GATE
Global Action for Trans Equality

No Data, No Response.

The Impact of Undercounting Trans Populations in HIV Programming

Multi-stakeholder convening report

Author:

GATE

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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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Background and context

On 19 May 2026, Global Action for Trans Equality (GATE) organized an online multi-stakeholder convening in the framework of the ***Power in Q Data*** project.

Power in Q Data is funded by the Elton John AIDS Foundation and is a partnership between GATE and MPact Global. The project, started in 2025, aims to explore innovative community-led approaches to conduct population size estimates among trans and gender diverse populations for GATE and gay men and other men who have sex with men for MPact Global. The project directly results from long-standing concerns shared by trans-led organizations worldwide that trans and gender diverse population size estimates are unrealistic, in some cases unethically and criminally used, and are conducted without the input of our communities.

Currently, existing trans and gender diverse population size estimates are often drawn from records of HIV programs, which center primarily on trans women, more specifically, trans women who engage in sex work. Trans masculinities and gender diverse people are frequently absent from datasets or merged into broad "key population" categories. Furthermore, community-generated data is labeled as gray literature and often excluded from national health systems and global reports. The systematic exclusion of community-led and generated data vastly limits its potential impact on program design and resource allocation. Yet, trans and gender diverse communities are among the most systematically undercounted populations within the HIV response systems, while facing disproportionate HIV vulnerability.

The online multi-stakeholder convening builds on ***Power in Q Data's*** initial findings, which documented recurring challenges to be tackled, particularly through a focus group discussion held in late 2025 across the four countries the project focuses on: Ghana, Indonesia, Mozambique and Senegal. The focus group identified common challenges (such as, among many, criminalization, surveillance and harassment, inadequate categories or uneven digital access) that make standard population size estimation methods unsafe or unrealistic. These challenges contribute to the systemic undercounting and misclassification of trans and gender diverse populations, and ultimately, explain, even partially, why the existing rare estimates are underestimated and siloed. In parallel, the project highlights the emerging role of trans and gender diverse communities in generating evidence through community-led monitoring or other locally grounded methodologies, especially when official systems fail to do so. Combined, these make the case for advocating the recognition and funding of community-led, locally tailored methods that center safety and security when estimating trans and gender diverse populations.

Participants

GATE brought together 19 participants from diverse backgrounds, combining researcher, multilateral, donor, and civil society perspectives. Among other participants were GATE's Community Engagement Strategic Initiative Project grantees, members of the Trans Men & HIV Working Group, representatives from Power in Q Data grantees, and other key advocates engaged in global HIV programming and policy work.

Four panelists provided in-depth insights on the importance and usability of population size estimates, as well as barriers and ethical considerations on their implementation and publication. Each bringing diverse but complementary viewpoints, the panelists focused on trans and gender diverse undercounting across the full HIV response ecosystem:

- **Asamoah Boateng Kojo (Alliance for Dynamic Initiative, Ghana)** brought a civil society and implementation perspective, illustrating how the absence of trans-specific data directly affects not only access to HIV services but also the community's ability to contribute to strategic planning and to access to funding in Ghana.

- **Clarice Pinto (World Health Organization)** examined how breakdowns occur across data systems themselves: from data collection and governance to fragmentation between community, national, and global reporting systems.

- **Leigh-Ann van der Merwe (South African Commission on Gender Equality)** provided a research perspective on how current methodologies flatten trans and gender diverse realities, resulting in severe undercounting and failure to capture localized, contextual understandings of gender diversity.

- **Vuyiseka Dubula (Global Fund Community, Rights and Gender Department)** provided input on how the lack of trans-disaggregated data directly impacts funding allocations within global HIV financing systems.

Methodology

The convening was designed as an interactive space bringing together diverse data collection methods: four panel interventions with prepared questions, facilitated discussions among panelists and the audience, a collective synthesis of recommendations and a live validation from the audience.

In line with ***Power in Q Data's*** approach, the convening's methodology was itself experimenting with alternative approaches to data collection and validation. To enable live synthesis and draft recommendation generation in real time, we used Zoom AI Companion, an AI-supported digital assistant. The use of this tool was announced in the invitations to participants and reiterated as we opened the convening. Summaries generated by the tool were stored in GATE's secure organizational drive, used for the purpose of drafting this report only and securely destroyed afterward. Using such a tool allowed us to present recommendations back to participants and refine them for collective validation before the end of the event, instead of relying on post-event reporting.

Main themes

Four main themes emerging from the convening.

1. The gaps are produced by systems, not just by missing data

The idea that trans and gender diverse undercounting would be simply the result of weak methodologies or insufficient technical capacity was strongly questioned. Instead, the issue was described as **rooted in systems that were never designed to capture trans and gender diverse realities in the first place**.

Participants explained that existing population estimates are still largely derived from HIV programming focused primarily on trans women. While, on the one hand, trans women themselves remain underserved within HIV responses, on the other hand, this narrow epidemiological focus also frequently **leaves trans men and other gender diverse people entirely invisible within datasets and global frameworks.**

Participants also indicated that, when population size estimates are conducted, the accuracy of their results is often limited by the use of ill-suited methodologies imported from the Global North and applied without meaningful adaptation to local contexts or trans and gender diverse community leadership. For instance, one of the speakers noted that some people may live gender diverse realities without identifying with the term 'trans,' particularly outside urban settings. **Localized forms of self-identification are often poorly reflected in such imported research efforts.**

Participants also formulated a distinction between epidemiological invisibility - **resulting in not being counted at all** - and programmatic invisibility - **where trans and gender diverse people are, in theory, counted but collapsed into broad categories** such as key populations or erroneously categorized as men who have sex with men. Such practices result in masking trans-specific health needs and barriers to care.

2. Fragmented systems and unsafe data environments

Discussions centered on how framgmentations and breakdowns occur across data systems themselves. It occurs at multiple levels simultaneously: from identifying what data should be collected, to determining who participates in governance, elaborating the methodologies to use and organizing how information circulates (if at all) between systems: community-programmatic on the one hand and national and global on the other.

A key challenge raised by participants was that, **even when trans and gender diverse communities manage to generate strong, accurate data, it often remains trapped in parallel systems and is not considered 'credible' enough to inform national or global frameworks,** including those key to resource allocation. Regardless of its potential, community data has a limited impact as systems are rarely designed to ensure that they 'communicate' with data collected via national or global reporting systems.

Furthermore, participants regularly emphasized that **trans-specific data collection without trans-specific safeguards can reproduce harm on our communities**. Several speakers warned about the **risks of collecting disaggregated data in contexts that criminalize trans and gender diverse persons**, particularly where there are no adequate safeguards for confidentiality and access controls in electronic systems. During the conversation, one participant shared that

> "disaggregation without protection can lead to surveillance."

This powerfully summarized such a shared concern.

3. Community-developed and led data as essential infrastructure

Across the discussion, participants shared converging concerns on the role of community-generated evidence. Participants rejected the idea that community-led data collection is only supplementary to institutional systems. Instead, participants described community-developed approaches as necessary infrastructure for meaningfully understanding trans and gender diverse realities and informing HIV responses and broader health and human rights mechanisms.

Participants argued that relying exclusively on large Integrated Bio-Behavioral Surveys (IBBS) is increasingly unrealistic in contexts of shrinking resources and slow data production cycles. Successful examples include Kenya, Ukraine and other countries where **rapid formative assessments, community-led monitoring and other alternative locally grounded approaches directly informed programming and funding decisions,** even when trans-specific data was lacking in the first place.

Participants also emphasized that community-generated evidence should not remain limited to HIV systems alone. **Community-led monitoring and data systems should also help inform responses to anti-gender legislation and broader human rights advocacy.**

4. The politics of HIV data

During the last segment of the convening, we focused explicitly on advocacy recommendations and strategy, reflecting on **how to persuade key stakeholders**, particularly those in governance, who are still resistant to the specific integration of trans and gender diverse persons within HIV responses. Several complementary advocacy frames were identified as strategic paths forward.

First, participants emphasized trans and gender diverse people's human rights and the principle that no one should have to continually, as one of the speakers shared, "prove their humanity", in order to access adapted and dignified healthcare, if at all. Advocacy frames should connect to broader political concerns around anti-gender rhetoric and the shrinking space for trans and gender diverse rights globally. Otherwise, trans and gender diverse persons repeatedly find themselves having to reassert their humanity in order to access services and resources that should be guaranteed to them as human beings.

Another recommendation centered on epidemiology and public health. Participants highlighted that, **regardless of moral or political positioning, ending AIDS is**, at a practical level, **impossible while populations experiencing some of the highest HIV burdens are still undercounted and underserved,** whether intentionally or not.

Finally, economic arguments centering on the need for cost-effective programs in times of shrinking funding were also highlighted during the discussion. It was stressed that **incomplete data leads directly to biased resource allocation decisions and inefficient programming.** As it was repeatedly shared, what is not measured tends not to be funded, and in criminalizing or increasingly hostile contexts, this absence is rarely an accidental omission.

Key advocacy recommendations

1. Mandate trans-disaggregated data in national reporting and global frameworks

States should collect and report HIV data disaggregated by gender identity (and not only by sex), in a way that meaningfully captures the realities of trans and gender diverse people. In doing so, States should also ensure to separate trans population data from men who have sex with men categories and avoid folding trans data into key population categories. It is crucial to include gender diverse populations explicitly.

2. Establish binding data safety and confidentiality standards for trans populations' size estimates

States must collect data in a trans-disaggregated way only when it can be done in safe and ethical conditions, with clear, community-approved protections for confidentiality, access controls, data governance and use. In criminalizing contexts or increasingly hostile environments with strong anti-gender actors, data misuse can have dire consequences for trans and gender diverse individuals.

3. Formally recognize and fund community-developed and led data systems as core systems

Community-developed and community-led monitoring and evidence generation must be recognized as primary tools for understanding trans and gender diverse populations and informing HIV programming. Furthermore, it is critical to shift the framing from community-led to community-developed and led data systems. Too often, communities are asked to implement externally designed methodologies that are ill-suited to their lived realities. For meaningful data collection, communities must lead themselves, from the methodology design to the governance structures and the interpretation processes.

4. Break the 'No Data, No Funding' cycle

Funding mechanisms must be designed to be capable of supporting trans and gender diverse programming, even where gold-standard epidemiological datasets do not yet exist. Rapid assessments, community-led baseline studies, and other community-led, methodologically sound approaches to generate evidence should be recognized as legitimate triggers for funding decisions. It is critical to strengthen and fund existing community infrastructures that are already generating evidence on the ground.

5. Ground advocacy framing in human rights, gender justice, public health and funding realities

Moving forward, advocacy should systematically frame **trans and gender diverse meaningful inclusion as central to ending AIDS** rather than as a marginal, identity-based issue. In that regard, multiple advocacy entry points should be considered simultaneously:

- Human rights, in times when they are under attack;
- Gender justice, as a way to recognize that exclusion from HIV systems is unfolding within broader anti-gender political attacks;
- Epidemiology and public health outcomes, as we are approaching the 2030 target to end AIDS as a public health threat; and
- Cost-effectiveness, in times of shrinking funding.

Grounding advocacy within holistic, complementary frames will ensure that inclusion of trans and gender diverse populations moves beyond siloed HIV approaches and strengthens integration and linkage between community-led data systems and HIV responses, but also broader healthcare systems, and human rights mechanisms.

Furthermore, integration should not mean the absorption of community-generated data into government systems without community ownership or governance. Instead, **it is critical that community-led monitoring inform multiple machineries beyond health alone, including responses to anti-gender legislation and broader human rights mechanisms.**

Conclusion

Undercounting trans and gender diverse populations is not a question of missing data. It is the result of how HIV systems, funding structures, and political priorities continue to reproduce invisibility. What is made invisible, what is excluded from data, will translate directly into exclusion from funding allocation, service provisions, and policies.

Trans and gender diverse inclusion must be understood as central to the credibility and sustainability of the global HIV response itself.

Trans and gender diverse communities are already generating evidence, developing methodologies, and documenting realities capable of informing a more impactful global HIV response.

The central question is not whether knowledge exists – it does, even if it is only produced by communities themselves. The question is whether institutions are willing to recognize, protect, integrate, and fund it.

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