Summary
The symposium involved 39 national GBMSM/TG organizations, researchers and other stakeholders. The primary aim was to provide a platform for collaboration, to brainstorm about collective future studies, and to identify opportunities for GBMSM/TG mentorship in preparation for the 2021 ICASA conference in Uganda. Oral and poster presentations were shared and brainstormed about; key note speeches and panel discussions were held in light of previous and ongoing partnerships. As such the symposium stressed the unique synergy between GBMSM/TG led-CBOs and researchers, making use of acquired knowledge as well as empowerment and advocacy in their entirety. Main recommendations included, furthering education of beneficiaries, the public and key stakeholders; increasing access to information and improved (translatable) dissemination of research findings; and making additional use of technology to fit different needs.

Introduction

Background and objective of the Meeting

1. The first annual symposium on gay, bisexual and other men who have sex with men (GBMSM), and transgender people (TG) was convened in Mombasa, Kenya, on 28-29 November 2019. The Symposium was organized by the ISTHAR MSM, based in Nairobi, the HIV Key Populations (KP) studies programme at the Kenya Medical Research Institute Wellcome Trust Programme (KWTRP) based in Kilifi, and the International Initiative on AIDS Vaccine (IAVI) in Nairobi. The purpose of this Symposium was to provide a platform where GBMSM &TG organizations, researchers, policy makers, and other stakeholders could interact and discuss emerging questions in the HIV/STI prevention and care field. The Symposium also aimed at providing an opportunity for GBMSM/TG organizations to showcase their work, and, using experience from previous collaboration, set priorities for future collaboration.

2. The Symposium had three major objectives:
   i. To identify emerging issues warranting further discussion based on experiences of the different GBMSM/TG organizations;
   ii. To set priorities for collaboration between GBMSM/TG organizations and researchers in the HIV/STI prevention and care field;
   iii. To identify opportunities for GBMSM/TG mentorship in view of the 2021 ICASA in Uganda.

3. The meeting was attended by representatives from 39 GBMSM/TG organizations, members from Nairobi Health County, the Kenya AIDS Vaccine Initiative (KAVI); the Sex Worker Outreach Programme (SWOP); Nyanza Reproductive Health Society (NRHS), researchers from KWTRP; and representatives of Red Cross, the Police, Religious leaders, and members of the Community Advisory Boards in Coast, Nairobi and Kisumu. (see for details appendix at the end of this document)
Opening Remarks

4. The Symposium was opened by the Director of ISTHAR, Mr. Peter Njane, who gave a brief history of the organization, and focused on: (1) emerging issues in providing services for GBMSM/TG; (2) the importance of active involvement of GBMSM/TG in looking for solutions; and (3) identifying critical issues and dimensions to be reflected on.

5. Mrs. Shilah Mwaniga (Nairobi County Dept of Health) stressed that ‘health starts with you’, and highlighted some of the emerging issues from a healthcare perspective, including health needs, health rights, and the importance of collaboration between KPs, policy makers, and researchers.

6. In setting the scope of the deliberations for the Symposium, Professor Eduard Sanders (KWTRP) stated that the aim of the GBMSM/TG research is to prevent new infections and extend healthcare services to populations at risk for HIV. However, identification of risk groups, and learning about their (health)needs depends on asking “the right questions”. The process of conducting research is also changing due to the emergence of alternative strategies, such as, new study designs (three sites study at three locations throughout Kenya) and recent developments in information technology (e.g. biometrics).

7. Mr. Martin Kyana (HAPA Kenya Executive Director and NELION Cluster Coast coordinator) invited all the participants especially the Peer Educators from other regions and called the Symposium a historical milestone event, he echoed that it was a great networking opportunity which will enhance mutual partnership and collaborations within the LGBTI organisations.

Structure of the Symposium

8. The first session of the meeting was chaired by Dr. Makobu Kimani (PhD student, KWTRP Kilifi), the second session by Dr. Joshua Kimani (SWOP Nairobi), the third session by the coastal LGBTQ groups, and the fourth session by Evans Gichuru (community liaison officer KWTRP). The Rapporteurs for the meeting were Ms. Elizabeth Wahome (PhD student, and data manager KP HIV KWTRP, Mtwapa) and Mr. Oscar Chirro (clinician KP HIV KWTRP, Malindi).

Dr. Joshua Kimani (SWOP) gave an update on HIV epidemiology in Nairobi:
- Risk has not changed in the last 5 years
- HIV prevalence in female sex workers (FSW) is 28%
- HIV prevalence among MSM non-sex workers 26%
- HIV prevalence among male sex workers 36% (Transform study, 2017)
- HIV prevalence among TG population estimated at 43% (2019)
- HIV incidence among MSM estimated at 11% (2015)
- In the last 2 years, there has been change in the incidence: about 1.7 new infections every year, however, the targeted UNAIDS goals of achieving <500,000 new infections by 2020 will not be met.
- PNS is a new intervention which seems to be working
The population of MSM in Nairobi is about 20,000 people, however, only 7,000 have been accounted for. There is need to increase efforts to reach the remaining 13,000 for HIV prevention

- Uptake of PrEP is low especially among GBMSM/GT in Nairobi
- While individuals may report for PrEP refills, PrEP protective levels are low

Dr. Fred Otieno (NRHS) gave an update on the 3 sites study:

- The MSM Health Research Consortium was initiated approximately 5 years ago by researchers affiliated with KWTRP, NRHS, SWOP clinics in Nairobi, and Universities of Nairobi, Manitoba, Illinois, Washington and Oxford
- The 3-sites (Tatu Pamoja) study was brought together by researchers from Nairobi, Kisumu and Coast, and consists of:
  - An observation cohort of 800 HIV negative participants, who are being offered PrEP
    - Enrolment started October 2019, and is currently at 41%
    - 60% are less than 24 years old
    - PrEP uptake is at 33%
- The study will demonstrate that research sites can work together and create a platform where vaccines and other interventions can be tested, and epidemiological and socio behavioral (mental health) studies that are representative can be conducted

Ms. Gigi, from the Gay and Lesbian Coalition of Kenya (GALCK), gave an introduction on LGBTQ organizations in Kenya:

- GALCK is a union between different organizations in Kenya, striving to improve the situation for lesbian, gay, bisexual, transgender and intersex (LGBTI) people
- GALCK has built coalitions with mainstream organizations, like the Kenya Human Rights Commission, and with HIV/AIDS bodies, including LVCT and NACC
- GALCK is also involved formally in the drafting of the national AIDS strategic plans and national guidelines as to reflect the needs of the LGBTI community
- There is not yet a medicolegal framework that is inclusive of the health needs of transgender people such as sex reassignment therapy, mental health care, sexual and reproductive health
- Transgender issues are different from MSM issues and need to be articulated as gender issues, and not as sexual orientation
- Research studies targeting transgender persons, looking at prevention, diagnosis and treatment of physical and mental health conditions, as well as sex reassignment therapy, are non-existent in Kenya

A. Session 1: HIV and opportunistic infections & differentiated care

Edwin Gumbe (Nafasi Innovations: “Understanding rising new HIV infections among MSM in Kenya”.

New proposed strategies:

- More Apps for advocacy, currently in development (“the Rainbow App)
- Software development skills to be taught to the queer community
▪ Generation of content that is relevant to the MSM community

Brian Kadiam (Q-Initiative): “HIV epidemiology among gay, bisexual and men who have sex with men in Uasin Gishu County”.
- Globally GBMSM are 19 times more likely to contract HIV compared to the general population
- HIV prevalence of GBMSM in Uasin Gishu is 10% and is gradually rising
- The following intervention has been put in place to curb the incidence:
  - Peer education; condom promotion; offering PEP and PrEP; behavior changes
  - Involvement of GBMSM community

Charles Mukoma (ISHTAR): “Outbreak of surgical anal warts surges HIV infection in Nairobi”
- The outbreak began approx 2 years ago
- Treatment is available in the initial stages, but not for warts that need to be surgically removed
- Out of 300 patients with warts, approx 200 patients were HIV positive and were put on ART
- Approx 100 were surgical warts
- Health education on warts, including resource allocation is needed urgently
- IEC materials for GBMSM to be written in lay language to communicate about care and prevention

B. Selected national case study examples

Jane Ng’ang’a (KAVI): “Protocol C, the African early infection cohort”
The objective of the study was to assess the clinical, laboratory, immune response and viral markers of disease progression in volunteers with recent HIV infection. Dropout rate of the study at Kangemi site was 12%. The challenges were:
- Initiating clients on ART
- Differences between research counselling vs standard counselling
- Amount of blood draws
- Protocol amendments
- Mobility of participants, stamping issues, and perceived stigma
Achievements were:
- Developing trust
- Increased knowledge
- Identification of risk and programing

Kimani Makobu (KWTRP): “Pre-Exposure prophylaxis adherence and persistence in Kenyan trans-women and MSM”
- GBMSM/TG in SSA have high HIV acquisition risks (20.6% per 100person years) suggesting unmet PrEP need among TG community
- In a one-year PrEP programme for 42 GBMSM and 11 TGW (coastal Kenya), PrEP adherence was assessed by measuring tenofovir-diphosphate (TFV-DP). Protective levels were defined as those compatible with ≥4 pills per week at month 6
Motives for PrEP persistence and adherence were explored in in-depth interviews
- 78% were still in follow up at month 6
- Only 24% had drug levels in their blood
- Only 3/11 TGW had protective drug levels in their blood
- Inconsistent PrEP use was attributed to situational factors and included illness, concomitant drug use, travel, and less sexual satisfaction. Motives to discontinue PrEP included negative reactions from partners, experience of side-effects, and change in risk taking behaviour
- Personal and contextual factors determining PrEP adherence call for a more supportive and TGW- and MSM-centred approach.

C. Session 2: HIV preventions / PrEP

Shilah Mwaniga (Nairobi County Dept of Health): “Uptake and barriers to PrEP”
- The goal of the study was to understand why PrEP uptake is not as high as anticipated
- Identified barriers to PrEP as;
  - Stigma
  - Misconceptions
  - Lack of advocacy
  - Pill burden and side effects
- Reasons why PrEP was discontinued;
  - Partner issues, including marital status and gender identity
  - Packaging
- Reasons for taking PrEP
  - Need for protection
  - Good services
  - The promise of the availability of injectable PrEP
- Conclusion: Knowledge, self-motivation, advocacy, and community involvement as well as being more creative to promote PrEP are thought to improve PrEP continuation

Josephat Kariuki (ISHTAR): “GBMSM and TG also condomize and PrEP, not forgetting ‘ART drugs’.

GBMSM and TG highly depend on preventive measures:
- 60% had good adherence (self-reported)
- 40% had poor adherence due to
  - Side effects
  - Stigma and discrimination
  - Fear from friends who might think PrEP is for HIV positive clients
- The conclusion is that:
- Stigma affects adherence
- A combination of preventive measures i.e., behavioral, biomedical and structural is the way to go
Wesonga Bramwel (ISHTAR): “Prevention intervention to address violence among GBMSM and TG people in Kenya”
- The goal of the project was to reduce sexual gender-based violence
- Among 40 MSM, 12 (30%) reported a form of violence
- Only 3 out of the 12 cases were effectively addressed

Branden Njukia (KESWA): “Prevention interventions to address HIV among GBMSM and TG people in Kenya and East Africa”
- Prevention interventions to address HIV among GBMSM and TG people
- Male sex workers are vulnerable to HIV infection
- HIV acquisition exists at multiple levels for MSM
- MSM sex workers are vulnerable to HIV infection
- Criminalization of MSM sex work is a barrier to implementing preventive programmes
  - Note from audience: Emotional abuse take the longest time to heal compared to other kinds of violence
  - Need to conduct HIV prevention research among KPs >40 years

Brian Raymond (the Nature Network/MARPS Uganda): “Technology, LGBTQI-themed messaging and proxies for coping”
- The objective was to find out how refugees -through tailored resource utilization and mobilization (TRUM)- characterize the dimensions
- Clusters on social media platforms (including Whatsapp) included motivational, inspirational, tell-stories, and lived experiences
- Especially the power of stories, stress on legality for official documents, and recognition were mentioned as vital
- Future research should explore the link between messaging continuously and trend of themes

Davis Muthoka Kitoo (ISHTAR): “HIV care and treatment for HIV+GBMSM and Transgender persons”
- A follow-up cohort of 250 HIV-infected GBMSM
- 200 had good adherence to ART
- 50 had poor adherence
- Ensuring easy accessibility to ART will help improve adherence
- HIV care should be tailormade to fit GBMSM community

Peter Mnazi (Medically Assisted Therapy (MAT) clinic in Malindi): “Improved Social Functioning among Clients on Medically Assisted Therapy in Malindi, Kenya”
- People Who Use Drugs (PWUDs) experience myriad of challenges, including stigma, discrimination, homelessness, lack of education, joblessness, crime, family conflict and peer pressure
- ~ 17% new HIV infections in Kenya’s coast attributable to drug use, 8,500 of estimated 18,327 PWIDs in Kenya reside along Kenyan coast
Qualitative studies were undertaken to establish clients’ perception of Quality of life (QoL) and changes over time while on MAT
- Respondents drawn from 28 couples actively on MAT
- In addition to reducing heroin use, methadone and psycho-social support enhances quality of life of Malindi MAT clients by improving their physical, social and mental wellbeing
- Despite improved physical health and family support, numerous challenges need still to be addressed, including joblessness, disclosure issues (e.g. HIV discordance) to minimize HIV risk and drug use relapse

D. **Panel discussion: TGW mental health** (Audrey Mbugua (TEA), Kennedy Mwenda (Utaiti Pwani), Solomon Wambua (KP consortium), Gigi Louisa (GALCK), Nelly Shua (MD), and Esther Adhiambo-discussion leader (INEND))

Audrey Mbugua *(Transgender Education and Advocacy TEA)* shared her personal journey as a TG woman in Kenya: “Once stigma grips you, it doesn’t let go easily”
- Each panelist was given a chance to briefly describe their journey through research and community engagement

Q1: Why is it important for TG community to be independent of the LGBTQ umbrella
Q2. What support can be provided to TG who is coming out

Remarks from the panelist and responses to questions raised:
- TG specific health needs are not met under the umbrella, e.g. access to hormonal therapy, psychosocial/mental health support
- GBMSM don’t quite understand TG issues
- Inclusion of TG health needs in the national guidelines is underway
- Importance of engaging families/parents who will then offer support to TG coming out
- A safe space is necessary for TG persons
- There is lack of awareness among healthcare providers offering psychosocial support to TG persons
- There is lack of access to hormonal therapies and counselling due to effects of the hormones
- There is need to address violence that strongly interacts with mental health issues
- Studies are needed in assessing mental health issues as part of HIV prevention interventions
- There is need to FastTrack partnership with policy makers, government, researchers, community and the media

E. **Session 3: LGBTQ community led organizations**

Gigi Louisa: *(GALCK)*, Update on current LGBTQ work in the country
- Many LGBTQ organizations face challenges in meeting donor requirements
- LGBTQ organizations are making progress in the following areas:
  - Increased security programming to protect LGBTQ individuals and groups
- More funding for rural LGBTQ organizations
- Litigation
- Research owned by LGBTQ community
- Formation of Christian Affirming Church
- Putting in place a housing policy

Kenneth Gitonga (LVCT Health): “Liverpool VCT health peer education (PE) programme”
- The objective was to impact life skills -through peer educators- in the community
  - By providing education sessions on sexual health
  - Conducting life skill trainings
- Challenges observed:
  - Due to the reduction in donor funding, it was observed that peer educators have been reduced from 300 to only 75 nationwide. Could GALCK take up this issue?
  - Low national government rates for PE
  - Lack of opportunities for PE to practice their training
  - Lack of growth among PE from one career level to the next attributed to lack of funding, personal drive and organizational goals

Nicholas Mwema (Empowering marginalized communities (EMAC)) gave a brief history of his life from the time he first came to Mombasa to getting employment at KEMRI clinic as a peer educator.
- He appreciated KEMRI for the immense support he received while working at KEMRI
- Currently through funding from UHAI, Global funds and county department of health – MOH, his organization aims to eradicate poverty among members of the marginalized communities
- Facilitators of success: engagement of county officials in all activities from the start

Dr. Tom R. Muyunga (MARPS Uganda Nature works): “Safe space utilization for refugees”
- A brief summary of the estimated number of refugees was presented, and the gap in the number fully registered, given, i.e. 468,000
- Needs based interventions were identified
  - Housing
  - Healthcare
  - Livelihood

F. Panel discussion (Dr. Kimani (SWOP), Dr. Otieno (NRHS), Peter Njane (ISHTAR MSM), Sandra Angel (G-10) and Kelvin Mwachiro-discussion leader (board member GALCK))

Topic: How can researchers and LGBTQI organizations create opportunities to work together?
- Conducting continuous community engagements
- Create open spaces for the community to showcase their expertise regardless of their sexual orientation
- Recognize the health needs of LGBTQ and incorporate these in the national strategic plans
▪ Build partnerships with LGBTQ and include them in research activities from the start
▪ Conduct exchange programs between community and researchers
▪ LGBTQ to act as a medium of communication between community and researchers

Remarks from the panelist and responses to questions raised:
▪ Community can benefit from research by learning how to conduct research and source funding through grant writing
▪ Implementation of guidelines for young GMSM/TG needs to be addressed as guidelines are currently ambiguous
▪ There is need for policy guidelines that can protect CBOs working with young GBMSM/TG
▪ There is need for government bodies to converse with GALCK to address the issues of GBMSM/TG data needed as litigation for the repeal court case. It was confirmed that LGBTQI data from NACC and NASCOP are available in the public domain, but conversations with NACC/NASCOP should start early enough
▪ Researchers should be held accountable by the community by ensuring that study findings are first disseminated to the community before these findings are shared internationally
▪ There is need for conversations between different groups to continue as well as usage of different media/platform to disseminate data
▪ Inclusivity of community during conduct of research is important

G. Session 4: LGBTQ narratives

Kelvin Mwachiro (board member GALCK) narrated his life story and highlighted the following key notes important for the community
▪ The importance of counselling therapy
▪ Need to feel accepted by the society and self-acceptance
▪ He emphasized the need for the community to be part of and show up when needed

Mariline Itwani (Nkoko Iju Africa)
▪ At Nkoko Iju Africa, basic commodities such as condoms and lubes, rapid response to violence, and a safe space are offered.
▪ Vision: power through justice
▪ Funding: Pwani GBV network and support groups
▪ The group uses NASCOP tools to document and report violence
▪ The group aims to empower PE through training on running small scale businesses
▪ Successes:
  o Over 100 members have been supported through this initiative
  o Violence targeted to sex workers has reduced significantly through engagement with the police.

Kelvin Njoroge (ISHTAR): “To create a friendly and safe space for people living with HIV”
▪ Objective: to assess HIV disclosure/acceptance rate among GBMSM and TG
▪ 5/45 accepted their HIV status
▪ 15/45 disclosed their HIV status
▪ Follow-up of the remaining individuals of those who did not disclose is ongoing
▪ Conclusion: Correct information giving and right environment that is non-judgmental attributed to HIV status disclosure
▪ When coming out as an LGBTQI member, you do not come out alone

Bedan Gathuru (MPEG): “Hope for ARVs continuation”
▪ To suppress the virus in the blood below the level of detection it is important that ARV is well adhered to, however,
▪ ARV continuation is a challenge due to side effects
▪ Psychosocial support is needed

Bernard Wabuire (OUTSTAR Initiative): “Life of a TG in the rural areas of Busia County”
▪ OUTSTAR sensitizes transgender community on self-advocacy, and the importance of taking care of self, human rights and the right to health care
▪ Social meetings are being held for support
▪ Recreational activities
▪ Psychosocial support

H. Panel discussion: Partnership – stakeholders’ engagement
Panelist (Rev. Kambo; Insp Soita; Fr. Apeal; Sheikh Abdalla; Mahmoud Shally (MS)(KWTRP); Don Abdul (DA)(AMKENI); and Evans Gichuru-discussion leader (KWTRP))
▪ Each panelist was given a chance to briefly describe their journey through research and community engagement
Q1: Can LGBTI go to church/mosque for prayers?
▪ Not all religions prohibit LGBTQ communities from praying in churches or mosque
▪ Every individual is allowed however, LGBTQ members need to present themselves decently when visiting a church/mosque
▪ The Catholic church is not against homosexuality
Q2: Experiences of working closely with researchers:
▪ The LGBTQ CBO organizations gave a brief history on how the organization started, and how support was received from KWTRP, including:
  o opportunities to take part in exchange programmes;
  o opportunities to take part HIV prevention services (such as Oral Self-testing);
  o learning how to translate research results;
  o Working with existing engagement structures already in place by research, e.g. police, and opportunities bringing LGBTQ members and clergy together.
▪ Research staff briefly described previous experiences and challenges faced in the hands of the clergy while distributing HIV prevention materials
Remarks from the panelist and responses to questions raised:

- The majority of the clergy are against the LGBTQ community
- Clergy face challenges when engaging with the community due to the media that takes information out of context and has previously led to loss of jobs
- There is need for the community to be aware of their human rights, i.e. rights to a fair trial, rights against arbitrary arrests
- While parents/ congregants have not been sensitized, a training programme conducted by PEMA Kenya and AMKENI/KWTRP is already in place
- There is need to engage the police at the center of all programming for support in security issues
- The suggestion was made to train the police starting with those in the highest cadres for effective engagement
- Engagement of all the gate keepers right at the beginning of every research project and or programme is vital
- Continuous engagement of all groups at all levels is paramount
- Incorporation and engagement of key people that the society believes have knowledge
- Support should be two-ways, community vs researchers

I. Throughout the symposium, posters were presented. Topics included:

- Prevention interventions to address HIV among GBMSM and transgender people in Kenya and East Africa: a study of Uasin Gishu County, Kenya. By Andrew Odiek Muraguri - Q-INITIATIVE
- GBMSM HIV Prevalence in Uasin Gishu and Trans Nzoia. By Stephen Chemiat – ISHTAR MSM
- Barriers and facilitators to HIV and sexually transmitted infections testing for gay, bisexual, and other transgender men who have sex with men. By David Rabour – Choosing Is Life (CIL) Homa-Bay
- Understanding the rising new HIV infections among GBMSM. By Edwin Gumbe – Nafasi Innovations
- Prevention interventions to address HIV among GBMSM in OBUNGA Slum. By Kevin Ouma – Tugutuke Jamil
- Increase in PrEP usage among MSM in Kenya. By Ogira Duncan – MSM ISHTAR
- Contrasting universal health coverage goals and drug use among refugee LGBTIQ: Studying three Nairobi urban-based safe spaces, 2019 – Prepared and presented by Refugee Organization for Security and Cooperation in East Africa (former PUK)
- Prevention interventions to address HIV GBMSM and Transgender people in Nakuru, Kenya. By Richard Ageinga – KYDESA
- Expensive ambiguity and ignorance the legal barriers to full equality. By Moses Michire – MPEG
- GBMSM sex workers qualitative study in resource poor settings of Kisumu County, Kenya. By Polycarp Okeyo, Collins Kodhek, Stacy Okeyo, Caleb Otieno and Christine Wambua – Kisumu Shinners
J. Way forward

In light of previous and ongoing partnerships, the questions, answers and findings listed below are expected to shape approaches to future studies and the preparation of GBMSM/TG participation in the 2021 ICASA (Uganda):

1. What does a partnership between GBMSM/TG and researchers entail?
   ▪ The Symposium emphasized the importance of health as an entry point for collaboration
   ▪ In addition, the Symposium stressed the unique synergy between GBMSM/TG led-CBOs and researchers, making use of acquired knowledge as well as empowerment and advocacy in their entirety
   ▪ Recommendations consisted of:
     o More education of beneficiaries, the public and key stakeholders;
     o Increased access to information and improved (translatable) dissemination of research findings;
     o Making more use of technology to fit different needs (e.g. Apps)

2. What are priorities essential to the GBMSM/TG agenda?
   ▪ The need of professional guidance and empowerment
   ▪ Education and advocacy
   ▪ More research on bio-medical, behavioral and mental health issues for GBMSM, and especially research with TG people is urgently needed (e.g. PrEP uptake and adherence, feminizing hormone therapy, etc.),
   ▪ Expansion and initiation of LGBTQ organizations for young GBMSM and TG people

3. How to integrate GBMSM/TG healthcare in the existing health system and the society at large?
   ▪ The Symposium recognized that we might be only at the beginning of a “transformation”
   ▪ The Symposium noted that approaches to integration should include a combination of legal and policy changes, engagement and training of healthcare providers, sensitization of family members, religious leaders, police, and other stakeholders
   ▪ As these initiatives are still relatively new grounds, there is need to learn from experiences of the groups that are already implementing such strategies

4. How best can partners support each other?
   ▪ The Symposium considered a broad range of communication strategies, including:
     o New technologies that are being employed in the GBMSM/TG/refugee field such as using Apps (e.g. the Rainbow app), Media house and virtual groups
     o It was pointed out that new technologies seem to be efficient for real time interaction, sharing experiences, sharing publications and study findings (e.g. MSM Health Consortium website) and skills
     o The Symposium recommended that the use of new technologies be addressed as a priority in the programme, working with GBMSM/TG groups
5. What are the roles and actions of the stakeholders, including county and national health authorities, researchers, healthcare providers, GBMSM/TG organizations, other LGBTQ organizations, and key stakeholders in support of GBMSM/TG?
   o The Symposium recommended that engagement of all the partners should start right at the beginning of every research project and or programme, as well as continuous engagement of key groups
   o Research should not only focus on strengthening collaborations at the institutional level, but also form effective partnerships with GBMSM/TG organizations as part of their public health research agenda and programming

6. In 2021, Africa’s biggest AIDS conference, the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA) will take place in Uganda. Anticipating participation of the GBMSM/TG organizations, researchers pledged to:
   o Support interested GBMSM/TG organizations;
   o Mentor individuals to submit abstracts to the ICASA;
   o Emphasize the importance of GBMSM/TG inclusion in the ICASA 2021 (especially considering Uganda’s LGBT rights);
   o Actively identify scientific expertise and other resources, e.g. short-term exchange for programme/professionals, sharing of training programmes through a coordinated “programme of partnership activities”, and forming coalitions to access funds

K. Acknowledgments: Abstract and poster reviewers; the rapporteurs; ISHTAR and KWTRP organizers, especially Makobu Kimani, Evans Gichuru, and Lucie Ikumi, and above all the participants, who advocate and serve their peers often at great risk and limited reward. We would like to thank IAVI for their generosity and provision of funds.

Written by E.M. van der Elst, reviewed by E. Gichuru, M. Kimani, L. Ikumi, P. Njane, J. Walimbwa, E.J. Sanders and the rapporteurs.

Annex 1: List of organizations
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<th>NO</th>
<th>ORGANIZATIONS, Location</th>
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<td>1.</td>
<td>Persons Marginalised and Aggrieved KENYA (PEMA), Mombasa</td>
<td>pemakenya.org</td>
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<td>2.</td>
<td>HIV/AIDS People Alliance of Kenya (HAPA Kenya), Mombasa</td>
<td><a href="mailto:hapakenya2012@gmail.com">hapakenya2012@gmail.com</a></td>
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<td>6.</td>
<td>Watu Centre for Health and Advocacy (ACHA), Mombasa</td>
<td><a href="mailto:wachatelehealth@gmail.com">wachatelehealth@gmail.com</a></td>
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<td>Trans Alliance, Nairobi</td>
<td><a href="mailto:westernkitgetnetwork2015@gmail.com">westernkitgetnetwork2015@gmail.com</a></td>
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<td><a href="mailto:qinitiativeeldoret@gmail.com">qinitiativeeldoret@gmail.com</a></td>
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<td><a href="mailto:nafasiinnovations@gmail.com">nafasiinnovations@gmail.com</a></td>
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<td>17.</td>
<td>MARPS and Refugee Organization for security and cooperation in East Africa, Uganda</td>
<td><a href="mailto:rosce.kenya@outlook.com">rosce.kenya@outlook.com</a></td>
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<td>LVCT Health Societies, Nairobi</td>
<td><a href="mailto:enquiries@lvcthealth.org">enquiries@lvcthealth.org</a></td>
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<td><a href="mailto:nkokoiujafrika@gmail.com">nkokoiujafrika@gmail.com</a></td>
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<td>Nature Network, Nairobi</td>
<td><a href="mailto:kenaturenetwork@gmail.com">kenaturenetwork@gmail.com</a></td>
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<td><a href="mailto:chosingislife@gmail.com">chosingislife@gmail.com</a></td>
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<td><a href="mailto:jamstugutuke@yahoo.com">jamstugutuke@yahoo.com</a></td>
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<td><a href="mailto:tkmipeg@gmail.com">tkmipeg@gmail.com</a></td>
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<td><a href="mailto:kisumu2shinnerscbo@yahoo.com">kisumu2shinnerscbo@yahoo.com</a></td>
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<td>Health Options for Young Men on HIV/AIDS &amp; STIs (HOYMAS), Nairobi</td>
<td><a href="mailto:hoymas4@yahoo.com">hoymas4@yahoo.com</a></td>
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<td>Men Against AIDS Youth Group (MAAYGO), Kisumu</td>
<td><a href="mailto:Menagentstidsy83@gmail.com">Menagentstidsy83@gmail.com</a></td>
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<td>Upper Rift Minority (URM), Lodwar</td>
<td><a href="mailto:upperrift@gmail.com">upperrift@gmail.com</a></td>
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<td>JINSIANGU Kenya, Nairobi</td>
<td><a href="mailto:jinsiangu@gmail.com">jinsiangu@gmail.com</a></td>
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<td>Gay and Lesbian Coalition of Kenya (GALCK), Nairobi</td>
<td><a href="mailto:info@galck.org">info@galck.org</a></td>
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<td>Empowering Marginalised Community (EMAC), Machakos</td>
<td><a href="mailto:emackenya5@gmail.com">emackenya5@gmail.com</a></td>
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<td>Kenya Coordinating Mechanism (KCM), Nairobi</td>
<td><a href="mailto:rosemarykasiba@yahoo.com">rosemarykasiba@yahoo.com</a></td>
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<td>Key Population Consortium of Kenya, Nairobi</td>
<td><a href="mailto:kpconsortium1@gmail.com">kpconsortium1@gmail.com</a></td>
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<td><a href="mailto:info@inend.org">info@inend.org</a></td>
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<td>34.</td>
<td>Transgender Education &amp; Advocacy (TEA), Nairobi</td>
<td><a href="mailto:audreyembugua@gmail.com">audreyembugua@gmail.com</a></td>
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<td>Utafiti Pwani, Mombasa</td>
<td><a href="mailto:kennedymwendwa1991@gmail.com">kennedymwendwa1991@gmail.com</a></td>
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<td><a href="mailto:director@istharsm.org">director@istharsm.org</a></td>
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