



Transgender AND MSM:

Trans masculine people who have sex with men claiming our place in the global HIV response

We are a group of gay, bisexual, queer, and other trans masculine people* who have sex with men (trans MSM) and allies, and we are involved in the global HIV/AIDS response as advocates, researchers, and service providers. We are issuing this call to action following the 2016 International AIDS Conference in Durban, South Africa. Trans men who have sex with men are recognized by the World Health Organization [1] as a key population at increased HIV vulnerability. Despite this, AIDS 2016 received only three research abstracts and three programming submissions specific to trans MSM, of which only one abstract and one program submission were accepted to the main conference. *This invisibility must end.*

First and foremost, we recognize the disproportionate impact that HIV epidemics have had on our transfeminine sisters. We wholeheartedly and actively support their calls for a scaled-up, fully-funded, and community-led response to HIV among trans women.

* Trans people assigned female at birth, who may identify as men, trans men, trans masculine, gender non-binary, Two Spirit, Brotherboy, or other identities that differ from our birth-assigned sex.

In issuing this statement, we reject the notion that we must compete amongst ourselves for resources.

Structural, cultural and social devaluation and the criminalisation of trans lives are the primary drivers of HIV vulnerability in trans communities, and the primary obstacles to a robust response. We are stronger when we challenge these barriers together, while not obscuring the particularly devastating impact that HIV continues to have for transfeminine people.

Trans women have long called for HIV research, funding, and interventions that do not lump them into the category of men who have sex with men (MSM). We concur that doing so is invalidating, violent, and counter-productive, and are pleased to see that organizations are increasingly recognizing the need for a distinct response for trans women. On the other hand, we are troubled by blanket statements that divide "transgender people" from "MSM", because such statements erase trans men who have sex with men and justify our continued exclusion from MSM HIV programs.

In effect, this rhetoric contributes to us falling between the cracks of a (nascent and still under-resourced) HIV response for trans women, and the MSM HIV response.

Very limited data are available to characterize the HIV burden and prevention or treatment needs of trans MSM, particularly outside of Canada and the United States [2]. In addition, until quite recently, trans men had been excluded from all trials of biomedical HIV prevention tools. Paradoxically, based on the assumption that trans masculine people are at low risk for HIV, we are excluded from research that could refute or substantiate this assumption. *The absence of evidence is not evidence of absence.*

Our exclusion is also based on assumptions about the kinds of sex we have and who we have sex with. In fact, trans men can and do have all kinds of sex with partners of all genders and sexualities. For example, some of us exclusively engage in anal sex with cisgender (non-trans) gay and bisexual men, and some of us are sex workers. In addition, we sometimes experience sexual assault within and beyond gay communities, increasing our risk for HIV. Thus, even if HIV prevalence among trans MSM truly is low relative to trans women and cisgender MSM, prevention efforts will be necessary to avoid increasing HIV incidence in our communities. We have observed that in some cities, trans MSM are increasingly part of gay/MSM sexual cultures and communities. We celebrate and affirm these spaces. At the same time, recognize that this shift may increase our risk for HIV, particularly if we are excluded from HIV prevention initiatives.

While we urgently need to enhance data collection on trans masculine people and HIV, we do not need to wait for such data to begin including trans MSM in the HIV response. Therefore, we call on all stakeholders in the HIV response to recognize and affirm that *trans masculine MSM are MSM*. This means including trans MSM in HIV research, programming, and policy documents related to MSM—in consultation with local trans masculine communities. Keep in mind that these communities may identify with Indigenous and other culturally-specific gender diverse identities that are not reducible to "trans MSM", and take their lead on how best to respectfully and meaningfully involve them in the HIV response. It means an end to the conflation of "transgender people" with "transgender women".

Organizations by and for trans MSM exist and are available to provide guidance on how best to include us and reflect our diverse identities, bodies, and experiences. We have provided a list below, which unfortunately only includes formal organizations based in high-income countries. We hope to be able to expand this list in the near future, and we call on organizations and donors to invest in community mobilization for trans MSM globally.

Peer Advocacy Network for the Sexual Health of Trans Masculinities (PASH.tm), Australia
www.facebook.com/pashtm

tm4m, Asian & Pacific Islander Wellness Center, San Francisco, USA
<http://apiwellness.org/site/tm4m/>

Trans Men's Working Group, Ontario Gay Men's Sexual Health Alliance, Canada
www.queertransmen.org

References

1. World Health Organization. Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. Geneva; 2014. Available at: <http://www.who.int/hiv/pub/guidelines/keypopulations/en/>

2. Reisner SL, Murchison GR. A global research synthesis of HIV and STI biobehavioural risks in female-to-male transgender adults. *Global Public Health*. 2016;11(7-8):866-87.

3. IRGT: A Global Network of Trans Women and HIV. Counting trans people in: Advancing global data collection on trans people and HIV. Oakland, USA; 2016. Available at <http://transglobalactivism.org>.

4. PASH.tm. Position statement: data collection. December 2015. Available at: <https://www.facebook.com/notes/pashtm/pashtm-position-statement-data-collection/1220634297957157>



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