



Trans Men

in the Global HIV and Broader Health and Development Responses

A smart guide for communities



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About GATE

GATE is an international advocacy organization working towards justice and equality for trans and gender diverse 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 and gender expression. Our strategy is to transform the landscape of global advocacy, knowledge creation and resource distribution through critical inclusion of trans and gender diverse movements at all levels of political, legal and socio-economic processes.

Find out more about GATE by visiting www.gate.ngo

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Introduction

This Smart Guide has been developed to provide practical guidance for trans and gender diverse communities to use GATE's [*Policy Brief on Effective Inclusion of Trans Men in the HIV and Broader Health & Development Responses*](#). The *Policy Brief* was designed to support advocacy efforts for the inclusion of trans men, trans masculine persons and gender diverse persons assigned female at birth (hereafter referred to as 'trans men') in the global HIV response and broader health-related development goals. By developing this Smart Guide, we hope to make it easier for trans and gender diverse communities to use the *Policy Brief* in their advocacy efforts on trans men in the HIV response.

HIV continues to have a disproportionate impact on trans and gender diverse communities, having the lowest global viral suppression rate (44%) of all key populations. Despite this, trans men continue to be excluded in the global HIV response. Key issues that must be urgently addressed include reliable, disaggregated data on trans men, implementation of the World Health Organization's 11th Edition of the *International Classification of Diseases (ICD-11)*, and recognition of the diversity of identities, bodies, and sexual practices.

The *Policy Brief* was developed in 2023 with the guidance of the [*International Trans Men and HIV Working Group*](#) and builds on WHO's [*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*](#), GATE's [*Trans and Gender Diverse Communities' Values and Preferences for HIV, Hepatitis, and STIs*](#), and AVAC's [*No Data No More*](#) to present a comprehensive overview of what is needed to include trans men in the global HIV response. It provides specific guidance aimed at a wide range of key stakeholders engaged in health and developmental responses, including government officials, global health bodies, donors and civil society.

Where specific guidance for trans and gender diverse communities exists, such as in the WHO *2022 Consolidated Guidelines*, the *Policy Brief* avoids duplication by focusing instead on remaining gaps, under-researched issues, and areas where new evidence or community experience suggests a need for greater attention. Therefore, we recommend that communities familiarise themselves with these other guidelines as they provide additional valuable information to the *Policy Brief*.

This Smart Guide provides guidance on how best to use the *Policy Brief* to advocate for trans-inclusive health initiatives at the national, regional and global levels.

Navigating the Policy Brief

The *Policy Brief* was written for a wide range of audiences, focusing on recommendations for specific groups of stakeholders. These have been split into the following groups:

- global health bodies;
- global health donors;
- national government health ministries; and
- international civil society organizations.

Each group has a set of specific recommendations based on how they operate and what they can effectively influence. These recommendations can be found in the *Policy Brief* (pp.6-9) and are a valuable tool for targeted advocacy towards these groups.

Throughout the rest of the document, these same recommendations are split by topic, including key issues and the three global health targets addressed in the *Policy Brief*: UNAIDS' 10-10-10; 95-95-95; and 30-60-80 targets. This means that you can also focus on a particular topic or issue and target multiple stakeholders across different groups with your advocacy efforts.

In the following sections, we have provided a summary of the key issues faced by trans men, as well as an overview of the UNAIDS global health targets, which serve as a foundation for the recommendations outlined in the *Policy Brief*. We encourage you to familiarize yourself with the targets and reference them in your advocacy efforts. Doing so will underscore the urgency and importance of your advocacy while linking it to global health goals that national governments and global health bodies have committed to achieving.

Key Issues

The *Policy Brief* (pp.11-18) outlines the key issues faced by trans men in the HIV response, thus providing a framework for the recommendations that follow. It's essential to have a good understanding of the key issues outlined, as this can inform your advocacy. These have been summarised below.

Risk of acquiring HIV



There is a misconception that trans men are at low risk of acquiring HIV. Trans men are almost 7 times more likely to have HIV than the general population, placing them at very high risk of acquiring HIV. **Lack of data** is the key issue here, as it leads to **exclusion from key population definitions, resource allocation and health strategies and programs**.

Sometimes, it's donors that discourage the collection of this data; other times, it's national governments that put in place barriers to the collection of this data, including criminalizing laws that make data collection for key populations challenging. Without accurate data, it's complex to begin to map out the lived realities of trans men and to justify their inclusion in HIV responses, so this needs to be urgently addressed.

Diversity of trans men



Trans men are not a homogenous group. There are incorrect prevailing assumptions about the **type of sex** that trans men have, **who they have sex with**, and their rates of **engagement in sex work** that have prevented the inclusion of trans men in HIV responses. Trans men are less likely to be heterosexual than cis men, and trans men who engage in penetrative sex or sex work have the same risk of acquiring HIV as cis men who have sex with men.

Despite this prevalence, there is a lack of research into the **differentiated risks** of acquiring HIV through vaginal or anal penetrative sex. Additionally, there is a lack of data on the effect of testosterone therapy on vaginal tissue atrophy concerning HIV and STI transmission. The complex interplay between hormone replacement therapy and sexual practices requires a nuanced approach to including trans men in the HIV response.

Gender-affirming healthcare



The *International Classification of Diseases (ICD-11)* was adopted by the WHO in 2019, depathologizing gender identity by removing it from mental health diagnoses and creating a new diagnosis of 'gender incongruence' in a new chapter on sexual health. This reclassification aimed to enable depathologized access to gender-affirming healthcare, i.e., no psychiatric or psychological diagnosis required for accessing transition-related healthcare.

However, the adoption and implementation of the updated guidelines have not been universal, and a lot of work is required to push this forward. There is significant evidence that **providing HIV-related healthcare with gender-affirming healthcare** leads to better uptake and retention of sexual health services among trans and gender diverse populations, so implementing the ICD-11 at the national level is a critical step toward greater inclusion of trans men in the HIV response.

Social barriers



There are many social barriers faced by trans and gender diverse communities that impact their access to healthcare services. **Criminalization, stigma and discrimination, lack of access to legal gender recognition and gender-based violence** are key determinants affecting HIV acquisition.

Criminalizing laws that impact trans men include anti-sodomy laws and laws targeting 'lesbianism,' homosexuality, 'gross indecency,' sex work, HIV transmission, 'cross-dressing,' and 'vagrancy,' with 20 countries explicitly criminalizing trans people. Lack of access to legal gender recognition exacerbates this, with criminalization leading to high rates of violence, with gender-based violence, including sexual violence, remaining systematically under-addressed for trans men.

When accessing healthcare, 81% of trans and gender diverse people experience stigma and discrimination, making them 3 times more likely to avoid or delay healthcare until they are very ill. Both clinical and non-clinical staff engage in these stigmatizing behaviors, highlighting the need to sensitize healthcare providers. All of these factors make HIV and STI prevention, testing, and treatment more difficult, with individuals concealing their identities and sexual practices discouraged from seeking help and support or avoiding healthcare services altogether.

Community empowerment is an effective approach that can support the delivery of a more holistic wellness approach through community-led responses and empowering individuals to address their health. This requires resourcing for capacity building, advocacy, and community mobilization to ensure sustainable community-led responses.

Understanding global health targets

The *Policy Brief* highlights the importance of including trans men in global health goals, particularly in efforts to combat HIV. These 2025 targets, set out by UNAIDS in their *Global AIDS Strategy 2021-2026*, aim to improve healthcare access and reduce the impact of HIV worldwide.

10-10-10 Targets

- Less than 10% of countries have punitive laws and policies
- Less than 10% of people experience stigma and discrimination
- Less than 10% experience gender inequality and violence

These targets are crucial as they recognize the harmful impact of criminalization, stigma, discrimination and violence in driving the HIV pandemic. Ensuring the rights and safety of marginalized and vulnerable communities will help achieve the **95-95-95 targets**.

95-95-95 Targets

- 95% of people living with HIV know their HIV status
- 95% of those diagnosed with HIV receive antiretroviral therapy (ART)
- 95% of those receiving ART have an undetectable viral load

While some progress has been made in reaching these targets, marginalized communities who are the most vulnerable to HIV, including trans men, still face barriers to accessing HIV services. **The 5-5-5 represents the 5% left behind** in the 95-95-95 targets. Reaching the final 5% means ensuring that targeted health interventions reach those most at risk.

30-60-80 Targets

The 30-60-80 targets focus on ensuring that community-led organizations deliver:

- 30% of testing and treatment services
- 60% of programs to support societal enablers
- 80% of HIV prevention services for high-risk populations

For these targets to be met, sustainable funding for community-led organizations is crucial, and it's essential that trans men are included in decision-making spaces to ensure their inclusion in these efforts.

Take action!

This section outlines key recommendations from the *Policy Brief*, organized by UNAIDS targets:

Achieving the 10-10-10s: Focuses on overcoming social barriers to healthcare access.

Reaching the last '5s': Addresses gaps in HIV service delivery.

Realizing '30-60-80': Ensures community-led responses are prioritized.

To support advocacy efforts, the [GATE Learning Hub](#) offers courses to help trans and gender diverse advocates push for policy change in national HIV and healthcare policies.

Available courses:



- **Community Needs Assessment:** Learn how to design and conduct community-based assessments to document and advocate for the needs of trans and gender diverse communities in national HIV responses.
- **HIV Advocacy Planning:** Develop strategic HIV advocacy plans tailored to the needs of trans and gender diverse communities and people living with HIV.
- **HIV National Strategic Planning:** Explore best practices to justify and advocate for meaningful trans and gender diverse inclusion in HIV National Strategic Plans.
- **HIV Community-Led Monitoring:** Gain skills in community-led monitoring to hold national governments accountable in implementing country-level HIV responses.

These courses provide essential tools and knowledge to effectively engage with national governments, advocate for recommendations as outlined in the *Policy Brief* and summarised below, and monitor their implementation.

Further reading



The following documents provide specific research and guidelines that have informed the development of the *Policy Brief* as well as providing relevant statistics and other data that can support your advocacy efforts:

- GATE: [Key Populations Communities' Values and Preferences for HIV, Hepatitis, and STIs: Trans and Gender Diverse Communities](#)
- UNAIDS: [HIV Prevention Road Map 2020 and 2025](#), [Global AIDS Strategy 2021–2026](#), [Global AIDS Update 2022 and 2023](#), and [2025 AIDS Targets](#)
- WHO: [2022 Consolidated Guidelines](#) and [2015 Policy Brief on Transgender People and HIV](#)
- AVAC: [No Data No More](#)

Achieving the 10-10-10s: Implementing Critical Societal Enablers

The critical societal enablers focus on removing barriers that prevent or limit access to HIV services. This section outlines actions needed to remove major barriers that prevent trans men from fully realizing their human rights and achieving positive health. Read more about the [social barriers](#) that impact trans men. This section references pp. 14-18 in the *Policy Brief*.

Decriminalization and access to legal gender recognition



GATE's *Values and Preferences* study identified decriminalization of gender diversity and access to legal gender recognition as two key factors that enable trans and gender diverse people to exercise their rights and access healthcare services. The connection between criminalization, public health, and human rights highlights the urgent need to repeal punitive laws and implement protective laws that uphold the dignity, health, and rights of trans and gender diverse people.

Further reading

- African Union's [Catalytic Framework To End AIDS, TB, and Eliminate Malaria In Africa By 2030](#)
- **Case Study:** Find out how criminalization has impacted HIV progress and human rights in Uganda on page 15 of the *Policy Brief*

Recommendations

For national government health ministries

- Repeal and stop enforcing laws that criminalize trans men.
- Provide HIV-related legal services to support those seeking protection and justice for rights violations.
- Implement legal gender recognition based on self-determination, ensuring a fast, accessible and transparent process.
- Recognize human rights as a key component of effective health responses.
- Collaborate with human rights organizations and institutions to ensure health policy and programs are inclusive and grounded in human rights principles.

For global health donors

- Partner with human rights institutions and trans men's communities to understand when and how to use their influence to drive legal and policy reform.

Overcoming stigma and discrimination



Trans men continue to face high levels of stigma and discrimination, particularly in healthcare settings. This can include hostile stares from other service users and invasive questioning, judgment or outright refusal of care by healthcare workers. The WHO 2022 *Consolidated Guidelines* emphasize the need for sensitization training for health and social care workers to improve service delivery for trans and gender diverse communities. Additionally, the WHO's *Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations* provides valuable indicators to monitor and address stigma and discrimination in healthcare settings.

Further reading



- WHO's [*Tool to set and monitor targets for HIV prevention, diagnosis, treatment and care for key populations*](#)
- Case Studies: Reduction of HIV-related stigma and discrimination in [Southeast Asia](#) and [Vietnam](#)

Recommendations



For national government health ministries

- Strengthen accountability mechanisms for health and social care providers to reduce stigma and discrimination in healthcare settings.

For global health donors

- Increase financial and technical support to specifically address stigma and discrimination against trans men as part of broader efforts to support trans and gender diverse communities.

Community empowerment

Community empowerment is a key priority identified in both GATE's *Values and Preferences* study and the WHO 2022 *Consolidated Guidelines*, and it is central to the approach in the *TRANS Implementation Tool* (TRANSIT), which focuses on enhancing the design and delivery of HIV services for trans communities. However, there remain significant barriers to engaging trans men in HIV programming, including exclusion from HIV program consultations and decision-making processes and funding cuts undermining engagement efforts.

Community-led responses are essential for providing a more holistic approach to wellness, particularly in situations where criminalization or crises lead to general services failing to meet the needs of marginalized populations. The *HIV Prevention 2025 Road Map* stresses the importance of resourcing community empowerment efforts through capacity building, advocacy, and community mobilization. These actions are crucial to ensure trans-led responses can be sustained.

Further reading

- GATE and IRGT's [TRANSIT Smart Guide](#)

Recommendations

For national government health ministries

- Ensure trans men are meaningfully involved in all decision-making bodies focused on national healthcare development, particularly concerning HIV.

For global health donors

- Increase funding for community empowerment programs for trans men to support the development of sustainable community-led initiatives.

For international civil society organizations

- Provide technical and financial support to local trans-led organizations to strengthen their engagement in national HIV planning and decision-making processes.

Gender-based violence



Criminalization of gender diversity contributes to high rates of violence against trans and gender diverse communities, including trans men. This violence can take many forms, including corrective rape and other forms of sexual violence, forced marriage and childbearing, and exclusion from accessing emergency testing kits. State-sponsored violence can further exacerbate this to include practices such as conversion therapy and forced surgeries, including mandatory sterilization.

To address gender-based violence, it is critical to tackle the intersecting political, economic, and religious factors that drive this violence. A coordinated, multi-level response is needed involving communities, civil society, donors, governments, and UN bodies, working together across health and human rights mechanisms.

Further reading



- IE SOGI's [*Freedom of religion or belief and freedom from violence and discrimination based on sexual orientation and gender identity report*](#)
- TGEU's [*Trans Murder Monitoring project*](#)

Recommendations



For global health donors

- Use influence and resources to support communities and trans-led organizations in countering drivers of violence, discrimination, and stigma against trans and gender diverse people.

Reaching the last '5s': Advocating for health interventions

While the WHO 2022 *Consolidated Guidelines* offer key interventions for trans persons on various topics, the *Policy Brief* focuses on addressing the remaining gaps to reach the last 5's in the 95-95-95 UNAIDS targets. Read more about the [Key Issues](#) faced by trans men. This section references pp. 19-28 in the *Policy Brief*.

Social gender affirmation and HIV prevention

Trans people face significant gaps in HIV prevention progress, falling short of 2025 global targets for condom use, PrEP access, HIV prevention programs, and STI screenings. These gaps weaken efforts to achieve combination prevention goals.

For trans men who have sex with men, social gender affirmation, i.e., a desire to be accepted by cisgender men who have sex with men, can influence HIV prevention decisions. Some may forgo condom use, which, in settings where access to PrEP and ARVs is limited, can significantly impact prevention efforts. Gender-based violence and depression can further exacerbate HIV risk. Additionally, misconceptions about HIV risk during vaginal/frontal sex and client objections to condom use in sex work further heighten vulnerability.

Pleasure is often overlooked in HIV and pregnancy prevention strategies. Campaigns that highlight pleasurable aspects of safer sex tend to be more effective than those focused solely on behavior change. Healthcare providers need training on integrating pleasure-based approaches to promote condom and lubricant use while reducing stigma.

Further reading

- Guttmacher-Lancet Commission's [Sexual And Reproductive Health And Rights For All](#)

Recommendations

For national government health ministries

- When designing interventions for sexual behavior and HIV transmission, consider gender affirmation frameworks and how multiple health conditions interact (syndemics).
- Create public awareness campaigns for cisgender men who have sex with men to educate them about trans men and HIV/STI prevention.
- Design health programs for trans men who have sex with men that address both their unique risks and the broader risks for men who have sex with men.

For global health donors

- Fund holistic, pleasure-based approaches to sexual health, including training for healthcare providers on how to apply these methods in HIV prevention and care.

(More!) lubricants and condoms

Trans men are often excluded from HIV prevention programs due to their lack of recognition as a key population. This exclusion reduces access to HIV prevention services and distribution, despite the use of condoms reducing the risk of HIV and STIs. Although condoms are sometimes made available to trans men, lubricants are often denied by healthcare providers due to a lack of clear guidance. Often, trans-led distribution is the only way to ensure access to condoms together with lubricants.

Why lubricants matter

Trans men on testosterone who engage in vaginal/frontal sex are at increased risk of HIV and STIs, as testosterone can cause vaginal atrophy leading to dryness and increased risk of tears. Lubricants are critical in reducing this risk, and the provision of condom-compatible lubricants is essential to minimize condom breakage.

Further reading

- GATE and IRGT's [*TRANSIT Smart Guide*](#)

Recommendations

For national government health ministries

- Recognize trans men as a key population in HIV prevention strategies.
- Ensure access to condoms and lubricants through both public health programs and trans-led distribution.
- Make HIV prevention services for cis men who have sex with men inclusive of trans men.

For global health bodies

- Promote condom-compatible lubricants for trans men in all sexual contexts
- Ensure guidance includes sex with all sexual partners, not just cis men.
- Enforce existing WHO recommendations to distribute condoms together with lubricants for trans men.

PrEP



Trans men face significant barriers to accessing PrEP, leading to critical under-use of PrEP, particularly among those who have sex with men. Many rely on unregulated or on-demand use, which is not recommended for those engaging in vagina/frontal sex. Healthcare providers often lack knowledge about trans men's specific risks and vulnerabilities, the use of PrEP with vaginal/frontal sex and PrEP suitability.

Given these access barriers, peer-led and community-level PrEP provision may be more effective in improving access and accuracy of knowledge. New options like long-acting injectable PrEP and the Dapivirine ring offer more choices, with injectable PrEP being preferred as it reduces stigma and risk. However, affordability, availability and lack of provider awareness remain significant challenges.

Recommendations



For national government health ministries

- Remove barriers to PrEP access by implementing trans-inclusive interventions addressing affordability, availability, and information gaps.
- Adapt HIV prevention services to meet the specific needs of trans men.
- Ensure inclusion of trans men in interventions for men who have sex with men.
- Integrate PrEP with gender-affirming care and vice versa to improve accessibility and adherence.
- Increase awareness of PrEP options and normalize its use among trans men as part of combination prevention strategies through social media, outreach, and healthcare education, following UNAIDS recommendations.

For global health donors

- Strengthen funding for peer-led and community-based initiatives to improve PrEP access, uptake, and adherence for trans men.
- For global health bodies
- Ensure national clinical guidelines explicitly recognize trans men as eligible for PrEP, as outlined in WHO Guidelines.

HIV/STI testing and treatment



Currently, only 43.5% of trans men who have sex with men report having fully accessible HIV testing, compared to 56.9% of cis men. Barriers to testing are well-documented and include limited or no access, especially in rural areas, as well as misinformed assumptions about sexual practices and gender identity. Many trans men experience discrimination and violence in healthcare settings, and high costs or lack of follow-up care for positive results further discourage testing. STI screening is particularly difficult due to binary-focused service provision, where providers fail to offer the correct tests based on assumptions about genitalia and the type of sex individuals engage in.

There are several ways to improve access to HIV/STI testing for trans men. One key solution is expanding access to trusted, flexible testing providers offering person-centered care without making harmful assumptions. Mobile and community-based testing, including peer-led and social-network alternatives, can help those who avoid traditional healthcare settings. Self-testing options, such as genital and rectal STI swabbing or cervical self-sampling, provide a way to minimize gender dysphoria while increasing autonomy. Formal peer testing programs should also be implemented, ensuring that trans-led initiatives can provide testing in safe and affirming environments. Integrating HIV/STI screening into gender-affirming care is another crucial step, making testing a routine part of healthcare rather than an added burden.

Recommendations



For national government health ministries

- Invest in healthcare worker education and training to improve clinical competence in providing HIV/STI testing and care tailored to trans men.
- Ensure training includes awareness of diverse bodies and sexual practices.
- Encourage healthcare providers to actively engage trans communities in regular testing as part of routine care.

For global health bodies

- Future guidelines should provide clear technical guidance on integrating HIV/STI testing into gender-affirming routine care.

For global health donors

- Allocate greater funding for trans-led, peer-led, and social-network approaches to HIV/STI testing.
- Support formal testing and self-testing programs, including self-care interventions such as cervical self-sampling.

Drug-drug interactions: hormones with ARVs and PrEP



There is a widespread lack of information about how masculinizing hormone therapy interacts with anti-retroviral therapies (ARVs) and PrEP. This leads to fear and misinformation in trans men communities, with many believing that ARVs could prevent effective testosterone uptake or lower testosterone levels, discouraging HIV treatment and prevention. WPATH Guidelines confirm that ARVs do not prevent or conflict with gender-affirming hormone therapy.

There are no documented interactions between testosterone and ARV drug combinations.

Similar concerns exist around PrEP and testosterone, with misinformation creating barriers to uptake and discouraging providers from prescribing it. Healthcare providers have a responsibility to educate trans men and ensure they have access to HIV prevention, testing and treatment.

Daily oral PrEP does not affect testosterone levels and remains effective for HIV prevention when taken alongside masculinizing hormones.

Further reading



- [*iBrEATHe Study*](#)
- WPATH Guidelines: [*Standards of Care Version 8 Guidelines*](#)

Recommendations



For national government health ministries

- Create evidence-based campaigns to dispel myths and improve awareness among both trans communities and healthcare providers on interactions between masculinizing hormone therapy and ARVs and PrEP.

Gender-affirming care: Priority intervention and HIV entry point



Gender-affirming care is a priority healthcare intervention and a crucial entry point for HIV, STI, and other essential health services. Research confirms that access to gender-affirming care is linked to higher HIV and STI testing rates and increased PrEP awareness. However, poor availability, high costs, and exclusion from national health service packages continue to limit access. This forces many trans men to rely on a small number of trans-friendly providers, creating gaps in HIV prevention and care. The *Global AIDS Strategy* and the *HIV Prevention 2025 Road Map* recognize the need to integrate HIV and gender-affirming care, yet this remains largely unimplemented.

A trans-competent healthcare model should establish clear pathways between all aspects of health and social care, ensuring that trans men can access HIV services alongside mental health, tuberculosis (TB), gender-based violence (GBV), cervical cancer, and sexual and reproductive healthcare. Routine HIV testing can be incorporated into hormonal bloodwork, increasing testing frequency, but must always include pre- and post-test counseling to ensure testing continuity. PrEP should also be actively available, with targeted counseling and promotion.

In the reverse approach, integrating gender-affirming care, particularly hormone therapy, into HIV prevention and care services can significantly improve HIV outcomes. UNAIDS already recognizes this within the *2025 AIDS Targets*. Expanding these services into community-based and peer-led settings will further ensure that trans men can access care in environments they trust.

These integrations are essential for improving health outcomes, closing gaps in HIV prevention and care, and ensuring that trans men receive the comprehensive healthcare they deserve.

Further reading

- USA Study: [Medical Monitoring Project](#)
- APTN's [Trans Competency Community-Based Monitoring](#)

Recommendations

For national government health ministries

- Future health guidelines should explicitly include trans-competent care principles, ensuring seamless connections between gender-affirming care and HIV/STI services.
- National health packages and insurance schemes should cover gender-affirming care, including hormones and surgical procedures, as a priority intervention.
- Healthcare services should be flexible, allowing trans men to access care in peer-led and community spaces.

For global health bodies

- Issue stronger guidance recognizing gender-affirming care as a critical HIV intervention that, in many settings, may be the only way for trans men to access HIV services.
- Provide guidance to strengthen gender-affirming care provisions within HIV and sexual and reproductive services, ensuring care is delivered by trans-clinically and -culturally competent providers.

Hormones and harm reduction



Lack of access to gender-affirming healthcare often results in trans men self-prescribing and self-administering hormones without clinical monitoring. While self-prescribing is less common among trans men compared to trans women, some individuals still purchase hormones online or from illicit sources due to high prices and the scarcity of local clinics. This lack of clinical oversight can lead to adverse effects, sub-optimal treatment outcomes, and unexpected drug-drug interactions.

There is limited information on needle sharing for hormone use, but it may pose a risk for HIV and Hepatitis B and C (HBV/HCV) transmission. Harm reduction strategies are crucial, including providing sterile equipment for safe hormone injection alongside evidence-based information to support individuals who self-administer hormones.

Further reading



- GATE and IRGT's [TRANSIT Smart Guide](#)
- UCSF's Factsheet: [Trans Men's HIV Prevention Needs](#)

Recommendations



For national government health ministries

- Ensure safe access to hormones and regular blood monitoring as part of connected general, HIV and specialist gender-affirming care.
- Provide harm-reduction programs tailored to the specific needs of trans men, including the provision of various types of needles and syringes for hormone use, recognizing that these differ in gauge, size and shape from those used for injecting opioids.
- Ensure that appropriate harm-reduction services, including sterile equipment and access to opiate substitution therapy, are available to trans men who also use injecting drugs.

Mental health services



Mental health services are a crucial priority for trans men, with significant mental health challenges reported. Surveys show that many trans men experience depression (26%), anxiety (31%), PTSD (42%) and self-harm (31%). Poor mental health is linked to low self-esteem, particularly related to social gender affirmation, leading to self-stigmatizing thoughts and self-harm. The lack of safe spaces and psychological support leads many trans men to isolate themselves and self-medicate with substances such as painkillers, drugs, and alcohol. These mental health challenges are a significant factor in increasing HIV risk.

Conversion therapy, which is still practiced in many regions around the world, can exacerbate these mental health issues and worsen health outcomes. Providing comprehensive well-being support is one of the most effective interventions for improving the health of trans men.

Further reading



- WPATH Guidelines: [*Standards of Care Version 8*](#)

Recommendations



For national government health ministries

- Ensure access to integrated mental health counseling and psycho-social support (MHPSS) for trans men, alongside HIV/STI and broader sexual and reproductive health (SRH) services. The support should be non-stigmatizing, gender-affirming and linked to peer-led support within community-based settings.
- Create safe spaces for trans men to access peer support and to express their gender and sexuality freely.
- Offer screening and treatment for alcohol and substance misuse in a gender-affirming manner, ensuring that these services are linked to gender-affirming care and mental health support.
- Use clinical guidance from WHO and WPATH to end conversion therapy and its harmful effects.

Realizing '30-60-80': Advocating for increased funding

This section addresses the *Global AIDS Strategy's* third strategic priority: fully funding and sustaining efficient HIV responses and integrating them into broader health, social protection, humanitarian, and pandemic responses.

Funding for trans men-led responses



Trans-led organizations need sustainable financing to meet UNAIDS' 30-60-80 targets for community-led service delivery and participation in decision-making. In lower- and middle-income countries, there's a 90% gap between the needed funding and what is provided for key population prevention initiatives. To address this, funding must be allocated to HIV prevention, testing, treatment, and research that is tailored to the needs of marginalized populations, including trans men. Fully financing the HIV response can improve health outcomes, educational gains, and economic growth, freeing up resources for other health priorities.

Recommendations



For national government health ministries

- Expand partnerships and resources for trans-led organizations to provide HIV prevention, testing, and treatment services using mechanisms like social contracting.
- For global health donors
- Allocate specific funding for trans men in the HIV response, separate from but complementary to resources dedicated to trans women. Ensure these funds are available for core costs, emergency responses, advocacy, service provision, and research.

Universal Health Coverage and Trans-Competent Care



Universal Health Coverage (UHC) is a key goal of the *2030 Sustainable Development Agenda*. It ensures that everyone has access to the full range of quality health services they need, when and where they need them, without financial hardship.

A strong health system that supports UHC must follow the *AAAQ Framework* of Availability, Accessibility, Acceptability, and Quality. Affordability is often added as a fourth 'A'.

- **Accessibility:** Services are easy to reach
- **Availability:** Services available when and where needed
- **Acceptability:** Services are respectful and appropriate
- **Affordability:** Services are affordable
- **Quality:** Services are medically appropriate and safe

For trans men to access healthcare safely and effectively, health systems must integrate trans-competent care into existing services. This means that healthcare providers are trained to offer respectful, informed, and clinically appropriate care that is confidential and patient-centered, focusing on the needs and safety of trans men. Services should be integrated, ensuring easy referrals and coordination between HIV services, general healthcare, and gender-affirming care.

However, there are major barriers that continue to limit trans men's access to healthcare. Accessibility is hindered by limited clinics in rural areas, poor outreach, and discrimination from providers.

- **Availability** is an issue in many regions as there are limited healthcare services that cater to the needs of trans men, including gender-affirming care.
- **Acceptability:** Even when policies exist, providers often lack training in delivering trans-inclusive care, leading to invasive questions, misgendering, and incorrect assumptions about bodies and sexual practices. Many clinics also lack gender-inclusive toilets.
- **Affordability** is a huge factor impacting gender-affirming care as the high cost of hormones, surgeries and other medical care makes transitioning financially out of reach for many trans men.
- **Quality:** Many healthcare providers lack knowledge about trans men's specific health concerns, hormone use, and sexual health risks. This results in inappropriate care, delayed diagnoses, and an increased risk of HIV and other health issues.

Further reading

- IFHHRO Medical Human Rights Network's [AAAQ framework](#)
- APTN's [Trans Competency Community-Based Monitoring](#)

Recommendations

For national government health ministries

- Implement policies that integrate trans-competent care into public health services, ensuring that HIV services, gender-affirming care, and general healthcare are accessible in one system.
- Train healthcare workers to provide informed, respectful, and clinically competent care for trans men, including education on diverse bodies and sexual health needs.
- Expand access to telehealth and online health resources to ensure trans men in remote areas can access information and support.

For global health donors

- Ensure that all partner-implemented HIV programs and health services include trans men and align with WHO's standards for key population health services.

For international civil society organizations

- Support training programs for healthcare providers, policymakers, and community leaders on trans men's health needs and risks.
- Advocate for increased funding for trans-led health initiatives, including research on trans men's specific health needs.

Crisis Resilience and Preparedness

Humanitarian and crisis situations, such as conflicts, natural disasters, and pandemics, are increasing worldwide. The most marginalized communities, including trans men, are disproportionately affected due to discrimination and systemic exclusion. However, these communities also have unique expertise in resilience and adaptation.

To ensure effective crisis response, humanitarian action plans must explicitly include trans men. This means conducting needs assessments that address their specific challenges and ensuring access to essential health services through the *Minimum Initial Service Package (MISP) for Sexual and Reproductive Health*, which provides critical care during crises.

Further reading

- IPPF's [*Climate crisis and sexual and reproductive health and rights*](#)
- IAWG on Reproductive Health in Crises' Field Manual: [*Chapter 3: Minimum Initial Service Package \(MISP\)*](#) & [*Chapter 11: HIV*](#)
- UNHCR/IOM's [*Training Package on SOGIESC and working with LGBTIQ+ persons in forced displacement*](#)

Recommendations

For national government health ministries

- Include trans men in disaster risk reduction and preparedness discussions and policies, such as National Adaptation Plans.
- Use disaggregated data that includes trans men to inform humanitarian needs assessments and crisis response planning.

For global health donors

- Invest in trans-led community systems to strengthen resilience and disaster risk management capabilities.
- Support training for trans advocates to increase their influence in crisis preparedness and response spaces.

For global health bodies

- Ensure the *Minimum Initial Service Package (MISP)* implementation includes services for trans men, with support for National Health Cluster Coordinators and staff.
- Expand the use of the UNHCR/IOM training package on tailoring humanitarian responses for LGBTIQ persons, including trans men



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**Trans Men in the Global HIV and Broader
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