GATE
Global Action for Trans Equality

Democratic Erosion as a Health Emergency:

How Anti-Gender Movements are Dismantling Access to Health for Trans and Gender Diverse People Worldwide

Research Report on Health & Human Rights

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About GATE

GATE works to advance global justice for trans and gender diverse communities. Our vision is a future where trans and gender diverse communities live freely, safely, and with dignity. We are community-led and community-centered, working with integrity and innovation to create opportunities for shared learning and resource equity in order to advance global solidarity across borders and movements.

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

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Executive Summary

Background

Trans and gender diverse communities face high levels of stigma, discrimination, and socio-economic marginalization, contributing to disproportionate vulnerability to HIV. While the inclusion of trans and gender diverse people in the global HIV response has improved, these gains are increasingly threatened by a convergence of international donor funding cuts and coordinated anti-gender attacks. These attacks include hate speech, criminalization legislation, defunding of trans-led health initiatives, and violence against human rights defenders, and are part of a broader anti-rights agenda. There is currently limited data on the specific impact of anti-gender attacks on trans and gender healthcare access. In May 2026, GATE conducted a survey of trans-led organizations to address this gap.

Results

The survey found that anti-gender attacks have a negative impact on access to healthcare, with 92% of organizations reporting impacts on HIV services and 83% reporting changed provider practices. Access across the HIV prevention and treatment cascade has been disrupted, including reduced access to PrEP (63%), HIV testing (56%), and antiretroviral treatment (56%). Community-led services have closed in half of the surveyed contexts. Fear of discrimination or violence is the leading barrier to access (89%). Disruption also extends to the roll-out of long-acting ARV options, with 27% of organizations reporting disruptions. In terms of impact on the trans-rights movement, 89% report reduced funding opportunities, 83% report heightened security risks, and 77% report staff burnout.

Recommendations

GATE recommends that donors, multilateral institutions, governments, and civil society partners:

- **Prioritize long-term, flexible funding for trans and gender diverse community-led organizations;**
- **Ensure direct funding to trans-led organizations, including as sub-recipients within major HIV financing mechanisms;**
- **Integrate community protection and security funding into HIV programming;**
- **Address political and structural barriers to long-acting ARV roll-out;**
- **Invest in mental health support as a core component of HIV programming;**
- **Strengthen documentation and monitoring systems;**
- **Engage multilateral human rights and health bodies to formally recognize anti-gender attacks as a barrier to global HIV and health goals.**

Background

The trans and gender diverse community experiences high levels of stigma, discrimination and socio-economic marginalization. This results in poor health outcomes, including a disproportionate vulnerability to HIV.

The trans rights movement has made progress in addressing these inequalities and improving the inclusion of trans and gender diverse people in the global HIV response. However, these gains are now under threat due to the interconnected impact of international donor funding cuts and coordinated attacks on the basic rights of trans and gender diverse community members.

Anti-gender attacks are funded and promoted by anti-rights groups in the Global North and are taking place in countries across the world. The attacks include (but are not limited to) the dissemination of hate speech; campaigns to reverse human rights gains, introduce criminalization legislation and defund trans health initiatives; and violent attacks targeting trans and gender diverse human rights defenders. They are part of a larger anti-rights, anti-democracy agenda that targets sexual and reproductive health rights and threatens to undermine consensus on the international human rights framework.

One of the most pernicious manifestations of this agenda is the introduction of draconian criminalization laws targeting the LGBTIQ+ community in various countries around the world. Trans and gender diverse people, who are the most visible members of the LGBTIQ+ community, are frequently the hardest hit by this legislation. These laws create barriers to accessing health services and undermine progress towards ending HIV as a public health threat by 2023.

UNAIDS data shows that 55% of all new HIV infections in 2022 occurred among people from key populations and their sexual partners. At a time when new HIV infections declined by 35% between 2010 and 2022 in the 15 - 49-year-old population globally, annual numbers of new HIV infections among gay, bisexual and other men who have sex with men increased by 11%, and among trans women by 3%, from 2010 to 2022.

Researchers and academics have documented the risks that anti-gender attacks pose to health research and responses, particularly the HIV response and women's access to sexual and reproductive healthcare. However, there is a lack of specific data on the impact of anti-gender attacks on access to healthcare for the trans and gender diverse community. In May 2026, GATE undertook a survey of trans-led organizations to address this data gap.

Methodology

GATE employed a community-led, mixed-methods approach to collect qualitative and quantitative data. Data were collected through a structured online survey distributed to verified GATE member organizations across five global regions between May and June 2026. The survey instrument combined closed-ended questions, including single-select, multi-select, and Likert-scale items, with one open-ended question inviting respondents to share additional comments, examples, studies, or emerging concerns.

Quantitative data were analyzed descriptively. For single-select items, response frequencies and percentages were calculated against the total sample (n=64). For multi-select items, each response option was treated independently, with frequencies and percentages calculated against the total number of respondents — meaning percentages are not mutually exclusive and do not sum to 100%. Regional disaggregation was applied across key indicators, including HIV-related impacts and long-acting antiretroviral disruption, to identify geographic patterns in the data.

Qualitative data from the open-ended question were analyzed thematically. Responses were reviewed inductively, and recurring themes were identified and grouped into five clusters: mental health and survival; rural invisibility; community-led responses under pressure; funding fragility and structural exclusion; and legal and digital threats. Illustrative excerpts were selected to reflect the breadth and diversity of respondents' experiences across regions. No personally identifiable information beyond organizational name and country is reported. GATE mobilized Artificial Intelligence models to assist with data compilation, disaggregation, and interpretation, as well as to generate graphs and charts to visualize the data in a more user-friendly manner.

The findings were shared with respondents for validation. This community-led approach, which accords lived experience the same weight as other evidence, is important to ensure that the research is relevant to the target population.

Results

Key findings

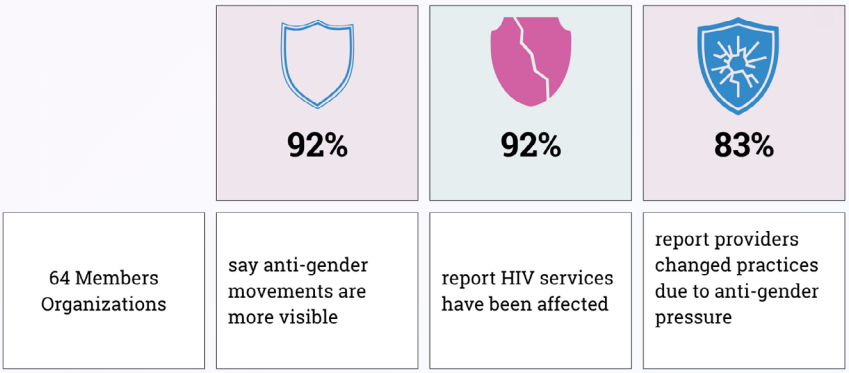

Image 1: Ilustrative image of the some of the key findings

- **92% report anti-gender movements have become more visible in the past 3 years (80% significantly)**
- **92% report HIV services have been affected (66% significantly)**
- **83% report healthcare providers have changed their practices due to anti-gender pressure**
- **89% cite fear of discrimination or violence as the top access barrier**
- **89% of organizations report reduced funding opportunities as an organizational impact**

Who participated in the survey?

The survey captures responses from 64 GATE member organizations spanning five global regions. More than half of respondents (55%) are based in Sub-Saharan Africa, reflecting both the density of GATE's membership in this region and the acute frontline pressure experienced by African trans-led organizations. Latin America and the Caribbean account for 13% of the sample, followed by Asia-Pacific (11%), Eastern Europe and Central Asia (6%), and the Global North (3%). Together, the dataset offers a global cross-section of community-based knowledge, grounded in the contexts where the intersection of anti-gender attacks, criminalization, and underfunded health systems is most acutely felt.

Respondents were asked to identify which groups are currently most affected by health-related anti-gender attacks. Trans women were identified by 91% of respondents, making them the group most universally recognized as bearing the greatest burden, a finding consistent with decades of evidence on the disproportionate exposure of trans women to violence, stigma, and HIV infection.

Respondents also identified the impact on trans youth (84%), trans men (75%), people living with HIV (70%), sex workers (59%), and nonbinary people (56%), signaling that the trans and gender diverse community as a whole is impacted by anti-gender attacks. This data underscores the significance of intersecting identities and marginalized and criminalized statuses in shaping health outcomes.

Trans and gender diverse people with disabilities and low-income communities are each cited by 52% of respondents, an indication of how economic precarity and physical vulnerability interact with hostile health environments. Rural communities (36%), migrants and refugees (30%), people who use drugs (22%), and indigenous communities (17%) were also cited, pointing to the geographies and identities most likely to fall outside the reach of the limited services that remain.

Impacts on HIV services and the roll-out of Long-Acting options

The HIV-related impacts documented in the survey are extensive and deeply concerning. The findings are timely, especially considering the UN High-Level Meeting on HIV and AIDS and the approval of the last Political Declaration before the goal of ending AIDS as a public health threat by 2030. The world is also currently witnessing the development and roll-out of groundbreaking technologies that can cause a revolution in HIV prevention, treatment, and care: the long-acting antiretrovirals, including injectable technologies.

Three in four survey participants (75%) reported reduced HIV prevention outreach in their contexts; 73% cite reduced donor funding for HIV services, and 66% report increased stigma in healthcare settings. Stigma is a major public health issue and a significant barrier to care for trans and gender diverse people. Stigma, including internalized stigma, combined with a lack of disaggregated data and exclusion from data collection, creates further barriers to inclusive health programming. The survey results are particularly concerning amidst the disruption to services caused by the global HIV funding crisis.

Access to the full prevention and treatment cascade has been disrupted: with participants reporting reduced access to PrEP (63%), PEP (55%), HIV testing (56%), and antiretroviral treatment (56%). Community-led services, the backbone of HIV response for trans and gender diverse persons, have closed in half of the contexts represented, and half the respondents report that fear of accessing services has increased. By region, 80% of respondents in Sub-Saharan Africa, 57% in the Asia Pacific, 38% in LAC, 25% in EECA, and 50% in the Global North reported that HIV services were significantly impacted.

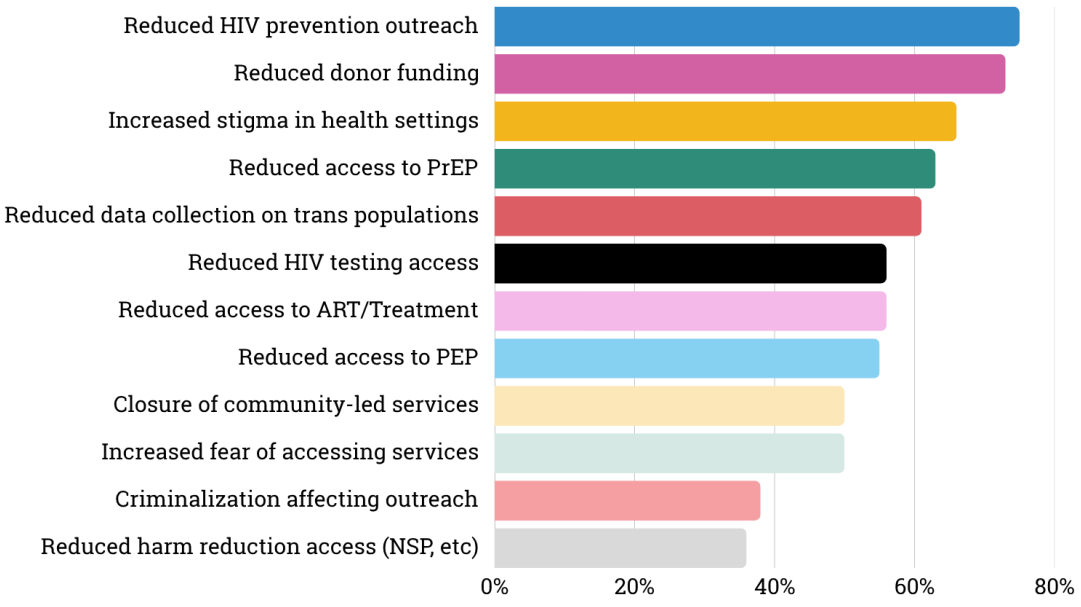

Image 2: Ilustrative graphic of the HIV-related impacts observed (multi-selection)

The roll-out of long-acting ARV options for prevention and treatment (including cabotegravir and lenacapavir) is a ground-breaking innovation for the HIV response. They can reduce pill fatigue related to traditional daily oral pill options, improve adherence, and enhance client privacy. However, their approval and rollout remain limited, and access barriers remain significant.

Twenty-seven percent of participating organizations report that anti-gender attacks have disrupted the roll-out of long-acting options in their contexts: 23% for prevention (including long-acting injectable PrEP) and 19% for treatment. The disruption is concentrated in Sub-Saharan Africa (65% of affected organizations), with additional reports from LAC, Asia-Pacific, EECA, and the United States. This finding challenges a common assumption in global health policy: that expanding access to long-acting options is primarily a procurement or supply challenge. For trans and gender diverse communities, the evidence from the ground is different. The primary barriers are political and structural: refusal of care, closure of community-led services, fear among service users, and criminalization of outreach workers. Long-acting options cannot fulfill their equity promise for trans people if the social and political infrastructure required for their delivery is being systematically dismantled.

Health service disruptions

The health services negatively impacted or disrupted by anti-gender attacks span the full scope of trans and gender diverse community health needs. Gender-affirming hormone therapy is one of the most evidence-based, life-saving interventions for trans people, and also acts as an important entry point for HIV care. According to 73% of respondents, access to hormone therapy has been negatively impacted in their contexts. In addition, 72% reported disruptions to mental health services; 70% reported disruptions to HIV prevention services; 64% reported disruptions to sexual and reproductive health services; and 64% reported that legal gender recognition, which enables access to healthcare, was disrupted. Participants also reported disruption of HIV treatment and care (59%), gender-affirming surgeries (53%), primary healthcare (50%), and harm reduction services (45%).

This has serious consequences for the HIV response: access to gender-affirming care, mental health support, and sexual and reproductive health services all enable better HIV outcomes. Gender-affirming care is central at every stage of the HIV care continuum: boosting prevention awareness-to-uptake conversion, normalizing routine testing, improving treatment retention and adherence, and even mediating viral suppression. The findings also have consequences for the current shift towards service integration. At present, such shifts do not take into account the lived realities of trans and gender diverse communities or respond to anti-gender attacks.

Fear of discrimination or violence is the single most cited barrier to healthcare, identified by 89% of respondents, a figure that remained consistent across the analysis. Stigma and hostility (73%) and lack of trained providers (69%) are also significant barriers. Critically, reduced funding for services (59%) and legal or policy restrictions (58%) are also cited, confirming that funding cuts and anti-gender attacks on human rights are mutually reinforcing. Documentation and ID barriers (56%) reflect the particular vulnerability of trans people who do not have access to legal gender recognition, which represents a barrier that compounds every other dimension of healthcare access and that anti-gender movements have deliberately targeted.

Actors and attacks

Participants identified that anti-gender attacks are multisectoral and increasingly digitally mediated, with 84% of participants citing social media influencers and content creators as the most visible drivers of hate speech, misinformation and disinformation. Attacks perpetrated by religious institutions, political parties and politicians and security services, including police, are reported by 73%, 69% and 56% of participants, respectively. The transnationality of anti-gender actors is well documented, with foreign-funded religious networks appearing in 47% of responses, and mainstream media in 52%.

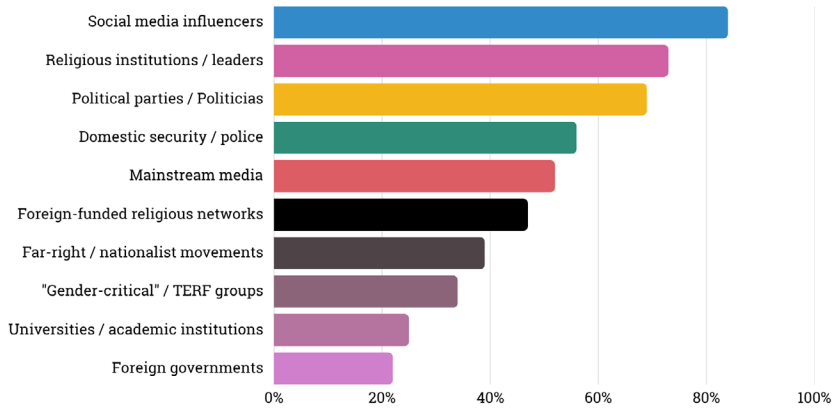

Image 3: Ilustrative graphic of anti-gender actors and attacks reported

The forms of attack documented are diverse and mutually reinforcing. Harassment of activists and organizations (77%) and restrictions on legal gender recognition (75%) are the most universally reported, followed by anti-trans political rhetoric (70%), restrictive legislation (70%), and media hate campaigns (70%). The consistency in these percentages suggests a coordinated choreography rather than isolated incidents. Restrictions on gender-affirming care (69%), attacks on comprehensive sexuality education (67%), online disinformation (66%), and religious or moral panic campaigns (61%) display a pattern in which no single domain is targeted in isolation. Finally, 55% of respondents reported restrictions on foreign funding and civil society activity, representing the structural mechanism through which many of these attacks ultimately reach health services.

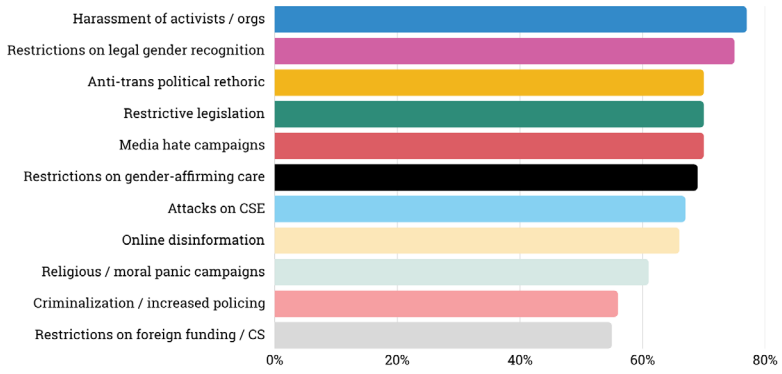

Image 4: Ilustrative graphic of anti-gender actors and attacks reported

Eighty-nine percent report reduced funding opportunities, while 83% report increased security risks and 77% report increased staff burnout. These three pressures compound one another in a particularly damaging dynamic: organizations are simultaneously losing the resources they need to operate, facing greater physical and digital threats, and watching their staff reach breaking point. At the same time, 70% report increased community demand for support, meaning that the gap between what communities need and what organizations can provide is widening.

Community response

In this increasingly hostile context, GATE members have not been passive. Participants report deploying responses, including mental health support initiatives (77%), security and risk mitigation strategies (67%), coalition building (63%), and community-led mutual aid. This reflects a turn inward, toward community resilience, when external systems fail. Documentation and research (56%) and legal advocacy (52%) signal that members are also investing in the longer-term work of evidence-building and accountability. When asked what support from international organizations, donors, and human rights mechanisms would be most useful, the responses are unambiguous: 88% cite long-term, flexible funding as a priority, 77% cite emergency funding, and 66% cite mental health support. Respondents also identified the need for HIV program funding (58%) and research and documentation support (52%). The message from the field is clear: the response to anti-gender attacks requires sustained and flexible resourcing, not one-off emergency grants.

Emerging themes

In addition to the above data, 28 of 64 participating organizations submitted open-ended responses related to additional comments, studies, examples, and concerns. Together, they surface five cross-cutting themes: mental health and survival, the rural/urban divide, community-led responses under pressure, funding fragility, and emerging legal and digital threats.

On mental health and survival, participants cited challenges related to depression, anxiety, self-harm, suicide ideation and suicidal risks, linked to hostile political environments. Respondents also identified that some community members avoid health facilities entirely due to fear of arrest, exposure, family rejection, and retaliation, which directly contributes to a break in the HIV cascade of care, poor health outcomes, and unsafe self-medication. This situation is a particular concern among young trans and gender diverse people.

In many contexts, service provision is concentrated in urban areas, and rural trans and gender diverse communities face compounded barriers to accessing health services. Trans-led organizations continue to play a critical role in addressing this rural/urban divide, despite facing severe cuts in financial resources, digital harassment, increased surveillance, and criminalization. Among the various tools employed, digital health and telehealth have been implemented to reach isolated communities, clients fearful of retaliation, and those impacted by facility closures due to funding cuts. Funding cuts have disproportionately impacted community drop-in centers, which previously served as vital safe spaces for psychosocial support, HIV prevention, referrals, emergency response, and peer-led outreach. Funding fragility and structural exclusion compound and undermine the sustainability of trans-led health responses. Despite substantial international investment in global health, trans and gender diverse-led organizations continue to be systematically excluded from funding opportunities. Participants raised particular concerns regarding programs funded through the Global Fund. Trans and gender diverse-led organizations report that they are increasingly being left out as sub-recipients, with other key population-led networks receiving funding to implement programs that are intended to target trans communities. This results in sub-optimum outcomes for HIV prevention, care, and treatment. This pattern risks being repeated in the current Global Fund Grant Cycle 8 funding cycle if trans and gender diverse communities are not meaningfully engaged.

Participants also raised concerns regarding funding streams that carry stringent political or ideological conditions, which indirectly restrict programming for trans populations, contributing to shrinking civic space and fear among implementing organizations. Participants also indicated that in some contexts, accreditation and licensing processes for trans-specific healthcare institutions are repeatedly denied without clear justification, reinforcing structural discrimination.

Finally, the legal and digital landscape facing trans and gender diverse communities is increasingly characterized by overlapping and mutually reinforcing threats. While some jurisdictions have seen landmark legal recognition gains, these victories frequently contain structural gaps, leaving unresolved questions regarding legal documentation and the rights of trans women in matters of marriage, and creating conditions where stigma continues to obstruct access to healthcare, travel, and inheritance.

In parallel, digital attacks have become extensions of criminalization laws: phishing, blackmail, account compromise, and targeted online harassment are documented as common occurrences, with breaches of digital security carrying direct offline consequences, including arrest and violence. Coordinated hate speech and disinformation campaigns on social media further amplify stigma, discourage community organizing, and create unsafe conditions for trans individuals and activists. Trans and gender diverse communities are therefore navigating a dual landscape of risk in which neither physical nor digital spaces offer reliable safety.

Discussion

The survey results confirm that anti-gender attacks are not a peripheral political phenomenon but a direct and measurable driver of HIV service disruption for trans and gender diverse communities. The near-universal reporting of impact indicates that this is not a localized or isolated trend but a structural condition now shaping the operating environment for trans-led health responses across all five regions surveyed.

Three patterns stand out. First, the data show that anti-gender attacks operate simultaneously through multiple, mutually reinforcing channels: legislative, financial, digital, and interpersonal. Respondents did not report a single dominant barrier but a cluster of near-identical rates across harassment, restrictive legislation, media hate campaigns, and restrictions on gender-affirming care, suggesting coordinated rather than incidental pressure. Second, the disruption reaches every point along the HIV prevention and treatment cascade, and has a particular impact on the community-led HIV initiatives that trans and gender diverse populations rely on for access to care.

Third, and perhaps most significantly for global health policy, the data on disruptions to the roll-out of long-acting options demonstrate that biomedical innovation cannot substitute for a stable and enabling social and political environment. Nearly a quarter of member organizations reported that anti-gender attacks have already begun disrupting the roll-out of long-acting options, even at this early stage of global availability. This suggests that without political intervention, the equity potential of these technologies risks being foreclosed before it is realized for trans and gender diverse communities.

Finally, the consistency between quantitative findings and the qualitative open-ended responses reinforces the reliability of the data. Members' own words converge on the same themes that surfaced in the survey instrument: fear-driven avoidance of services, the closure of community-led spaces, and the compounding effects of funding loss, security risks, and impact on mental health.

Importance

It is important to highlight that this survey is among the first efforts to quantify the specific health- and HIV-related consequences of anti-gender attacks, using data collected directly from trans-led organizations working on the front lines of service delivery. The survey's timing is also significant: its findings were disseminated in three major global health and human rights events in Geneva and New York in 2026: at the Trans Advocacy Week initiative held during the 62nd Session of the UN Human Rights Council, at the UN High-Level Meeting on HIV/AIDS and at the 58th UNAIDS Program Coordinating Board Meeting.

Limitations

This report has several limitations that should inform how its findings are interpreted and used. The sample, while global in scope, is not evenly distributed: more than half of respondents (55%) are based in Sub-Saharan Africa, meaning findings may disproportionately reflect the dynamics of that region relative to others, particularly the Global North, which accounts for only 3% of respondents. Caution should be exercised before generalizing regional findings, particularly those from lower-response regions. More qualitative data will also be needed to understand the implications of specific impacts in different regions.
Further research

Several priority areas emerge from this report for future inquiry. Firstly, the need for longitudinal tracking through repeated, standardized surveys of the same or an expanded set of trans-led organizations over time would allow researchers to move beyond a single snapshot and establish trend lines, providing a stronger basis for causal inference about the relationship between anti-gender attacks and health service disruption.

As the roll-out of long-acting HIV treatment and prevention options continues, dedicated research tracking the political and structural barriers to access for trans and gender diverse communities would provide timely and policy-relevant evidence at a critical juncture for these technologies.

Given the prominence of social media influencers and online disinformation as documented drivers of anti-gender attacks, further research into how digital harassment translates into offline harms (including arrest, violence, service avoidance, and poor health outcomes) would strengthen both advocacy efforts and community protection programming.

Finally, an economic analysis quantifying the cost of anti-gender attacks to health systems, including the cost of service closures, provider turnover, and lost prevention outreach, could help build the financial case for sustained, flexible investment in trans-inclusive HIV programming, complementing the human rights case already well established by prior GATE research. This would be particularly relevant and timely, especially considering the recent modeling studies anticipating new HIV infections and AIDS-related deaths as a result of the funding cuts in global health and development funding, especially in Sub-Saharan Africa.

Recommendations

Based on the findings, GATE recommends the following actions for donors, multilateral institutions, governments, and civil society partners:

- **Prioritize long-term, flexible funding to guarantee stability, sustainability, and resilience. As 88% of respondents identified this as the most needed form of support. Donors should shift away from short-term, project-based funding cycles toward multi-year, flexible grants that allow trans-led organizations to adapt to a rapidly shifting political environment.**

- **Ensure direct funding for trans-led organizations, including as sub-recipients within major HIV financing mechanisms such as the Global Fund, rather than routing resources through intermediary organizations.**

- **Integrate community protection and security funding into HIV programming budgets, given that 83% of organizations report increased security risks and 77% report staff burnout as direct consequences of anti-gender attacks.**

- **Address the political and structural barriers to the rollout of long-acting options by requiring provider training, community-led delivery infrastructure, and legal protections for outreach workers as prerequisites for equitable access.**

- **Invest in mental health support as a core, not supplementary, component of HIV programming for trans and gender diverse people, in recognition of the documented links between hostile political environments and elevated risk of depression, self-harm, and suicidality.**

- **Strengthen documentation and monitoring systems that track the health impacts of anti-gender attacks over time, enabling more robust, longitudinal evidence for future advocacy.**

- **Engage multilateral human rights and health bodies, including UNAIDS, the UN Human Rights Council, and CEDAW mechanisms, to formally recognize anti-gender attacks as a barrier to the achievement of global HIV and health commitments.**

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