities which are thus outside of the gender binary and cisnormative gender binary and cisnormative. Genderqueer people may identify as having an overlap of, or indefinite lines between, gender identity, having no gender or genderless and moving between genders or having a fluctuating gender. They feel that their gender is neither fully male nor fully female.

Non-binary people may also identify as transgender and/or transsexual. The label genderqueer has a lot of overlap with non-binary, but non-binary is often seen as more politically correct, since queer is sometimes used as a transphobic insult.

Non-binary people may wish for transition so that their gender expression more closely reflects their internal identity. Many non-binary people wish to appear androgynous and adopt unisex names, gender-neutral titles such as Mx. and/or gender-neutral pronouns, but others prefer to express themselves in ways which are traditionally seen as masculine or feminine, or to mix aspects of the two. Non-binary people can have any sexual orientation, although if attracted primarily to a single gender they may prefer to use gender-terminology to express this, such as androsexual or gynosexual.

Trans Sexual

This process of transition through medical intervention is often referred to as sex or gender reassignment, but more recently it is also referred to as gender affirmation. People who were assigned female, but identify and live as male and alter or wish to alter their bodies through medical interventions to more closely resemble their gender identity are known as transsexual men or trans men (also known as female-to-male or FTM). Conversely, people who were assigned male, but identify and live as female and alter or wish to alter their bodies through medical interventions to more closely resemble their gender identity are known as transsexual women or trans women (also known as male-to-female or MTF).

Reasons for Transgender

There is no single explanation for the reason why some people are transgender. The diversity of transgender expression and experiences argues against any simple or unitary explanation.

- Many experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.

Transition

Transgender people experience their transgender identity in a variety of ways and may become aware of their transgender identity at any age. Some can trace their transgender identities and feelings back to their earliest memories. They may have vague feelings of "not fitting in" with people of their assigned sex or specific wishes to change their assigned sex. Many TGs feel hardship during puberty, since the body begins to change and adapt gender specific features (breasts, changes in genitals, menses, etc.). TGs have reported "I was disgusted by (hair, breasts etc.)".

The period at which transition is decided can be Childhood, Puberty, Early Adulthood, Later Adulthood or it can be hidden in all stages of life. There can be isolation, hiding and secrets, which can lead to depression and anxiety among them. Adult TG people are much more likely to have suicidal thoughts, with 50% of adults reporting some suicidal ideation. This is a big part of the transgender Individuals' experience. Making decisions about transitioning, what level to transition to, or whether to attempt any transition at all are complicated decisions and require time and support. At the point of decision making, many things are unknown and it can be very stressful.

TG individuals who decide to transition to the other gender can encounter following emotional/psychological issues:

- **Fears about finding a partner**
- **Impact on family relationships with parents, children, partners and other relatives**
- **Impact on relationships at work and with friends.**
- **Fears about violence and prejudice when one is read as transgender.**
- **Feelings about having to experience surgeries, hormones, (and for MTF transsexuals) facial hair removal and voice changes.**
- **Frustration of having to change or explain legal documents (drivers license, passport, titles to property, diplomas, etc)**

Deciding not to Transition

When one decides not to transition, this is a perfectly valid choice for people to make (Not everyone is able to or wants to transition). However, these individuals must learn to cope with the tension that the gender dysphoria produces. Sometimes, this can be supported by having times when one can cross-dress, interact with

others who are aware of one's status, talk about the issue, and take low-levels of hormones.

Sexual Activities of Transgender Persons

TGs may be straight, lesbian, gay, bisexual, or asexual, just as non trans gender people can be. Some recent research has shown that a change or a new exploration period in partner attraction may occur during the process of transition. However, TG people usually remain as attached to loved ones after transition as they were before transition. TG people usually label their sexual orientation using their gender as a reference.

Transgender Surgery (Gender Reassignment Surgery)

Sex reassignment surgery or genital reconstruction surgery, (sex realignment surgery) is the surgical procedure (or procedures) by which a transgender person's physical appearance and function of their existing sexual characteristics are changed.

- **Sex reassignment surgery for male-to-female -** It involves reshaping the male genitals into a form with the appearance of, and, as far as possible, the function of female genitalia. Prior to any surgeries, patients usually undergo hormone replacement therapy, and, depending on the age at which HRT begins, facial hair removal. There are associated surgeries patients may elect to, including facial feminization surgery, breast augmentation, and various other procedures.
- **Sex reassignment surgery for female to-male -** Sex reassignment surgery from female to male includes a variety of surgical procedures for transgender men that alter female anatomical traits to provide physical traits more appropriate to the trans man's male identity and functioning. Many trans men, considering the option, do not opt for genital reassignment surgery; more frequent surgical options include bilateral mastectomy (removal of the breasts) and, chest contouring (providing a more typically male chest shape), and hysterectomy (the removal of internal sex organs).

Why Transgender Women and Men are being Left Behind

Transgender people also experience bullying and harassment at school, which, apart from the physical and psychological effects, can undermine learning opportunities and educational achievement, thus affecting their future employment prospects.

They face:

- Family rejection and violation of the right to education and employment
- Violence, criminalization and transphobia

- Lack of recognition of gender identity
- Discrimination in health systems

Many TG people experience social exclusion and marginalization because of the way they express their gender identity. Many TG people lack legal recognition of their affirmed gender and therefore are without identification papers that reflect who they are. TGs are vulnerable to be arrested in the countries where cross-dressing is being criminalized. Without official documents that recognize their gender identity, TG people can be denied access to basic rights, including the right to health, education and social welfare, resulting in a detrimental effect on their health and well-being. TG people remain severely underserved in the response to HIV, with only 39% of countries reporting in the National Commitment and Policy.

Cisgender

The term Cisgender is used to describe people who are not transgender. Cis is a Latin word.

Gender Non-Conforming

Not all gender non confirming people are transgender persons. This is used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity.

Beach Boys

The term “Beach Boys” refers to males who cruise in and around beach areas, and associate with tourists as guides, animators or provides of any form of gratification including incentive and receptive sex (homosexual, heterosexual or bisexual orientation). They do not resist association with tourists.

Prison Inmates and Other Closed Settings:

A Prison Inmate is defined as a person who is incarcerated or detained in any institution due to being accused of, convicted of or sentenced for violation of the criminal law. There are many different terms used to denote places of detention, which hold people who are awaiting trial, who have been convicted or who are subjected to other conditions of security.

Key Populations Remain at Much Higher Risk of HIV Infection. Recent Evidence Suggest that:

- **People who inject drugs are 24 times more likely to acquire HIV than adults in the general population**
- **Sex workers are 10 times more likely to acquire HIV**
- **Gay men and other men who have sex with men are 24 times more likely to acquire HIV.**
- **Transgender people are 49 times more likely to be living with HIV and prisoners are five times more likely to be living with HIV than adults in the general population.**

These key population groups are at risk to acquire HIV infection due to vulnerability components:

Reasons for MSM being at Higher Risk to Acquire HIV Infection

- One major reason for high vulnerability to HIV among MSM is that unprotected anal sex carries a higher risk of transmission than vaginal sex. This is because the walls of the anus are thinner and more easily torn, creating an entry point for HIV into the bloodstream.
- Having a sexually transmitted infection (STI) also makes a person more susceptible to HIV infection. Having multiple sexual partners is more common among this community, and many do not use condoms consistently.
- Legal restrictions too affect the rights of men who have sex with men. Therefore MSM are less likely to access HIV services for fear of their sexual orientation and identity being revealed.
- Men who have sex with men have experienced homophobic stigma, discrimination and violence. This drives MSM to hide their identity and sexual orientation. Many fear a negative reaction from healthcare workers. As a result, men who have sex with men are less likely to access HIV services and are more likely to experience depression due to social isolation and disconnect from health systems as well. This can make it harder to cope with aspects of HIV such as adherence to medication.

- There were 42 countries including Sri Lanka where state policies are against same sexual behaviours.

Reasons for Sex Workers being at Higher Risk to Acquire HIV Infection

- Generally, sex workers have comparatively higher numbers of sexual partners compared to the general population. This will put them at higher risk of acquiring HIV infection.
- Sometimes, sex workers have no access to get condoms, or are not sensitized about the importance of using condoms. Some sex workers are simply powerless to negotiate safer sex. Clients may refuse to pay for sex if they have to use a condom, and use intimidation or violence to force unprotected sex. They may also offer more money for unprotected sex that can be hard to refuse.
- Sex workers are often stigmatized, marginalized and criminalized by the societies in which they live and these factors that contribute to their vulnerability to HIV.
- Sex workers who inject drugs and share needles are at a particularly high risk for HIV infection.

Reasons for Injecting Drug Users being at Higher Risk to Acquire HIV Infection

- Sterile syringes are not always readily available, especially in countries with no/ low needle and syringe programmes.
- A lack of awareness or education about safe injecting is another major reason for sharing needles.
- Other possible reasons are that it is a social and cultural norm, and that it can act as a form of bonding.
- Criminalization reinforces the marginalization of people who inject drugs while also discouraging them from accessing harm reduction and other healthcare services.
- Between 56% and 90% of drug users have been imprisoned at some point in their life. There are significant gaps in prevention, treatment and harm reduction services in many prisons around the world.

Reasons For Beach Boys being at Higher Risk to Acquire HIV Infection

- One major reason for high vulnerability to HIV among beach boys who practise MSM activies is that unprotected anal sex carries a higher risk of transmission

than vaginal sex. This is because the walls of the anus are thin and more easily torn, creating an entry point for HIV into the bloodstream.

- Sometimes beach boys sell sex while working for foreigners.
- Sometimes beach boys are simply powerless to negotiate safer sex.

Reasons for Prisoners being at Higher Risk to Acquire HIV Infection

- Prisons are frequently overcrowded. They commonly operate in an atmosphere of violence and fear. Tension along with the frustration can always drive prison inmates for consumption of drugs or high risk sexual behaviours.
- Within prisons it is difficult to obtain clean injecting equipment. Possessing a needle is often a punishable offence and therefore many people share the equipment that has not been sterilized between uses.
- In many prison setups, condoms are not available.
- Punitive laws lead to the incarceration of people living with HIV and other key population groups who are disproportionately represented in prisons worldwide as a result.

Reasons for Transgender Populations being at Higher Risk to Acquire HIV Infection

- Many TG populations experience high levels of stigma, discrimination, gender based violence, abuse, marginalisation and social exclusion. This leads to poor health and wellbeing of TG, and puts them at higher risk of HIV.
- TG populations are more likely to engage in high-risk sexual activities.
- Stigma and discrimination, leading to low self-esteem and disempowerment, can make it harder for TG population to insist on condom use.
- Condom use is often controlled by the incentive sexual partner, so many transgender women who have sex with men can feel unable to instigate condom use.

Overlapping social, cultural, legal and economic factors, contribute to pushing transgender people to society's margins. TG people are more likely to have dropped out of education and have to move away from family and friends. They also face workplace discrimination limiting their educational and economic opportunities. They can encounter problems in accessing daily needs and services and even public spaces. These challenges are exacerbated by the lack of legal recognition of their gender and the absence of anti-discrimination laws that explicitly include transgender people.

Preventing Challenges of Key Population Groups

Many cultural, socioeconomic, and health-related factors contribute to diagnose and prevent challenges in key population communities.

- **Sexual behaviours and factors that may contribute to the high risk of HIV infection**

High levels of HIV risk behaviours have been reported among key population groups. Risky behaviours among key population groups include receptive anal sex without a condom or medicines to prevent HIV, a high prevalence of HIV in sexual networks, sex with multiple partners, and exchanging sex for drugs or money.

- **Other factors that contribute to high rates of HIV**

These include drug and alcohol abuse, mental health disorders, incarceration, homelessness, unemployment, lack of familial support, violence, stigma, discrimination, limited health care access, and negative health care encounters.

- **Many key population groups face social rejection and marginalization**

The issue of social rejection and maginalization keeps key population groups away from normal social life. Lack of legal recognition of gender identity can result in the denial of educational, employment, and housing opportunities. Some transgender people, who experience poverty, rely on sex work to meet their basic survival needs.

- **Insensitivity to key population groups can be a barrier**

The proportion of HIV positives among key populations seeking quality treatment and care services are low. Research shows that many people belonging to key populations with diagnosed HIV infection are less likely to be on antiretroviral therapy (ART) or achieve viral suppression. Furthermore, only a few health care providers receive adequate training or are knowledgeable about key population health issues and their unique needs.

- **Health care provider insensitivity for key population groups**

This will lead to a barrier for accessing for health services.

- **Discrimination and social stigma**

Access to education, employment, and housing opportunities are limited among key populations due to stigma and discrimination.

- **Harmful gender norms**

Some of the harmful gender norms which contribute to low status of women in a society can increase their vulnerability towards HIV acquisition. This is also true for norms that hinder men from assuming their share of the burden of care or from seeking information, treatment and support.

Enabling Environment and Empowerment for Key Populations

Creating an enabling environment is quite essential for key populations to increase access to health care. There are different kinds of enabling environments in the context of HIV. For instance, an enabling legal environment would not only have laws and policies against discrimination on the basis of sex, health status (including HIV status), age, disability, social status, sexual orientation, gender identity and other relevant grounds, but also they would be enforced. In such an environment, people would also have access to justice—that is, a process and remedy if they are aggrieved. An enabling social environment is one in which social protection strategies (e.g. economic empowerment) are in place, and where social norms support knowledge, awareness and healthy behaviour choices.

The societal attitudes are very important when key populations come for services.

Key populations are not to be left behind in the global HIV/AIDS response and it must be ensured that specific barriers are addressed. These include acceptance of human rights without distinction and systematic and rigorous measurements as well as monitoring of stigma and discrimination. Furthermore, mitigated access to quality services for key populations; availability of disaggregated data by key populations; and focus on improving the capacity of key populations-led, community-based organizations not only to advocate for changes in policies but also to directly implement services.

UNAIDS recommends that decriminalization of sex work is important. Decriminalization of sex work means addressing human rights violations against sex workers and enabling them to make use of HIV services and be a part of HIV responses. Criminalization impedes the work and dignity of sex workers in countless ways, including fundamentally threatening their relationships with family members (who may be criminalized for living from the earnings of sex work), keeping them from having basic financial services such as bank accounts and insurance, and undermining their right to organize and assemble.

Empowerment of KPs is another important factor for key populations to come for services, negotiate for protection, make decisions for sex and seek justice when necessary. Empowerment is the action taken to overcome the obstacles of structural inequality that have placed people, especially women, in a disadvantaged position. Social and economic empowerment is a goal and a process aimed at mobilizing people to respond to discrimination and marginalization, achieve equality of welfare and equal access to resources, and become involved in decision-making at the domestic, local and national levels.

Foundation of the empowerment can be achieved by age appropriate comprehensive sexuality education in the school system for the society including key populations. Sexuality education is defined as “an age-appropriate, relevant approach of teaching about sex and relationships by providing scientifically accurate, realistic and non-

judgmental information." Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality.

Sri Lankan Situation of Key Population Groups

Sex Workers in Sri Lanka

According to the National level estimation in 2013, there was an average of 14,312 FSW in Sri Lanka. Out of these sex workers, 51% were residing in the Western Province, while the district of Colombo accounted for 44% of the total. As pointed out in the HIV Sentinel Sero-Surveillance, the prevalence of HIV among sex workers was less than 0.2% over the last 10 year period. The IBBS 2014 detected an aggregated prevalence of 0.81% across the three district samples, with 1% prevalence in the capital Colombo. The percentage use of condoms at last act of sex with a client was 93%, and an equally high percentage of 90% was revealed with non-paying partners. Average number of clients per day was 2.1 clients.

Regional Sex Worker Study had been carried out under the theme " Sex Work and Violence in Colombo, Sri Lanka: Understanding Factors for Safety and Protection", among 30 sex workers in 2013. The in-depth interviews among sex workers revealed a strong link between the violence and the risk of HIV infection. In particular, violence affects the sex workers' abilities to negotiate condom use. Nearly all the cases affected with sexual violence reported that they had sex without a condom, clearly illustrating that violence increases the sex workers' risk of contracting or transmitting STIs/HIV. Rape may lead to abrasions and tears, which increases the likelihood of HIV transmission.

Furthermore, the majority of respondents pointed out that the police searched for condoms while questioning them, and arrested them, granting condoms as evidence of sex work. Unfortunately, the study has not identified the exact time period of the event.

Evidence from the NGO sector shows that, using condom possession to prove sex work by police has decreased during the recent past, following the NSACP interventions to the Police sector. From 2010, National STD/AIDS Control programme has been conducting three day training programmes for master trainers in the police, to facilitate a conducive environment for sex workers.

Several unpublished data & Department of Police data show that there is a decrease in the incidence of harassment of sex workers due to possession of condoms at present, except the arrests that had been made under the vagrants ordinance.

Men Who Have Sex with Men in Sri Lanka

According to the National estimates in 2013, there are 7,551 MSM in the country as shown in the HIV Sentinel Sero-Surveillance. HIV prevalence among this group of people was 0% in 2008, 0.48% in 2009 and 0.9% in 2011. The IBBS 2014 detected an aggregated prevalence of 0.88% across the three district samples, with 1.2% prevalence in the capital Colombo. The percentage of men reporting the use of a condom at the last anal sex encounter with a male partner was 58 %. A majority of MSM were having concurrent sex with women. For these bisexual men, their condom usage was lower with women (50%). The 2014 IBBS found that 4% of FSWs and 3% of MSM refused health services due to their unwillingness to be identified as FSWs or MSM.

People Who Use Drugs in Sri Lanka

According to the national estimate, there was an average of 17,459 drug users in Sri Lanka in 2013, and it is estimated that there are 423 IDUs (Injecting Drug Users) in the country on a given peak day. Although needle exchange and substitution therapy are not available for IDUs in Sri Lanka, drug users receive a comprehensive sexual health package through the GFATM project. According to the IBBS 2014, the percentage of injecting drug users reporting the use of a condom at the last anal sex encounter with a male partner was 25 %**.**

Harm reduction programmes are evidence based interventions that aim to reduce negative health consequences to people who use drugs.

The term harm reduction refers to a comprehensive package of policies, programmes and approaches that seek to reduce the harmful health, social and economic consequences associated with the use of psychoactive substances. The elements in the harm reduction package are as follows:

- Needle and syringe programmes
- Opioid substitution therapy
- HIV testing and counselling
- HIV care and antiretroviral therapy for people who inject drugs
- Prevention of sexual transmission; outreach (information, education and communication for people who inject drugs and their sexual partners); viral hepatitis diagnosis, treatment and vaccination (where applicable); and tuberculosis prevention, diagnosis and treatment. For example, people who inject drugs are vulnerable to bloodborne infections (such as HIV) if they use non-sterile injecting equipment. Therefore, ensuring adequate supplies of sterile needles and syringes is a harm reduction measure that helps to reduce the risk of blood-borne infections.

- Sri Lanka has still not implemented the Needle and syringe programmes and opioid substitution therapy and this will be piloted in near future.

Beach Boys in Sri Lanka

Beach Boys are a group of males, either homosexual, heterosexual, or bisexual, who function as tourist guides in an unofficial manner (not registered in the Tourist Board). The national size estimation of 2013 revealed that an average of 1,314 beach boys were present in and around coastal areas in the country on a given peak day. They are mostly found in selected coastal areaswhere tourists aggregate, mainly in 2 districts, Galle in the Southern Province and Amapara in the Eastern province, accounting for 44% of the total. Over 80% of BB could be reached in 5 districts in 3 Provinces **.**

According to the IBBS 2014, condom use at the last casual sex act among BB was fairly high (70%), even though consistent condom use was very low at 35%. Condom use at the last sexual act with a tourist was also fairly high (67%). The main reason cited for not using condoms was lack of availability of condoms. With respect to the sex work, 28% of BB reported receiving money in exchange for sex, and 22% reported giving money in exchange for sex. Interestingly, condom use at last sex act was much lower for those receiving money (50%), than for those who gave money (62%), both of which were lower than condom use at the last casual sex act **.**

Table 1- Intervention Accessible Key populations in Sri Lanka - 2013

Key Group	FSW	MSM	DU	IDU	Beach Boys
Average population estimated	**14,132**	**7,551**	**17,459**	**423**	**1,314**
Maximum population estimated	**15,935**	**8,554**	**19,542**	**NS**	**1,486**
Minimum population estimated	**12,329**	**6,547**	**15,338**	**NS**	**1,142**

source: National Size Estimation of MARPs for HIV in Sri Lanka, 2013

Transgender Population in Sri Lanka

It is difficult to accurately estimate the number of transgender people, mostly because there are no population studies that accurately and completely account for the range of gender identity and gender expression. Globally it has been estimated 0.1% to 1.1% of reproductive age adults belong to the transgender population.

There was no national size estimation of transgender and transsexual people in Sri Lanka. The need has been identified and it is planned to be carried out in the near future.

Sri Lanka does not implement a separate HIV prevention package for the transgender community and it has been combined with the MSM comprehensive health care package.

Prison Population in Sri Lanka

Sri Lankan prison inmates are having risks and vulnerabilities for HIV due to presence of unprotected male-male sex and large number of drug related offenders among them. Nearly 114,000 prisoners enter Sri Lankan prisons annually, and at any given point of time there are about 18,000 prison inmates in island wide prisons in year 2015.

HIV prevention activities in prisons Island-wide include advocacy and skill building programmes for rehabilitation officers and sexual health promotion for medical staff and welfare officers. Trained rehabilitation officers educate prison inmates as peer educators (PE). The PE are carrying out both formal and informal education sessions for inmates and promote HIV testing. Prison inmates voluntarily participate for HIV testing after peer educator's discussions. Thirty mobile clinics are conducted Island-wide within the prison setup with the help of local STD clinics. HIV testing is carried out through 30 mobile clinics on a monthly basis since 2012. The sero -prevalence rate of HIV positive cases among prison inmates in year 2014 was 0.03 %. Distribution of condoms is not permitted within the prison setup.

Comprehensive Sexual Healthcare Package for Key Populations in Sri Lanka

Prevention of HIV infection and STIs among KPs has been recognized in the National HIV Strategic Plan (2013-2017). In addition to that, the New Funding model of the GFATM project (2016-2018) includes interventions for all groups of KPs namely, FSWs, MSM, DU and BBs. NSACP is the Principal Recipient 1 (PR1) of the project grant, while the Family Planning Association of Sri Lanka is the Principal Recipient 2 (PR2). Development of the National HIV Strategic Plan (2013-2017) and the development of the new funding model of Sri Lanka allowed the KPs for active participation throughout the country dialogue and development process.

Family Planning Association of Sri Lanka (FPASL) is responsible for designing, implementing and monitoring the interventions to KPs, in technical partnership with PR 1. The principal recipient 2 carries out interventions for the key populations. It is linked to the Sub-recipients and Sub-sub recipients to reach the KPs, and the majority of interventions are targeted for them. Interventions for Key affected populations are received through the peer leader intervention model. All the key affected population groups, namely, FSW, MSM, DU and BBs, receive an equal sexual health

service package and the number of peers to be reached is different for each group. The FPASL has produced a procedure manual for the implementation of GFATM project activities, and this includes guidelines for providing sexual health services for MSM, sex workers and their clients, beach boys, and drug users. Therefore, guiding principles have been developed to carry out their efforts according to the standard procedures spelt out at the outset, to minimize misunderstandings and performance gaps**.**

WHO recommended Comprehensive Service Package for Key Populations

A combination of interventions is required to respond effectively to HIV among key populations.

a) Essential health sector interventions

1. Comprehensive condom and lubricant programming
2. Harm reduction interventions for substance use (in particular needle and syringe programmes and opioid substitution therapy)
3. Behavioural interventions
4. HIV testing and counselling
5. HIV treatment and care
6. Prevention and management of co-infections and other co-morbidities, including viral hepatitis, tuberculosis and mental health conditions.
7. Sexual and reproductive health interventions

b) Essential strategies for an enabling environment

1. Supportive legislation, policy and financial commitment, including decriminalization of certain behaviours of key populations
2. Addressing stigma and discrimination, including making health services available, accessible and acceptable
3. Community empowerment
4. Addressing violence against people from key populations

The Comprehensive Sexual Health Package for Key Populations in Sri Lanka

• Identify and register FSW, MSM, DU and beach boys

• Conduct pocket meetings/support group meetings to provide basic information on HIV/STI

• Provide information on HIV prevention services

• Provide information on HIV testing services

• Provide information about HIV treatment services

• Condom demonstration

• Condom distribution

• Escort to the STD clinics

Environment in the Legal Framework in the Sri Lankan Penal Code

Laws and regulations

Sri Lanka has adequate laws on protecting the fundamental rights of the citizens. In addition to that, Sri Lanka is a signatory to several international conventions relevant to People living with HIV including key populations. The International Covenant on Civil and Political Rights (ICCPR) and the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) are some of the international conventions. Also, the National AIDS Policy addresses human rights issues of People living with HIV including key populations. This rights based approach of dealing with HIV could be strengthened by including a statement affirming the rights of LGBTs and FSWs. This can be considered a significant omission as the provisions in the penal code and the Vagrants Ordinance can be considered as infringing the rights of these people.

Following legal restrictions are described according to the present constitution of Sri Lanka (1979) with some amendments later.

Vagrants Ordinance (1841)

According to the Sri Lankan Law, sex in private is not an offence. Adultery is also not a criminal offence, whereas, it is a marital offence. Adultery means the spouse practices sexual activities with another person besides his or her legal partner. There is no specific legal offence for sex work in private. However, many facets of sex work are prohibited under three ordinances, which were introduced during the British colonial rule: the Vagrants Ordinance, the Brothels Ordinance and the

Houses of Detention Ordinance. The section 7 of the vagrants ordinance which was introduced in 1841, indicates that any person in or about any public place soliciting any person for the purpose of the commission of any act of illicit sexual intercourse or indecency, whether with the person soliciting or with any other person, whether specified or not, shall be guilty of an offence, and shall be liable on summary conviction to imprisonment of either description for a period not exceeding six months, or to a fine not exceeding one hundred rupees, or to both.

Brothels Ordinance (1889)

The Brothels Ordinance was introduced in 1889, forty eight years after the enactment of the Vagrants ordinance. Under the section 2, it indicates that "Any person who keeps or manages or acts or assists in the management of a brothel; or being the tenant, lessee, occupier or owner of any premises, knowingly permits such premises or any part thereof to be used as a brothel, or for the purpose of habitual prostitution, shall be guilty of an offence". The Houses of Detention Ordinance allows for the placement of convicted vagrants into rehabilitation facilities run by the Ministry of Social Services, rather than into prisons.

In the past, there was an instance of arrest of a woman with condoms in a public place, by mistake. But, possession of a condom does not illustrate commission of any offence. Condoms are considered as medical devices and not as tools to prove sex work. Condoms are listed as medical devices in the essential drug list of the Ministry of Health. However, some officers misinterpret the vagrants ordinance and 365 A laws and believe that condoms should not be distributed as they promote homosexuality which is illegal. Another example is where, a few years back, the police often considered condoms as a proxy for sex work, and used condoms as evidence to arrest FSWs or venue owners who distributed condoms. These unlawful arrests were reduced by continuous advocacy and conducting master training programmes by NSACP for Police officers island-wide, on prevention of HIV infection among KPs. However, sex workers who were arrested under the vagrants ordinance often claim that they got caught because of condoms. Recent evidence showed that this type of arrests have been reduced after advocacy and master training programmes conducted by the NSACP.

Penal Code 365 A (1995)

Same-sex sexual activity is criminalized under the article 365 of the Penal Code. This was first introduced during the British colonial rule, in tandem with the introduction of the British family law system of marriage, divorce, property and inheritance laws. The Penal Code (Amendment) Act No. 22 of 1995 changed the rape and sexual harassment laws, introduced incest, child sexual exploitation and trafficking into the Penal Code and raised the age of sexual consent. It also changed the language in the article 365 A, making "gross indecency between male persons" gender neutral, thus extending the law against same-sex sexual activity to women.

Need of a Human Rights - Based Approach

A human rights-based approach is a conceptual framework for the HIV response that is grounded in international human rights norms and principles, both in terms of process (e.g. right to participation, equality and accountability) and outcome (e.g. rights to health, life and scientific progress). HRBA addresses discriminatory practices and unjust distributions of power that impede progress in the HIV response by strengthening the capacities of rights-holders to claim their rights and the ability of duty-bearers to meet their obligations.

Sri Lanka needs a human rights-based approach for key population groups to access for treatment and retaliation in treatment to achieve 90 -90- 90 targets by 2020.

Evidence-informed and human rights-based prevention programmes for key populations, including dedicated services, community mobilization and empowerment have been identified to achieve less than 500,000 new HIV infections by 2020.

WHO Recommendations for Key Populations in Health Sector Interventions

HIV prevention	
1	The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and sexually transmitted infections (STIs).
2	Among men who have sex with men, pre-exposure prophylaxis (PrEP) is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package. NEW RECOMMENDATION
3	Where sero-discordant couples can be identified and where additional HIV prevention choices for them are needed, daily oral PrEP (specifically tenofovir or the combination of tenofovir and emtricitabine) may be considered as a possible additional intervention for the uninfected partner.
4	Post-exposure prophylaxis (PEP) should be available to all eligible people from key populations on a voluntary basis after possible exposure to HIV.
5	Voluntary medical male circumcision (VMMC) is recommended as an additional important strategy for the prevention of heterosexually acquired HIV infection in men, particularly in settings with hyperendemic and generalized HIV epidemics and low prevalence of male circumcision.

Harm reduction	
1	All people from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes.
2	All people from key populations who are dependent on opioids should be offered and have access to opioid substitution therapy in keeping with WHO guidelines.
3	All people from key populations with harmful alcohol or other substance use should have access to evidence-based interventions, including brief psychosocial interventions involving assessment, specific feedback and advice.
4	People likely to witness an opioid overdose should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose. NEW RECOMMENDATION
HIV testing and counselling (HTC)	
	Voluntary HTC should be routinely offered to all key populations both in the community and in clinical settings. Community-based HIV testing and counselling for key populations, linked to prevention, care and treatment services, is recommended, in addition to provider-initiated testing and counselling.
HIV treatment and care	
1	Key populations living with HIV should have the same access to Antiretroviral Therapy (ART) and to ART management as other populations.
2	All pregnant women from key populations should have the same access to services for prevention of mother-to-child transmission of HIV (PMTCT) and follow the same recommendations as women in other populations.
Prevention and management of co-infections and co-morbidities	
1	Key populations should have the same access to tuberculosis prevention, screening and treatment services as other populations at risk of or living with HIV.
2	Key populations should have the same access to hepatitis B and C prevention, screening and treatment services as other populations at risk of or living with HIV.

3	Routine screening and management of mental health disorders (depression and psychosocial stress) should be provided for people from key populations living with HIV in order to optimize health outcomes and improve their adherence to ART. Management can range from co-counselling for HIV and depression to appropriate medical therapies.
Sexual and reproductive health	
1	Screening, diagnosis and treatment of sexually transmitted infections should be offered routinely as part of comprehensive HIV prevention and care for key populations.
2	People from key populations, including those living with HIV, should be able to experience full, pleasurable sex lives and have access to a range of reproductive options.
3	Abortion laws and services should protect the health and human rights of all women, including those from key populations.
4	It is important to offer cervical cancer screening to all women from key populations, as indicated in the WHO 2013 cervical cancer screening guidelines.
5	It is important that all women from key populations have the same support and access to services related to conception and pregnancy care, as indicated by WHO guidelines, as women from other populations.
Critical Enablers	
1	Laws, policies and practices should be reviewed and revised where necessary, and countries should work towards decriminalization of behaviours such as drug use/injecting, sex work, same-sex activity and non-conforming gender identity and towards elimination of the unjust application of civil law and regulations against people who use/inject drugs, sex workers, men who have sex with men and transgender people.
2	Countries should work towards implementing and enforcing anti-discrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations.
3	Health services should be made available, accessible and acceptable to key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.

4	Programmes should work towards implementing a package of interventions to enhance community empowerment among key populations.
5	Violence against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations should be monitored and reported.

Gap Report - UNAIDS 2016

Gap Report - UNAIDS 2016 has identified five pillars for achieving less than 500 000 new infections by 2020. One of the key pillars is key population intervention to achieve 2020 targets.

Getting back on track to reducing new infections to 500 000 by 2020 requires continued progress towards the 90–90–90 target and intensive focus on: **five prevention pillars delivered through a people-centred, combination approach:**

1. Combination prevention, including comprehensive sexuality education, economic empowerment and access to sexual and reproductive health services for young women and adolescent girls and their male partners in high-prevalence locations.
2. Evidence-informed and human rights-based prevention programmes for key populations, including dedicated services and community mobilization and empowerment.
3. Strengthened national condom programmes, including procurement, distribution, social marketing, private-sector sales and demand creation.
4. Pre-exposure prophylaxis for population groups at higher risk of HIV infection.
5. Voluntary medical male circumcision in priority countries that have high levels of HIV prevalence and low levels of male circumcision, as part of wider sexual and reproductive health service provision for boys and men.

"Failure To Provide Services To The People Who Are At Greatest Risk Of HIV Jeopardizes Further Progress Against The Global Epidemic And Threatens The Health And Well-Being Of Individuals, Their Families And The Broader Community."

Gottfried Hirnschall, Director of the HIV Department at the World Health Organization

Between 40% and 50% of all new HIV infections among adults worldwide occur among people from key populations and their immediate partners.

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Contents

Abbreviations

DU	Drug Users
FTM	Female to Male
HRT	Hormone Replacement Therapy
HRBA	Human Rights-Based Approach
HTC	HIV Testing and Counselling
IBBS	Integrated Biological and Behavioural Surveillance
IDU	Injecting Drug Users
KP	Key Populations
LGBT	Lesbian Gay Bisexual Transgender
MSM	Men who have Sex with Men
MTF	Male to Female
PR	Principal Recipient
SW	Sex Workers
TG	Transgender people

Glossary

Biphobia	Biphobia is a source of discrimination against bisexual people, and may be based on negative bisexual stereotypes or irrational fear.
Bisexual	Having emotional, romantic, or sexual attractions to both men and women.
Cisgender	The term Cisgender is used to describe people who are not transgender. Cis is a Latin word.
Cross - dressing people	Cross-dressing is the act of wearing items of clothing and other accoutrements commonly associated with the opposite sex within a particular society.
Femininity	A set of attributes, behaviours, and roles generally associated with girls and women.
Gender	Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for boys and men or girls and women. Societies decide which resources men and women can access jointly or separately, the work they can perform, the clothes they wear, and the knowledge they are allowed to acquire, as well as how they acquire and use it. Gender is about relationships that may change over time and place. These influence the ways that people act, interact, and feel about themselves. While aspects of biological sex are similar across different cultures, aspects of gender may differ. Gender depends on the attitude of the people and where they live.
Gender Expression/ Presentation	The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. (typically referred to as masculine or feminine). Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender nonconforming gender expression may or may not be transgender.
Gender Identity	One's internal sense of being male, female, neither of these, both, or other gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their gender identity are not necessarily the same.

Gender Non-Conforming	Not all gender non-confirming people are transgender persons. This is used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity.
Genderqueer (Trans Non Binary People)	Genderqueer (GQ), also termed non-binary or gender-expansive, is a catch all category for gender identities that are not exclusively masculine or feminine identities, which are thus outside of the gender binary and cisnormative gender binary and cinormative. Genderqueer people may identify as having an overlap of, or indefinite lines between, gender identity, having no gender or genderless and moving between genders or having a fluctuating gender.
Harmful gender norms	Harmful gender norms are social and cultural norms of gender that cause direct or indirect harm to women and men. Some examples are norms that contribute to women' s risk and vulnerability to HIV, or those that hinder men from assuming their share of the burden of care or from seeking information, treatment and support.
Heterosexual	Having emotional, romantic, or sexual attractions to members of the other sex
Homosexual	Having emotional, romantic, or sexual attractions to members of one's own sex
Human Rights-Based Approach	A human rights-based approach is a conceptual framework for the HIV response that is grounded in international human rights norms and principles, both in terms of process (e.g. right to participation, equality and accountability) and outcome (e.g. rights to health, life and scientific progress). HRBA addresses discriminatory practices and unjust distributions of power that impede progress in the HIV response by strengthening the capacities of rights-holders to claim their rights and the ability of duty-bearers to meet their obligations.
Homophobia	Homophobia is the fear or rejection of (or aversion to) homosexuals and/or homosexuality. This often takes the form of stigmatizing attitudes or discriminatory behaviour, and it occurs in many settings in all societies, often beginning as early as school.

Inter sex	Various conditions that lead to atypical development of physical sex characteristics are collectively referred to as intersex conditions. For information about people with intersex conditions.
Lesbian (women who have sex with women)	A lesbian is a woman attracted to other women. She may or may not be having sex with women, and a woman having sex with women may or may not be a lesbian. The term women who have sex with women should be used unless individuals or groups self - identify as lesbians. The term women who have sex with women (including adolescents and young women) includes not only women who self-identify as lesbian or homosexual and have sex only with other women, but also bisexual women and women who self -identify as heterosexual, but who have sex with other women. People should never be referred to as an abbreviation, such as WSW (for women who have sex with women), since this is dehumanizing. Rather, the term should be written out in full, although abbreviations for population groups can be used in charts or graphs where brevity is required.
Key Populations	Key Populations have the highest risk of contracting and transmitting HIV due to their behaviours.
Masculinities	Socially constructed definitions and perceived notions and ideals about how men should or are expected to behave in a given setting. Masculinities are configurations of practice structured by gender relations, and can change over time. Their making and remaking is a political process affecting the balance of interests in society and the direction of social change.
Sex Assigned at Birth	The assignment and classification of people as male, female, intersex, or another sex assigned at birth often based on physical anatomy at birth and/or karyotyping.
Sex	Sex is assigned at birth, refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

Sexual Orientation	A person's physical, romantic, emotional, aesthetic, and/or other form of attraction to others. In Western cultures, gender identity and sexual orientation are not the same. Trans people can be straight, bisexual, lesbian, gay, asexual, pansexual, queer, etc. just like anyone else. For example, a trans woman who is exclusively attracted to other women would often identify as lesbian.
Sexual Rights	Sexual rights embrace a human right that already is recognized in many national laws, international human rights documents and other consensus statements: the right of all persons to the highest attainable standard of sexual health, free of coercion, discrimination and violence. This includes the following: accessing sexual and reproductive health-care services; seeking, receiving and imparting information related to sexuality; obtaining sexuality education; enjoying respect for bodily integrity; choosing a partner; deciding to be sexually active or not; participating in consensual sexual relations; engaging in consensual marriage; determining whether or not (and when) to have children; and pursuing a satisfying, safe and pleasurable sexual life.
Transgender	Transgender is an umbrella term to describe people whose gender identity and expression does not conform to the norms and expectations traditionally associated with their sex at birth. Transgender people include individuals who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g. hormone therapy) and individuals who identify as having no gender, multiple genders or alternative genders. Transgender individuals may self-identify as transgender, female, male, transwoman or transman, transsexual, hijra, kathoey, waria or one of many other transgender identities, and they may express their genders in a variety of masculine, feminine and/or androgynous ways. Due to this diversity, it is important to learn and use positive local terms for transgender people, and to avoid derogatory terms.

Transphobia	Transphobia is fear and rejection of (or aversion towards) transgender people, often in the form of stigmatizing attitudes or discriminatory behaviour.
Trans man	A trans man is a transgender person who has been assigned female at birth but whose gender identity is that of a man.
Trans sexual	A person who Emotionally and Psychologically feels that they belong to the opposite sex.
Trans women	A trans man is a transgender person who has been assigned male at birth but whose gender identity is that of a female.

Ending the AIDS Epidemic by 2030

The world is committed to end the AIDS epidemic by 2030, as a part of the Sustainable Development Goals (SDG) with the support of all global partners. The Sustainable Development Goals are the Goals which adopted by the United Nations Member States unanimously in 2015. The lessons learnt in responding to HIV plays an instrumental role in the success of achieving many of the Sustainable Development Goals, notably Sustainable Development Goal three, good health and well-being, and the goals on gender equality and women's empowerment, reduced inequalities and enhance global partnerships and justice & peace in the societies. **Ending the AIDS epidemic by 2030 will include:**

- **Zero new HIV infections**
- **Zero discrimination**
- **Zero AIDS-related deaths**

Ending of the AIDS epidemic by 2030 requires countries to take a Fast-Track approach during the next five years. The approach has been planned according to UNAIDS 90–90–90 fast track targets, which are supposed to achieve by 2020. **These fast track tragets comprise of :**

- **90% of people (children, adolescents and adults) living with HIV knowing their HIV status:**
- **90% of people who know their HIV positive status are receiving treatment.**
- **90% of people on HIV treatment have a suppressed viral load so that their immune system remains strong and the likelihood of their infection being passed on is greatly reduced.**

In other words, Fast–Track response is planned to reach three milestones by 2020:

- Reduce new HIV infections to fewer than 500 000 globally by 2020.
- Reduce AIDS-related deaths to fewer than 500 000 globally by 2020.
- Eliminate HIV-related stigma and discrimination by 2020.

Global decision to reduce new infections to 500 000 by 2020 requires continued progress towards the 90–90–90 targets and intensive focus on a people-centred, combined approach.

Fast-Track Targets

by 2020	by 2030
90-90-90 Treatment	**95-95-95** Treatment
500 000 New infections among adults	**500 000** New infections among adults
ZERO Discrimination	**ZERO** Discrimination

Introduction of Key Population Groups

United Nations General Assembly prevention targets have identified that ensuring of 90% of people at risk of HIV infection, access comprehensive prevention services, including harm reduction, by 2020.

Within the response to AIDS, leaving no one behind is both a moral and a human rights imperative and a public health necessity. HIV-related vulnerabilities are influenced by inequalities and prejudices entrenched within the legal, social and economic structures of the society. Harmful cultural and social gender norms, criminalization of same-sex relationships, cross-dressing, sex work, drug use, and laws that require third party authorization for sexual and reproductive health services block HIV prevention and increase risky behaviours. Homophobia drives gay men and other men who have sex with men away from HIV testing and HIV prevention activities, and is associated with lower adherence to treatment.

Key populations (KPs) are the groups those who have a disproportionate burden of HIV in many settings. They frequently face legal and social challenges that increase their vulnerability to HIV, and barriers to access HIV prevention and treatment. **Key populations are named as:**

- **Sex workers (SW)**
- **Men who have sex with Men (MSM)**

- **People who inject drugs**
- **Transgender people.**
- **People in prisons and closed settings**

In addition to those groups, Beach boys (BB) also are recognized as a group of key population in Sri Lanka. In addition to the above main key populations, UNAIDS has included people living with HIV, and sero-negative partners in sero-discordant couples into this term.

Key populations show the highest risk of contracting and transmitting HIV due to many reasons, yet mainly due to risk behaviours. Epidemiologically, the KPs face increased risk, vulnerability and/or burden to acquire HIV infection due to a combination of biological, socioeconomic and structural factors. Access to relevant services is significantly lower in this group than in the rest of the population. In many low and middle-income countries, KPs show 15-25 percent higher HIV prevalence rates than that of the surrounding general populations.

Yet, they also have the least access to preventive services, care, and treatment services because their behaviours are often stigmatized, and even criminalized. Criminalization and stigmatization of same-sex relationships, transgender, sex work and people who use drugs lead to block the access to HIV prevention services and increase risky behaviours. Homophobia drives gay men and other men who have sex with men away from HIV testing and HIV prevention activities and is associated with lower adherence to treatment. Women in KPs face specific challenges and barriers, including violence and violations of their human rights. There can be no discrimination against anyone who belongs to KPs. All over the world, legal frameworks, social stigma, and discrimination have rendered these populations voiceless in the decision-making processes that affect their lives, including those related to HIV.

The human rights of members of KPs must be protected and everyone should be given the equal right to access quality healthcare services and be free from discrimination. Access to justice is particularly important for people from KPs. Interventions to reduce the burden of HIV among KPs must be respectful and acceptable to the recipients as well as appropriate and affordable to them. People from KPs require accurate health and treatment information which facilitates their decision-making process. Integrated service provision is needed to counteract the multiple co-morbidities and poor social situations experienced by many people from KPs.

It is important to have a clear understanding of the definitions of sex, gender and sexual orientation. It will be very helpful to understand key populations for HIV infection.

Sex

Sex is assigned at birth, refers to one's biological status as either male or female, and is associated primarily with physical attributes such as chromosomes, hormone prevalence, and external and internal anatomy.

Sex Assigned at Birth

The sex assignment and classification of people as male, female, intersex, or another sex assigned at birth, often based on physical anatomy at birth and/or karyotyping

Gender

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers as appropriate for boys and men or girls and women. Societies decide which, resources men and women can access jointly or separately, work they can perform, clothes they wear, and knowledge they are allowed to acquire, as well as how they acquire and use it. Gender is about relationships that may change over time and place.

It influences the ways that people act, interact, and feel about themselves. While aspects of biological sex are similar across different cultures, aspects of gender may differ. Gender depends on the attitude of the people accoding to the place they live in.

Gender Expression/Presentation

Gender Expression is defined as the physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, (which is typically referred to as masculine or feminine) and etc. Many transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth. Someone with a gender nonconforming gender expression, may or may not be transgender.

Gender Identity

Gender Identity is defined as one's internal sense of being male, female, neither of these, both, or other gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their gender identity are not necessarily be the same.

Masculinities

Socially constructed definitions and perceived notions and ideals about how men should or are expected to behave in a given setting. Masculinities are configurations of practice structured by gender relations, and can change over time. Their making

and remaking is a political process, affecting the balance of interests in society and the direction of the social change.

Femininity

Femininity is a set of attributes, behaviours, and roles generally associated with girls and women.

Intersex

Intersex is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn't seem to fit the typical definitions of female or male.

Sexual Orientation

Sexual orientation refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person's sense of identity based on those attractions, related behaviours, and membership in a community of others who share those attractions. Research over several decades has demonstrated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex. However sexual orientation is being divided into three categories;

1. **Heterosexual** (having emotional, romantic, or sexual attractions to members of the other sex)
2. **Homosexual** (having emotional, romantic, or sexual attractions to members of one's own sex)
3. **Bisexual** (having emotional, romantic, or sexual attractions to both men and women)

Sexual orientation is distinct from the other components of sex and gender, including biological sex (Anatomical, Physiological, genetical), gender identity and social gender role. There is no consensus among scientists about the exact reasons why an individual develops a heterosexual, bisexual, gay, or lesbian orientation. Although research have examined the possible genetic, hormonal, developmental, social, and cultural influences on sexual orientation, no finding has emerged that permits scientists to conclude that sexual orientation is determined by any particular factor or factors. Many think that nature and nurture both play complex roles; most people experience little or no sense of choice about their sexual orientation.

There are two main theories as to what causes homosexual attractions. One is a homosexual orientation is essentially dictated by genetic and or biological factors: put simply, that people are "born gay." The other theory is homosexual attractions develop as primarily as a result of psychological and environmental influences and early experiences.

Bisexuality

Research has found that some individuals who identify as bisexual, show patterns of sexual arousal (and sometimes patterns of sexual behavior) that appear to be predominantly heterosexual or homosexual, whereas some individuals who identify as heterosexual or homosexual show bisexual patterns of genital arousal, attraction, or behaviour.

There are two types of bisexualities:

a. Persistent bisexuality

b. Transitional bisexuality

Some individuals who are eventually identified as homosexual, temporarily adopt a bisexual identity before doing so. Men may adopt transitional bisexual identities in the process of trying to make sense of divergent parts of their current and previous attractions and histories, likely to the fact that they may have had emotionally satisfying romantic relationships with women despite feeling sexual attractions only towards men, or the fact that their previous heterosexual encounters may have been unsatisfying but not distasteful. Finally, some men may be initially identified as bisexual, because, they have bisexual patterns of attraction but, eventually, switch to a gay identity as most of their attractions and all of their sexual behaviours involve in men. Some individuals with homosexual patterns of attraction may identify as bisexual because they perceive it to be an easier transition to make than a direct transition to homosexual, while some individuals with bisexual patterns of attraction may be identified as homosexual, because, they are aware that some members of the gay community view bisexuals as untrustworthy, closeted, or promiscuous.

Factors Affecting Bisexuality/Homosexuality

a. The sexual choice of the individual

b. Political attitudes about homosexuality and beliefs in the society / culture

c. Genetic factors

d. Hormonal

Understanding Key Populations

Men who have Sex with Men

Men who have sex with men refers to all men who engage in sexual and/or romantic relations with other men regardless of their sexual identity or sexual orientation, and irrespective of whether they also have sex with women or not.

Homophobia

Homophobia is the fear or rejection of (or aversion to) homosexuals and/or homosexuality. This often takes the form of stigmatizing attitudes or discriminatory behaviours, and it occurs in many settings in all societies, often beginning as early as school days.

Biphobia

Biphobia is a source of discrimination against bisexual people, and may be based on negative bisexual stereotypes or irrational fear.

Sex Workers

The term Sex Workers(SW) refers to “females or males who are selling sex in exchange of money or goods, in an array of contexts or venues including the street, lodges/hotels, brothels, massage parlours, karaoke bars/nightclubs, or homes”.

SWs include female, male and transgender adults (18 years of age and above) who receive money or goods in exchange of sexual services, either regularly or occasionally. Sex work, is consensual sex between adults, can take many forms, and varies between and within countries and communities. The degree of sex work also varies to which it is more or less “formal”, or organized. As defined in the Convention on the Rights of the Child (CRC), children and adolescents under the age of 18 who exchange sex for money, goods or favours are “sexually exploited” and not defined as sex workers.

People who Inject Drugs

“People who inject drugs” refers to people who inject psychotropic (or psychoactive) substances for non-medical purposes. People who self-inject medicines for medical purposes – referred to as “therapeutic injection” – are not included in this definition. The definition also does not include individuals who self-inject non-psychotropic substances, such as steroids or other hormones, for body shaping or improving athletic performances. People who inject drugs are having a specific risk of transmission of HIV as they are sharing of blood-contaminated injection equipment, much of this guidance is relevant also for people who inject other substances.

Transgender

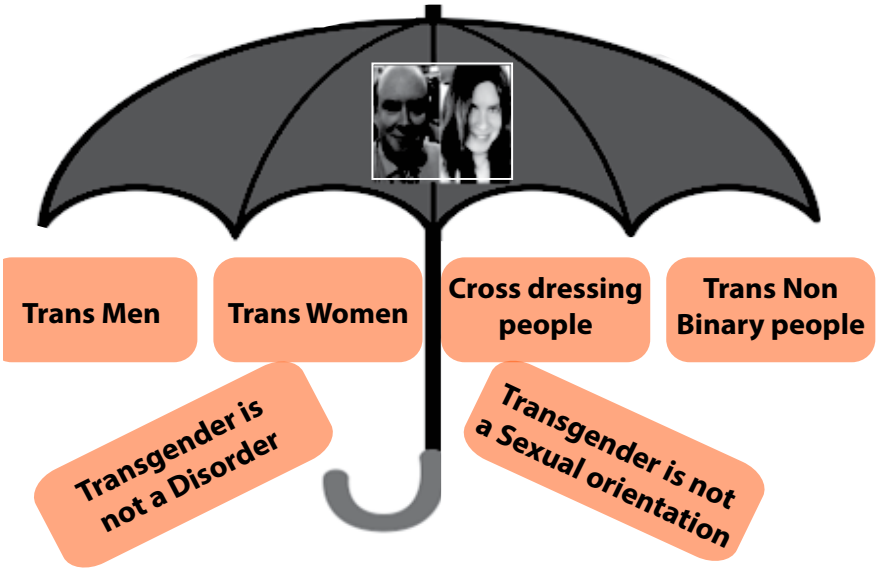
The term ‘‘transgender (TG)’’ refers to the people whose gender identity is different from their assigned sex. *Transgender* is also an umbrella term: in addition to including people whose gender identity is the opposite of their assigned sex (trans men and trans women), it may also include people who are not exclusively masculine or feminine (people who are genderqueer) and cross dressing people.

Gender identity refers to a person's internal sense of being male, female or someone else; gender expression refers to the way a person communicates gender identity to others through behaviour, clothing, hairstyles, voice or body characteristics.

People who identify as transgender or transsexual are usually people who are born with typical male or female anatomies but feel as though they have been born into the "wrong body." For example, a person who identifies as transgender or transsexual may have typical female anatomy but will feel like a male and seek to become a male by taking hormones or electing to have sex reassignment surgeries. Transsexual people alter or wish to alter their bodies through hormones, surgery, and other means to make their bodies as congruent as possible with their gender identities.

Trans or Transgender Umbrella

The term transgender refers to people whose gender identity is different from their assigned sex.



Trans Man

A trans man is a transgender person who has assigned female at birth but whose gender identity is that of a man.

Trans Woman

A trans man is a transgender person who has assigned male at birth but whose gender identity is that of a female.

Cross Dressing People

Cross-Dressing is the act of wearing items of clothing and other accoutrements commonly associated with the opposite sex within a particular society.

Genderqueer (Trans Non Binary People)

Genderqueer (GQ), also termed non-binary or gender-expansive, is a catch all category for gender identities that are not exclusively masculine or feminine identities which are thus outside of the gender binary and cisnormative gender binary and cisnormative. Genderqueer people may identify as having an overlap of, or indefinite lines between, gender identity, having no gender or genderless and moving between genders or having a fluctuating gender. They feel that their gender is neither fully male nor fully female.

Non-binary people may also identify as transgender and/or transsexual. The label genderqueer has a lot of overlap with non-binary, but non-binary is often seen as more politically correct, since queer is sometimes used as a transphobic insult.

Non-binary people may wish for transition so that their gender expression more closely reflects their internal identity. Many non-binary people wish to appear androgynous and adopt unisex names, gender-neutral titles such as Mx. and/or gender-neutral pronouns, but others prefer to express themselves in ways which are traditionally seen as masculine or feminine, or to mix aspects of the two. Non-binary people can have any sexual orientation, although if attracted primarily to a single gender they may prefer to use gender-terminology to express this, such as androsexual or gynosexual.

Trans Sexual

This process of transition through medical intervention is often referred to as sex or gender reassignment, but more recently it is also referred to as gender affirmation. People who were assigned female, but identify and live as male and alter or wish to alter their bodies through medical interventions to more closely resemble their gender identity are known as transsexual men or trans men (also known as female-to-male or FTM). Conversely, people who were assigned male, but identify and live as female and alter or wish to alter their bodies through medical interventions to more closely resemble their gender identity are known as transsexual women or trans women (also known as male-to-female or MTF).

Reasons for Transgender

There is no single explanation for the reason why some people are transgender. The diversity of transgender expression and experiences argues against any simple or unitary explanation.

- Many experts believe that biological factors such as genetic influences and prenatal hormone levels, early experiences, and experiences later in adolescence or adulthood may all contribute to the development of transgender identities.

Transition

Transgender people experience their transgender identity in a variety of ways and may become aware of their transgender identity at any age. Some can trace their transgender identities and feelings back to their earliest memories. They may have vague feelings of "not fitting in" with people of their assigned sex or specific wishes to change their assigned sex. Many TGs feel hardship during puberty, since the body begins to change and adapt gender specific features (breasts, changes in genitals, menses, etc.). TGs have reported "I was disgusted by (hair, breasts etc.)".

The period at which transition is decided can be Childhood, Puberty, Early Adulthood, Later Adulthood or it can be hidden in all stages of life. There can be isolation, hiding and secrets, which can lead to depression and anxiety among them. Adult TG people are much more likely to have suicidal thoughts, with 50% of adults reporting some suicidal ideation. This is a big part of the transgender Individuals' experience. Making decisions about transitioning, what level to transition to, or whether to attempt any transition at all are complicated decisions and require time and support. At the point of decision making, many things are unknown and it can be very stressful.

TG individuals who decide to transition to the other gender can encounter following emotional/psychological issues:

- **Fears about finding a partner**
- **Impact on family relationships with parents, children, partners and other relatives**
- **Impact on relationships at work and with friends.**
- **Fears about violence and prejudice when one is read as transgender.**
- **Feelings about having to experience surgeries, hormones, (and for MTF transsexuals) facial hair removal and voice changes.**
- **Frustration of having to change or explain legal documents (drivers license, passport, titles to property, diplomas, etc)**

Deciding not to Transition

When one decides not to transition, this is a perfectly valid choice for people to make (Not everyone is able to or wants to transition). However, these individuals must learn to cope with the tension that the gender dysphoria produces. Sometimes, this can be supported by having times when one can cross-dress, interact with

others who are aware of one's status, talk about the issue, and take low-levels of hormones.

Sexual Activities of Transgender Persons

TGs may be straight, lesbian, gay, bisexual, or asexual, just as non trans gender people can be. Some recent research has shown that a change or a new exploration period in partner attraction may occur during the process of transition. However, TG people usually remain as attached to loved ones after transition as they were before transition. TG people usually label their sexual orientation using their gender as a reference.

Transgender Surgery (Gender Reassignment Surgery)

Sex reassignment surgery or genital reconstruction surgery, (sex realignment surgery) is the surgical procedure (or procedures) by which a transgender person's physical appearance and function of their existing sexual characteristics are changed.

- **Sex reassignment surgery for male-to-female -** It involves reshaping the male genitals into a form with the appearance of, and, as far as possible, the function of female genitalia. Prior to any surgeries, patients usually undergo hormone replacement therapy, and, depending on the age at which HRT begins, facial hair removal. There are associated surgeries patients may elect to, including facial feminization surgery, breast augmentation, and various other procedures.
- **Sex reassignment surgery for female to-male -** Sex reassignment surgery from female to male includes a variety of surgical procedures for transgender men that alter female anatomical traits to provide physical traits more appropriate to the trans man's male identity and functioning. Many trans men, considering the option, do not opt for genital reassignment surgery; more frequent surgical options include bilateral mastectomy (removal of the breasts) and, chest contouring (providing a more typically male chest shape), and hysterectomy (the removal of internal sex organs).

Why Transgender Women and Men are being Left Behind

Transgender people also experience bullying and harassment at school, which, apart from the physical and psychological effects, can undermine learning opportunities and educational achievement, thus affecting their future employment prospects.

They face:

- Family rejection and violation of the right to education and employment
- Violence, criminalization and transphobia

- Lack of recognition of gender identity
- Discrimination in health systems

Many TG people experience social exclusion and marginalization because of the way they express their gender identity. Many TG people lack legal recognition of their affirmed gender and therefore are without identification papers that reflect who they are. TGs are vulnerable to be arrested in the countries where cross-dressing is being criminalized. Without official documents that recognize their gender identity, TG people can be denied access to basic rights, including the right to health, education and social welfare, resulting in a detrimental effect on their health and well-being. TG people remain severely underserved in the response to HIV, with only 39% of countries reporting in the National Commitment and Policy.

Cisgender

The term Cisgender is used to describe people who are not transgender. Cis is a Latin word.

Gender Non-Conforming

Not all gender non confirming people are transgender persons. This is used to describe some people whose gender expression is different from conventional expectations of masculinity and femininity.

Beach Boys

The term “Beach Boys” refers to males who cruise in and around beach areas, and associate with tourists as guides, animators or provides of any form of gratification including incentive and receptive sex (homosexual, heterosexual or bisexual orientation). They do not resist association with tourists.

Prison Inmates and Other Closed Settings:

A Prison Inmate is defined as a person who is incarcerated or detained in any institution due to being accused of, convicted of or sentenced for violation of the criminal law. There are many different terms used to denote places of detention, which hold people who are awaiting trial, who have been convicted or who are subjected to other conditions of security.

Key Populations Remain at Much Higher Risk of HIV Infection. Recent Evidence Suggest that:

- **People who inject drugs are 24 times more likely to acquire HIV than adults in the general population**
- **Sex workers are 10 times more likely to acquire HIV**
- **Gay men and other men who have sex with men are 24 times more likely to acquire HIV.**
- **Transgender people are 49 times more likely to be living with HIV and prisoners are five times more likely to be living with HIV than adults in the general population.**

These key population groups are at risk to acquire HIV infection due to vulnerability components:

Reasons for MSM being at Higher Risk to Acquire HIV Infection

- One major reason for high vulnerability to HIV among MSM is that unprotected anal sex carries a higher risk of transmission than vaginal sex. This is because the walls of the anus are thinner and more easily torn, creating an entry point for HIV into the bloodstream.
- Having a sexually transmitted infection (STI) also makes a person more susceptible to HIV infection. Having multiple sexual partners is more common among this community, and many do not use condoms consistently.
- Legal restrictions too affect the rights of men who have sex with men. Therefore MSM are less likely to access HIV services for fear of their sexual orientation and identity being revealed.
- Men who have sex with men have experienced homophobic stigma, discrimination and violence. This drives MSM to hide their identity and sexual orientation. Many fear a negative reaction from healthcare workers. As a result, men who have sex with men are less likely to access HIV services and are more likely to experience depression due to social isolation and disconnect from health systems as well. This can make it harder to cope with aspects of HIV such as adherence to medication.

- There were 42 countries including Sri Lanka where state policies are against same sexual behaviours.

Reasons for Sex Workers being at Higher Risk to Acquire HIV Infection

- Generally, sex workers have comparatively higher numbers of sexual partners compared to the general population. This will put them at higher risk of acquiring HIV infection.
- Sometimes, sex workers have no access to get condoms, or are not sensitized about the importance of using condoms. Some sex workers are simply powerless to negotiate safer sex. Clients may refuse to pay for sex if they have to use a condom, and use intimidation or violence to force unprotected sex. They may also offer more money for unprotected sex that can be hard to refuse.
- Sex workers are often stigmatized, marginalized and criminalized by the societies in which they live and these factors that contribute to their vulnerability to HIV.
- Sex workers who inject drugs and share needles are at a particularly high risk for HIV infection.

Reasons for Injecting Drug Users being at Higher Risk to Acquire HIV Infection

- Sterile syringes are not always readily available, especially in countries with no/ low needle and syringe programmes.
- A lack of awareness or education about safe injecting is another major reason for sharing needles.
- Other possible reasons are that it is a social and cultural norm, and that it can act as a form of bonding.
- Criminalization reinforces the marginalization of people who inject drugs while also discouraging them from accessing harm reduction and other healthcare services.
- Between 56% and 90% of drug users have been imprisoned at some point in their life. There are significant gaps in prevention, treatment and harm reduction services in many prisons around the world.

Reasons For Beach Boys being at Higher Risk to Acquire HIV Infection

- One major reason for high vulnerability to HIV among beach boys who practise MSM activies is that unprotected anal sex carries a higher risk of transmission

than vaginal sex. This is because the walls of the anus are thin and more easily torn, creating an entry point for HIV into the bloodstream.

- Sometimes beach boys sell sex while working for foreigners.
- Sometimes beach boys are simply powerless to negotiate safer sex.

Reasons for Prisoners being at Higher Risk to Acquire HIV Infection

- Prisons are frequently overcrowded. They commonly operate in an atmosphere of violence and fear. Tension along with the frustration can always drive prison inmates for consumption of drugs or high risk sexual behaviours.
- Within prisons it is difficult to obtain clean injecting equipment. Possessing a needle is often a punishable offence and therefore many people share the equipment that has not been sterilized between uses.
- In many prison setups, condoms are not available.
- Punitive laws lead to the incarceration of people living with HIV and other key population groups who are disproportionately represented in prisons worldwide as a result.

Reasons for Transgender Populations being at Higher Risk to Acquire HIV Infection

- Many TG populations experience high levels of stigma, discrimination, gender based violence, abuse, marginalisation and social exclusion. This leads to poor health and wellbeing of TG, and puts them at higher risk of HIV.
- TG populations are more likely to engage in high-risk sexual activities.
- Stigma and discrimination, leading to low self-esteem and disempowerment, can make it harder for TG population to insist on condom use.
- Condom use is often controlled by the incentive sexual partner, so many transgender women who have sex with men can feel unable to instigate condom use.

Overlapping social, cultural, legal and economic factors, contribute to pushing transgender people to society's margins. TG people are more likely to have dropped out of education and have to move away from family and friends. They also face workplace discrimination limiting their educational and economic opportunities. They can encounter problems in accessing daily needs and services and even public spaces. These challenges are exacerbated by the lack of legal recognition of their gender and the absence of anti-discrimination laws that explicitly include transgender people.

Preventing Challenges of Key Population Groups

Many cultural, socioeconomic, and health-related factors contribute to diagnose and prevent challenges in key population communities.

- **Sexual behaviours and factors that may contribute to the high risk of HIV infection**

High levels of HIV risk behaviours have been reported among key population groups. Risky behaviours among key population groups include receptive anal sex without a condom or medicines to prevent HIV, a high prevalence of HIV in sexual networks, sex with multiple partners, and exchanging sex for drugs or money.

- **Other factors that contribute to high rates of HIV**

These include drug and alcohol abuse, mental health disorders, incarceration, homelessness, unemployment, lack of familial support, violence, stigma, discrimination, limited health care access, and negative health care encounters.

- **Many key population groups face social rejection and marginalization**

The issue of social rejection and maginalization keeps key population groups away from normal social life. Lack of legal recognition of gender identity can result in the denial of educational, employment, and housing opportunities. Some transgender people, who experience poverty, rely on sex work to meet their basic survival needs.

- **Insensitivity to key population groups can be a barrier**

The proportion of HIV positives among key populations seeking quality treatment and care services are low. Research shows that many people belonging to key populations with diagnosed HIV infection are less likely to be on antiretroviral therapy (ART) or achieve viral suppression. Furthermore, only a few health care providers receive adequate training or are knowledgeable about key population health issues and their unique needs.

- **Health care provider insensitivity for key population groups**

This will lead to a barrier for accessing for health services.

- **Discrimination and social stigma**

Access to education, employment, and housing opportunities are limited among key populations due to stigma and discrimination.

- **Harmful gender norms**

Some of the harmful gender norms which contribute to low status of women in a society can increase their vulnerability towards HIV acquisition. This is also true for norms that hinder men from assuming their share of the burden of care or from seeking information, treatment and support.

Enabling Environment and Empowerment for Key Populations

Creating an enabling environment is quite essential for key populations to increase access to health care. There are different kinds of enabling environments in the context of HIV. For instance, an enabling legal environment would not only have laws and policies against discrimination on the basis of sex, health status (including HIV status), age, disability, social status, sexual orientation, gender identity and other relevant grounds, but also they would be enforced. In such an environment, people would also have access to justice—that is, a process and remedy if they are aggrieved. An enabling social environment is one in which social protection strategies (e.g. economic empowerment) are in place, and where social norms support knowledge, awareness and healthy behaviour choices.

The societal attitudes are very important when key populations come for services.

Key populations are not to be left behind in the global HIV/AIDS response and it must be ensured that specific barriers are addressed. These include acceptance of human rights without distinction and systematic and rigorous measurements as well as monitoring of stigma and discrimination. Furthermore, mitigated access to quality services for key populations; availability of disaggregated data by key populations; and focus on improving the capacity of key populations-led, community-based organizations not only to advocate for changes in policies but also to directly implement services.

UNAIDS recommends that decriminalization of sex work is important. Decriminalization of sex work means addressing human rights violations against sex workers and enabling them to make use of HIV services and be a part of HIV responses. Criminalization impedes the work and dignity of sex workers in countless ways, including fundamentally threatening their relationships with family members (who may be criminalized for living from the earnings of sex work), keeping them from having basic financial services such as bank accounts and insurance, and undermining their right to organize and assemble.

Empowerment of KPs is another important factor for key populations to come for services, negotiate for protection, make decisions for sex and seek justice when necessary. Empowerment is the action taken to overcome the obstacles of structural inequality that have placed people, especially women, in a disadvantaged position. Social and economic empowerment is a goal and a process aimed at mobilizing people to respond to discrimination and marginalization, achieve equality of welfare and equal access to resources, and become involved in decision-making at the domestic, local and national levels.

Foundation of the empowerment can be achieved by age appropriate comprehensive sexuality education in the school system for the society including key populations. Sexuality education is defined as “an age-appropriate, relevant approach of teaching about sex and relationships by providing scientifically accurate, realistic and non-

judgmental information." Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality.

Sri Lankan Situation of Key Population Groups

Sex Workers in Sri Lanka

According to the National level estimation in 2013, there was an average of 14,312 FSW in Sri Lanka. Out of these sex workers, 51% were residing in the Western Province, while the district of Colombo accounted for 44% of the total. As pointed out in the HIV Sentinel Sero-Surveillance, the prevalence of HIV among sex workers was less than 0.2% over the last 10 year period. The IBBS 2014 detected an aggregated prevalence of 0.81% across the three district samples, with 1% prevalence in the capital Colombo. The percentage use of condoms at last act of sex with a client was 93%, and an equally high percentage of 90% was revealed with non-paying partners. Average number of clients per day was 2.1 clients.

Regional Sex Worker Study had been carried out under the theme " Sex Work and Violence in Colombo, Sri Lanka: Understanding Factors for Safety and Protection", among 30 sex workers in 2013. The in-depth interviews among sex workers revealed a strong link between the violence and the risk of HIV infection. In particular, violence affects the sex workers' abilities to negotiate condom use. Nearly all the cases affected with sexual violence reported that they had sex without a condom, clearly illustrating that violence increases the sex workers' risk of contracting or transmitting STIs/HIV. Rape may lead to abrasions and tears, which increases the likelihood of HIV transmission.

Furthermore, the majority of respondents pointed out that the police searched for condoms while questioning them, and arrested them, granting condoms as evidence of sex work. Unfortunately, the study has not identified the exact time period of the event.

Evidence from the NGO sector shows that, using condom possession to prove sex work by police has decreased during the recent past, following the NSACP interventions to the Police sector. From 2010, National STD/AIDS Control programme has been conducting three day training programmes for master trainers in the police, to facilitate a conducive environment for sex workers.

Several unpublished data & Department of Police data show that there is a decrease in the incidence of harassment of sex workers due to possession of condoms at present, except the arrests that had been made under the vagrants ordinance.

Men Who Have Sex with Men in Sri Lanka

According to the National estimates in 2013, there are 7,551 MSM in the country as shown in the HIV Sentinel Sero-Surveillance. HIV prevalence among this group of people was 0% in 2008, 0.48% in 2009 and 0.9% in 2011. The IBBS 2014 detected an aggregated prevalence of 0.88% across the three district samples, with 1.2% prevalence in the capital Colombo. The percentage of men reporting the use of a condom at the last anal sex encounter with a male partner was 58 %. A majority of MSM were having concurrent sex with women. For these bisexual men, their condom usage was lower with women (50%). The 2014 IBBS found that 4% of FSWs and 3% of MSM refused health services due to their unwillingness to be identified as FSWs or MSM.

People Who Use Drugs in Sri Lanka

According to the national estimate, there was an average of 17,459 drug users in Sri Lanka in 2013, and it is estimated that there are 423 IDUs (Injecting Drug Users) in the country on a given peak day. Although needle exchange and substitution therapy are not available for IDUs in Sri Lanka, drug users receive a comprehensive sexual health package through the GFATM project. According to the IBBS 2014, the percentage of injecting drug users reporting the use of a condom at the last anal sex encounter with a male partner was 25 %**.**

Harm reduction programmes are evidence based interventions that aim to reduce negative health consequences to people who use drugs.

The term harm reduction refers to a comprehensive package of policies, programmes and approaches that seek to reduce the harmful health, social and economic consequences associated with the use of psychoactive substances. The elements in the harm reduction package are as follows:

- Needle and syringe programmes
- Opioid substitution therapy
- HIV testing and counselling
- HIV care and antiretroviral therapy for people who inject drugs
- Prevention of sexual transmission; outreach (information, education and communication for people who inject drugs and their sexual partners); viral hepatitis diagnosis, treatment and vaccination (where applicable); and tuberculosis prevention, diagnosis and treatment. For example, people who inject drugs are vulnerable to bloodborne infections (such as HIV) if they use non-sterile injecting equipment. Therefore, ensuring adequate supplies of sterile needles and syringes is a harm reduction measure that helps to reduce the risk of blood-borne infections.

- Sri Lanka has still not implemented the Needle and syringe programmes and opioid substitution therapy and this will be piloted in near future.

Beach Boys in Sri Lanka

Beach Boys are a group of males, either homosexual, heterosexual, or bisexual, who function as tourist guides in an unofficial manner (not registered in the Tourist Board). The national size estimation of 2013 revealed that an average of 1,314 beach boys were present in and around coastal areas in the country on a given peak day. They are mostly found in selected coastal areaswhere tourists aggregate, mainly in 2 districts, Galle in the Southern Province and Amapara in the Eastern province, accounting for 44% of the total. Over 80% of BB could be reached in 5 districts in 3 Provinces **.**

According to the IBBS 2014, condom use at the last casual sex act among BB was fairly high (70%), even though consistent condom use was very low at 35%. Condom use at the last sexual act with a tourist was also fairly high (67%). The main reason cited for not using condoms was lack of availability of condoms. With respect to the sex work, 28% of BB reported receiving money in exchange for sex, and 22% reported giving money in exchange for sex. Interestingly, condom use at last sex act was much lower for those receiving money (50%), than for those who gave money (62%), both of which were lower than condom use at the last casual sex act **.**

Table 1- Intervention Accessible Key populations in Sri Lanka - 2013

Key Group	FSW	MSM	DU	IDU	Beach Boys
Average population estimated	**14,132**	**7,551**	**17,459**	**423**	**1,314**
Maximum population estimated	**15,935**	**8,554**	**19,542**	**NS**	**1,486**
Minimum population estimated	**12,329**	**6,547**	**15,338**	**NS**	**1,142**

source: National Size Estimation of MARPs for HIV in Sri Lanka, 2013

Transgender Population in Sri Lanka

It is difficult to accurately estimate the number of transgender people, mostly because there are no population studies that accurately and completely account for the range of gender identity and gender expression. Globally it has been estimated 0.1% to 1.1% of reproductive age adults belong to the transgender population.

There was no national size estimation of transgender and transsexual people in Sri Lanka. The need has been identified and it is planned to be carried out in the near future.

Sri Lanka does not implement a separate HIV prevention package for the transgender community and it has been combined with the MSM comprehensive health care package.

Prison Population in Sri Lanka

Sri Lankan prison inmates are having risks and vulnerabilities for HIV due to presence of unprotected male-male sex and large number of drug related offenders among them. Nearly 114,000 prisoners enter Sri Lankan prisons annually, and at any given point of time there are about 18,000 prison inmates in island wide prisons in year 2015.

HIV prevention activities in prisons Island-wide include advocacy and skill building programmes for rehabilitation officers and sexual health promotion for medical staff and welfare officers. Trained rehabilitation officers educate prison inmates as peer educators (PE). The PE are carrying out both formal and informal education sessions for inmates and promote HIV testing. Prison inmates voluntarily participate for HIV testing after peer educator's discussions. Thirty mobile clinics are conducted Island-wide within the prison setup with the help of local STD clinics. HIV testing is carried out through 30 mobile clinics on a monthly basis since 2012. The sero -prevalence rate of HIV positive cases among prison inmates in year 2014 was 0.03 %. Distribution of condoms is not permitted within the prison setup.

Comprehensive Sexual Healthcare Package for Key Populations in Sri Lanka

Prevention of HIV infection and STIs among KPs has been recognized in the National HIV Strategic Plan (2013-2017). In addition to that, the New Funding model of the GFATM project (2016-2018) includes interventions for all groups of KPs namely, FSWs, MSM, DU and BBs. NSACP is the Principal Recipient 1 (PR1) of the project grant, while the Family Planning Association of Sri Lanka is the Principal Recipient 2 (PR2). Development of the National HIV Strategic Plan (2013-2017) and the development of the new funding model of Sri Lanka allowed the KPs for active participation throughout the country dialogue and development process.

Family Planning Association of Sri Lanka (FPASL) is responsible for designing, implementing and monitoring the interventions to KPs, in technical partnership with PR 1. The principal recipient 2 carries out interventions for the key populations. It is linked to the Sub-recipients and Sub-sub recipients to reach the KPs, and the majority of interventions are targeted for them. Interventions for Key affected populations are received through the peer leader intervention model. All the key affected population groups, namely, FSW, MSM, DU and BBs, receive an equal sexual health

service package and the number of peers to be reached is different for each group. The FPASL has produced a procedure manual for the implementation of GFATM project activities, and this includes guidelines for providing sexual health services for MSM, sex workers and their clients, beach boys, and drug users. Therefore, guiding principles have been developed to carry out their efforts according to the standard procedures spelt out at the outset, to minimize misunderstandings and performance gaps**.**

WHO recommended Comprehensive Service Package for Key Populations

A combination of interventions is required to respond effectively to HIV among key populations.

a) Essential health sector interventions

1. Comprehensive condom and lubricant programming
2. Harm reduction interventions for substance use (in particular needle and syringe programmes and opioid substitution therapy)
3. Behavioural interventions
4. HIV testing and counselling
5. HIV treatment and care
6. Prevention and management of co-infections and other co-morbidities, including viral hepatitis, tuberculosis and mental health conditions.
7. Sexual and reproductive health interventions

b) Essential strategies for an enabling environment

1. Supportive legislation, policy and financial commitment, including decriminalization of certain behaviours of key populations
2. Addressing stigma and discrimination, including making health services available, accessible and acceptable
3. Community empowerment
4. Addressing violence against people from key populations

The Comprehensive Sexual Health Package for Key Populations in Sri Lanka

• Identify and register FSW, MSM, DU and beach boys

• Conduct pocket meetings/support group meetings to provide basic information on HIV/STI

• Provide information on HIV prevention services

• Provide information on HIV testing services

• Provide information about HIV treatment services

• Condom demonstration

• Condom distribution

• Escort to the STD clinics

Environment in the Legal Framework in the Sri Lankan Penal Code

Laws and regulations

Sri Lanka has adequate laws on protecting the fundamental rights of the citizens. In addition to that, Sri Lanka is a signatory to several international conventions relevant to People living with HIV including key populations. The International Covenant on Civil and Political Rights (ICCPR) and the Convention for the Elimination of All Forms of Discrimination against Women (CEDAW) are some of the international conventions. Also, the National AIDS Policy addresses human rights issues of People living with HIV including key populations. This rights based approach of dealing with HIV could be strengthened by including a statement affirming the rights of LGBTs and FSWs. This can be considered a significant omission as the provisions in the penal code and the Vagrants Ordinance can be considered as infringing the rights of these people.

Following legal restrictions are described according to the present constitution of Sri Lanka (1979) with some amendments later.

Vagrants Ordinance (1841)

According to the Sri Lankan Law, sex in private is not an offence. Adultery is also not a criminal offence, whereas, it is a marital offence. Adultery means the spouse practices sexual activities with another person besides his or her legal partner. There is no specific legal offence for sex work in private. However, many facets of sex work are prohibited under three ordinances, which were introduced during the British colonial rule: the Vagrants Ordinance, the Brothels Ordinance and the

Houses of Detention Ordinance. The section 7 of the vagrants ordinance which was introduced in 1841, indicates that any person in or about any public place soliciting any person for the purpose of the commission of any act of illicit sexual intercourse or indecency, whether with the person soliciting or with any other person, whether specified or not, shall be guilty of an offence, and shall be liable on summary conviction to imprisonment of either description for a period not exceeding six months, or to a fine not exceeding one hundred rupees, or to both.

Brothels Ordinance (1889)

The Brothels Ordinance was introduced in 1889, forty eight years after the enactment of the Vagrants ordinance. Under the section 2, it indicates that "Any person who keeps or manages or acts or assists in the management of a brothel; or being the tenant, lessee, occupier or owner of any premises, knowingly permits such premises or any part thereof to be used as a brothel, or for the purpose of habitual prostitution, shall be guilty of an offence". The Houses of Detention Ordinance allows for the placement of convicted vagrants into rehabilitation facilities run by the Ministry of Social Services, rather than into prisons.

In the past, there was an instance of arrest of a woman with condoms in a public place, by mistake. But, possession of a condom does not illustrate commission of any offence. Condoms are considered as medical devices and not as tools to prove sex work. Condoms are listed as medical devices in the essential drug list of the Ministry of Health. However, some officers misinterpret the vagrants ordinance and 365 A laws and believe that condoms should not be distributed as they promote homosexuality which is illegal. Another example is where, a few years back, the police often considered condoms as a proxy for sex work, and used condoms as evidence to arrest FSWs or venue owners who distributed condoms. These unlawful arrests were reduced by continuous advocacy and conducting master training programmes by NSACP for Police officers island-wide, on prevention of HIV infection among KPs. However, sex workers who were arrested under the vagrants ordinance often claim that they got caught because of condoms. Recent evidence showed that this type of arrests have been reduced after advocacy and master training programmes conducted by the NSACP.

Penal Code 365 A (1995)

Same-sex sexual activity is criminalized under the article 365 of the Penal Code. This was first introduced during the British colonial rule, in tandem with the introduction of the British family law system of marriage, divorce, property and inheritance laws. The Penal Code (Amendment) Act No. 22 of 1995 changed the rape and sexual harassment laws, introduced incest, child sexual exploitation and trafficking into the Penal Code and raised the age of sexual consent. It also changed the language in the article 365 A, making "gross indecency between male persons" gender neutral, thus extending the law against same-sex sexual activity to women.

Need of a Human Rights - Based Approach

A human rights-based approach is a conceptual framework for the HIV response that is grounded in international human rights norms and principles, both in terms of process (e.g. right to participation, equality and accountability) and outcome (e.g. rights to health, life and scientific progress). HRBA addresses discriminatory practices and unjust distributions of power that impede progress in the HIV response by strengthening the capacities of rights-holders to claim their rights and the ability of duty-bearers to meet their obligations.

Sri Lanka needs a human rights-based approach for key population groups to access for treatment and retaliation in treatment to achieve 90 -90- 90 targets by 2020.

Evidence-informed and human rights-based prevention programmes for key populations, including dedicated services, community mobilization and empowerment have been identified to achieve less than 500,000 new HIV infections by 2020.

WHO Recommendations for Key Populations in Health Sector Interventions

HIV prevention	
1	The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and sexually transmitted infections (STIs).
2	Among men who have sex with men, pre-exposure prophylaxis (PrEP) is recommended as an additional HIV prevention choice within a comprehensive HIV prevention package. NEW RECOMMENDATION
3	Where sero-discordant couples can be identified and where additional HIV prevention choices for them are needed, daily oral PrEP (specifically tenofovir or the combination of tenofovir and emtricitabine) may be considered as a possible additional intervention for the uninfected partner.
4	Post-exposure prophylaxis (PEP) should be available to all eligible people from key populations on a voluntary basis after possible exposure to HIV.
5	Voluntary medical male circumcision (VMMC) is recommended as an additional important strategy for the prevention of heterosexually acquired HIV infection in men, particularly in settings with hyperendemic and generalized HIV epidemics and low prevalence of male circumcision.

Harm reduction	
1	All people from key populations who inject drugs should have access to sterile injecting equipment through needle and syringe programmes.
2	All people from key populations who are dependent on opioids should be offered and have access to opioid substitution therapy in keeping with WHO guidelines.
3	All people from key populations with harmful alcohol or other substance use should have access to evidence-based interventions, including brief psychosocial interventions involving assessment, specific feedback and advice.
4	People likely to witness an opioid overdose should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose. NEW RECOMMENDATION
HIV testing and counselling (HTC)	
	Voluntary HTC should be routinely offered to all key populations both in the community and in clinical settings. Community-based HIV testing and counselling for key populations, linked to prevention, care and treatment services, is recommended, in addition to provider-initiated testing and counselling.
HIV treatment and care	
1	Key populations living with HIV should have the same access to Antiretroviral Therapy (ART) and to ART management as other populations.
2	All pregnant women from key populations should have the same access to services for prevention of mother-to-child transmission of HIV (PMTCT) and follow the same recommendations as women in other populations.
Prevention and management of co-infections and co-morbidities	
1	Key populations should have the same access to tuberculosis prevention, screening and treatment services as other populations at risk of or living with HIV.
2	Key populations should have the same access to hepatitis B and C prevention, screening and treatment services as other populations at risk of or living with HIV.

3	Routine screening and management of mental health disorders (depression and psychosocial stress) should be provided for people from key populations living with HIV in order to optimize health outcomes and improve their adherence to ART. Management can range from co-counselling for HIV and depression to appropriate medical therapies.
Sexual and reproductive health	
1	Screening, diagnosis and treatment of sexually transmitted infections should be offered routinely as part of comprehensive HIV prevention and care for key populations.
2	People from key populations, including those living with HIV, should be able to experience full, pleasurable sex lives and have access to a range of reproductive options.
3	Abortion laws and services should protect the health and human rights of all women, including those from key populations.
4	It is important to offer cervical cancer screening to all women from key populations, as indicated in the WHO 2013 cervical cancer screening guidelines.
5	It is important that all women from key populations have the same support and access to services related to conception and pregnancy care, as indicated by WHO guidelines, as women from other populations.
Critical Enablers	
1	Laws, policies and practices should be reviewed and revised where necessary, and countries should work towards decriminalization of behaviours such as drug use/injecting, sex work, same-sex activity and non-conforming gender identity and towards elimination of the unjust application of civil law and regulations against people who use/inject drugs, sex workers, men who have sex with men and transgender people.
2	Countries should work towards implementing and enforcing anti-discrimination and protective laws, derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations.
3	Health services should be made available, accessible and acceptable to key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health.

4	Programmes should work towards implementing a package of interventions to enhance community empowerment among key populations.
5	Violence against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations should be monitored and reported.

Gap Report - UNAIDS 2016

Gap Report - UNAIDS 2016 has identified five pillars for achieving less than 500 000 new infections by 2020. One of the key pillars is key population intervention to achieve 2020 targets.

Getting back on track to reducing new infections to 500 000 by 2020 requires continued progress towards the 90–90–90 target and intensive focus on: **five prevention pillars delivered through a people-centred, combination approach:**

1. Combination prevention, including comprehensive sexuality education, economic empowerment and access to sexual and reproductive health services for young women and adolescent girls and their male partners in high-prevalence locations.
2. Evidence-informed and human rights-based prevention programmes for key populations, including dedicated services and community mobilization and empowerment.
3. Strengthened national condom programmes, including procurement, distribution, social marketing, private-sector sales and demand creation.
4. Pre-exposure prophylaxis for population groups at higher risk of HIV infection.
5. Voluntary medical male circumcision in priority countries that have high levels of HIV prevalence and low levels of male circumcision, as part of wider sexual and reproductive health service provision for boys and men.

"Failure To Provide Services To The People Who Are At Greatest Risk Of HIV Jeopardizes Further Progress Against The Global Epidemic And Threatens The Health And Well-Being Of Individuals, Their Families And The Broader Community."

Gottfried Hirnschall, Director of the HIV Department at the World Health Organization

Between 40% and 50% of all new HIV infections among adults worldwide occur among people from key populations and their immediate partners.

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