GATE

POLICY BRIEF on Effective Inclusion of Trans Men in the Global HIV and Broader Health and Development Responses

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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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Key Terms

AAAQ framework: Availability, Accessibility, Acceptability and Quality framework

AFAB: Assigned Female at Birth. An AFAB trans person is a transgender person assigned female at birth. This can include trans men, trans masculine persons, and people with gender diverse identities.

AMAB: Assigned Male at Birth. An AMAB trans person is a transgender person assigned male at birth. This can include trans women, trans feminine persons, and people with gender diverse identities.

ARVs: Anti-Retroviral drugs

Cis: A shortened version of cisgender to indicate a person whose gender is the same as the sex they were assigned at birth.

HMIS: Health Management Information Systems

IBBS research: Integrated Biological and Behavioural Study research

ICD-11: WHO International Statistical Classification of Diseases and Related Health Problems

Intersex: A person born with sex characteristics that do not fit typical binary notions of male or female bodies.[1]

MISP: Minimum Initial Service Package

MHPSS: Mental Health Counseling and Psycho-Social Support

PrEP: Pre-Exposure Prophylaxis

SOGIE: Sexual Orientation, Gender Identity and Expression

SOGIESC: Sexual Orientation, Gender Identity and Expression and Sex Characteristics

SRHR: Sexual and Reproductive Health and Rights

Trans: A shortened version of transgender, to mean a person whose gender is different from the sex they were assigned at birth.

Trans and gender diverse: GATE uses the term 'trans and gender diverse' to refer to persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex they were assigned at birth. This includes binary gender identities and expressions (trans men, trans women), gender identities and expressions that fall outside the male/female binary, and culturally specific gender identities that do not conform to the Western- and colonialist-imposed gender binary.

Trans man: A man who is trans. A person assigned female at birth, whose gender is male.

Trans masculine: An umbrella term for a person assigned female at birth whose gender identity is somewhere on the masculine spectrum.

Trans feminine: An umbrella term for a person assigned male at birth whose gender identity is somewhere on the feminine spectrum.

Trans woman: A woman who is trans. A person assigned male at birth, whose gender is female.

UHC: Universal Health Coverage

Executive Summary

This policy brief presents a case for the inclusion of trans men, trans masculine persons, and gender diverse persons assigned female at birth (AFAB), hereafter referred to simply as 'trans men and other AFAB trans persons' in the global HIV response and broader development goals. Developed with the guidance and leadership of the International Trans Men and HIV Working Group, it builds on GATE's *Values and Preferences* Study, academic and grey literature, clinical guidelines, technical briefs, and community evidence.[2] [3]

It is intended for:

- **national policy-makers,**
- **officials within the Ministries of Health and other relevant line ministries,**
- **technical specialists within global health bodies (WHO, UNAIDS, UNFPA, UNDP),**
- **donor organizations (for example, the Global Fund, PEPFAR),**
- **international civil society organizations.**

Key issues that urgently need addressing include reliable, disaggregated data on trans men and other AFAB trans persons, implementation of the ICD-11, and recognition of the heterogeneity and diversity of identities, bodies, and sexual practices. Stigma and discrimination are pervasive barriers to inclusion across many societies, driven by patriarchal and other cultural norms, homophobia, and transphobia.

Concerning access to services, the top priorities for many community members are prevention and response to violence and access to hormones, above all other health needs. Gender-affirming care, therefore, should be seen as a critical SRH intervention. To reach the last '5s' of the Global AIDS Strategy, targeted action is required across essential health interventions.[4] A model of trans cultural and clinical competency offers a route towards acceptable, affordable, accessible, quality services to ensure universal health coverage (UHC), including for trans men and AFAB persons. Community- and peer-led approaches are paramount for providing this and are needed to increase resilience and preparedness. This requires significant funding increases to community-led organizations to ensure the 30-60-80 targets for community leadership are reached.[5]

Recommendations

For WHO, UNAIDS, UNFPA, and global technical teams

- Based on emerging HIV prevalence and risk data, we recommend that PEPFAR, UNAIDS, the Global Fund, and WHO institutionalize and explicitly identify **trans men and other AFAB trans persons within transgender persons as a key population and support this group within National HIV responses.**
- **Provide technical support** to facilitate the inclusion of trans men and other AFAB trans persons in **national data collection efforts, National Health Strategic Plans, design and delivery of SRH and HIV/STI interventions, and monitoring of these Plans.**
- **Increase technical support for trans-led service delivery in alignment with the 30-80-60 targets.**
- **Address persistent violence against transgender persons and communities.Support people of diverse sexual orientation, gender identity and expression (SOGIE) in community-led monitoring and response to violence. Ensure preventive and treatment services for GBV are trans-competent, inclusive, and sensitive.**
- Issue **firmer guidance that the provision of gender-affirming care should be seen as a critical SRH intervention** and that integration of HIV services into broader SRH services, including gender-affirming care, in many contexts may be the only way of ensuring that trans and gender diverse persons access HIV services.
- In the development and updating of guidelines, **incorporate trans-competent care principles** in line with *Implementing comprehensive HIV and STI programmes with transgender persons* and ensure **clear pathways between all aspects of health and social care.**[6] This should include **developing technical guidance for integrating HIV/STI testing into gender-affirming routine care** as an access point for regular testing and **strengthening the provision of gender-affirming care within HIV and sexual and reproductive health services** by trans-clinically and -culturally competent providers to reduce existing access barriers.
- Ensure that existing **guidance** from Implementing comprehensive HIV and STI programmes with transgender persons stating that **condom-compatible lubricants be given together with condoms is followed** for trans men and other AFAB trans persons.
- Provide more explicit guidelines on the **provision of condom-compatible lubricants** to trans men and other AFAB trans **persons who have vaginal/frontal (as well as anal) sex** with all sexual penetrative partners (not only with cis men).
- Drive better **uptake into national clinical guidance that trans men and other AFAB diverse persons are eligible for PrEP** (outlined in the *Consolidated guidelines on HIV prevention, testing, treatment, service delivery, and monitoring: recommendations for a public health approach*).[7]
- WHO, as Health Cluster Lead, must ensure that implementation of the ***Minimum Initial Service Package for Sexual and Reproductive Health*** **in crises and other humanitarian contexts includes provision for trans men and other AFAB trans persons**, including through support to National Health Cluster Coordinators.

For Global Fund, PEPFAR, and other SRH/HIV-related donors

The HIV response for all trans persons is currently underfunded. Thus, resourcing must be accessible and available in core costs, community-led emergency response and interventions, community-based outreach and advocacy, and peer-led service provision and research.

More specifically, donors should:

- **Allocate specific funding to HIV responses for transgender persons, including trans men and other AFAB trans persons, as well as specifically for trans women and other AMAB trans persons.**
- **Increase resourcing for trans men and other AFAB trans community-led empowerment interventions, including community-based outreach and peer-led services,** awareness-raising, advocacy, capacity-strengthening, resource mobilization, and **formal HIV/STI testing and self-testing.**
- **Ensure that partner-implemented HIV/STI programs and services** meet the needs of trans men and other AFAB trans persons**, integrating trans-competent care principles** and supported by WHO's Indicators.[8]
- **Ensure trans men and other AFAB trans communities are included and disaggregated in integrated biological and behavioral surveillance (IBBS) research** so that National Strategic Plans and national resource allocation are informed by accurate epidemiological data.[9]
- Recognize and resource the **inclusion of trans men and other AFAB trans persons** as professionals in **research leadership, design, implementation, data collection, and data dissemination.**[10] [11]
- Work closely with human rights institutions and communities of trans men and other AFAB trans persons to guide how best and when to **leverage their influence in driving legal and policy reform.**
- Support and resource communities and trans-led civil society in **countering the 'anti-gender' movement and other drivers of violence, discrimination, and stigma.**
- **Invest in trans-led community systems to build resilience and disaster risk management capacities and support capacity-strengthening for trans-led advocacy initiatives t**o access and influence crisis preparedness spaces.
- **Ensure technical and financial support is available to enable access to sexual and reproductive health services** for trans men and other AFAB trans persons in gender-affirming and general health services and **in the Minimum Initial Service Package (MISP) during crises.**

For national health policy-makers and Ministries of Health

- **Implement ICD-11 coding systems within national health MISP, including monitoring and reporting mechanisms, and integrate changes into national health insurance coverage schemes.**
- **Remove laws criminalizing trans men and other AFAB trans persons** and provide HIV-related legal services for persons seeking protection and redress for rights violations.[12]
- **Implement legal gender recognition frameworks** that are fast, accessible, transparent, and **based on self-determination,** providing solid evidence of its positive impact.
- National governments should **recognize human rights as a critical component of effective health responses** and cooperate with human rights organizations and institutions to **ensure that health policy and implementation are inclusive and based on human rights principles.**
- **Explicitly include trans men and other AFAB trans persons** in definitions of trans persons as a key population in National Strategic Plans and national HIV/STI responses, thus **ensuring access to SRH, including HIV, commodities, and services earmarked for key populations.**
- Increase **meaningful engagement** of trans men and other AFAB trans persons **in all decision-making boards, panels, and advisory committees that work on the HIV/STI risks and vulnerabilities of key populations.** This includes national healthcare program design, health strategic plan development, and health advocacy.[13] [14]
- Ministries of Health should **collect disaggregated HIV surveillance data on** (and guided by) **trans men and other AFAB trans persons** in line with the *HIV Prevention 2025 Road Map ten-point action plan.*[15] This should include recommendations from the *International Reference Group on Transgender persons and HIV/AIDS.*[16]
- **Ensure national health service packages and medical insurance schemes include gender-affirming care** (including hormone therapy and trans-specific surgical procedures).[17]
- Provide **safe access to hormones and regular blood monitoring alongside evidence-based information** as part of HIV services, sexual health services, and specialist gender-affirming care services. Given the evidence of the importance of gender-affirming care as a pathway into HIV/STI care, this should be a priority intervention.
- **Evidence-based information and education materials** targeting trans men and other AFAB trans communities and healthcare providers are needed to **dispel myths on adverse interaction between masculinizing hormones and anti-retroviral drugs (ARVs)**, and **masculinizing hormones and PrEP.**
- National governments should **expand partnerships and resources to trans-led organizations to deliver HIV prevention, testing, and linkages to treatment services** through social contracting or other mechanisms.
- **Address affordability, availability, informational, and other structural barriers to increase testing, PrEP, and further prevention uptake** and adherence. This includes prevention services adapted to the specific needs of trans men and other AFAB trans persons, the **inclusion of this population in men who have sex with men (MSM) interventions,** and integration with gender-affirming care and vice versa.
- Ministries of Health must implement **healthcare worker education and training to establish clinical competence in providing STI and HIV prevention, testing, treatment, and care to trans men and other AFAB trans persons.**[18]
- Ministries of Health must implement stronger accountability mechanisms for health and social care providers to reduce stigmatizing and discriminatory behaviors.[19] [20]

For international civil society organizations

- Support **training on trans men and other AFAB trans persons' sexual orientation, gender identity and expression and sex characteristics (SOGIESC),** specific health needs, vulnerabilities, and risk **targeting healthcare providers, focal points, LGBT+ organizations, researchers, and policymakers to ensure trans-clinical and -cultural competence** at national and clinical levels.[21] [22] [23]
- Support **HIV/STI prevention awareness campaigns** targeting men who have sex with men that **explicitly include trans men and other AFAB trans persons who have sex with men**, addressing myths around their sexual behaviors, and educating on preventing sexual HIV and STI transmission.
- **Strengthen capacity for community-led monitoring** of trans persons' risks, human rights abuses, and barriers to accessing SRH and HIV/STI services.
- Provide **technical and financial support** to local trans-led organizations that **increase their capacities and meaningful engagement in national AIDS planning** processes and platforms.
- **Strengthen trans person-led advocacy** for decriminalization and other structural changes to reduce the vulnerability and risks of trans persons.
- Increase out-of-school sexuality education, including delivery by trans-led community organizations, to support young trans persons to reduce self-stigma and increase their knowledge and skills for HIV/STI and violence reduction.

Introduction

As we move towards the deadline for 2025 Global AIDS targets, we know that a lack of progress threatens to undermine commitments made in the 2021 Political Declaration on HIV and AIDS and the achievement of Sustainable Development Goal 3.3. A key population that continues to receive minimal attention in the global HIV response is trans men, trans masculine persons, and gender diverse persons assigned female at birth (AFAB), hereafter referred to simply as 'trans men and other AFAB trans persons.'

Trans persons have not benefited equally in the HIV response, having the lowest global viral suppression (44%) of all key populations in 2022 and the highest HIV prevalence in all but two global regions (up to 39.4% in the Caribbean). HIV continues to have a disproportionate impact on trans persons, yet trans men and other AFAB trans persons are still excluded by omission across the HIV response globally. In presenting this case for the inclusion of trans men and other AFAB trans persons in the HIV response, we are not suggesting a redistribution of resources already dedicated to trans women as a key population. Rather, we argue that not only are the resources currently devoted to trans women inadequate and thus should be increased, but that, furthermore, additional resources should be allocated for the inclusion of trans men and other AFAB trans persons.

This policy brief is, in part, a response to the *WHO 2022 Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations* and *2015 Policy brief: transgender persons and HIV*.[24] [25] It builds on arguments and evidence presented in GATE's *Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study*, and AVAC's *No Data No More*'s case for prevention research on trans men and other AFAB trans persons.[26] [27] It is intended as a resource for national health policy-makers, health officials within Ministries of Health, technical specialists within norm-setting bodies (WHO, UNAIDS), donor organizations (the Global Fund, PEPFAR), and international HIV civil society organizations.

This brief spotlights issues of cross-cutting importance, which require urgent attention. It systematically covers critical enablers to reach the '10-10-10s', essential health interventions to achieve the last '5's', and realizing '30-60-80' through a funded, sustained integrated HIV response.[28] Recommendations to policy-makers and global health actors are included in each issue area, and priority recommendations are listed in the executive summary. A separate factsheet for trans men and other AFAB trans communities summarises the key findings.[29]

Methodology

The policy brief was developed through a review of available academic and grey literature, clinical guidelines, technical briefs, and community evidence, striving for a balance across global regions. Impact statements from trans men and other AFAB trans persons were gathered through two interviews and three survey responses from key informants, a focus group discussion with community activists involved in HIV responses, and the guidance and leadership of the International Trans Men & HIV Working Group.[30]

Key issues

WHO's 2022 Consolidated guidelines, the 2015 Policy brief, and the TRANSIT detail essential enablers to meet the needs of trans community members. However, critical gaps remain, which are spotlighted below.[31] [32]

Accurate assessment risk of HIV acquisition

The persistent belief that trans men and other AFAB trans persons are at low risk of HIV has long been used to justify the lack of inclusion of this community in the global HIV response, driven further by a lack of data and inconsistent population size estimates. **Trans men and other AFAB trans persons are almost seven times more likely to have HIV** than individuals in the general population aged 15-49, with estimates of up to 38% HIV prevalence for trans men and other AFAB trans sex workers in Zimbabwe.[33] [34] A US study found that trans men and other AFAB trans persons made up 15.4% of new HIV cases within the trans community between 2009-2014, while a cross-European study found 4.5% of trans men and other AFAB trans persons who have sex with men were living with HIV.[35] [36] According to UNAIDS' thresholds for prioritization of HIV prevention methods, a prevalence rate of over 3% places key populations in the 'very high' risk category, which demonstrates the need for inclusion of trans men and other AFAB trans persons in the global HIV response.[37]

Lack of data makes it hard to understand the lived realities of trans men and other AFAB persons and perpetuates false assumptions of low HIV burden.[38] This leads to exclusion from key population definitions, which means exclusion from resource allocation, National Strategic Plans, and HIV/STI programs (reflected by key informants in Central America, Cameroon, Indonesia, and South Africa).[39] [40] [41] Despite UNAIDS 2014 guidance, neither UNAIDS nor the AIDS Map disaggregate data for trans men and other AFAB trans persons.[42] The collection of this data is the responsibility and in the best interest of national governments, as they oversee national HIV responses. Barriers to collecting this data have sometimes come from HIV donors who actively discouraged partners from collecting data on trans men and other AFAB trans persons.[43]

Recommendations

- Based on emerging HIV prevalence and risk data, we recommend that PEPFAR, UNAIDS, the Global Fund, and WHO institutionalize and explicitly identify **trans men and other AFAB trans persons within transgender persons as a key population and support this group within National HIV responses.**
- PEPFAR, UNAIDS, the Global Fund, and WHO must **provide technical support** to facilitate the inclusion of trans men and other AFAB trans persons in **national data collection efforts, National Strategic Plans, design and delivery of HIV/STI interventions, and monitoring.** For instance, the Global Fund and PEPFAR must use their leverage as donors to ensure trans men and other AFAB trans communities are included in IBBS research so that accurate epidemiological data inform national resource allocation.[44]
- Ministries of Health must **collect disaggregated HIV surveillance data on (and guided by) trans men and other AFAB trans persons**, in line with the *HIV Prevention 2025 Road Map* ten-point action plan and recommendations from the International Reference Group on Transgender persons and HIV/AIDS.[45] [46]

Recognising diverse sub-groups

Distinguishing between sub-groups with different sexual practices is critical to determining HIV and STI transmission risk specific to the type of sex individuals have, identities and sexual practices of their partner(s), and types of HIV prevention methods used.[47] Furthermore, the HIV response needs to recognize the diverse **physiological needs** and related HIV risk levels of individuals based on the dominant sex hormones in their bodies, the organs and tissues they do or do not have, and interactions between these, rather than categorizing persons based on their sex assigned at birth.

Assumptions that trans men and other AFAB trans persons have sex exclusively with cis women drive perceptions of low risk across many contexts.[48] [49] In reality, trans men and other AFAB trans persons are less likely to be heterosexual than cis men.[50] Trans men and other AFAB trans persons who have sex with men, engage in sex work, and/or have sex with trans women and other AMAB trans persons are exposed to high prevalence rates in these communities and have been shown to engage in condomless sex with multiple partners living with possibly transmissible HIV at similar rates to cis men who have sex with men.[51] [52] [53] [54] [55] Despite this prevalence, there is still lack of research into the different risks regarding anal sex versus vaginal receptive sex with cis male partners. This is particularly pertinent as testosterone therapy can cause vaginal tissue to atrophy, thus increasing HIV and STI transmission risk.[56] It is essential to recognize the interplay between these factors and barriers in the enabling environment to inform differentiated interventions tailored to these varied needs.[57] [58]

Recommendations

- **Routine health surveillance data collection on HIV and STIs** should capture nuanced **gender identity information** (using best practice two-part question format which captures both gender identity and sex assigned at birth) and information on **specific sexual behaviors** (including information on the trans person's and their sexual partners' anatomy and gender identities).[59] [60]
- National HIV prevention, testing, and treatment services and campaigns should **reflect the diversity of trans identities, bodies, and sexual behaviors;** target individual-level risk factors (such as sex without condoms or PrEP, STI diagnoses, needle sharing) with broader interventions; and be informed by trans men and other AFAB trans persons' fundamental values and preferences.[61] [62]

ICD-11 implementation

The International Statistical Classification of Diseases and Related Health Problems (ICD-11) was adopted at the World Health Assembly in 2019, which depathologized gender identity, deleting previous mental health diagnoses and creating a new diagnosis of 'gender incongruence' – which is included in the chapter on sexual health-related issues.[63] The inclusion of gender incongruence in the ICD-11 is intended to ensure access to gender-affirming health care and to depathologize that access.[64] To realize this goal, the changes must translate from policy to national practice to realize this goal. The inclusion of gender-affirming care in national healthcare and health insurance schemes must be ensured.

Recommendations

- **States should**, as soon as technically feasible, **implement the ICD-11 in their health management information systems (HMIS) and national monitoring and reporting mechanisms and integrate changes into national health insurance coverage schemes.**
- Medical education and certification programs should ensure that **all physicians are effectively trained in trans and gender diverse competency, including using the ICD-11 diagnostic coding to ensure updated coding** of diagnoses and incorporate these within national health medical information systems.

Achieving the 10-10-10s:
Overcoming barriers through implementing critical societal enablers

Despite the social and legal barriers for key populations being acknowledged in WHO's 2022 Consolidated Guidelines and the Global AIDS Strategy 10-10-10 targets, limited progress in countering these means that trans persons continue to remain the most impacted by HIV burden.[65] [66] **Critical societal enablers are important determinants of health and need greater emphasis within the HIV response.** Factors that significantly reduce access to HIV prevention and testing include being arrested or convicted due to being trans or gender diverse, higher exposure to healthcare provider stigma, and experiencing sexual assault.[67] In this section, we highlight urgent, significant barriers that obstruct trans men and other AFAB trans persons' human rights and health outcomes and critical enablers to address them.

Decriminalization and access to legal gender recognition

GATE's *Values and Preferences* study identifies **decriminalization of gender diversity** and access to **legal gender recognition** as two significant critical enablers.[68] Trans persons are disproportionately impacted by multiple criminalization, including anti-sodomy laws and laws targeting 'lesbianism,' homosexuality, 'gross indecency,' sex work, HIV transmission, 'cross-dressing,' and 'vagrancy.' Twenty countries explicitly criminalize trans persons.[69] [70] In Guatemala, *Law Initiative 5940* aims to stigmatize trans youth and limit free speech.[71] The Health Bill in Indonesia explicitly targets gender-affirming care.[72]

We know that criminalization makes HIV/STI prevention, testing, and treatment more difficult as it drives individuals to conceal their identities and sexual practices and deters them from seeking services.[73] [74] Lack of legal protections from discrimination and lack of legal gender recognition, or structural barriers to accessing this where it exists, compound the impacts of criminalization and similarly lead to elevated risks for HIV, other STIs, and HCV acquisition.[75] Additionally, access to legal gender recognition improves mental health for trans and gender diverse persons who seek this formal recognition of their gender identity.[76]

The juncture between criminalization, public health, and human rights demonstrates the need for urgent reform of punitive laws and enactment of protective laws.[77] The *Prevention 2020 Road Map* action plan calls for the removal of legal and social barriers to HIV prevention services for trans persons.[78] The 2025 Global AIDS Strategy 10-10-10 targets highlight that trans persons should have access to legal services, mechanisms to report discrimination and seek redress, and access to services not limited by punitive legal or policy environments.[79] Regional frameworks like the *Catalytic Framework To End AIDS, TB, and Eliminate Malaria In Africa By 2030* provide specific commitments to prompt national implementation and reform.[80]

Recommendations

- **States should remove and end enforcement of laws criminalizing trans men and other AFAB trans persons** and provide HIV-related legal services for persons seeking protection and redress for rights violations.[81]
- States must **implement legal gender recognition frameworks** that are fast, accessible, transparent, and **based on self-determination.**
- Bilateral and multilateral donors should work closely with human rights institutions and communities of trans men and other AFAB trans persons to guide how best and when to **leverage their influence in driving legal and policy reform.**
- National governments must **recognize human rights as an important component of effective health responses** and cooperate with national, regional, and international human rights organizations and institutions to **ensure that health policy and implementation are inclusive and based on human rights principles.**

CASE STUDY

Uganda's 'Anti-homosexuality' legislation is rolling back HIV progress and human rights

Uganda's 'Anti-homosexuality bill' was signed into law on 26 May 2023. It punishes the 'promotion' of homosexuality, renting premises to persons perceived as being homosexual, and failing to report 'same-sex acts,' with imprisonment from 5-20 years. Its harshest sentence is the death penalty for 'aggravated homosexuality.'

A trans masculine activist from Uganda describes how trans men and other AFAB trans persons have been heavily affected by the rise in targeted rights violations and stigma because they are "the faces of the gay community." Limited access to hormones means most are not perceived as male and are highly visible as queer persons. Trans persons are suffering physical and sexual violence with arrests on the streets, almost completely limiting freedom of movement. Many have been evicted from their homes by friends and landlords alike, who fear repercussions.

The law has restricted human rights and directly undermined health outcomes. Providers offering services to the LGBT community have been threatened with arrest and closure. Despite not being penalized under the law, this fear tactic effectively pressured healthcare providers to report trans persons to the police. Private health centers willing to provide services to trans persons ask for bribes, which few can afford. The remaining key population-focused centers can only serve trans persons if they pose as other, non-criminalized key populations.

The impacts on HIV outcomes are stark. Limited access to HIV services and reduced health-seeking behaviors due to fear of assault, arrest, and discrimination means trans persons are struggling to procure antiretroviral (ARV) refills, condoms, and hormones. Many cannot adhere to their ARV regimen because they cannot afford to buy food to eat. Lack of income and the high levels of abuse are increasing levels of mental ill health and driving many to self-medicate with painkillers, drugs, and alcohol. UNAIDS, PEPFAR, and the Global Fund have indicated the threat these challenges pose to Uganda's HIV progress.[82]

Overcoming stigma and discrimination

Ongoing stigma and discrimination for trans men and other AFAB trans persons remains high. The rate of stigma and discrimination experienced by trans persons accessing health or social care, as measured by UNAIDS in four reporting countries, is 81%.[83] For trans persons, experiencing stigma makes them three times more likely to avoid healthcare.[84] Receiving stares from service users and being reprimanded or questioned for being trans (or being perceived as LGB) drives persons away from accessing services.[85] Community-based monitoring highlights the role of clinical and non-clinical staff in these stigmatizing behaviors, frequently combined with discrimination against persons from intersectional minorities relating to class, cultural, or religious backgrounds.[86] This aggravates other drivers of HIV, decreasing chances for STI testing and treatment.[87] Persons living with HIV who anticipate high levels of stigma are 2.4 times more likely to delay care until they are very ill.[88]

The WHO 2022 *Consolidated Guidelines* acknowledge the need to sensitize healthcare providers, law enforcement, NGO workers, and the community to reduce stigma and discrimination-driven barriers.[89] Additionally, WHO's *Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations* provides indicators to monitor stigma and discrimination.[90]

Recommendations

- **Ministries of Health must implement** stronger **accountability mechanisms** for health and social care providers to **reduce stigmatizing and discriminatory behaviors** (such as training and protocols used effectively in Thailand and Vietnam).[91] [92]
- Donors should direct greater **fiscal and technical support to address stigma and discrimination** targeting trans men and other AFAB trans persons, as part of increased support for the broader trans population.

Community empowerment

The combined challenges of criminalization, stigma, and discrimination illustrate how the interaction of social, legal, and economic determinants increase HIV and STI risk.[93] The WHO 2022 *Consolidated Guidelines* highlight that, beyond a set of interventions, a holistic wellness approach is required to resolve this. Key and vulnerable populations' input to the WHO guidelines stressed a need to consider factors that enable community members to access services and that empower individuals to address their health alongside other enabling interventions.[94] This concept connects two critical enablers of **community empowerment and preventing gender-based violence.**

Community empowerment is identified as a priority in GATE's *Values and Preferences* study.[95] It is also central to the TRANSIT normative guidance approach. Although it is emphasized in WHO's 2022 *Consolidated Guidelines,* challenges to its realization are significant.[96] Key informants describe that there are significant barriers to engaging trans men and other AFAB trans persons in HIV programming, including exclusion from HIV program consultations, engagement efforts being undermined by funding cuts, and exclusion from decision-making processes.[97] [98] [99]

Community-led responses can deliver a better holistic wellness approach, especially where criminalization or crises mean general services under-serve marginalized populations. In line with the *Prevention 2025 Road Map,* community empowerment requires resourcing for capacity building, advocacy, and community mobilization to ensure trans-led responses can continue sustainably.[100]

Recommendations

- National governments must increase the **meaningful engagement** of trans men and other AFAB trans persons **in all decision-making boards, panels, and advisory committees** that work on the HIV risks and vulnerabilities of key populations. This includes national healthcare program design, health strategic plan development, and health budget advocacy.[101] [102]
- Donors must **increase resourcing to trans men and other AFAB trans community empowerment interventions**, including peer outreach and peer-based services, awareness-raising, advocacy, drop-in-centers, capacity-building, and resource mobilization for sustainable, community-led programming.
- International civil society organizations should **provide technical and financial support** to local trans-led organizations to **increase their capacities and meaningful engagement in national AIDS planning** processes and platforms.

Gender-based violence

One critical enabler that must be addressed as part of a holistic wellness approach is gender-based violence, including sexual violence, which remains systematically under-addressed for trans men and other AFAB trans persons.

As long as trans and gender diverse identities, sex work, drug use, migration, and same-sex relations continue to be criminalized, high rates of violence will remain and thus must be countered.[103] A 2023 *Report of the Independent Expert on Protection Against Violence And Discrimination Based On Sexual Orientation And Gender Identity* identified that state-sponsored violence in many countries is typified by legislative punishment, conversion therapy, and forced surgeries, including mandatory sterilization, as a requirement for legal gender recognition.[104] [105]

The Trans Murder Monitoring Map recorded 4369 reported murders between 2008 and 2022.[106] Key informants described how violence is enacted against trans men and other AFAB trans persons due to not being perceived by others as male. This violence can take the form of forced marriage and childbearing, lack of sexual consent up to and including rape, lack of consent around condom use, and traumatizing reporting requirements that discourage survivors of sexual violence from accessing emergency testing kits.[107] [108] [109]

To address violence, intersecting political, economic, and religious drivers must be addressed in a coordinated way.[110] [111] This requires a multi-level response from communities, civil society, donors, governments, and UN bodies across health and rights mechanisms.

Recommendations

- UNAIDS, the Global Fund, and other international **donors should use their leverage and resources** to support communities and trans-led civil society in **countering the anti-gender movement** and other **drivers of violence, discrimination, and stigma** against trans and gender diverse persons.

Reaching the last '5s'

Health interventions

The WHO 2022 *Consolidated Guidelines* offer improvements on previous guidance with the addition of key interventions for trans persons, including pregnancy, vertical transmission, gender-affirming care, anal health, and chemsex.[112] Rather than duplicate this, we focus on remaining gaps, under-researched issues, and where new evidence or community experience suggests greater attention is required in order to reach the last '5's in the 95-95-95 UNAIDS targets.[113]

Social gender affirmation and HIV prevention

UNAIDS reports significant gaps for trans persons between HIV prevention progress and 2025 targets in all global regions on condom use, PrEP use, HIV prevention programs, and STI screenings.[114] This undermines the goal to reach 95% of persons at risk of HIV infection using combination prevention.[115]

Social gender affirmation may be a social determinant unique to trans men and other AFAB trans persons who have sex with men. It plays a decisive role in forgoing condom use, where sexual desirability can be a source of powerful gender affirmation, specifically from cis men who have sex with men, and is often prioritized over HIV and STI prevention.[116] [117] [118] [119] [120] [121] [122] This is particularly important in contexts where access to PrEP and ARVs is limited, and condoms are the only prevention option. Interaction with social stressors like gender-based violence or depression can also predispose trans men and other AFAB trans people who have sex with men to higher HIV risk, such as through low self-esteem and a lack of negotiating skills around sex.[123] [124] [125] Cis men are also incorrectly assuming low HIV and STI risk during vaginal/frontal sex with trans men and other AFAB trans persons.[126] [127] For persons engaging in sex work, clients' objections to condoms also reduce their usage.[128]

Pleasure is an often-ignored yet critical driver in the uptake of HIV and pregnancy prevention methods. WHO's 2022 Consolidated Guidelines note that information-sharing not aimed at changing behaviors can help engage key populations.[129] Campaigns that emphasize pleasurable aspects of sexual expression can be most effective and remove stigma around the use of condoms and lubricants.[130] [131] Providers need support on how to implement this through holistic approaches to sexual function and satisfaction.[132]

Recommendations

- **Syndemics and gender affirmation frameworks** should be taken into account with interventions addressing sexual behaviors and HIV transmission.[133]
- **Information and communications campaigns** are needed to **target cis men who have sex with men** on the topics of trans men and other AFAB trans persons in preventing HIV and STI transmission.[134]
- Donors should prioritize development and resourcing of pleasure-led holistic approaches to sexual function, satisfaction, and overall sexual health in line with recommendations from the *Guttmacher-Lancet Commission on Sexual And Reproductive Health And Rights For All*.[135] This should include supporting providers with training and education on how to implement this.
- **Health interventions** for trans men and other AFAB trans persons who have sex with men need to **address risk factors and vulnerabilities** specific to them and those general to the men who have sex with men community.[136]

(More!) lubricants and condoms

The lags in prevention are seen clearly with lack of condom use at last sexual intercourse for persons not taking PrEP, ranging from under 50% to over 70% in some countries.[137] This sits far below the goal of 95% of all sexually active trans persons using condoms and lubricant at last sex, irrespective of PrEP use.[138] Greater condom use can protect against HIV and other STIs, some of which are becoming untreatable and have serious reproductive health outcomes like infertility and ectopic pregnancy. Condom use remains voluntary, thus, a 95% public health target does not limit choice but offers greater support for informed decision-making.

In Cameroon, a key informant describes that **not being recognized as a key population reduces access for trans men and other AFAB trans persons** to HIV prevention commodities, as approval for distribution is safeguarded for (cis) men who have sex with men and trans women. Trans men and other AFAB trans persons are directed to approach lesbian organizations despite them not being equipped to support this population.[139] Trans community-led distribution is essential and sometimes the only option to access commodities.[140]

UNAIDS cites reduced investments in demand creation and social marketing as a contributor to low, consistent condom use (in the absence of PrEP or undetectable viral loads).[141] To meet the *HIV Prevention 2025 Road Map* pillar on Condom Programming, and as highlighted by a previous *Values and Preferences* study, **information campaigns targeting trans men and other AFAB trans persons are needed.**[142] [143]

Gaps remain in the provision of lubricants for trans men and other AFAB trans persons and the provision of lubricants given *together* with condoms. Lubricants are especially important for trans men and other AFAB trans persons who have vaginal/frontal sex and take testosterone, as this can cause vaginal atrophy with increased HIV and STI risk due to tears.[144] [145] [146] [147] Both the literature and key informants describe easy access to condoms, but that condom-compatible lubricants are frequently denied while being distributed to cis men who have sex with men.[148] [149] [150] [151] *Implementing comprehensive HIV and STI programmes with transgender persons* is clear that condom-compatible lubricants must be provided together with condoms, to minimize breakage and reduce the use of other lubricants that may damage condoms.[152] WHO's 2014 *Consolidated Guidelines* neglects the need for condoms and lubricants for trans men and other AFAB trans persons having vaginal/frontal sex and penetrative sex with trans women and other AMAB trans persons.[153]

Recommendations

- Governments should include trans men and other AFAB trans persons as a named key population in National Strategic Plans and national HIV responses, **ensuring access to SRH commodities (including lubricants AND condoms) and services earmarked for key populations only.**
- WHO must give more explicit emphasis on the **provision of condom-compatible lubricants** for trans men and other AFAB trans **persons who have vaginal/frontal (as well as anal) sex** and with all sexual partners (not only with cis men).
- WHO must ensure that existing **guidance** from *Implementing comprehensive HIV and STI programmes with transgender persons* regarding **condom-compatible lubricants being given together with condoms is followed** for trans men and other AFAB trans persons.
- **Empower trans-led organizations and networks to distribute lubricants and condoms** at the community level **as an additional, not sole, access point** for trans men and other AFAB trans persons. Other HIV prevention access points within services for (cis) men who have sex with men also need to be made accessible.

Expanding PrEP, the Dapivirine ring, and injectable PrEP

There is a significant unmet need for PrEP among trans men and other AFAB trans persons. Various studies demonstrate this: there is PrEP indication for 55% of trans men who have sex with men; that nearly a quarter of trans persons could benefit from PrEP, yet only three percent were using it; and that trans men who have sex with men, in particular, appear to be under-utilizing PrEP.[154] [155] All this justifies full inclusion in HIV prevention efforts.[156]

Socioeconomic disparities may constitute structural barriers to accessing PrEP, which leads to more on-demand use and procurement from informal sources.[157] For trans men and other AFAB trans persons having vaginal/frontal sex, use of on-demand PrEP is not recommended in WHO's latest guidelines on PrEP, although it may be appropriate for those who exclusively engage in anal sex.[158] Instead, WHO recommends the use of daily PrEP.[159] [160] [161]

GATE's *Values and Preferences* study showed that PrEP is widely inaccessible for trans and gender diverse persons due to a lack of rollout, general inaccessibility of healthcare services, being too expensive, being available only in pill form in most regions, or not being available at all in some countries.[162] Ringfencing of PrEP only for cis men who have sex with men also appears to be a critical factor.[163] Even in cases where trans men and other AFAB trans persons are eligible, they are not being prescribed PrEP.[164] This may be due to a lack of healthcare provider knowledge on relevant risks and vulnerabilities and the lack of established knowledge of the suitability of PrEP in trans men and other AFAB trans persons.[165]

Given these access barriers, peer-led and community-level PrEP provision may be more effective. The *HIV Prevention 2025 Road Map* highlights the need to increase access outside the health sector and to link PrEP rollout with other services (such as gender-affirming care) and social networks.[166] Peer navigators and community-based outreach where trans and gender diverse persons meet can improve access to testing, HIV prevention including PrEP, and initiation and continuation of HIV treatment.[167]

New technologies like long-acting injectable PrEP and the Dapivirine ring provide opportunities to expand method choice. The new GRADE recommendation in WHO's 2022 *Consolidated Guidelines* recommends long-acting injectable cabotegravir (PrEP) be offered as an additional prevention choice.[168] GATE's *Values and Preferences* study found injectable PrEP was the most preferred modality for trans persons.[169] It reduces the risk associated with carrying medications that might expose trans persons as vulnerable to HIV or of being falsely assumed to be HIV positive by authorities. However, affordability and availability are significant barriers that need addressing, as well as lack of information on or knowledge of the Dapivirine ring and long-acting injectable PrEP and the failure of healthcare providers to supply this information.[170]

Recommendations

- The Global Fund and other donors must strengthen **support for peer-led interventions and community-based outreach** to improve access, uptake, and adherence to PrEP amongst trans men and other AFAB trans persons.
- National HIV/STI responses and PrEP providers must **address affordability, availability, informational, and other structural barriers through trans culturally-relevant interventions** to increase PrEP uptake and adherence. This includes **prevention services** adapted to the specific needs of trans men and other AFAB trans persons, **inclusion in men who have sex with men interventions**, and integration of PrEP with gender-affirming care and vice versa.
- Based on UNAIDS recommendations, national HIV responses and programs **must improve awareness of PrEP** and its different modalities and normalize it as a prevention option as part of combination prevention modalities amongst trans men and other AFAB trans persons - via **social media, outreach programs, and healthcare providers educating clients.**[171]
- WHO needs to drive better **uptake into national clinical guidance that trans men and other AFAB trans persons are eligible for PrEP** (outlined in the *Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach*).[172]

HIV/STI testing and treatment

We are far behind the target of 80% of trans persons at risk of HIV infection using STI screening.[173] The *Prevention 2025 Road Map* stresses the urgency of closing gaps in HIV/STI testing, yet progress continues to stall.[174] In global survey research, only 43.5% of trans men who have sex with men have completely accessible HIV testing (versus 56.9% of cis men).[175] Barriers to HIV/STI testing are well-documented in GATE's *Values and Preferences* study, including limited or no access, misinformed assumptions about sexual practices or gender identities, discrimination and violence, high costs, lack of rural provision and travel costs, and lack of follow-up care for positive results.[176] HIV testing is more accessible than for other STIs due to requirements to disclose genital information, providers not offering correct tests based on assumptions around the type of sex individuals engage in, and binary-focused service provision.[177] [178]

Trans-specific enablers provide some solutions: access to trusted and flexible testing providers open to individualized processes as part of person-centered care and mobile testing without physician interaction. Community-based, peer-led, and social-network alternatives to clinical settings may improve access for persons who avoid healthcare settings. Self-testing might be particularly effective as a means to minimize gender dysphoria, for instance, with genital and rectal STI swabbing and cervical self-sampling. Formal peer testing programs and self-testing are suggested for these reasons.[179] HIV/STI testing and care can also be integrated into gender-affirming routine care as an access point for regular testing.[180] [181]

Recommendations

- Any guidelines developed in the future should provide clear **technical guidance for integrating HIV/STI testing into gender-affirming routine care** as an access point for regular testing.
- **Healthcare worker education and training should establish clinical competence in providing STI and HIV testing and care** tailored to trans men and other AFAB trans persons' diversity of bodies and sexual practices.[182] This should include priming providers to engage these populations to take up regular testing in routine care.[183]
- Donors to allocate greater **funding for empowerment and implementation of trans-led, peer-led**, and social-network approaches, including support for formal **testing and self-testing and other self-care interventions, e.g., cervical self-sampling.**

Drug-drug interactions: hormones and ARVs, and hormones and PrEP

Community research shows concern and lack of information on interactions between masculinizing hormone replacement therapy and ARVs. For some individuals, beliefs that ARVs will prevent medical transition create a fear of positive HIV results.[184] In Uganda, trans men suffering from fibroids and bleeding cease taking their ARVs, believing them to be reducing testosterone levels.[185] **There are no documented interactions between masculinizing hormones and ARV drug combinations** based on the latest evidence as of April 2023.[186] [187] Provider understanding of this data can encourage persons to access HIV prevention, testing, and treatment. WPATH's recommendation 15.11 is clear that "healthcare professionals should counsel transgender and gender diverse persons that use of antiretroviral medications is not a contraindication to gender-affirming hormone therapy."[188]

Similar concerns and lack of information about interactions between PrEP and masculinizing hormones is a barrier to uptake, discouraging providers from prescribing PrEP, and is exacerbated by misinformation in the community.[189] [190] [191] Research increasingly shows no interactions.[192] [193] The *iBrEATHe Study* finds that **daily oral PrEP does not affect testosterone levels, and PrEP maintains sufficient levels to provide effective protection with masculinizing hormone use.**[194]

Recommendations

- **Evidence-based information and education materials** targeting trans men and other AFAB trans communities and healthcare providers are needed to **dispel myths on adverse interactions between masculinizing hormones and ARVs** and masculinizing hormones and PrEP.

Gender-affirming care is a priority intervention and HIV entry point

The WHO 2022 *Consolidated Guidelines* recognizes gender-affirming care as one of the top healthcare priorities for trans persons, with community research confirming this.[195] [196] [197] [198] Access to gender-affirming healthcare services is associated with higher uptake of HIV and STI testing and awareness of PrEP.[199] Despite detailed guidance from WPATH and WHO's 2022 *Consolidated Guidelines* of what gender-affirming care should include and its priority, provision is still lagging.[200] [201] Community data acknowledges that poor availability, high cost, and exclusion from national health service packages limit the availability of gender-affirming care, with exclusion from primary care creating more pressure on trans-friendly healthcare services.[202] [203] [204] [205]

Integrating HIV into gender-affirming care can provide an entry point to HIV, STI, and other services, improving service uptake and health outcomes.[206] [207] The USA Medical Monitoring Project data found exclusion from HIV services meant that 69% of trans men living with HIV had at least one unmet healthcare need and poor viral suppression and would benefit from care addressing multiple concerns.[208] The need for integration of HIV and other health (i.e. gender-affirming) services is recognized in the *Global AIDS Strategy* and *HIV Prevention 2025 Road Map*, but this is not yet a reality.[209] [210] Where there are gender-affirming services, HIV integration is often missing.[211] [212]

As a model for what this could look like, trans-competent care principles outlined in *Implementing comprehensive HIV and STI programmes with transgender persons* include ensuring clear pathways to access all types of healthcare (e.g. across HIV, mental health, TB, GBV, cervical cancer, sexual and reproductive health).[213] Introducing routine HIV testing in regular hormonal bloodwork is an easy streamlining process, and has been found to increase the frequency of HIV/STI testing compared to accessing testing separately, and is an intervention supported by trans persons.[214] [215] This must be accompanied by pre- and post-test counseling to avoid assumptions that testing will automatically be completed.[216] Integration should include making PrEP actively available, with PrEP counseling and promotion.[217]

In the reverse approach, the integration of gender-affirming care, specifically hormone therapy, across the HIV prevention and care continuum can significantly improve HIV outcomes and is already part of the sexual and reproductive health package under UNAIDS *2025 AIDS Targets*.[218] [219] Integration with HIV/STI community-based and peer-led services can further ensure gender-affirming care reaches individuals where they want to access it outside clinical settings.[220]

Recommendations

- In future guidelines development, stakeholders should seek to **incorporate trans-competent care principles** in line with *Implementing comprehensive HIV and STI programmes with transgender persons* and ensure **clear pathways between all aspects of health and social care** (HIV, STIs, mental health, TB, gender-based violence, cervical cancer, sexual and reproductive health, harm reduction, and information and education provision).[221]
- In support of this, WHO could issue **firmer guidance that the provision of gender-affirming care should be seen as a critical HIV intervention,** and that integration of HIV/STI services (e.g., PrEP, HIV/STI testing) into gender-affirming care in many contexts may be the only way trans and gender diverse persons will access HIV services.
- WHO could issue guidance to **strengthen the provision of gender-affirming care (e.g., hormones) within HIV and sexual and reproductive services** by trans-clinically and -culturally competent providers to reduce existing access barriers.
- Governments should ensure **national health service packages and insurance schemes include gender-affirming care**, including trans-specific surgical procedures and hormone care, as a priority intervention.[222]
- **Flexible service modalities** need to be provided **where** trans men and other AFAB trans persons **already access care and support** (for instance, in peer-led and community spaces).

Hormones and harm reduction

Lack of access to gender-affirming healthcare has implications, which WHO's 2022 *Consolidated Guidelines* confirm, with issues of self-prescribing and self-administering hormones without a prescription or monitoring.[223] Different literature finds self-prescribing to be relatively rare amongst trans men compared to trans women, but for those who do, hormones are often procured online without clinical guidance.[224] [225] Lack of clinics and high prices drive many to access hormones from illicit sources.[226] In some Asian cities, many trans persons were recorded to procure hormones outside the formal medical sector, with no monitoring.[227] This can cause adverse effects and result in sub-optimal treatment outcomes or drug-drug interactions.[228] There is little information on needle sharing for hormone use, but this may also be an HIV and HBV/HCV risk factor.[229] WHO 2022 *Guidelines* recommend harm reduction is enabled with the provision of sterile equipment for safe injection of hormones alongside evidence-based information.[230]

Recommendations

- **Safe access to hormones and regular blood monitoring alongside evidence-based information must be provided** through joined-up general, HIV, and specialist gender-affirming care.
- **Harm reduction programs must meet the needs for various types of needles and syringes** used by trans men and other AFAB trans persons, as the gauge, size, and shape for hormones are different from those used to inject opioids.[231]
- For trans men and AFAB trans persons who also use injecting drugs, appropriate harm reduction services and commodities (e.g., needles and syringes, opiate substitution therapy, and opiate antagonists) also need to be provided.

Mental health services

Mental health services were a priority in GATE's *Values and Preferences* survey.[232] This is a particular issue for trans men and other AFAB trans persons; data from Boston, USA, shows 42.2% had PTSD, 25.7% had depression, 31.1% had anxiety, and 31.3% had engaged in self-injury.[233] The specific syndemics linked with mental health are critical to understanding because they synergistically increase HIV risk.[234] Low self-esteem and self-efficacy linked to social gender affirmation may be particular risk factors for trans men and other AFAB trans persons, leading to self-stigmatizing thoughts and self-harm.[235] [236] Key informants describe how a lack of safer spaces and psychological support means many trans men are isolated and withdraw themselves from society, and start self-medicating with painkillers, drugs, and alcohol.[237] [238] In Indonesia, well-being support within HIV services would be the most impactful intervention for trans men and other AFAB trans persons.[239] Conversion therapy is an issue in Uganda, where the First Lady set up a conversion therapy center, and in Cameroon, where general healthcare providers try to convert trans men and other AFAB trans persons.[240] [241]

Recommendations

- **Provision of non-stigmatizing, gender-affirming mental health counseling and psycho-social support (MHPSS),** particularly for trans men and other AFAB trans persons, which is integrated with HIV/STI and broader SRH services, and other peer-led support and community-based settings.
- **Access to safer spaces** for trans men and other AFAB trans persons for peer support and to be able to freely express their gender and sexuality.
- Provision of **screening and treatment for harmful alcohol and other substance use**, with these screening and treatment services being gender-affirming and linked to gender-affirming care and mental health support.
- In support of efforts to end conversion therapy, **leverage clinical guidance** from WHO's 2022 *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations* and WPATH recommendation 18.10, which clearly stand **against the practice of conversion therapy** and its detrimental impact on health outcomes.[242] [243]

Realizing '30-60-80'

A funded, sustained, integrated HIV response

This section examines the issue areas under the Global AIDS Strategy's third strategic priority: to fully fund and sustain efficient HIV responses and integrate them into systems for health, social protection, humanitarian settings, and pandemic responses.

Funding for trans men and other AFAB trans-led responses

UNAIDS' 30-60-80 targets are defined in the Global AIDS Strategy as community- and key population-led organizations delivering: 30% of testing and treatment services; 60% of programs supporting the achievement of societal enablers, and 80% of HIV prevention programs.[244] To achieve these targets for community-led service delivery and monitoring by 2025 and support trans men and other AFAB trans persons' participation in decision-making, trans-led networks and organizations must be sustainably financed.[245] Yet the gaps between vision and reality remain large, at 90% between actual prevention funding to key populations and what is needed in lower- and middle-income countries.[246] In Guatemala, a National Trans Health Strategy exists but is not funded.[247] In Uganda, extremely limited resourcing for trans-led organizations is restricting the capacity to respond to the law change with shelter, food, and basic needs.[248] A key informant in Tajikistan notes that Global Fund support goes only to national organizations that do not serve or consult with trans populations.[249] Fully financing the HIV response and meeting the needs of all marginalized populations will provide a triple dividend of improved health outcomes, educational gains, and economic growth, simultaneously freeing up resources for other health priorities.[250]

Recommendations

- The **Global** Fund, PEPFAR, and other donors need to **allocate specific funding in the HIV response for trans men and other AFAB trans persons**, independent of resources dedicated to trans women and other AMAB trans persons, which must also be increased. Resourcing must be accessible and available for core costs, community-led emergency response, advocacy, service provision, and research.[251]
- National governments should **expand partnerships and resources to trans-led organizations to deliver HIV prevention, testing, and linkages to treatment services** through social contracting or other mechanisms.

Integration and trans-competent care to support Universal Health Coverage

The fundamental building blocks to robust health and community systems, which enable progress towards Universal Health Coverage, will only be realized through the AAAQ Framework. WHO's principles for key population services acknowledge its four essential standards: Availability, Accessibility, Acceptability, and Quality.[252] Affordability is often added as a fourth 'A.'[253] This aligns with UNAIDS targets, which recognize the efficiency gains of deeper connections between HIV and other health and social protection systems.[254] [255] Integration leads to improved uptake of both HIV and non-HIV services and better health outcomes.[256]

The concept of trans-competent care offers a basis for realizing the AAAQ Framework, integration, and UHC goals. *Implementing comprehensive HIV and STI programmes with transgender persons* outlines critical actions to deliver trans-competent health services that demonstrate both trans cultural competency and clinical competency.[257] This includes the integration of high-quality services and referrals and accessible and affordable care that centers client safety and confidentiality, provided in a sensitive, respectful way by healthcare providers who are technically competent. There is clear guidance on integration and comprehensive clinical care from WHO and the USA.[258] [259]

Using the AAAQ Framework and trans-competent care model, there are cross-cutting barriers to the uptake of services for trans men and other AFAB trans persons which need to be addressed.

- **Accessibility.**[260] Despite a target that 90% of trans persons have regular access to appropriate health systems or community-led services, there are significant physical barriers with limited clinics in rural areas.[261] [262] There is poor information accessibility with no outreach targeted to trans men and other AFAB trans persons, for instance in Indonesia.[263] Discrimination-based barriers include refusal of care (e.g., by key population focal points), stigmatizing questions, refusal to specify expressed gender or name individuals correctly, and even conversion attempts.[264] [265] [266]
- **Availability.**[267] Key informants in India, Cameroon, Tajikistan, the Philippines, and Central America reported minimal to zero services catering to trans men and other AFAB trans persons.[268] Community-based monitoring in Asia found no reported gender-affirming services at all serve trans men and other AFAB trans persons.[269]
- **Acceptability** requires that health services are ethically and culturally appropriate, respectful, and sensitive to communities.[270] There are often disconnects between trans-inclusive policies and practices, where providers make assumptions about sexual practices or genitals, and there is a lack of basic facilities, such as safe and welcoming toilets.[271] [272] A key informant in Uganda highlighted the huge demand for trans-led SRHR and HIV drop-in centers, as they offer services tailored to trans men's needs without intrusive and inappropriate questioning and discrimination.[273]
- **Affordability.**[274] The cost of hormones and gender-affirming surgeries limits the ability to medically transition, to be perceived as the correct gender, and to access legal gender recognition.[275] Key informants described transitioning as a privilege for those with financial security.[276]

» **Quality** requires that health services be medically appropriate, including trans clinical competency on gender identity, human rights, and serving the needs of individuals.[277] [278] Lack of provider knowledge on trans identities, health concerns, hormone use, sexual behaviors, and types of risk are prevalent. This impacts acceptability (through inappropriate language; "*Okay, so you're still biologically a woman, then*") and accessibility, where providers have tried to talk trans men out of HIV/STI testing or tell them they're not at risk.[279] [280] Gaps in provider competence, coupled with stigma and discrimination, cause trans men and other AFAB trans persons to postpone or avoid care or to access hormones without supervision.[281] [282] [283] This is driven by a lack of data and research and a lack of provider training and education on trans men and other AFAB trans persons' sexual health.[284]

Recommendations

- National HIV responses and providers must a**ddress affordability, availability, informational, and other structural barriers through trans culturally-relevant interventions** to increase service uptake and adherence. This includes the integration of HIV services with gender-affirming care and vice versa.
- Ministries of Health must implement **healthcare worker education and training to establish clinical competence in providing HIV testing, treatment, and care** tailored to trans men and other AFAB trans persons' diversity of bodies and sexual practices.[285]
- The Global Fund and other HIV donors should **ensure partner-implemented HIV programs and services** meet the needs of trans men and other AFAB trans persons, **integrating trans-competent care principles** and supported by WHO's Indicators detailed in the (2022) *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations.*[286]
- International civil society organizations could support **training** on trans men and other AFAB trans persons' SOGIESC, specific health needs, vulnerabilities, and risk **targeting healthcare providers, focal points, LGBT+ organizations, researchers, and policymakers to ensure trans clinical and cultural competence** at national and clinical levels.[287] [288] Detailed recommendations from APTN can be referenced in support of this.[289]
- Increase trans men's and AFAB trans persons' access to virtual, online services, information and guidance, including clinical and treatment reminders and referral into in-person, fixed-site clinical services.

Crisis Resilience and Preparedness

Humanitarian and crisis contexts are growing in frequency, severity, and protractedness. Whether caused by conflict, climate, or pandemics, evidence points to the most marginalized in societies being worst impacted while also holding the keys to building better resilience and preparedness.

For instance, the climate crisis poses greater risks to trans persons as a community made vulnerable through multiple forms of discrimination and legal, social, economic, and institutional exclusion.[290] Rates of gender-based violence and harmful practices are known to rise during crises that will affect trans men and other AFAB trans persons in spaces like gendered shelters and through forced marriage.[291] Marginalization also shapes the ability to adapt. Community-led interventions can increase resilience and adaptive capacity.[292]

Critical to preparedness is inclusion in humanitarian action plans. Needs assessments direct each emergency response based on population and HIV/STI prevalence data but are likely to exclude trans men and other AFAB trans persons due to data gaps.[293] UNAIDS recognizes that HIV integration into humanitarian responses is vital to tackle barriers due to stigma and to coordinate with the health cluster.[294] Inclusion in mechanisms like the Minimum Initial Service Package for Sexual and Reproductive Health in crises can ensure trans men and other AFAB trans persons' needs are met.[295]

Recommendations

- Governments must **include trans men and other AFAB trans persons in disaster risk reduction and preparedness policy discussions** (e.g., in National Adaptation Plans) and ensure **disaggregated data informs accurate humanitarian needs assessments and inclusion in crisis response** (e.g., in climate Vulnerability and Adaptation Assessments).
- The Global Fund and other donors must **invest in trans-led community systems to build resilience and disaster risk management capacities** and **support the capacity building of trans advocates** to access and influence crisis preparedness spaces.
- WHO, as Health Cluster Lead, must ensure implementation of the **Minimum Initial Service Package for Sexual and Reproductive Health in crises includes provision for trans men and other AFAB trans persons**, including through support to National Health Cluster Coordinators and staff.
- Increase utilization of the UNHCR/IOM training package on tailoring humanitarian responses for LGBTIQ persons, including trans men and AFAB trans persons.[296]

Footnotes

[1] Organization Intersex International. (n.d.). Welcome. Organization Intersex International. Retrieved September 8, 2023, from http://oiiinternational.com/

[2] Find details on the working group on GATE's website: https://gate.ngo/knowledge-portal/publication/information-sheet-on-the-international-trans-men-and-hiv-working-group/

[3] Appenroth, M., & Castellanos, E. (2022). Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STI Services: A Qualitative Study. Global Action for Trans Equality. https://gate.ngo/knowledge-portal/publication/hiv-who-consolidated-guidelines-trans-and-gender-diverse-values-and-preferences-document/

[4] The 'last '5's'' refer to the remaining populations who need to be reached in addition to those reached by the 95-95-95 UNAIDS targets. The targets include: 95% of people living with HIV know their status, of those 95% initiate treatment, and 95% of those on treatment are virally suppressed.

In: Joint United Nations Programme on HIV/AIDS. (2021). Global AIDS Strategy 2021–2026 End Inequality. End AIDS. https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy

[5] The targets are: 80% service delivery for HIV prevention programmes for key populations, delivered by key populations; 30% testing and treatment services, delivered by community-led organizations; and 60% programme support achievement societal enablers, to be delivered by community-led organizations.

In: Ibid.

[6] United Nations Development Programme, IRGT: A Global Network of Transgender Women and HIV, United Nations Population Fund, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, World Health Organization, Joint United Nations Programme on HIV/AIDS, & United States Agency for International Development. (2016). Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions. United Nations Development Programme. https://www.undp.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people

[7] World Health Organization. (2021). Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. https://www.who.int/publications/i/item/9789240031593

[8] Indicators across enabling environment, availability, coverage, and quality as detailed in: World Health Organization. (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. https://www.who.int/publications/i/item/9789240052390

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In: Joint United Nations Programme on HIV/AIDS. (2022). HIV PREVENTION 2025 – ROAD MAP: Getting on track to end AIDS as a public health threat by 2030. https://www.unaids.org/sites/default/files/media_asset/prevention-2025-roadmap_en.pdf

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[151] Trans men who have sex with men with complete access to condoms is 53.6% and 26.1% for lubricants. For cis men who have sex with men, this is 54.7% and 39.5% respectively.

In: Scheim, A. I., Santos, G. M., Arreola, S., Makofane, K., Do, T. D., Herbert, p., Thomann, M., & Ayala, G. (2016). Inequities in access to HIV prevention services for transgender men: results of a global survey of men who have sex with men. Journal of the International AIDS Society, 19(3 Suppl 2), 20779. https://doi.org/10.7448/IAS.19.3.20779

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In: Joint United Nations Programme on HIV/AIDS. (2021). Global AIDS Strategy 2021–2026 End Inequality. End AIDS. https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy

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In: Joint United Nations Programme on HIV/AIDS. (2022). HIV PREVENTION 2025 – ROAD MAP: Getting on track to end AIDS as a public health threat by 2030. https://www.unaids.org/sites/default/files/media_asset/prevention-2025-roadmap_en.pdf

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[237] From interview with key informant Theo Dogmo, West African Trans Forum, and Independent Trans Network of Central Africa, Cameroon.

[238] From interview with key informant Jay Mulucha, FEM Alliance Uganda, Uganda.

[239] From key informant Kevin, Indonesia.

[240] From interview with key informants Jay Mulucha, FEM Alliance Uganda, Uganda.

[241] From interview with key informant Theo Dogmo, West African Trans Forum, and Independent Trans Network of Central Africa, Cameroon.

[242] The guidelines include (under Supportive Interventions) the recommendation: Counselling interventions which promote rehabilitation or cessation of sex work or drug use, or a so-called cure for homosexuality or gender incongruence (for example, so-called conversion therapy) are not recommended, and create barriers to key population service access.

In: World Health Organization. (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. https://www.who.int/publications/i/item/9789240052390

[243] WPATH recommendation 18.10: 'We recommend 'reparative' and 'conversion' therapy aimed at trying to change a person's gender identity and lived gender expression to become more congruent with the sex assigned at birth should not be offered.'

In: Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., … Arcelus, J. (2022). Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. International Journal of Transgender Health, 23(Suppl 1), S1-S259. https://doi.org/10.1080/26895269.2022.2100644

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[247] From key informant Tristán López, Guatemala and Central America.

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[252] World Health Organization. (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. https://www.who.int/publications/i/item/9789240052390

[253] For instance, 'decentralised' falls under accessible, available; 'differentiated service delivery' falls under acceptable, available; 'virtual interventions' under accessible, available; and 'self-care' under acceptable, quality.

In: World Health Organization. (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. https://www.who.int/publications/i/item/9789240052390

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[255] '90% of trans persons should have access to HIV services integrated with or linked to STI, mental health, gender-affirming therapy, IPV and SGBV programmes that include PEP, emergency contraception and psychological first aid (by 2025).' Other relevant targets include: 90% of persons living with HIV and persons at risk are linked to persons-centered and context- specific integrated services they need for overall health and well-being, and; 90% of persons living with HIV and persons at risk are linked to persons-centerd and context-specific integrated services for other communicable diseases, noncommunicable diseases, sexual and gender-based violence, mental health and other services they need for their overall health and well-being.

In: Joint United Nations Programme on HIV/AIDS. (2021). Global AIDS Strategy 2021–2026 End Inequality. End AIDS. https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy

[256] UNAIDS shares findings from several studies showing that integration of HIV and TB services has contributed to steep reductions in numbers of AIDS-related deaths. Integrated family planning and HIV services contribute to reducing unintended pregnancies and pregnancy-related maternal mortality among women living with HIV. Viral suppression rates were better when integrated services were delivered. Treatment success for non-HIV-related conditions and uptake of non-HIV services were higher in integrated services. Integration of HIV testing and treatment with maternal and child care has facilitated expansion of antiretroviral therapy coverage among women living with HIV and preventing millions of HIV infections in children.

In: Joint United Nations Programme on HIV/AIDS. (2023). The path that ends AIDS: UNAIDS Global AIDS Update 2023. Geneva. https://www.unaids.org/en/resources/documents/2023/global-aids-update-2023

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[260] Accessibility means health facilities, goods and services are accessible to all, with non-discrimination, in physical reach, and the right to seek, receive, and impart information concerning health issues. IFHHRO | Medical Human Rights Network. (n.d.). AAAQ Framework. Retrieved September 19, 2023, from https://www.ifhhro.org/topics/aaaq-framework/

[261] Joint United Nations Programme on HIV/AIDS. (2021). Global AIDS Strategy 2021–2026 End Inequality. End AIDS. https://www.unaids.org/en/resources/documents/2021/2021-2026-global-AIDS-strategy

[262] From interviews with key informant Jay Mulucha, FEM Alliance Uganda, Uganda; Theo Dogmo, West African Trans Forum, and Independent Trans Network of Central Africa, Cameroon, and; key informant from Indonesia in the Trans Men & HIV Working Group Focus Group Discussion, 2023.

[263] From key information Kevin, Indonesia.

[264] From interview with key informant Theo Dogmo, West African Trans Forum, and Independent Trans Network of Central Africa, Cameroon.

[265] Rowe, E. (2023). Trans Competency Community-Based Monitoring: Key findings from the multi-country pilot implementation of the APTN Trans COMP CBM Tool. Asia Pacific Transgender Network. https://weareaptn.org/resource/trans-comp-community-based-monitoring-key-findings-from-the-multi-country-pilot-implementation/

[266] From interview with key informant Theo Dogmo, West African Trans Forum, and Independent Trans Network of Central Africa, Cameroon.

[267] Availability of services requires that public health and healthcare facilities are available in sufficient quantity, taking into account a country's developmental and economic condition. IFHHRO | Medical Human Rights Network. (n.d.). AAAQ Framework. Retrieved September 19, 2023, from https://www.ifhhro.org/topics/aaaq-framework/

[268] From key informants Shaman Gupta, TWEET Foundation, India; Theo Dogmo, West African Trans Forum, and Independent Trans Network of Central Africa, Cameroon; and Tristán López, Guatemala and Central America. Also from key informants from Tajikistan and the Philippines in the Trans Men & HIV Working Group Focus Group Discussion, 2023.

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[274] Affordability is the ability to access healthcare without financial hardship and mean health services must be affordable for all. IFHHRO | Medical Human Rights Network. (n.d.). AAAQ Framework. Retrieved September 19, 2023, from https://www.ifhhro.org/topics/aaaq-framework/

[275] 'Only persons with financial stability can access a kind of healthcare and incomplete LGR. Economic crisis is forcing migration.' From key informant Tristán López, Guatemala and Central America. And from key informants Jay Mulucha, FEM Alliance Uganda, Uganda, and; Theo Dogmo, West African Trans Forum, and Independent Trans Network of Central Africa, Cameroon.

[276] Key informants from Uganda and the Philippines in the Trans Men & HIV Working Group Focus Group Discussion, 2023.

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[280] Key informant from the United Kingdom in the Trans Men & HIV Working Group Focus Group Discussion, 2023.

[281] Key informant from Indonesia in the Trans Men & HIV Working Group Focus Group Discussion, 2023.

[282] Scheim, A. I., & Travers, R. (2017). Barriers and facilitators to HIV and sexually transmitted infections testing for gay, bisexual, and other transgender men who have sex with men. AIDS Care, 29(8), 990-995. https://doi.org/10.1080/09540121.2016.1271937

[283] Key informants from Uganda and Indonesia in the Trans Men & HIV Working Group Focus Group Discussion, 2023.

[284] 'No studies have been done in the context of Indonesia.' Key informant Kevin, Indonesia; 'There's little or no understanding in general about the sexual health of trans masculine folks. Especially in context to HIV.' Key informant Shaman Gupta, TWEET Foundation. India.

[285] Scheim, A. I., & Travers, R. (2017). Barriers and facilitators to HIV and sexually transmitted infections testing for gay, bisexual, and other transgender men who have sex with men. AIDS Care, 29(8), 990-995. https://doi.org/10.1080/09540121.2016.1271937

[286] Indicators across enabling environment, availability, coverage, and quality as detailed in the World Health Organization. (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations. https://www.who.int/publications/i/item/9789240052390

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Policy Brief on Effective Inclusion of Trans Men in the Global HIV and Broader Health and Development Responses

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