

# Smart Guide for Trans and Gender Diverse Communities

on WHO Consolidated Guidelines  
on HIV, Viral Hepatitis and STI  
Prevention, Diagnosis, Treatment and  
Care for Key Populations

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## **About GATE**

**GATE is an international advocacy organization working towards justice and equality for trans, gender diverse and intersex communities.** Rooted in our movements, we work collaboratively with strategic partners at the global level to provide knowledge, resources and access to international institutions and processes. Our vision is a world free from human rights violations based on gender identity, gender expression and sex characteristics. Our strategy is to transform the landscape of global advocacy, knowledge creation and resource distribution through critical inclusion of trans, gender diverse and intersex movements at all levels of political, legal and socio-economic processes.

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## What is this Smart Guide?

This Smart Guide summarizes and discusses the WHO guidelines' key recommendations for HIV, viral hepatitis and STIs for trans and gender diverse people in easy-to-understand language. The Smart Guide can be used as a tool when advocating for rights-based services. For more in-depth information on any of these topics, you can refer to the full [WHO Consolidated Guidelines](#) document. WHO has also produced a policy brief on the guidelines, and one for each key population (expected to be published in mid-2023), which summarize newly added recommendations and lists recommended interventions.

This Smart Guide has been adapted for the trans and gender diverse community from [The Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations](#), which was produced by the Global Network of Sex Work Projects (NSWP).<sup>1</sup>

## What are the WHO Consolidated Guidelines?

In 2022, the World Health Organization (WHO) published the [Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#).<sup>2</sup> They provide guidance for public health and rights-based responses to HIV, viral hepatitis, and sexually transmitted infections (STIs) for key populations. Key populations are defined as men who have sex with men, sex workers, people who inject drugs, trans and gender diverse people, and people in prisons and other closed settings. They are defined as "key" given that they are disproportionately impacted by HIV, and 70% of new HIV infections in 2021 occurred amongst key populations and their partners.<sup>3</sup> This is due to structural barriers, including criminalization, stigma, and discrimination, which increase vulnerability and limit access to services. Key populations are also disproportionately affected by STIs and viral hepatitis and have broader health needs.

The 2022 guidelines are an update to WHO's previous 2014 and 2016 *guidelines on HIV prevention, diagnosis, treatment and care for key populations* and include existing, updated, and new recommendations and good practice statements. New recommendations were informed by reviews of scientific evidence and a community values and preferences study conducted by four global key population-led networks: Global Action for Trans Equality (GATE), the Global Network of Sex Work Projects (NSWP), the International Network of People Who Use Drugs (INPUD), and MPact Alliance for Gay Men's Health and Rights (MPact).

These guidelines gather the most recent guidance and recommendations related to HIV, viral

1 Global Network of Sex Work Projects, 2023, "[Smart Sex Worker's Guide to the WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment and Care for Key Populations](#)."

2 World Health Organization, 2022, "[Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations](#)."

3 UNAIDS, 2022, "[In Danger: UNAIDS Global AIDS Update 2022](#)," p. 17.

hepatitis and STI prevention, diagnosis, treatment, and care for key populations. They promote evidence- and rights-based interventions to improve trans and gender diverse people and other key populations' access to health and human rights.

The guidelines can be used by trans and gender diverse and other key population-led organizations to advocate for rights and evidence-based HIV, STI, and hepatitis programmes, and by managers, policymakers, donors, and others to inform rights and evidence-based HIV, STI, and hepatitis policies and programming.

## How were Trans and Gender Diverse People Involved in the Development of these Guidelines?

These guidelines were developed by WHO, in collaboration with other UN agencies, academics and researchers, programme and policy experts, civil society representatives, and four global key population-led networks: GATE, INPUD, MPact, and NSWP, who represent and advocate for the needs of trans and gender diverse people, people who use drugs, men who have sex with men, and sex workers, respectively.

The four key population networks contributed to the guidelines at multiple stages. GATE, INPUD, MPact, and NSWP were all members of the Guideline Development Group – the group responsible for formulating and approving the new and updated recommendations. Representatives from the key population networks also participated in the External Review group, which reviewed the guidelines.

In addition, WHO commissioned GATE, INPUD, MPact, and NSWP to design and conduct a study of key populations' values and preferences surrounding HIV, viral hepatitis, and STI services amongst their communities.

### Values and Preferences Study

In 2021, GATE, INPUD, MPact and NSWP conducted community-led research exploring their communities' values and preferences surrounding HIV, viral hepatitis, and STI services. Due to the lack of networks of people in prisons and logistical issues, no community consultation was conducted with people in prisons, although given the criminalization of key populations, people with experience of incarceration were included in key population consultations.

Data was collected by community consultants engaged by the global key population-led networks. The research included virtual semi-structured interviews and focus group discussions conducted with community members, including key informants and grassroots community members. From GATE, 10 interviews and 10 focus group discussions were conducted with trans and gender diverse participants across all 6 WHO regions. More information can be found in **Chapter 2** of the guidelines.

Results of the research were used to inform the development of the guidelines.

# Introduction

**Chapter 1** of the guidelines discusses structural barriers which impact trans and gender diverse people's access to health services. It also explains why it is important to address HIV, viral hepatitis, and STIs among key populations.

## Structural Barriers

Social, legal, structural, and other barriers increase key populations' vulnerability to HIV, viral hepatitis, and STIs, and restrict their access to essential services. Trans and gender diverse people are subject to punitive laws and policing practices due to the criminalization of non-conforming gender expression and the lack of legal gender recognition in many countries. Trans and gender diverse people also face high levels of stigma and discrimination from law enforcement, health care workers, and the general population. Criminalization, stigma, and discrimination promote violence and other human rights abuses, which trans and gender diverse people are less likely to report due to structural barriers. Structural barriers also make it harder for trans and gender diverse people to consistently use HIV, viral hepatitis and STI prevention methods (like condoms and lubricant), get diagnosed, and enter and stay in treatment.

Trans and gender diverse people can be members of more than one key population group simultaneously. For example, a trans person may also sell sex, or identify as a gay man, and a sex worker may also use drugs. Factors such as gender, disability, education, race, religion, and socioeconomic status can intersect and exacerbate structural barriers.

## HIV, Viral Hepatitis, and STIs in Key Populations

Trans and gender diverse people and other key populations are disproportionately affected by HIV in almost every setting. Viral hepatitis infections also disproportionately affect key populations, with the highest burden being among people who inject drugs, people in prisons, and men who have sex with men. Trans and gender diverse people may also be affected by viral hepatitis, particularly if they also belong to another key population group. STIs also affect all key populations disproportionately, and trans and gender diverse people face a higher risk of STIs in almost all settings.

Epidemics of HIV, viral hepatitis, and STIs may also interact and reinforce one another, heightening negative impacts and health outcomes for all key populations.

## Responding to HIV, Viral Hepatitis and STIs in Key Populations

Prioritizing the prevention, diagnosis, and treatment of HIV, viral hepatitis, and STI infections in key populations is critical to achieving global health targets, including:

- ➔ **United Nations Sustainable Development Goal 3, target 3.3:**
  - By 2030, end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.<sup>4</sup>

<sup>4</sup> ["Goal 3: Ensure healthy lives and promote well-being for all at all ages,"](#) United Nations Department of Economic and Social Affairs.

➔ **The Joint United Nations Programme on HIV/AIDS (UNAIDS) [Global Strategy to end AIDS](#):**

- By 2025, 95% of people use combination prevention; 95% of people living with HIV know their HIV status; 95% of people living with HIV who know their status initiate treatment; 95% of people on HIV treatment are virally suppressed and 95% of women access HIV and sexual and reproductive health (SRH) services.
- By 2030, 90% of people living with hepatitis C (HCV) or B (HBV) are diagnosed and 80% treated (HBV) or cured (HCV).
- By 2030, >90% of priority populations are screened for gonorrhea or syphilis and >95% are treated if positive.
- By 2025, less than 10% of countries have punitive laws and policies that deny or limit access to services; less than 10% of people experience stigma and discrimination, and less than 10% experience gender inequality and violence.<sup>5</sup>

In line with these goals, the guidelines center trans and gender diverse people and other key populations' needs and priorities, and promote person-centered approaches to health, which include:

- ➔ Reducing structural barriers
- ➔ Community empowerment, sustainable community-led services, and self-care
- ➔ Differential service delivery approaches
- ➔ Evidence-based, people-centered, quality interventions
- ➔ Funding for priority, impactful, and sustainable packages of interventions

These approaches will be described in more detail later in the Smart Guide.

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5 UNAIDS, 2021, "[Global AIDS Strategy 2021-2026 – End Inequalities. End AIDS.](#)"



## Critical Enablers

**Chapter 3** of the guidelines discuss “critical enablers,” which are strategies, activities, and approaches that aim to respect and realize the human rights of all key populations and improve the accessibility, acceptability, uptake, coverage, effectiveness, and efficiency of health services. They operate at all levels, requiring collaboration across multiple sectors (e.g., health, justice, and labor) and between multiple actors (e.g., key population communities, civil society, government, and others). The meaningful involvement of trans and gender diverse- and other key population-led organizations is essential.

### Key Populations’ Values and Preferences Related to Structural Barriers and Critical Enablers

Research conducted by the global key population networks found that all four key populations experience persistent criminalization, stigma, and discrimination, which reduce access to health services and perpetuate vulnerability, human rights abuses, and poor health outcomes.

Participants recommended the following critical enablers for their communities:

- ➔ **Legal and policy reform**
  - Decriminalize sex work, drug use and possession, same-sex relations, and gender expression
  - Promote policies supporting legal gender recognition
- ➔ **Community empowerment**
  - Promote peer outreach, peer-led services and drop-in centers
  - Conduct advocacy and awareness-raising campaigns
  - Promote capacity-building and resource mobilization for key population-led organizations
  - Conduct key population-led sensitization trainings for health care staff, law enforcement, NGO workers, and the wider community
- ➔ **Anti-violence interventions**
  - Implement violence prevention measures as part of a holistic wellness approach
- ➔ **Increased funding for community-led initiatives**
  - Prioritize funding for key population-led programming and initiatives

### Essential Interventions to Address Structural Barriers

In this section, WHO outlines structural barriers and identifies measures to overcome them.

#### Legal and Policy Barriers and Enablers

Most countries have laws, regulations, or policies that restrict access to HIV, viral hepatitis, STI, and other health services for key populations.

**Legal and policy barriers include:**

- Criminalization of sex work, drug use and possession, gender identity or expression, and same-sex relations
- De facto criminalization of gender identity via the criminalization of cross-dressing or 'impersonation of the opposite sex'
- Lack of legal gender recognition for trans and gender diverse people
- Parental or legal guardian consent requirements for adolescents under the age of 18 to access health care
- Criminalization of possessing needles/syringes
- Use of condoms as 'evidence' of sex work as a basis for arrest
- Forced anal examinations to 'investigate' or punish same-sex behavior between men or trans women

For trans and gender diverse people, the legal recognition of gender and chosen name can reduce stigma, discrimination, and ignorance around gender variance. It can also support trans and gender diverse people to access health services and stay in treatment. Legal gender recognition must be accompanied by training, sensitization, and education, and it must be enforced.

**WHO good practice statements and guidance on removing punitive laws, policies, and practices:**

- Governments should work towards the decriminalization of drug use/injecting, drug possession, sex work, same-sex activity, and nonconforming gender identities, and stop the unjust use of laws and regulations against key populations
- Laws, policies, and practices should be reviewed and revised where necessary, with meaningful engagement from key population groups, to increase key populations' access to services

**Stigma and Discrimination**

Key populations face high levels of stigma and discrimination. Many key populations also face intersecting forms of discrimination due to their age, sex, race or ethnicity, health status, disability, nationality, asylum or migration status, or criminal record. Stigma and discrimination are exacerbated by a lack of training and education for health workers and law enforcement officers on the needs and priorities of key populations.

**Stigma and discrimination in health services lead to:**

- Stigmatizing and discriminatory treatment from health workers, and refusal of services
- Delayed testing, missed diagnoses, and obstacles to staying in treatment
- Fear of disclosing one's health status
- Poor uptake of health services

**Different aspects of stigma and discrimination can be addressed by:**

- Providing information about health and health-related stigma

- Conducting sensitization and other training for health care workers, law enforcement officers, and others
- Offering counselling and support services for key populations
- Promoting engagement between key populations and health care workers, law enforcement officers, and others
- Putting anti-stigma and anti-discrimination policies in place, with procedures for key populations to report discrimination
- Ensuring universal health care and professional, non-discriminatory care for key populations

**WHO good practice statements and guidance on addressing barriers related to stigma and discrimination:**

- Implement and enforce anti-discrimination and protective laws
- Promote collaboration between key population-led organizations and policymakers
- Make health services available, accessible, and acceptable to key populations, based on the principles of medical ethics, freedom from stigma and discrimination, and the right to health

### Community Empowerment

Key populations, including trans and gender diverse people, often cannot control structural and contextual factors which make them more vulnerable to HIV, viral hepatitis, and STIs. These constraints not only increase risks of HIV, viral hepatitis, and STIs, but create barriers for key populations to access available services and make them unaware of their fundamental human rights. Rather than receiving adequate, rights-based information, trans and gender diverse people (particularly young trans and gender diverse people), often receive negative and confusing messages about gender, drug use, pregnancy, sex work, homosexuality, STIs, and HIV.

Community empowerment is the process by which trans and gender diverse people can work together to gain and increase control over their health and lives. Community empowerment enables trans and gender diverse communities to address the structural barriers to their health and human rights while promoting positive social, economic, safer sex and health seeking behavior, and improving access to services.

**Community empowerment can take many forms:**

- Supporting trans and gender diverse-led groups, programmes, and services
- Meaningful participation of trans and gender diverse people in designing and implementing services
- Peer education or peer navigation (support and accompaniment from peers for health services)
- Task shifting to trans and gender diverse people (delegating tasks to community members which are traditionally done by health care professionals)
- Self-care

- Implementing legal literacy programmes
- Ensuring safe civil spaces for trans and gender diverse people

These guidelines present a framework for community empowerment. A similar framework has also been published in [Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions](#) – also known as the ‘TRANSIT’.<sup>6</sup>

### Framework for Community Empowerment



**Source:** WHO, 2022, Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, p. 22

Key population-led services, facilities, and research must be supported. Trans and gender diverse-led organizations, collectives, and networks can play a key role in training staff who work in healthcare, law enforcement, and social services.

6 UNDP, IRGT: A Global Network of Trans Women and HIV, UNFPA, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, WHO, Joint United Nations Programme on HIV/AIDS, USAID, 2016, [“Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions,”](#) p.5.

Trans and gender diverse people must be meaningfully involved and have a voice in decision-making, as well as in the development, implementation, monitoring, and management of services and programming for their communities. This will ensure that services are appropriate and acceptable and will help foster partnerships between the community and service providers.

**Meaningful involvement means that key populations:**

- 1) Choose whether to participate
- 2) Choose how they are represented, and by whom
- 3) Choose how they are engaged in the process
- 4) Have an equal voice in how partnerships are managed

**WHO good practice statements and guidance on community empowerment:**

- Key population-led groups and organizations should be made essential partners and leaders in designing, planning, implementing, and evaluating health services
- Programmes should implement a package of interventions to enhance community empowerment among key populations

## Violence

Violence against trans and gender diverse people is common and can be physical, sexual, or psychological. It can be perpetrated by law enforcement and others in positions of power, family members, intimate partners, service providers, and others. Violence can be fueled by gender power imbalances, such as prejudice and discrimination against people who are perceived as deviating from conventional gender norms and identities. Structural factors – including laws, punitive policing, and stigma and discrimination – also perpetuate violence. Violence negatively impacts on trans and gender diverse people’s physical and mental health, reduces access to health services, and increases risks for HIV and STIs. Trans women experience particularly high rates of physical, sexual, and psychological abuse.

**The health sector can play an important role in addressing violence by:**

- Providing comprehensive health services, including for sexual and reproductive health
- Providing referrals to other support services
- Gathering evidence through data and research
- Promoting prevention policies in other sectors
- Advocating for violence to be recognized as a public health problem and for resource allocation

**People who experience violence need access to:**

- Post-rape care, including emergency contraception
- Safe abortion
- Post-exposure prophylaxis for HIV and other STIs
- Hepatitis B immunization

- Psychosocial care and support
- Referrals to legal services

HIV, viral hepatitis, and STI services for trans and gender diverse people should include clinical and psychosocial care and support for survivors of violence. Treatment for physical injuries and longer-term mental health care may be needed. Trained peer counsellors can offer psychosocial support and crisis response interventions to link survivors to services and safe spaces.

**Critical enablers to address violence include:**

- Documenting and monitoring violence
- Training trans and gender diverse people and other stakeholders to understand human rights
- Holding law enforcement officials accountable to prevent and respond to violence and human rights violations

Programmes that engage trans and gender diverse communities and other stakeholders have been shown to be effective against violence. Law enforcement officials can be perpetrators of violence against trans and gender diverse people and other key populations. Work can be done to train law officers on the human rights of trans and gender diverse people and promote accountability. Advocacy for law and policy reform can also help prevent violence and promote the rights and safety of trans and gender diverse people.

**Efforts to prevent violence can be promoted by:**

- Conducting advocacy for law and policy reforms that protect the rights and safety of trans and gender diverse people
- Increasing awareness of violence reporting mechanisms and disciplinary action
- Conducting sensitization workshops for government officials, law enforcement, prison staff, media, health care workers, and others
- Creating safe spaces
- Creating early warning and rapid response mechanisms (such as hotlines and online platforms) with involvement from trans and gender diverse people, health workers, and law enforcement

It is also important to monitor and document incidences of violence as evidence for advocacy and to inform programme design.

**WHO good practice statement on addressing violence:**

- Violence against key populations should be prevented and addressed in partnership with key population-led organizations. All violence against key populations should be monitored and reported, and mechanisms should be put in place to ensure justice.

## Recommended Interventions for Trans and Gender Diverse People

The next two chapters of the guidelines (**Chapters 4 and 5**) provide recommendations for key populations, with specific packages of interventions recommended for each key population group. Most recommendations are the same as WHO guideline documents for the general population, and some are from the 2014/2016 consolidated key populations guidelines. Trans and gender diverse people and other key populations are also members of the general population, and these guidelines reaffirm that recommendations aimed at the general population also apply to them. At the same time, key populations should be prioritized for HIV, viral hepatitis, and STI interventions due to their increased vulnerability, compared to the general population.

Trans and gender diverse people have specific health needs and vulnerabilities. Trans and gender diverse people experience very high levels of sexual and physical violence, in addition to facing criminalization, stigma, and discrimination. Stigma and discrimination against trans and gender diverse people are particularly common in health care settings. Violence and stigma and discrimination increase vulnerability to mental health issues, including eating disorders, depression, and suicide attempts, and decrease access to and use of health services. The lack of legal gender recognition also reduces access to health and other services, and makes it harder for trans and gender diverse people to get health insurance. Gender-sensitive care is rarely available, and health care providers lack training on the specific needs of trans and gender diverse people. Trans and gender diverse people are disproportionately affected by HIV and STIs. Although there is limited data, studies have also shown a high prevalence of viral hepatitis B and C in trans and gender diverse people.<sup>7</sup>

### Gender-affirming care can include:

- ➔ Hormone therapy
- ➔ Upper body surgery (face, chest, breast)
- ➔ Lower body surgery (e.g., vaginoplasty, phalloplasty, metoidioplasty, etc.)

Access to gender-affirming care is often limited for trans and gender diverse people due to low availability, high cost, and the exclusion of gender-affirming interventions from national health services. Due to these barriers, trans and gender diverse people may resort to using hormones without medical supervision and/or receiving illicit or unsafe dermal filler injections. Trans and gender diverse people who self-administer hormones need access to accurate information, safe products, and sterile equipment.

WHO prioritizes implementing enabling interventions to address structural barriers, including recognizing gender diversity in laws, policies, and practices. Recognizing gender diversity will promote trans and gender diverse people's human rights and have a positive impact on HIV, viral hepatitis and STIs. Trans and gender diverse people should also have access to the full range of HIV, hepatitis, and STI prevention, testing, and treatment interventions. WHO also confirms that access to safe and evidence-based gender-affirming care is central to supporting trans and

7 Ghobad Moradi et al., "[The prevalence of hepatitis C and hepatitis B in lesbian, gay, bisexual and transgender populations: a systematic review and meta-analysis](#)," *European Journal of Medical Research* 27, no. 1 (2022): 1-11.

gender diverse people's broader health and can be an entry point into other health services.

These guidelines emphasize that trans and gender diverse identities are **not** mental health conditions and labelling them this way only increases stigma. The international classification of diseases (ICD-11) has recategorized gender identity-related health as a matter related to sexual, rather than mental health. Reframing gender diversity in this way should help promote access to gender-affirming health care.

## Enabling Interventions to Address Structural Barriers

The guidelines outline good practices and guidance statements for addressing structural barriers. They include interventions for removing punitive laws, policies, and practices; addressing stigma and discrimination; promoting community empowerment; and addressing violence. More details can be found within **Chapter 4** of the guidelines.

### Removing punitive laws, policies, and practices

- Decriminalize non-conforming gender identities
- Stop the unjust use of laws and regulations against trans and gender diverse people
- Ban compulsory treatment
- Work towards legal recognition for trans and gender diverse people

### Stigma and discrimination

- Implement anti-discrimination laws
- Promote collaboration between trans and gender diverse-led organizations and policymakers
- Make health services available, accessible, and acceptable to trans and gender diverse people, based on the principles of medical ethics, freedom from stigma and discrimination, and the right to health
- Provide sensitization training for health care workers

### Community empowerment

- Make trans and gender diverse-led groups and organizations essential partners and leaders in designing, planning, implementing, and evaluating health services
- Implement a package of interventions to enhance community empowerment
- Put trans and gender diverse-led legal literacy programmes and services in place

### Addressing violence

- Prevent and address violence in partnership with trans and gender diverse-led organizations. All violence against trans and gender diverse people should be monitored and reported, with measures in place to provide justice
- Provide health and support services to trans and gender diverse people who experience violence, including comprehensive post-rape care to those who experience sexual violence



- Train law enforcement, health, and social care providers to recognize and uphold trans and gender diverse people's human rights, and hold them accountable if they violate them

## Health Interventions for HIV, Viral Hepatitis and STIs

WHO provides recommendations and guidance statements for preventing, diagnosing, and treating STIs, HIV, and viral hepatitis among trans and gender diverse people. These include the following:

### Prevention of STIs, HIV, and Viral Hepatitis

- Ensure adequate supply of condoms and lubricant
- Offer a range of pre-exposure prophylaxis (PrEP) for HIV as a prevention choice for trans and gender diverse people at substantial risk of HIV infection, including oral pre-exposure prophylaxis and long acting injectable cabotegravir for all trans and gender diverse people, and the dapivirine vaginal ring for bodies with vaginas.
- Make post-exposure prophylaxis (PEP) for HIV and STIs available to trans and gender diverse people
- Offer PEP, emergency contraception, and presumptive STI treatment to trans and gender diverse people who have been raped
- Test for and treat HIV, syphilis, and hepatitis B during pregnancy to prevent vertical transmission
- Address chemsex<sup>8</sup> through a comprehensive, non-judgmental approach

### Diagnosis

- Offer HIV testing services to all trans and gender diverse people
- Support community-based HIV testing that is linked to prevention, treatment, and care services
- Trained lay providers (including trans and gender diverse people) can conduct HIV testing services
- Offer HIV self-testing
- Screen and diagnose STIs for trans and gender diverse people as part of a comprehensive response
- Offer periodic testing for asymptomatic STIs
- Make self-sampling for STI testing available
- Offer hepatitis C testing, including to trans and gender diverse people with prior cleared infections
- Offer hepatitis B testing

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8 Chemsex refers to engaging in sexual activity while taking drugs (most commonly stimulants). Chemsex may take place with multiple partners at the same time, and over a prolonged period.

## Treatment

- Offer ART initiation to all trans and gender diverse people living with HIV at any CD4 cell count
- Diagnose and treat STIs in a timely manner
- Offer pan-genotypic DAA hepatitis C treatment to trans and gender diverse people diagnosed with the virus including those with recently acquired infection and ongoing risk

## Health Interventions for Broader Health

The guidelines provide guidance and recommendations for additional interventions to support trans and gender diverse people's broader health. These include the following:

- Offer screening for anal cancer in trans and gender diverse people who are more likely to engage in anal sex
- Provide trans and gender diverse people with the equitable support and access to pregnancy planning and care
- Trans and gender diverse people who can become pregnant can use, and should be offered, all methods of contraception to choose from
- Trans and gender diverse people who self-administer gender-affirming hormones require access to evidence-based information, quality products, and sterile injection equipment
- Provide regular mental health screening and management of mental health issues for trans and gender diverse people
- Make self-sampling for cervical cancer available to trans and gender diverse people with cervixes
- Fully decriminalize abortion and ensure that abortion laws and services protect the health and human rights of all people capable of becoming pregnant, including trans and gender diverse people
- All trans and gender diverse people should have access to evidence-based interventions for harmful alcohol or other substance use

## Supportive Interventions

WHO recommends additional measures to support all the above types of interventions. These include behavioral interventions, counselling, providing information and education, and interventions to increase demand for services. Peer-led counselling was preferred by the majority of participants in the values and preferences study. Counselling that aims to change key populations' behaviors – such as counselling to increase condom usage – has not been shown to be effective, and therefore this type of counselling is **not** recommended.

## Behavioral Interventions

Counselling behavioral interventions that aim to change key populations' behaviors have not been shown to have an effect on HIV, viral hepatitis, and STI infections, nor on key populations' behaviors, such as condom use.

Counselling and information-sharing which is *not* aimed at changing behaviors can be valuable for trans and gender diverse people. It should be provided in a non-judgmental manner and with community involvement. Structural barriers should be addressed to support this type of counselling.



## Service Delivery

**Chapter 6** describes recommended strategies for HIV, viral hepatitis, and STI service delivery. To ensure trans and gender diverse people's fundamental human right to health, services must be available, accessible, acceptable, and of high quality. The COVID-19 pandemic revealed gaps in health systems and exacerbated trans and gender diverse people and other key populations' vulnerability to poor health outcomes. The COVID-19 pandemic also showed how trans and gender diverse people can effectively respond in aid of their communities' needs. To strengthen health responses in current and future pandemics, WHO recommends involving key population communities in the health response and addressing inequities and the disproportionate impact of COVID-19 on key populations.

To address structural barriers to health services, WHO recommends community-led service delivery strategies. When trans and gender diverse people and other key populations provide services for their own communities, it can help address structural barriers and promote person-centered care, ensuring their right to health. Mainstream health services that are not targeted towards the trans and gender diverse community should still be accessible to trans and gender diverse people, although stigma, discrimination, and restrictive policies often make them less accessible. Youth-friendly services should be accessible to young key populations. Some community-based services (which may or may not be trans and gender diverse-led) provide integrated care for HIV, viral hepatitis, and STIs, along with other health and social services, in a "one-stop-shop" model.

### Community-Led Services, Task-Sharing, and Involvement of Trans and Gender Diverse Peers

Trans and gender diverse people should play a central role in leading programmes and services aimed at their communities. "Community-led" means that the majority of governance, leadership, staff, spokespeople, members, and volunteers are members of the communities which they are serving. Research conducted by the four global key population networks found that community-led services were unanimously preferred by participants.

Trans and gender diverse people have described community-led services as being critical for promoting their communities' health and human rights, and for counterbalancing stigma and discrimination experienced in mainstream health settings. Trans and gender diverse people who participated in this research advocated for the scale-up of community-led interventions, and for more resources to support trans and gender diverse-led services.

#### Trans and gender diverse-led responses can include:

- ➔ Advocacy
- ➔ Campaigning and holding decision-makers accountable
- ➔ Monitoring policies, practices, and service delivery
- ➔ Research led by trans and gender diverse people
- ➔ Education and information-sharing by and for trans and gender diverse people
- ➔ Capacity-building

- ➔ Funding trans and gender diverse-led organizations, groups, and networks

Non-medical staff, including trans and gender diverse people, other key population members, and community outreach workers, can also provide health services to communities. This is called task-sharing and task shifting, and it can help make services more accessible for communities.

### Peer navigation

Peer navigators are community members who are trained to support their peers to access and stay in treatment. WHO recommends that peer navigators support trans and gender diverse people and other key populations to start HIV, viral hepatitis, and STI treatment, and to remain in care. Trans and gender diverse people who are peer navigators should receive adequate payment, recognition, training, and other support to fulfil their role.

WHO has published additional guidelines related to task-sharing and peer navigation for the general population, which also apply to trans and gender diverse people and other key populations.

### **Integration**

Integration refers to the management and delivery of health services so that people can receive a range of prevention, testing, and treatment services more easily. WHO recommends integrating HIV, viral hepatitis, and STI services, along with other relevant health services, including those for sexual and reproductive health and mental health.

Integration occurs at multiple levels. At the organizational level, national programmes for HIV, STIs, viral hepatitis, and other health programmes can work together to develop strategies, budgets, and guidelines for trans and gender diverse people and other key populations. At the service level, service managers can work together to ensure trans and gender diverse people's access to health services through referrals or linkage. At the facility site level, managers of health clinics can provide multiple health care services at one location in a "one-stop-shop" model.

### **Decentralization**

Decentralization is when health services are moved out from specialized health care facilities into more local health facilities. For example, this can mean moving HIV and STI services away from central hospitals and into primary care clinics, as well as community-based and community-led settings.

Decentralization of services can make services more accessible and acceptable for trans and gender diverse people. It can reduce barriers such as transportation costs and long waiting times, as well as stigma and discrimination, by offering services in community-based settings which may be targeted towards trans and gender diverse people. However, some trans and gender diverse people may still prefer to receive services in central hospital settings due to greater anonymity.

### **Differentiated Service Delivery**

Differentiated service delivery is an approach to health service delivery which simplifies and adapts services to better meet the needs of patients and increase the efficiency of health systems.

**Implementing a differentiated service delivery approach for key populations means that changes can be made in terms of:**

- Where services are provided
- When services are provided
- By whom services are provided

For example, differentiated service delivery models could allow trans and gender diverse people who are diagnosed with HIV to immediately initiate antiretroviral therapy (ART) in a community-based setting, rather than having to travel to a specialized hospital. It can also reduce the frequency of hospital visits and allow trans and gender diverse people to receive testing and treatment services in community-based settings. WHO has previously published recommendations related to differentiated service delivery for ART, which also apply to trans and gender diverse people.

### **Virtual Interventions**

Services aimed at trans and gender diverse people and other key populations are increasingly being offered through online platforms, such as social media, as well as other apps and websites.

**Online services can include:**

- ➔ Internet outreach
- ➔ Sharing information about available services
- ➔ Providing self-test information and tests
- ➔ Appointment booking for testing
- ➔ Linking people diagnosed with HIV, viral hepatitis, or STIs to treatment providers

Online interventions can potentially help reach more people and improve the convenience and efficiency of services for some trans and gender diverse people. At the same time, due to stigma and discrimination, and the sensitive nature of information shared online, trans and gender diverse people may have concerns surrounding data privacy and anonymity when using online services. Trans and gender diverse people may also face additional barriers, including costs associated with internet use, limited access to smart phones and computers, literacy level, and language barriers. Efforts must be made to protect safety and anonymity. Meaningfully involving trans and gender diverse people in the development of apps and other online tools and services will ensure that these tools are more relevant, secure, and acceptable to communities.

WHO recommends offering online HIV, viral hepatitis, and STI services to trans and gender diverse people and other key populations as one of many service options, while ensuring that data security and confidentiality are protected. This means that online services should *not* replace face-to-face services, but rather be part of a menu of services from which to choose. Efforts should also be made to increase access to the internet and improve digital literacy for key populations.

## Self-Care

Self-care is the ability of individuals, families, and communities to promote health and cope with health issues on their own, or with the support of health care workers.

### Self-care includes:

- Health promotion (supporting people to increase control over and improve their health)
- Seeking health care if necessary
- Rehabilitation (for health conditions and disabilities)
- Palliative care (care to improve quality of life for people with serious and terminal illnesses)

Self-care should be recognized at the health policy level. Practicing self-care can be empowering for trans and gender diverse people and other key populations in the face of ongoing structural barriers. It can make health services more accessible by allowing trans and gender diverse people to take more control over their health and lives.

### The following health interventions can be delivered and managed as part of a self-care approach:

- Emergency contraception
- Abortion and post-abortion contraception
- HPV, chlamydia, and gonorrhea self-sampling (self-administering swabs)
- Self-care after sexual assault and violence
- Pregnancy testing
- HIV and hepatitis C self-testing

# Programme and Service Considerations for Young Key Populations

**Chapter 7** summarizes and updates information from existing WHO HIV technical briefs for young key populations. It provides recommendations for providing health services, programmes, and support for young trans and gender diverse people (aged 10-24 years).

## Background

Adolescence and young adulthood are periods when people experience significant physical changes and when many begin to establish their identities and sexual preferences. Multiple structural factors and vulnerabilities, including power imbalances in relationships, evolving identity, and sometimes rejection from school systems, family, and friends, reduce young people's access to services and increase their risk of HIV, STI, and viral hepatitis infection. Service providers often lack training and skills to deliver services for young key populations. Requirements for parental or guardian consent to access services is an added structural barrier. Countries should consider revising age of consent policies to reduce age-related barriers to services.

## Changes to the Legal and Policy Environments

The rights of young people under 18 years of age are protected by the United Nations Convention on the Rights of the Child (CRC), which includes the right to health. The CRC also recognizes that children have the evolving capacity to make decisions about matters that concern them. The rights of young trans and gender diverse people are violated and their evolving agency is undermined when they are excluded from health services and information that enable them to protect themselves.

## Elements of Successful Programming for Young Key Populations

All WHO recommendations for key populations also apply to young key populations, including young trans and gender diverse people. Services for young key populations should be high quality, friendly, affordable, and easy to access. They should also be comprehensive, age-appropriate, and take individual needs into account. Service providers should be trained to work with young trans and gender diverse people. Lastly, services for young trans and gender diverse people should make use of peer-led initiatives.

### Meaningful involvement of young people

Young trans and gender diverse people should be meaningfully involved in the planning, design, implementation, and monitoring and evaluation of services. Power should be shared between the trans and gender diverse community, including young trans and gender diverse people, grounded in mutual respect and partnership.

### Work with trusted partners and existing infrastructure to design and deliver services

It is important to partner with and meaningfully engage youth-led and trans and gender diverse-led organizations to design and provide services for young trans and gender diverse people.



### Provide quality, comprehensive and adolescent-friendly services

Health, welfare, justice, protection, education, and social protection services should be integrated and linked. A comprehensive range of services (including online services) should be offered.

### Improve access to and retention in services

Young trans and gender diverse people should be allowed to access services without consent from a parent, guardian, or partner. Services should be affordable, confidential, and safe, and offered in convenient locations and at convenient times.

### Provide developmentally appropriate information and education

Services should provide age-appropriate, accurate, and inclusive information and education. Information and comprehensive sexuality education should focus on building skills to reduce vulnerabilities.

### Build capacity in the health sector and beyond

Capacity should be built amongst workers in the fields of health, social welfare, justice, and education to work with young trans and gender diverse people. Professionals should be trained to provide respectful, non-judgmental services.

### Implement peer-driven models

Peer-led models are important and valued strategies for engaging young trans and gender diverse people in the health response. Peer navigators can help young key populations access services. Training, support, and mentoring help young trans and gender diverse people advocate within their communities and access services.

### Strengthen protection and welfare for families

Parents and families should be supported to protect and support young trans and gender diverse people.

### Update national policies

Evidence-based services for young trans and gender diverse people should be included in national strategic plans for health.

### Monitoring and evaluation

Monitoring and evaluation should be strengthened to inform policies and programmes for young trans and gender diverse people.

### Addressing additional needs and rights of young key populations

**Additional needs should be considered when designing and implementing programmes and services for young trans and gender diverse people, including:**

- Protecting young people from all forms of violence and exploitation, including by law enforcement officials
- Providing access to sensitive and comprehensive sexual and reproductive health services

- Psychosocial support (e.g., therapy, counselling, and peer support services) addressing the impacts of internalized stigma, discrimination, social exclusion, coming out, gender-affirming care, and mental health issues
- Access to education and vocational training, and strategies to address anti-bullying, stigma, and discrimination in school
- Access to housing
- Access to social services and state benefits
- Access to free or affordable legal information and services
- Counselling for families to improve access to services for young trans and gender diverse people

# Developing the Response: The Decision-making, Planning, and Monitoring process

**Chapter 8** is targeted towards national policymakers and programme managers and provides specific guidance for planning, implementing, monitoring, and evaluating HIV, viral hepatitis, and STI interventions for key populations. It reaffirms that trans and gender diverse people must be meaningfully involved in all decision-making, planning, and monitoring processes, and that policymakers should take into consideration trans and gender diverse people's intersecting identities and vulnerabilities.

## Situational Analysis

To ensure that national health responses for trans and gender diverse people are appropriate, acceptable, and effective, local risks and needs must be assessed by gathering information as part of a "situational analysis." Trans and gender diverse people who belong to national and local trans and gender diverse-led organizations and networks must be consulted and actively involved in this process. This will help policymakers better understand trans and gender diverse people's specific needs, as well as factors that can help or hinder their efforts.

### Trans and gender diverse people can engage with policymakers to:

- Raise awareness of trans and gender diverse people's specific health needs and priorities
- Identify structural barriers to implementing HIV, viral hepatitis, and STI responses
- Conduct surveys, size estimates, and mapping exercises within their communities
- Identify gaps in knowledge and information for future research

## Planning and Implementing the Response

Once information has been gathered on the local context, planning processes should go forward with participation from trans and gender diverse people. The guidelines provide a list of questions that can be asked to guide decision-making when developing and implementing national responses to HIV, viral hepatitis, and STIs for trans and gender diverse people and other key populations.

### They include questions surrounding:

- ➔ Developing and revising strategies, legislation, policies, and guidelines
- ➔ Trans and gender diverse leadership within the response
- ➔ Priority interventions
- ➔ Integrating services
- ➔ Modes of service delivery
- ➔ Roles and responsibilities of different stakeholders

- ➔ Financial and human resources required (including for trans and gender diverse-led responses)
- ➔ Monitoring and evaluation

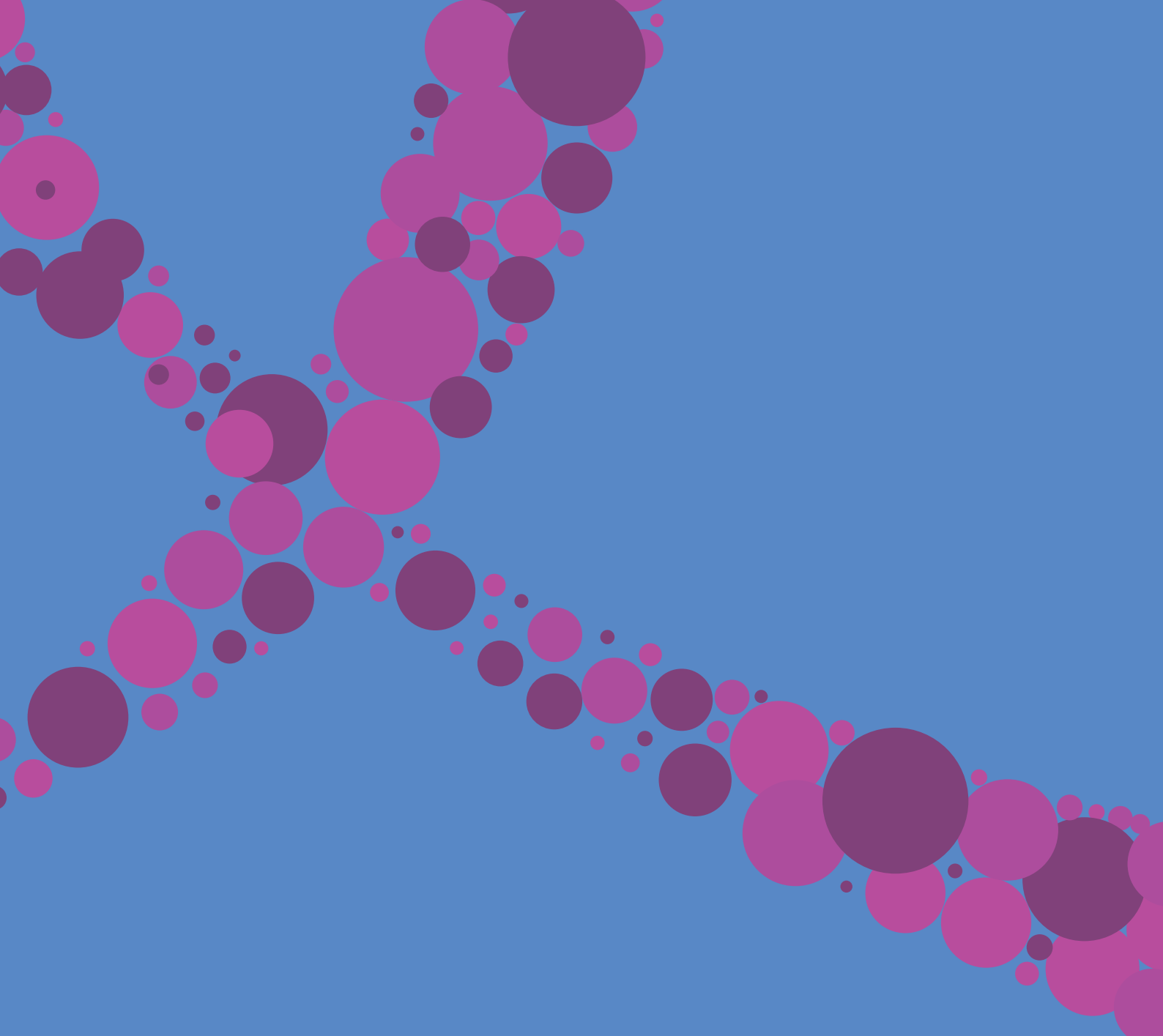
### **Monitoring and Evaluating the Responses**

Monitoring and evaluation are an essential part of the HIV, viral hepatitis, and STI response, in which trans and gender diverse people should also be meaningfully involved. WHO has previously developed frameworks for monitoring the response to HIV in the general population and key populations, which also apply to trans and gender diverse people. The monitoring and evaluation process involves collecting data from a variety of sources, including community-led monitoring.

### **Ongoing Planning and Development of the Response**

It is essential to set clear and achievable targets when planning interventions for HIV, viral hepatitis, and STIs. Trans and gender diverse people and other key populations should be involved in the national target-setting process to help ensure that targets are realistic and that data can be collected. The guidelines provide a list of indicators which can be used by policymakers to assess how well a response is working. They include indicators on structural factors, availability, coverage, quality, and outcome and impact.

Policymakers and programme managers can review data, including community data, from surveys, programmatic and administrative data, desk reviews, consultations with experts (including trans and gender diverse people), and population size estimates to assess progress.



**Smart Guide for Trans and Gender  
Diverse Communities**

on WHO Consolidated Guidelines on HIV, Viral Hepatitis and STI  
Prevention, Diagnosis, Treatment and Care for Key Populations

