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MEANINGFUL INCLUSION OF TRANS AND GENDER DIVERSE PEOPLE IN THE HIV RESPONSE

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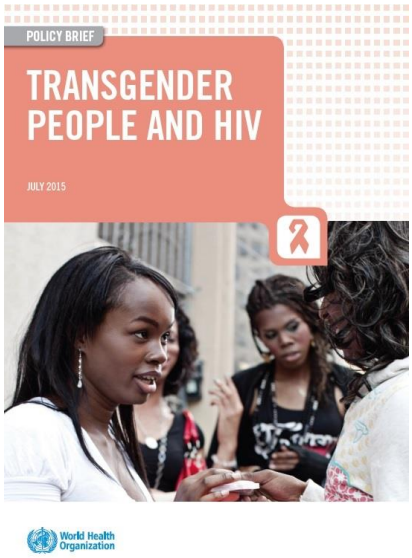
> There has probably never been a population both more heavily impacted and less discussed at scientific meetings than the transgender population around the world.
>
> Dr Tonia Poteat
> CROI 2016

INTERNATIONAL CONTEXT

Key population in the UNAIDS HIV Elimination Framework (UNAIDS, 2016-2021 Strategy, 56).

Recognised by the WHO as a key population that has been 'neglected in the global HIV response.'

'HIV vulnerability among transgender people is embedded in the structural contexts of stigma and discrimination in employment, education, housing and health care' (WHO, 2015, 24).



GLOBAL PREVALENCE

- 19.1% of trans women worldwide estimated to be living with HIV (Baral et al., 2013)
- Limited empirical evidence about HIV experience among trans men.
- No data about HIV experience for non-binary people.
- The 'absence of evidence due to lack of resource allocation and or proper research is usually considered as "evidence of absence", naturalizing the gaps in data collection and analysis' (IRGT, 2016).
- Less than 40% of countries report that their national HIV/AIDS Strategies address trans and gender diverse people (Poteat et al., 2016)

AUSTRALIAN EXPERIENCE

- Kirby Institute analysis of ACCESS data (Callander et al., 2017): Of 696 patients recorded as transgender, 192 (28%) were women, 224 (32%) were men and 280 (40%) did not have their gender identity captured.
  - Of these patients, 5.2% were HIV positive.
  - HIV prevalence among trans women was 8.9%.
  - HIV prevalence among trans men was 4.5%.

- Taylor Square Private Clinic (Pell, Prone and Vlahakis, 2011): 4.5% (6/141) prevalence among trans women and 0% (0/17) among trans men.
- Private Lives 2 (Leonard et al., 2011): 1.4% trans women living with HIV.

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HIV RISK FACTORS

- Receptive vaginal sex can pose different level of risk for trans women (Cornelisse et al., 2017).
- Stigma, discrimination, social exclusion from employment/education (Poteat, Reisner and Radix, 2014).
- Trans women more likely to report sex work (13%) than other cisgender patient groups (9%) and more likely report injecting drug use than gay and bisexual men (7% vs 4%) (Callander et al., 2017).
- By contrast, trans men were no more likely than other patient groups to report sex work or injecting drug use (3%) (Callander et al., 2017).
- SGCPS: HIV risk among trans men similar to cisgender men (CSRH, 2016).
- Research into trans women's experiences in Australian men's prisons found that incarceration increases risk factors of HIV including physical and sexual violence (Wilson et al, 2016).

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BARRIERS TO PREVENTION

- Methodological barriers (invisibility in research and surveillance systems);
- Cultural barriers (lack of cultural competence in health provision);
- Social and system barriers (transphobia, low workforce literacy about gender diversity, and lack of access to transition-related healthcare);
- Geographical barriers (distance to appropriate health care);
- Underrepresentation in targeted health promotion;
- Legal barriers (pathologisation of legal sex recognition).

> Other barriers to health and health care are the numerous socioeconomic determinants of health that legally, economically, and socially marginalize trans people. These include discrimination in employment, education, housing, and relationship recognition; police harassment, often as a result of actual or assumed association with sex work; and identity document policies that deny many trans people legal recognition in their true gender. They also include aspects of structural violence such as racism, violence against women, and poverty.
>
> Open Society Foundation, 2013

ENABLING FACTORS TO PREVENTION

- Uptake of gender and sexuality indicators in routine data collection;
- Positive interaction with the medical community could be a profoundly legitimising experience (Couch et al., 2007);
- Access to trusted and flexible testing providers (Scheim and Travers, 2017);
- Informed consent models directly improve health outcomes for TGD people by increasing self-determination and bodily autonomy (Equinox and VAC, 2017);
- Inclusion of trans and gender diverse people as a priority populations in HIV Strategies;
- Meaningful inclusion in health promotion campaigns (Ending HIV; Grunt);
- Co-design processes to ensure trans and gender diverse people are meaningfully and sustainably engaged, and driving decision-making.

BEST PRACTICE DATA COLLECTION

SEXUAL ORIENTATION	INTERSEX STATUS
Do you consider yourself to be ☐ Lesbian, gay or homosexual ☐ Straight or heterosexual ☐ Bisexual ☐ Queer ☐ Different identity (please state)	Were you born with a variation of sex characteristics? (this is sometimes called 'intersex') ☐ Yes ☐ No ☐ Prefer not to answer
GENDER	
Which of the following best describes your current gender identity? ☐ Male ☐ Female ☐ Non-binary/gender fluid ☐ Different identity:	What sex were you assigned at birth (i.e. what was specified on your original birth certificate)? ☐ Male ☐ Female

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