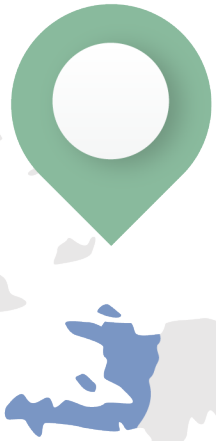
Haiti:

Key Populations' Strategic Priorities



Introduction

There are 150,000 [between 130,000 and 170,000] Haitians currently living with HIV. Of those, 96% know their HIV status, 85% are on ART, and 74% are virally suppressed. Among key population (KP) size estimates, sex workers (SWs) are estimated at 87,600 with an HIV prevalence of 8.5%, men who have sex with men (MSM) are estimated at 48,900 with an HIV prevalence of 9.4% and transgender people (TG) estimated at more than 3200 with an HIV prevalence of 34.8%.

The programme was making headway by providing services to KP in spite of the challenging political situation. Communities were at the centre with community-led service delivery and Haiti's community-led monitoring (CLM) project, one of the first CLM programmes to receive PEPFAR support. By the end of 2024, Haiti's KP programme had established a comprehensive service delivery framework supporting HIV prevention and treatment for KPs across all 10 departments. The country had developed a robust network of 183 HIV care sites, which included 161 PEPFAR-funded facilities and 90 sites (KP and non KP led) specifically serving KPs through Global Fund and PEPFAR support.

The programme provided prevention and treatment at facility level and within the community to KPs including MSM, FSW and their clients and lesbian, gay, bi-sexual, queer intersex+ (LGBTQI+) communities. These friendly services included social behaviour change (SBC), condoms, lubricants, HIV testing services (self testing and facility testing, STI screening/treatment services, biomedical interventions such as pre-exposure prophylaxis (PrEP) in all departments and post-exposure prophylaxis (PEP), syphilis testing, training-of-trainers on KP sensitisation training, leveraging expert KP-led organisations to capacitate other KP organisations, referral services for proctology and urology services, anti-retroviral therapy (ART), support groups, transportation support for KP to ensure retention of those not able to afford to get to services on their own, nutritional support for all, support for the KP lead organisations to work in the community, among others.

During the first half of 2025, Haiti experienced significant losses in KP HIV programming, marked by service closures, reduced coverage, and diminished community engagement due to the US government funding cuts. These losses threaten to reverse critical gains made in KPs' access to HIV prevention and treatment services.

By June 2025, the KP response in Haiti faced a critical moment characterised by:

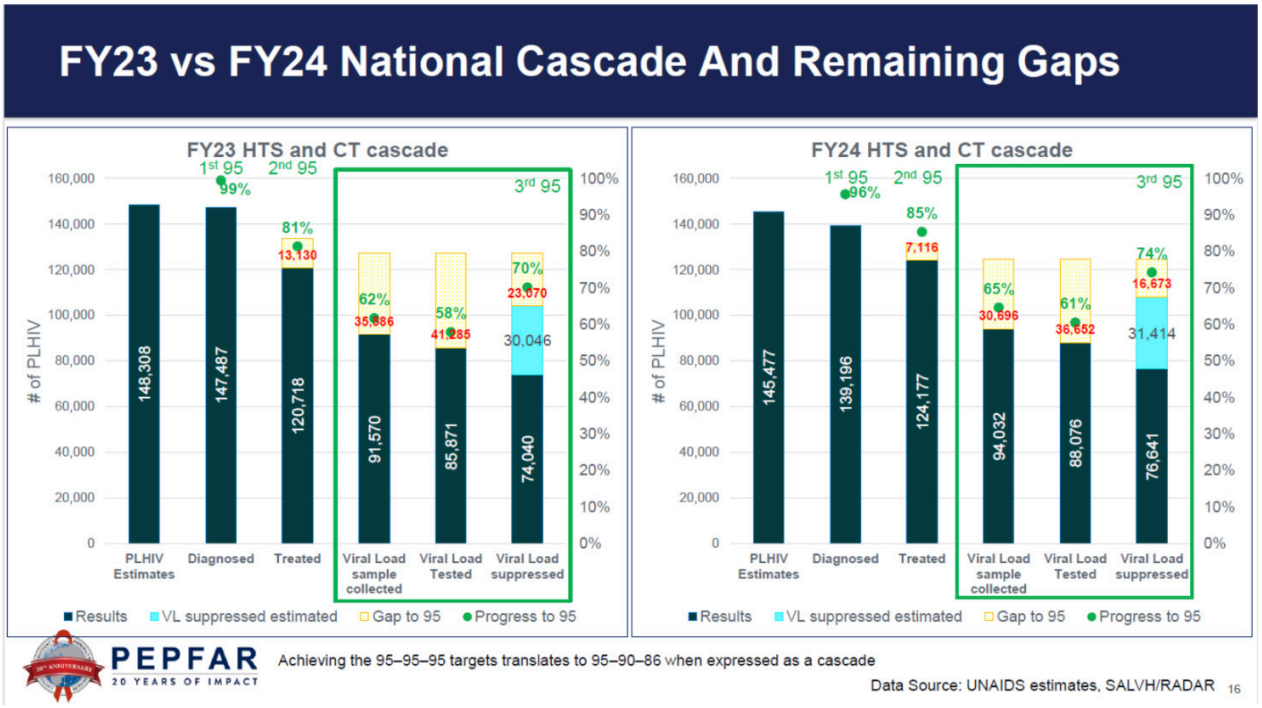
- **Dramatic reduction in access to ART:** KP access to antiretroviral treatment fell from 10,152 individuals (December 2024) to 6,587 (mid-2025) – a loss of 3,565 people.
- **Severe reduction of PrEP services:** KP access to PrEP decreased from 3,307 individuals to 752 – a reduction of 2,555 people.
- **Infrastructure Degradation:** Sites serving KPs have been reduced from 90 to 65 facilities.
- **Community Organisation Stress:** Over 50% of KP organisations can no longer provide essential services due to budget cuts related to Diversity, Equity, Inclusion (DEI) funding.
- **Supply Chain Challenges:** Logistical issues have caused shortages of essential HIV medications and other critical medical supplies. The continuity of the USAID-led Global Health Supply Chain Programme is uncertain, which could further disrupt service delivery, as well as causing potential loss of stock[1] .

[1] https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250313_Haiti_fs

Even with the return of some organisations after the reinstatement of some funders, organisations are unable to offer KP-specific services and are only offering general population services. While the government is attempting to resume services, they still must follow donor requirements, as 80% of the HIV programme is funded by external donors.

The Haitian consortium of KP organisations developed this strategy and budget to identify essential programme elements and coordinate resources from multiple sources to maintain vital services. Their guiding principles for maintaining an effective KP programming in Haiti include maintaining comprehensive services to continue to provide holistic care that addresses HIV treatment, prevention, mental health, and legal support needs, strengthening community-led responses by prioritising peer-led organisations and community monitoring systems, leveraging existing infrastructure to maximise the use of remaining functional sites while advocating for service restoration and inter-departmental coordination to ensure coverage in the 10 departments with an emphasis on maintaining services in high-load areas.

Where was Haiti on the 95/95/95 track?



KP Community Core Priorities

1. Antiretroviral Therapy (ART) and Service Continuity

Prior to the funding cuts, Haiti's KP programme targeted KPs at the facility and the community. However, the country was not close to the UNAIDS 95-95-95 targets with Haiti only reaching 96%:85%:74% of the target by 2024. The programme sought to improve access to treatment through the use of differentiated models, such as Drug Dispensing Points (DDPs), convenient community drug delivery at home or at specific designated points, and using Peer-Led Community ART Groups (PCAGs) for adherence support. For sites located in high insecurity areas, the programme worked with providers to use private locations for those living in the area and inter-site collaboration so that people living with HIV (PLHIV) could pick-up HIV drugs at another site if it was impossible or inconvenient for them to reach their sites or a DDP or benefit from community drug distribution. Communities had also identified the challenges with overreliance on ARV-only clinics and were advocating for accessible and comprehensive clinics that offered a full range of standard healthcare services, which included annual physicals, kidney function tests before starting PrEP, cervical cancer screening and treatment, gynaecological care, tuberculosis, proctology and urology services, as well as the diagnosis and treatment of sexually transmitted infections (STIs) and opportunistic infections[2].

By the end of 2024, Haiti had 183 HIV care sites nationwide including 161 PEPFAR-funded facilities. Of these, 90 sites funded by both PEPFAR and the Global Fund specifically served KPs through targeted programming. The network provided comprehensive ART services to approximately 10,152 KP individuals living with HIV, representing substantial progress in treatment access. Key achievements of the KP programme included expanded multi-month dispensing across stable KPs.

However, the funding cuts increased the risk of rising HIV prevalence, created more obstacles to achieving the 95-95-95 targets by 2030, exacerbated discrimination and stigmatisation of PLHIV, and undermined progress already made in the fight against the spread of HIV.

Key Estimates of Reductions (January-June 2025):

Area of Impact	Estimated Reduction	Narrative Explanation
New ART initiations for KPs	77.4% reduction	New ART initiations dropped from 266 to 60 per quarter due to outreach suspension and centre closures
ART retention	35.1% reduction	The estimated number of KPs living with HIV who accessed ART (total) during the prior 3 months dropped from 10152 to 6587.
Treatment interruption	3565	Estimated number of KPs living with HIV who have temporarily lost access to antiretroviral treatment (treatment interruption) in the past 6 months

[2] https://pepfarwatch.org/wp-content/uploads/2023/02/Peoples-COP23-Haiti-ENG.pdf

Non-negotiable Priorities:

- **Scale up community ARV distribution:** Involve community organisations by strengthening them in the distribution of ARVs, DDP and promote the decentralisation of services to the most remote areas.
- **Scale up peer support:** Strengthen the capacity of grassroots KP organisations to make them more autonomous.
- **Re-establish KP-led service delivery platforms:** Strengthen the KP-specific ARV sites at all levels to improve services.
- **Strengthen provider capacity at public facilities:** Involve KP communities in general population sites to support ART delivery for KPs.
- **Build comprehensive ART models:** Strengthen all KP sites to provide diagnosis and treatment of opportunistic infections such as tuberculosis.
- **Scale up viral load monitoring:** Strengthen the strategy to ensure that viral load results are more accessible and available at care sites.

Strategic Element	Current Status	Funding Gap	Key notes
ART commodities	Available	$46,945	Strengthen the distribution of ARVs, DDP and promote the decentralisation of services to the most remote areas.
KP-friendly public sites	Available but unsafe	191,582	Hire and work with KP communities in general population sites ART delivery for KPs.
Comprehensive services at KP clinics	lacking		Strengthen all KP sites to provide diagnosis and treatment for opportunistic infections such as tuberculosis.
Viral load	Available but unreliable		Improve access to viral load results.

ART Funding Gap: Approximately **$238,527** annually to restore comprehensive, peer-supported ART services for KPs.

What is the cost of inaction? ART is vital in keeping KPs living with HIV alive, thriving and unable to transmit HIV. Access to services in a safe and friendly way increases the number of KPs living with HIV (KPLHIV) who remain on treatment. A lack of support for those who are capable of identifying and retaining individuals on treatment, and pushing community members to unsafe and unfriendly service delivery sites, will negatively affect their outcomes and the successes of the programme. This is especially concerning in a country where the 95-95-95 targets have not been achieved and insecurity affects access.

[2] https://pepfarwatch.org/wp-content/uploads/2023/02/Peoples-COP23-Haiti-ENG.pdf

2. Prevention Services

Haiti's programme offered comprehensive prevention services to MSM, FSWs and their clients, and LGBTQI+ individuals. These services included social behaviour change (SBC), the provision of condoms and lubricants, HIV testing services, STI screening and treatment, as well as biomedical interventions such as PrEP and PEP. Haiti's PrEP programme had shown significant momentum as of December 2024, with approximately 69 sites offering PrEP services nationwide. Of these, 14 sites specifically catered to key populations, providing access to PrEP for 3,307 individuals by the last quarter of 2024.

Prior to the cuts, the programme intended to scale up self-testing across all departments, and, where feasible, implement social network testing to maximise case finding. They also intended to scale up PrEP services to all departments and service delivery points, advocate for simplified and differentiated PrEP implementation in line with new WHO guidance that recommends less stringent laboratory eligibility criteria, and scale up event-driven PrEP for all cisgender men[3]. The country also intended to prepare for innovative approaches such as long-acting PrEP, by supporting regulatory approval, development of standard operating procedures (SOPs), and training[4]. The PEPFAR team had begun planning for the introduction of the two-monthly CAB-LA injectable PrEP and was also preparing for the future introduction of the six-monthly Lenacapavir (LEN) injectable. With reinforcement of infrastructure, long-acting injectables could significantly reduce new infections and improve protection among key populations.

Strategies also focused on leveraging expert KP-led organisations to build the capacity of other KP organisations and engage civil society in activity planning, implementation, and service delivery.

However, following the funding cuts, the halt of PrEP services represents a major public health risk. PEPFAR-supported sites accounted for 80% of PrEP patients in Haiti, with most new HIV cases concentrated in the West and Artibonite Departments. Due to the US funding freeze, PrEP services—except for pregnant and lactating women—have been entirely suspended, along with communication and community engagement strategies. The National HIV Programme (NAC) anticipates a 30% to 50% monthly increase in new HIV infections in the absence of prevention activities and communication efforts. Community organisations have been among the hardest hit by the PEPFAR cuts, resulting in a reduction in community sites for PrEP distribution.

Regarding transgender individuals, Haiti had been making strides in reaching more community members by working with the Global Fund and PEPFAR to design and roll out transgender-friendly and competent services, including one-stop-shop models at the community level, Drop-In Centres (DICs), rapid linkage to HIV care and treatment services(including for victims of gender-based violence (GBV)), and promoting stigma-free, competent service delivery[5].

Key Estimates of Reductions (January-June 2025)

Area of Impact	Estimated Reduction	Narrative Explanation
PrEP access	77.3% reduction	Estimated number of KP who accessed PrEP during the last 3 months (total). 3307 (Oct-Dec)/752 (Jan-May)
PrEP new initiations	79.4% reduction	New PrEP starts declined from 3205 (Oct-Dec)/659(Jan-May)

[3, 4, 5] Haiti Country Operational Plan (COP) 2023 Strategic Direction Summary

Non-negotiable Priorities:

- **Introduce and scale up PrEP options including injectable PrEP.** PrEP is currently only available for pregnant women, not for KPs, increasing the risk of new HIV infection among KPs. Haiti also needs to ensure the introduction of PrEP options such as CAB-LA and Lenacapavir.
- **Scale up freestanding PrEP sites** as community organisations are the most affected by the PEPFAR cuts, which has led to a reduction in community sites for the distribution of PrEP.
- **Scale up condoms and lubricants to multiple access points** as the only remaining support comes from the Global Fund which limits access for those in non-GF supported sites.
- **Ensure procurement and distribution for commodities for PEP:** Due to the insecurity that Haiti is experiencing to prevent HIV and include community associations in distribution.
- **Scale up procurement and distribution** of hormonal therapy for transgender people.

Strategic Element	Current Status	Funding Gap/Need	Key notes
PrEP services	Limited	$1,893,497	All 30 organisations trained and equipped for PrEP delivery. 10 departments, targeting 2,555+ individuals
PEP services	Limited	$100,000	Scale procurement and distribution for commodities for PEP
Oral and injectable PrEP	Limited	$2,234,496	Introduce injectable PrEP options and scale up and expand access to oral PrEP. Specialised sites in each departmental capital. 10 specialised sites via leading organisations
PrEP sites (free-standing)	High gap	$200,000	Scale up free standing KP led PrEP sites as community organisations are the most affected by the PEPFAR cuts and the ones with the ability to reach people at the community
Condoms and lubricants	High gap	$26,810	Scale up commodities as the only remaining support is with the Global Fund and it is limited to GF sites. Use the 30 organisations as distribution points
HIV self-test		$20,000	Peer-led testing programmes. Training and supplies for all organisations

Demand creation and awareness building	High gap	$68,100	For demand generation to include social network-based IEC material creation for both oral PrEP and long acting PrEP
Hormone therapy access	High gap	$350,000	Estrogen, testosterone, monitoring in all 10 departments
Trans-competent care		$200000	training providers in each department on mental health
Trans safe houses	High gap	$600,000	2 dedicated establishments per department totalling 20 trans-specific safe spaces
Legal gender recognition support	High gap	$150,000	Legal aid through KP organisations on documentation and advocacy support

Primary Prevention Funding Gap: Approximately **$5,662,903** annually to restore comprehensive prevention services with peer support networks.

What is the cost of inaction? Prevention is a lifesaver for KPs. Access to these vital services should be non-negotiable. Haiti's security challenges make that need clearer and the cost of not providing vital life-saving options will drastically roll back the successes of the KP programme.

3. Community Infrastructure

Civil society organisations (CSOs) have been significantly impacted by the funding cuts, particularly those providing services for key, priority, and vulnerable populations. The loss of KP-focused interventions has increased vulnerability to stigma and discrimination and weakened responses to sexual and gender-based violence (GBV)[6]. Emergency shelter and psychosocial support services have also been severely impacted. Service reductions affected all 10 departments, with particular impacts in rural areas previously dependent on mobile outreach, border regions with migrant populations and urban centres where several services were co-located.

After the funding cuts, communities including KP organisations and people living with HIV organised a sit-in in front of the Prime Minister's Office to demand that the Haitian state fulfill its governmental obligations in the response to HIV/AIDS, participated in discussion forums to alert the international community about the risks associated with halting prevention activities and KP programmes, which could jeopardise the gains made in the fight against HIV in Haiti and organised a consultation workshop with civil society actors, UNAIDS Haiti, and the National AIDS Programme (PNLS), to identify solutions adapted to the Haitian context.

[6] https://www.unaids.org/en/resources/presscentre/featurestories/2025/march/20250313_Haiti_fs

Drop-In Centres and Safe Spaces

By the end of 2024, 90 sites were funded by both PEPFAR and the Global Fund that specifically served KPs. The number dropped to 65 sites serving KPs after the funding cuts. Of those that engaged in advocacy, accountability and government representation, 30 KP organisations still remain which is 98% of those who engaged in advocacy and accountability activities.

Out of the total of 30 KP organisations (KP), nearly 20 of them provided services, distribution of educational materials, and awareness-raising. 10 organisations provided safe space services, psychosocial support, and referrals until December 2024. With the funding cuts, most organisations can no longer provide the aforementioned services.

Until December 2024, CLM was 100% funded by USAID and Global Fund, the community monitoring programme was operational collecting data on the quality of services offered to KPs and PLHIV. Since January 2025, The CLM activities are only at 50% capacity with funding from the Global Fund.

Prior to the funding cuts, 75% of the KP organisations distributed across the 10 departments offered legal and civil protection services to KPs who were survivors of violence and offered human rights services but due to DEI-related budget cuts, more than 50% of the organisations can no longer offer these services in the 10 departments of the country.

Key Estimates of Reductions (January-June 2025):

Area of Impact	Estimated Reduction	Narrative Explanation
KP organisation offering services	27.8% reduction	KP Organisations reduced from 90 to 65
KP organisations conducting advocacy	2% reduction	98% of KP organisations engaged in advocacy still remain
Community-Led monitoring programmes	50% reduction	Since January 2025, activities are only at 50% with funding from the Global Fund
Legal and violence protection services	50%+ reduction	Of 75% of organisations able to offer a service now less than 50% of the 75% of organisation remain

Non-Negotiable Priorities

- **Scale up the national KP coalition or network** with capacity to convene, consult, and mobilise communities.
- **Support KP organisations to offer a comprehensive package of services,** including sensitisation, education, adherence and retention support, community-based clubs, community ART distribution, and psychosocial support, HIV prevention such as condoms, PrEP, PEP, HIV testing services, ART, management of co-infections, harm reduction, sexual and reproductive health services, GBV, and mental health
- **Support community-led organisations** to offer services for transgender people like hormonal therapy and specific psychosocial support.

Component	Approach	Current Status	Annual Funding gap	Budget Narrative
Basic organisational support	Strengthening the 30 organisations with operational funding	Variable capacity across organisations	$1,500,000	$50,000 per organisation for basic operations
Community monitoring	100% coverage through all organisations	Currently at 50% capacity	$400,000	Training, tools, coordination for complete monitoring
Legal services/ violence	Rights protection through the 30 organisations	50% service interruption	$750,000	Legal aid, case management, advocacy
Advocacy coordination	Unified voice through strengthened coalition	Active but resource constraints	$200,000	National and departmental coordination
Inter-organisational collaboration	Interdepartmental coordination and learning	Limited formal coordination	$150,000	Meetings, discussions, joint programming

Community Infrastructure Funding Gap: Approximately **$3,000,000** annually to rebuild essential community systems and protective mechanisms.

ART Services - Community led Provincial Implementation

Department	KP Organisations	Target ART Sites	Annual Funding gap	Key Activities
West	8 organisations	12 sites	$800,000	Urban hub restoration, peer networks
North	3 organisations	4 sites	$350,000	Border zone services, mobile awareness
Artibonite	4 organisations	5 sites	$400,000	Rural integration, community health workers
South	3 organisations	4 sites	$350,000	Access to remote areas, transport support
Grand'Anse	2 organisations	3 sites	$250,000	Services for isolated populations
Nippes	2 organisations	2 sites	$200,000	Small-scale integrated services
Southeast	2 organisations	3 sites	$250,000	Cross-border coordination
Northwest	2 organisations	3 sites	$250,000	Coastal Community Services
Centre	2 organisations	2 sites	$200,000	Access to mountainous region
Northeast	2 organisations	2 sites	$200,000	Border security considerations

Total community led provincial Implementation Investment: $3,250,000 annually for full provincial coverage

Safe Homes Network - Complete Protection

Department	Safe Houses	Operating Organisations	Annual Budget	Capacity
West	4 establishments	4 organisations	$400,000	Capacity 40 people
North	2 establishments	2 organisations	$200,000	Capacity 20 people
Artibonite	2 establishments	2 organisations	$200,000	Capacity 20 people
South	2 establishments	2 organisations	$200,000	Capacity 20 people
6 Other Departments	10 establishments	20 organisations	$600,000	Capacity 100 people

Total Safe Homes Network - Complete Protection: $1,600,000 annually for full provincial coverage

Services in Each Safe House :

- Emergency accommodation (24-48 hours)
- Crisis counselling and psychological support
- Legal references and documentation assistance
- Medical care coordination
- Reintegration planning and support
- Emergency toll free support

Total Safe House Investment : $1.6M annually

Psychological Services - Mental Health Network

Type of Service	Provider	Annual funding gap	Implementation Strategy
Individual Counselling	All 30 organisations	$400,000	60 trained advisors (2 per organisation)
Group Therapy Programmes	Departmental capitals	$400,000	10 group therapy programmes
Trauma-Informed Care	All service providers	$150,000	Training for 200+ providers
Crisis Intervention	24-hour helpline and response	$250,000	National line with local response teams
Peer Support Groups	Community programmes	$100,000	Peer-led support circles

Total Mental Health Investment : $1,300,000 annually

Economic Empowerment - Complete Programme

Programme Component	Departmental Coverage	Annual Funding Gap	Expected Results
Training Programmes Skills	All 10 departments	$500,000	1,000 individuals trained annually
Microfinance and Small Businesses	30 credit circles	$400,000	300 small businesses supported
Job Placement Services	Job networks	$200,000	500 job placements annually
Development Cooperatives	Agricultural cooperatives and services	$300,000	20 cooperatives established
Financial Literacy	Training through all organisations	$100,000	2,000 individuals trained

Total Economic Empowerment Investment : **$1,500,00** annually

Community Infrastructure Funding Gap: Approximately **$10,650,000** annually to rebuild essential community systems and protective mechanisms.

What is the cost of inaction? The backbone of the KP programme relies on the ability of countries to find community members that they consider harder to reach. In Haiti, that is only one of the hurdles the programme faces. If community members are not supported to find peers and bring them to service delivery sites there will be even less knowledge in the community about key interventions that could save lives. The country will be relying on overstretched health workers with stigmatising attitudes to offer the services to those who dare to venture into the unfriendly clinics. History has shown that this is not a reliable option especially if we want to have a successful programme. If we allow KPs to be cut off from life-saving options the cost of the HIV programme will be even more expensive in the future- for the country and for the people who would have been reached by critical services.

Summary of proposed cost of the Haiti Key Population Plan

In Haiti, the methodology used the national population size estimates from PEPFAR, UNAIDS KP Atlas and the recent BBS data. Where lacking an estimate for TG, a standard percentage from the region is used. We considered the percentage of KPs that need prevention services (set initially at 90%). We further estimated KP living with HIV using HIV prevalence from PEPFAR or the KP Atlas. Where lacking prevalence data, a standard percentage from the region is used. We had considered the percentage of KPLHIV in need of treatment services (set initially at 100%). To meet the Haiti KP budget, Haiti will focus on 80% of treatment and 50% on prevention as indicated below. Prisoners and clients of FSW are not included in the costing exercise. This covers the Haiti KP Strategy Summary below with a programme cost total of $12,563,676, targeting 68,100 KPs. The itemised costing of each intervention is found on this link Haiti KP Targets and Cost and summarised on the next page.

Haiti Key Populations Costed Strategy Summary

Activity/Article	Annual Cost Estimation	Budget Narrative	Financing Needs
ART Services (All 10 Departments)			
Restore access to ART to pre-2025 levels	$2,800,000	Support for 3,565 individuals in 10 departments, including products, personnel, and site operations.	Critique - immediate funding is necessary
ART sites via 30 PC organisations	$1,500,000	Support all 30 PC organisations to provide/refer TAR services in their respective departments.	Expansion beyond the current 65 sites
Prevention Services (Provincial Coverage)			
Restoration of PrEP through 30 KP organisations	$1,500,000	Oral and injectable PrEP for 2,555 individuals through a comprehensive network	Urgent need
Distribution of condoms and lubricants	$150,000	Supply chain through the 30 organisations in the 10 departments	Unfunded
Specialised Trans Health Services			
Hormone therapy for trans women	$350,000	Access to hormones and monitoring through KP organisations in all departments	Critical health need
Trans-specific health training	$200,000	Training of healthcare providers in the 10 departments on trans health	Capacity building
DICs, Safe Houses and Protection Network (10 Departments)			
Expansion of the safe houses network	$1,200,000	20 safe houses in the 10 departments (2 per department) managed by KP organisations.	Essential protection
Emergency shelter and support	$250,000	24/7 emergency response through 30 KP organisations	Vital services

Psychosocial and Mental Health Services			
Psychological services for all PCs	$600,000	Mental health support through providers trained in the 30 organisations	Full care
Trauma-informed care training	$300,000	Training for psychological service providers in all departments	Quality assurance
Economic Empowerment (10 Departments)			
Income-generating activities	$849,676	Economic empowerment programmes through the 30 KP organisations	Sustainability focus
Skills and Microfinance Training	$600,000	Professional training and support for small businesses in all departments	Economic independence
Economic independence			
Basic support for 30 KP organisations	$1,500,000	Operational support for the 30 organisations in the 10 departments	Organisational reinforcement
Community surveillance (provincial)	$400,000	Restoration of 100% coverage in all departments through KP organisations.	Empowerment
Legal services and violence prevention	$364,000	Rights protection services through the 30 organisations	Complete protection

TOTAL ESTIMATED INVESTMENT NEEDED: $12,563,676 annually across strategic investment areas in emergency response, service restoration, systems rebuilding, and protection.

Methodology

This rapid strategy and budgeting exercise was designed as a structured assessment process to capture country-level impacts of foreign aid transitions and identify essential services requiring continued investment for KPs. The methodology began with orientation to a standardised Excel worksheet framework designed to systematically capture country coalitions' assessments across three critical domains: ART service delivery, HIV prevention programming, and community infrastructure (including civil society engagement, community-led monitoring, community mobilisation, and advocacy capacity).

The assessment process examined three distinct time periods: baseline status at the end of 2024, immediate impacts following foreign aid transitions that began in January/February 2025, and current conditions as of June 2025. Country coalitions collected quantitative and qualitative data through surveys, key informant interviews, organisational assessments, and coalition consultations to document service disruptions, funding gaps, and programmatic changes across these timeframes.

Following data collection, coalitions engaged in facilitated consensus-building processes to analyze findings, identify priority concerns, and develop collective views on current programming status. Through these discussions, coalitions articulated their "essentials"—critical activities, services, and investments necessary to maintain effective HIV responses for KPs in their contexts. This worksheet was used as the basis for a strategy narrative, developed by the GBGMC support team, that included a summary table of priority interventions requiring funding and attention.

In Haiti, the following steps were undertaken:

In Haiti, the process of filling out the country planning tool excel shared by the GBGMC team from the consultant to guide the prioritisation process was very participatory. After the participation of the two representatives from L'Organisation de Développement et de Lutte contre la Pauvreté (ODELPA) and Action Citoyenne pour l'Egalité Sociale en Haïti (ACESH) in the Kigali "Reaching the last mile for KPs" meeting, an immediate follow-up was made with the President of the Civil Society Forum in order to organise a sharing and information meeting with the actors and organisations that work directly with KPs in order to motivate them. This first meeting was very important because it allowed communities to have their learn about the task and motivate them to move forward with the work of filling out the Excel file. At the end of this mobilisation meeting, the team decided to organise two days of hybrid work with one team online and the rest of the team at the Serovie office, who organised all the logistics and support in order to maximise the participation of all stakeholders.

At the end of these two days of work, the Housing Works and PNLS teams with the support of ODELPA finalised the documents and had an online meeting with everyone for approval and then submitted it to the GBGMC team.

The Team

This country planning journey was powered by the unwavering spirit and vision of communities who believe HIV responses must be led by those most impacted. At the heart of this process were the visionary leadership of Soeurette Policar from ODELPA, with coordination from community leaders, networks, and Civil Society Organisations (CSOs);

The people and groups who participated in the strategic planning process for Haiti are:

Members of the Civil Society Forum: FOSREF, SEROVIE, ODELPA

Housing Works

ODELPA/CLM

the Advocacy Committee of Key Populations

ORAH

ACESH

OTRA

the National Representative Committee of the Haitian Trans Community

Ministry of Public Health and Population (MSPP) through its National AIDS Control Programme (PNLS).

Technical Team

Global Black Gay Men Connect (GBGMC): Maureen Milanga, Brian Kanyemba, Kingford Khanyiso, Micheal Ighodaro

Health Global Access Project: Brian Macharia, Asia Russell, Belinda Thibela

Partners

Partners: UNAIDS, KP-TNC, Kenya Key Population Consortium (KKPC), amfAR.

Contributors (research & preliminary drafting): Emily Bass, Brian White, William Miller

Technical contributors: Kent Klindera, Devynn Birx-Raybuck, Meg Densmore, Sarah Ekellogg, Sara Melillo, Ron Macinness and Brittany Parnel

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