

# Services for transgender people

## Resource kit for high-impact programming

This Guidance Note is part of the resource kit for high impact programming that provides simple, concise and practical guidance on key areas of the AIDS response. The resource kit is jointly developed by the the Joint United Nations Programme on HIV/AIDS. The resource kit can be accessed at <http://www.unaids.org/en/ourwork/programmebranch/countryimpactsustainabilitydepartment/globalfinancingpartnercoordinationdivision/>.

For more information, please contact [highimpact@unaids.org](mailto:highimpact@unaids.org)

## CONTENTS

Introduction	2
1. Key elements	2
2. Focus populations	4
3. Data requirements	4
Epidemiological data	4
Legal, policy and social environment	6
Programmatic	7
Financial	8
4. Implementation challenges	9
5. Main activities	10
6. Key indicators	14
7. Approaches to costing	16
8. Addressing gender, human rights and equity issues	16
9. Additional information	17
Partners	17
Technical assistance resources	18
Reference materials and related tools	18

The development of this Guidance Note was led by the United Nations Development Programme (UNDP) in close collaboration with the UNAIDS Secretariat, World Health Organization (WHO) and United Nations Population Fund (UNFPA). This Guidance Note provides simple, concise and practical guidance on services for gay men and other men who have sex with men. References and links to full guidance are provided in the last section of the Guidance Note.

## WHAT IS NEW?

---

- Discussion paper on transgender health and human rights. New York: United Nations Development Programme; 2013 ([on.undp.org/sjt3E](http://on.undp.org/sjt3E), accessed 15 June 2014)
  - Winter, S. *Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region*. Bangkok: United Nations Development Programme Asia-Pacific Regional Centre; 2012 ([http://www.undp.org/content/dam/undp/library/hiv/aids/UNDP\\_HIV\\_Transgender\\_report\\_Lost\\_in\\_Transition\\_May\\_2012.pdf](http://www.undp.org/content/dam/undp/library/hiv/aids/UNDP_HIV_Transgender_report_Lost_in_Transition_May_2012.pdf), accessed 15 June 2014)
  - Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach. Geneva, World Health Organization, 2011 ([http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en/index.html](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html))
  - World Health Organization, editors. Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach. Geneva, World Health Organization, 2011 ([http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en/index.html](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html), accessed 15 June 2014)
  - *Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men and transgender people: Volume I national and sub-national levels*. Washington, DC: United States Agency for International Development, 2013 (<http://www.cpc.unc.edu/measure/publications/ms-11-49a>, accessed 15 June 2014).
  - Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organization; 2014 (in publication).
  - United Nations Development Programme, World Health Organization. The Time has come: Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: training package for health providers to reduce stigma in health care settings Bangkok, United Nations Development Programme Asia-Pacific Regional Centre; 2013 (<http://www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hiv/aids,-tb-malaria-responses/enablers/other-available-support/training-package-the-time-has-come/training-package-the-time-has-come.aspx/MStep> accessed 15 June 2014)
-

## Introduction

Transgender people remain severely underserved in the response to HIV, with only 43% of countries reporting in 2012 that their national AIDS strategies addressed transgender people.<sup>1</sup>

Transgender women are among the populations most heavily affected by HIV worldwide. According to a review of available studies from 15 countries, an estimated 19% of transgender women were living with HIV—the odds of HIV infection being 49 times greater in transgender women than for all adults of reproductive age in these countries.<sup>2</sup> The impact of HIV on transgender men has yet to be established.

In the 2011 United Nations Political Declaration on HIV and AIDS, Member States pledged to achieve universal access to HIV prevention, treatment, care and support. As this commitment to universal access underscores, a central pillar of the AIDS response is the principle that no one should be left behind. To achieve universal access—and to realize the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths—action is urgently needed to implement effective, evidence- and rights-based programmes to address the HIV-related needs of transgender people.

## 1. Key elements

The extraordinary HIV burden among transgender people underscores the need to implement sound AIDS responses for transgender people in both concentrated and generalized epidemics, with skilled medical personnel to attend to transgender men and women's health-related needs.

### *Essential strategies for an enabling environment<sup>3</sup>*

It is important to consider the context in which transgender people live and work and where services for them are delivered. Structural factors such as societal norms, policies, laws and economic factors influence HIV risk and may impede or assist the delivery and impact of interventions. Ensuring these factors contribute positively to an enabling environment to reduce HIV risk and enhance treatment efforts is essential. In the face of multiple disadvan-

1 Global report: UNAIDS report on the global AIDS epidemic 2012. Geneva: Joint United Nations Programme on HIV/AIDS; 2012 (<http://www.unaids.org/en/resources/publications/2012/name,76121,en.asp>, accessed 15 June 2014).

2 Baral SD, Poteat T, Stömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: A systematic review and meta-analysis. *Lancet Infect Dis.* 2013;13(3):214–222. doi:10.1016/S1473-3099(12)70315-8.

3 This is in line with a World Health Organization (WHO) document to be published: Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organisation; 2014 (in publication).

tages, many transgender people rely on sex work for income and survival<sup>4,5,6</sup> and this must be taken into consideration when developing interventions. Interventions require multisectoral input and cooperation. If these structural factors are not addressed, the impact of health sector interventions will be constrained. The following interrelated strategies are, therefore, recommended as essential components of the response to HIV among transgender men and women:

- supportive legislation, policy and financial commitment;
- community empowerment;
- addressing stigma and discrimination;
- addressing violence against transgender people.

### *Essential health sector interventions<sup>7</sup>*

The following interventions are able to produce the most benefit when they are available in combination and when the necessary enabling environment factors outlined above are in place. The implementation of these interventions should not be delayed, even in the absence of these enabling factors. It is important to recognize, however, that their impact will be greatly increased if the enabling factors are present. These interventions are as follows:

- comprehensive condom and lubricant programming;
- behavioural interventions;
- HIV testing and counselling;
- sexual and reproductive health (including the diagnosis and treatment of sexually transmitted infections (STIs));
- HIV treatment and care;
- substance use-related harm reduction interventions;
- prevention and treatment of tuberculosis (TB);
- prevention and treatment of viral hepatitis.

---

4 Herbst JH, et al. Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior*, 2008, 12:1–17.

5 Operario D, Soma T, Underhill K. Sex work and HIV status among transgender women: systematic review and meta-analysis. *Journal of Acquired Immune Deficiency Syndromes*, 2008, 48:97–103.

6 Wilson, EC, et al. Transgender female youth and sex work: HIV risk and a comparison of life factors related to engagement in sex work. *AIDS and Behavior*, 2009, 13(5):902–913.

7 Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people, WHO (in publication, 2014).

## 2. Focus populations

The term transgender people encompasses both males and females whose gender identity and/or expression of their gender differs from their assigned sex at birth. Transgender people include individuals who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g. hormone therapy), individuals who identify as having no gender, multiple genders or alternative genders who identify as any of these categories. With respect to HIV prevention, treatment, care and support, an important subset of the transgender population includes transgender women engaged in sex work, who may confront particularly high risks of HIV infection.

## 3. Data requirements

To respond effectively to HIV, countries must *know their epidemic and their response* through appropriate surveillance, epidemiological research, programmatic monitoring (including access to services by population groups) and resource tracking. Countries must tailor their proposed responses within the context of the epidemiological situation, the needs of the people at risk and resources currently available for evidence-based HIV programmes.

It is particularly important to take into consideration that when working with transgender men and women, in some circumstances, determining population size estimates or mapping key populations can have the unintended negative consequence of putting community members at an increased risk for violence and stigma by identifying them and where they are located. When undertaking such exercises, it is important to ensure the safety and security of community members by strictly maintaining privacy, confidentiality and the security of information collected.

### *Epidemiological data*

Countries should begin their analysis with a review of epidemiological data, survey responses and national-level needs assessments. In all settings where HIV-related studies involving transgender people have been undertaken, extremely high HIV prevalence has been reported. Among transgender populations where data are available, HIV prevalence around 30% has been documented in multiple Latin American countries<sup>8</sup> and as high as 49% in Asia.<sup>9</sup>

8 Meeting report: Trans People Global Consultation. 15-17 November 2011. Geneva: Jointed United Programme on HIV/AIDS; 2011.

9 Winter S. Lost in transition: Transgender people, rights and HIV vulnerability in the Asia-Pacific Region. Bangkok: United Nations Development Programme Asia-Pacific Regional Centre; 2012 ([http://www.undp.org/content/dam/undp/library/hiv/aids/UNDP\\_HIV\\_Transgender\\_report\\_Lost\\_in\\_Transition\\_May\\_2012.pdf](http://www.undp.org/content/dam/undp/library/hiv/aids/UNDP_HIV_Transgender_report_Lost_in_Transition_May_2012.pdf), accessed 15 June 2014).

As of 2011, HIV prevalence estimates were available only for 15 countries, with the majority of these data coming from transgender women.<sup>10</sup> Since study data relating to transgender people, especially that for transgender men, is scarce in many parts of the world, countries should consider plans to strengthen national data collection and monitoring and evaluation systems. In particular, focus should be placed on collecting strategic data for both transgender women and men, always ensuring the safety and security of community members by strictly maintaining privacy and the confidentiality of information collected.

Data collection can be facilitated by including a third option under “gender” in demographic sections of surveys and programme data. HIV case reports that include the option “transgender” with or without more specific categories can provide a good resource for assessing disease burden among transgender women and men. Where country-specific data are not available, countries may take into account information from regional sources or from neighbouring countries and should address national data gaps.

Transgender people should be active partners in the country’s data collection and analysis. Where survey data do not exist, countries should leverage the experience and technical expertise of transgender people. In countries where these populations are organized through nongovernmental organizations (NGOs) and community-based organizations, countries should establish a formal partnership with them. Where the levels of stigma and discrimination are high, the participation of key informants at the individual level should be pursued. This information must be used to customize and justify the way the responses are shaped.

The strategic information<sup>11</sup> that should be taken into account includes:

- size estimation of transgender women and men,<sup>12</sup> such as:
  - estimated number of transgender women and men who are living with HIV.
  - estimated number of transgender women and men who inject drugs.
  - estimated number of transgender women and men engaged in sex work. and
  - geographic distribution of transgender women and men.

---

10 Baral SD, Poteat T, Stömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: A systematic review and meta-analysis. *Lancet Infect Dis.* 2013;13(3)214–222. doi:10.1016/S1473-3099(12)70315-8.

11 This should be in line with a WHO document to be published: Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people, WHO (in publication, 2014).

12 In some circumstances, determining population size estimates or mapping key populations can have the unintended negative consequence of putting community members at risk for violence and stigma by identifying these populations and identifying where they are located. When undertaking such exercises, it is important to ensure the safety and security of community members by strictly maintaining privacy, confidentiality and the security of information collected.

- HIV/STI/TB/hepatitis prevalence among transgender women and men (recommended disaggregation by <18 years, 18–24 years, 25–49 years and >49 years);
- proportion or number of new HIV and TB infections among transgender women and men;
- factors associated with HIV transmission among transgender women and men, including:
  - reports or prevalence of sexual risk behaviours among transgender women and men;
  - reports or prevalence of risk behaviours linked to injection of drugs among transgender women and men; and
  - reports or prevalence of risk behaviours linked to injection related to hormonal therapy and/or injection of silicone and other soft tissue fillers.

### *Legal, policy and social environment*

As described below in the discussion of the implementation challenges, health services for transgender people are often given a low priority, and transgender people may be deterred from seeking services due to stigma (manifesting both as discriminatory actions and violence), criminalization and a lack of access.<sup>13</sup> The links between stigma and criminalization, on the one hand, and inability to access services or remain engaged in care, on the other, were well documented by the Global Commission on HIV and the Law.<sup>14</sup>

National analyses should specifically collect information regarding human rights issues pertaining to the transgender population (e.g. legal framework, discrimination and access to justice) as well as evidence of social, legal or economic deterrents to service utilization (e.g. stigma, violence and access to appropriate services). In addition to documenting the existence of key services (e.g. HIV testing, HIV/STI treatment and care), countries should assess the degree to which transgender people have meaningful access to these services,<sup>15</sup> as well as the needs and preferences of transgender people.

13 World Health Organization, United Nations Development Programme, Jointed United Nations Programme on HIV/AIDS, Asia Pacific Transgender Network. HIV, sexually transmitted infections and other health needs among transgender people in Asia and the Pacific: Joint regional technical brief. Geneva: World Health Organization; 2013 ([http://www.wpro.who.int/hiv/documents/docs/HIV\\_STI\\_Other\\_Health\\_needs\\_among\\_transgender.pdf](http://www.wpro.who.int/hiv/documents/docs/HIV_STI_Other_Health_needs_among_transgender.pdf), accessed 15 June 2014).

14 HIV and the law: Risks, rights and health. New York: Global Commission on HIV and the Law; 2012 (<http://www.hivlaw-commission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>, accessed 15 June 2014)

15 This data can be captured if the current demographic variable labelled 'sex' or 'gender' addresses transgender women and men as reflected in data forms and logbooks.

Key data points that should be taken into account include:

- the status of national legal and policy frameworks regarding the prohibition of and protection from discrimination for people living with HIV, transgender people, sex workers and people who use drugs;
- the status of national legal and policy frameworks regarding the application of criminal and/or administrative law against transgender people, sex workers and people who use drugs;
- the status of national legal and policy frameworks regarding the existence of a gender identity law;
- the status of national legal and policy frameworks regarding gender transitioning procedures and related services;
- evidence regarding the prevalence of discrimination experienced by transgender women and men (e.g. surveys through the People Living with HIV Stigma Index, regional and local surveys and studies by organizations of transgender people, academic researchers, etc.);
- evidence regarding the prevalence of violence experienced by transgender people (e.g. surveys such as the Trans Murder Monitoring project which collects data on transgender people who were killed because of their gender identity or expression);
- attitudes and specific clinical expertise of health-care workers and other service providers regarding service delivery for transgender people.

## *Programmatic*

Where HIV services currently exist for the transgender population, they should be taken into account while undertaking any further programmatic needs assessment. Setting clear, achievable targets is helpful in planning for the scale up of interventions.

Strategic information that should be taken into account includes<sup>16</sup>:

- national targets for transgender women and men (including HIV prevalence, HIV incidence, coverage of antiretroviral therapy, coverage of HIV prevention services and mortality);
- service availability and accessibility:
  - number and location of targeted and mainstream sites where HIV prevention services are available; number and location of targeted and mainstream sites where HIV treatment services are available.
  - number and location of sites providing equipment for the safe injection of substances for gender enhancement;

<sup>16</sup> Additional indicators can be accessed in the WHO document to be published this year: Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people, Geneva: World Health Organisation; 2014 (in publication).

- types of service providers and delivery channels (including evidence regarding the role of community systems in delivering HIV services to transgender people, mainstream versus. transgender-dedicated service sites);
- mapping of organizations or networks of transgender people along with service organizations, service hours (with a particular focus on the routine nature of service hours and the degree of consumer friendliness);
- peer involvement in service development, promotion, delivery, monitoring and evaluation;
- staff training to build capacity to address the health needs of transgender individuals; and
- actions to ensure that law enforcement activities do not interfere with transgender people’s access to services.
- current coverage of services including:
  - percentage of transgender women and men reached by HIV and STI prevention services including condoms and condom-compatible lubricants over the last 12 months;
  - percentage of transgender women and men reached by HIV and STI treatment services over the last 12 months;
  - percentage of transgender women and men who used a condom the last time they had sex;
  - percentage of HIV / negative or unknown status transgender women and men who were tested for HIV in the last 12 months; and
  - percentage of transgender women and men who tested positive for HIV who were linked to treatment, care and support services.

## *Financial*

Countries should document the availability and sources of funding for HIV-related transgender programming.

Key data points that should be taken into account include:

- a thorough analysis of the cost of delivering the proposed scope of work;
- incremental costs to tailor services for transgender women and men;
- the level and sources of funding, including domestic sources.

## 4. Implementation challenges

Programmatic efforts to respond to the HIV-related needs of transgender people confront numerous challenges that a well-designed national response will need to address.

*Economic challenges for transgender people.* Many transgender people have few economic opportunities and have been denied educational attainment. These disadvantages increase the vulnerability of transgender people to engage in HIV risk behaviours such as sex work and drug use and reduce the likelihood that transgender people will prioritize health services.

*Legal and policy frameworks.* Transgender people lack legal recognition and protection in most countries and experience high levels of stigma, violence and discrimination. Countries should undertake a comprehensive assessment of national legal and policy frameworks and take steps to enact robust laws recognizing non-discrimination with respect to gender identity in access to education, work, housing and health services and remove laws that criminalize aspects of transgender identity (e.g. cross-dressing). In addition, national leaders should leverage their positions in society to encourage a rational national dialogue regarding the importance of inclusion, tolerance and social solidarity.

*Law enforcement practices and policing.* Transgender people are often subject to both physical and psychological violence and arbitrary arrest and detention, with such risks especially acute for transgender people who sell sexual services. Currently, many countries lack any system or mechanism for monitoring, reporting and investigating such incidents or for holding perpetrators accountable. Experience has demonstrated that police can be trained and sensitized to ensure that the human rights and dignity of transgender people are protected and respected and accountability mechanisms can be established to ensure that law enforcement personnel perpetrating violence are brought to book.

*Preparedness of health systems to address the needs of transgender people.* Many health workers are unprepared to address the health needs of transgender people, either because they harbour negative attitudes towards transgender people or are unfamiliar with the transgender population's unique health needs, including the need for sound advice on safe gender affirmation treatment, due to a lack of training on these issues.<sup>17</sup> Where services for transgender people are available, providers often fail to prioritize outreach and other strategies to encourage service uptake by the transgender population. Focused trainings for service providers and continued supervision are needed to ensure that health workers provide high-quality, appropriate and culturally sensitive services to transgender people.

*Shortages in essential commodities like condoms and lubricants.* Frequent periodic shortages and stock-outs of free condoms and lubricants in some countries represent major challenges for effective responses. It is essential to establish accessible male and female condom and lubricant supplies for transgender men and women by carrying out accurate forecasting of condom and lubricant supply needs.

<sup>17</sup> Jobson GA, Theron LB, Kaggwa JK, Kim HJ. Transgender in Africa: Invisible, inaccessible, or Ignored? Sahara J. 2012;9(3):160-3. doi:10.1080/17290376.2012.743829.

*Weak community infrastructures.* There has been a considerable mobilization of transgender organizations in the last decade and transgender communities have been active in delivering services and advocating for their rights. But in many countries, due to the extensive stigma and discrimination, few if any organizations or networks of transgender people currently exist. Networks of people living with HIV do not always include adequate representation of transgender people living with HIV in their governance, structures and programming. Given the central role that community engagement and mobilization play in an effective response, the lack of a robust community voice for transgender people hinders efforts to reach and engage them with HIV services. Countries should actively encourage the formation or strengthening of transgender organizations and networks, forge a respectful working partnership with them and mobilize funding for community systems strengthening.

*Limited data.* Epidemiological data are limited due to the lack of studies regarding transgender people, a limited understanding of and ways to capture gender variables in health surveys and surveillance systems and a reliance on pathology-based definitions or understandings of transgender people in some surveys.<sup>18</sup> For the purposes of data collection and analysis, the common conflation of transgender people within the definition of men who have sex with men has also undermined efforts to obtain a more precise understanding of the extent and impact of HIV among transgender people. Countries should adopt inclusive surveillance and data collection methods using the two-question model, which includes a question on sex assigned at birth as well as current gender.<sup>19,20</sup> This will allow for the accurate capturing of the existing range of gender variability.

*Cross-cutting implementation challenges.* Services for transgender people are likely to experience many of the challenges that confront all other HIV services, including human resource shortages, stock-outs of essential commodities, inadequate linkage to care and suboptimal retention and adherence. As countries work to address these challenges for all HIV services, specific steps are needed to address them with respect to services for transgender people.

## 5. Main activities

Fundamental to all work on transgender people is the meaningful participation of and partnership with transgender people-led organizations and networks in the planning, implemen-

---

18 The Impact of HIV on Transgender Communities. Bridging session from the XIX International AIDS Conference, Washington, DC, 22–27 July 2012. Geneva; International AIDS Society; 2012 <http://pag.aids2012.org/session.aspx?s=644>, accessed 15 June 2014). See also Jobson, G., et al. Transgender in Africa: Invisible, inaccessible, or ignored? See also obson GA, Theron LB, Kaggwa JK, Kim HJ. *Transgender in Africa: Invisible, inaccessible, or Ignored?* *Sahara J.* 2012;9(3):160-3. doi:10.1080/17290376.2012.743829.

19 An example of this two-question model has been proposed by the Center of Excellence for Transgender Health at the University of California, San Francisco. See <http://transhealth.ucsf.edu/pdf/data-recommendation.pdf>.

20 Sausa LA, Sevelius J, Keatley J, Iñiguez JR, Reyes M. Policy recommendations for inclusive data collection of trans people in HIV prevention, care and services. San Francisco: Centre of Excellence for Transgender HIV Prevention, University of California, San Francisco; 2009 (<http://transhealth.ucsf.edu/trans?page=lib-data-collection>, accessed 15 June 2014).

tation, monitoring and evaluation of all activities. These activities should be rights-based and evidence-informed, and include the empowerment of transgender people as a key objective.<sup>21</sup>

### *Tools to assist programme development*

Comprehensive programmes focusing on men who have sex with men and transgender people are described in tools developed by both civil society and the United Nations' technical partners. Key tools include:

- Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men & transgender people: Recommendations for a public health approach, Geneva, World Health Organization, 2011, available at [http://whqlibdoc.who.int/publications/2011/9789241501750\\_eng.pdf](http://whqlibdoc.who.int/publications/2011/9789241501750_eng.pdf), accessed 15 June 2014.
- HIV, sexually transmitted infections and other health needs among transgender people in Asia and the Pacific: joint technical brief, Geneva, World Health Organization, 2013 ([http://www.wpro.who.int/hiv/documents/docs/HIV\\_STI\\_Other\\_Health\\_needs\\_among\\_transgender.pdf](http://www.wpro.who.int/hiv/documents/docs/HIV_STI_Other_Health_needs_among_transgender.pdf), accessed 15 June 2014).
- Blueprint for the provision of comprehensive care to gay men and other men who have sex with men (MSM) in Latin America and the Caribbean, Washington, D.C., Pan American Health Organization, 2010, available at <http://www.paho.org/hq/dmdocuments/2010/Blueprint%20MSM%20Final%20ENGLISH.pdf>, accessed 15 June 2014.

### *Core HIV-related services*

Activities should include the core HIV-related services described above in section 1.

The following services should be available, accessible and affordable to all transgender people<sup>22</sup>:

- Promotion and distribution of condom and condom-compatible lubricants to increase correct and consistent condom use for those engaging in anal intercourse.
- Behavioural interventions including education and risk-reduction counselling through outreach and peer education.
- Community-based HIV testing and counselling linked to care and treatment.
- Sexual and reproductive health including the prevention and treatment of STIs based on World Health Organization (WHO) guidelines, including periodic testing for asymptomatic urethral, pharyngeal and rectal *N. gonorrhoea* and *C. trachomatis* infections using nucleic acid amplification tests and periodic serological testing for asymptomatic syphilis infection.

21 United Nations Development Programme, Joint United Nations Programme on HIV/AIDS. UNAIDS action framework: Universal access for men who have sex with men and transgender people. Geneva: Joint United Nations Programme on HIV/AIDS; 2009 ([http://data.unaids.org/pub/report/2009/jc1720\\_action\\_framework\\_msm\\_en.pdf](http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf), accessed 15 June 2014).

22 In line with a WHO document to be published this year: Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organisation; 2014 (in publication).

- Treatment of transgender women and men living with HIV based on current WHO recommendations on the use of antiretroviral therapy for the general population and programmes to increase adherence and retention to antiretroviral therapy among transgender people.
- Substance use-related harm reduction interventions for transgender people who inject drugs based on the current WHO recommendations on harm reduction (in particular opioid substitution therapy for people dependent on opioids, access to sterile injecting equipment through needle and syringe programmes for injection of recreational drugs and drug dependence treatment. Substance use-related harm reduction interventions should also include evidence-based brief psychosocial interventions involving assessment, specific feedback and risk reduction programmes made available to transgender people with regards to harmful alcohol or other substance abuse.
- Safe injection related to hormonal therapy and/or injection of silicone and other soft tissue fillers
- Prevention and treatment of TB.
- Prevention and treatment of viral hepatitis, including catch-up hepatitis B immunization strategies in settings where infant immunization has not reached full coverage.

In recent years, the strategic use of antiretroviral medicines has emerged as a potentially potent tool to prevent new HIV infections. In addition to treatment-as-prevention and prophylaxis to prevent mother-to-child transmission, antiretroviral compounds have also proven effective as pre- and post-exposure prophylaxis. Pilot and demonstration projects are currently under way to answer key questions regarding the optimal approaches for the delivery of pre-exposure antiretroviral prophylaxis. Once the results from these projects are reported, countries may wish to consider the establishment of dedicated programmes for transgender people.

### *Core non-HIV-specific services*

To be effective, health and social services for transgender people must be age-responsive and holistic, situating HIV prevention and treatment efforts within a comprehensive health promotion programme.

Young transgender women and men face unique challenges that need to be taken into consideration in regard to emotional, physical and psychological development. Key non-HIV-specific health services include:

- hormone treatment;
- sex reassignment surgery (gender-affirming surgical procedures);
- mental health and psychological support.

## *Critical enablers*<sup>23</sup>

Based on community consultations and engagement, the following interrelated critical enabler interventions should be implemented to achieve effective, community-centred interventions:

- review and reform laws and policies to ensure an enabling environment for effective HIV programming for transgender people, including ensuring that clear, robust and well-enforced provisions are in place to prohibit discrimination against transgender people;
- training for all levels of judiciary, law enforcement, government and administrative officials;
- provide transgender people with the information, legal services and support they need to claim their human rights;
- establish systems and mechanisms for monitoring and addressing human rights violations against transgender women and men;
- ensure legal recognition of one's preferred name and gender;
- community-based interventions to address violence against transgender people, particularly transgender sex workers, and to engage with police, traditional leaders and other stakeholders;
- educational and economic empowerment initiatives addressing the expressed needs of transgender people;
- individual- and community-level interventions including small group sessions and leadership activities;
- sex venue-based outreach strategies to decrease risky sexual behaviour and to increase uptake of HIV testing and counselling among transgender people;
- training, sensitization and orientation to increase the capacity of health and social service providers to provide effective, relevant, respectful, non-judgemental and non-discriminatory services to transgender people;
- investments including operating support to build the capacity of local transgender-led organizations and networks to participate as partners in the development, implementation and monitoring of HIV programmes for transgender communities.

---

<sup>23</sup> Ibid.

## 6. Key indicators

Operational guidelines on monitoring and evaluation for transgender people living with HIV<sup>24</sup> which cover national and subnational levels are currently available in draft form.

To obtain accurate and high-quality data, indicators, especially outcome and impact indicators, need to be carefully tailored to the countries' monitoring and evaluation systems and capacities. When setting targets for service coverage as a percentage, sample-based surveys from the transgender community can be used. Reliable population size estimates of transgender people are ideal for developing denominators, but this is a challenge in most countries. To help address the known monitoring and evaluation challenges related to key populations at higher risk, countries are also encouraged to consider the following:

- a clearly defined basic (minimum) package of services to be provided to transgender people based on the information provided in this document;
- improvements to epidemiological surveillance systems where needed and research to further expand knowledge on HIV, sex work, service coverage, impact and need;
- systems to avoid the double counting of individuals in services (such as unique identification codes).

When setting targets, it is strongly recommended that countries aim for high service coverage for transgender women and men. For example, programmes should aim to regularly reach more than 60% in the distribution of condoms and lubricants and achieve more than 75% of previously HIV negative/unknown status, transgender people are tested for HIV in the past 12 months and know their results.<sup>25</sup>

### *Availability, coverage, quality and impact targets for HIV programmes at the subnational or national level for transgender people*

**Impact measures** may include the following:

- HIV prevalence among transgender people (transgender women and transgender men);
- HIV incidence among transgender people (transgender women and transgender men).

**Outcome measures** related to biological determinants may include:

- the percentage of transgender people reporting the use of a condom with their most recent sexual partner;
- the percentage of transgender people reporting symptoms of an STI in the past 12 months.

Outcome measures related to contributing factors and critical enablers may include:

24 Operational guidelines for monitoring and evaluation of HIV programmes for sex workers, men who have sex with men, and transgender people - Volume II for service delivery providers, Chapel Hill, MEASURE Evaluation, University of North Carolina at Chapel Hill; 2013 (<http://www.cpc.unc.edu/measure/publications/ms-11-49b>, accessed 15 June 2014).

25 How to set targets for each of the indicators is described in a forthcoming WHO publication, Tool for setting and monitoring targets for prevention, treatment and care for HIV among men who have sex with men, sex workers and transgender people. Geneva: World Health Organisation; 2014 (in publication).

- the percentage of transgender people who report experiencing stigma in the last 12 months;
- the percentage of transgender people who have experienced suboptimal service access as a result of stigma and discrimination;
- the percentage of transgender people reporting physical violence within the last 12 months;
- the number of transgender organizations financially supported in a country;
- the number of transgender-led organizations or NGOs working with transgender people;
- the number of sites and locations providing services for transgender people.

**Coverage measures** may include:

- the percentage of HIV-negative or unknown status transgender women and men that have received an HIV test in the last 12 months and who know their results;
- the percentage of transgender women and men reached by condom and lubricants promotion and distribution programmes in the past 12 months;
- the percentage of transgender women and men who have sex with men reached by HIV prevention programmes;
- the percentage of transgender women and men screened for STIs in the past 12 months;
- the percentage of transgender women and men provided with post-exposure prophylaxis;
- the percentage of eligible transgender people currently receiving antiretroviral therapy;
- the percentage of transgender women and men who received prevention for opportunistic infections;
- the percentage of transgender women and men who are known to have completed a course of hepatitis B vaccination;
- whether or not the national monitoring and evaluation plan includes all of the components for the monitoring and evaluation of HIV prevention programmes for transgender people;
- the total funds expended on programmes for transgender people (percentage of funds provided from domestic resources and from international sources).

## 7. Approaches to costing

WHO has developed a standard planning and budgeting tool to assist countries in developing costed budgets and work plans. This tool is a generic budgeting tool that can be used for any disease or health system strengthening component.

Existing information should be leveraged to estimate unit costs for key interventions. For example, estimates may draw from existing data sources on the costs for facility- and community-based HIV counselling and testing; HIV care and treatment; STI services; community-focused condom programming; information, education and communication materials; brief psychosocial interventions; harm reduction; and hepatitis B immunization.

In addition, countries should take into account the additional costs associated with specific strategies that may be proposed for critical enablers or other strategies to enhance the reach and effectiveness of interventions. Transgender-specific strategies that might require the estimation of incremental costs include the creation of unique service channels for transgender people, educational opportunities, outreach, legal services, sensitization training for health workers and community systems strengthening.

## 8. Addressing gender, human rights and equity issues

Countries are strongly encouraged to identify priority areas for human rights interventions. Human right interventions can be guided by the seven key programmes that UNAIDS recommends national HIV responses include.<sup>26</sup> The section on critical enablers further expands actions related to gender, human rights and equality that specifically apply to different intervention areas.

Countries may consider community systems strengthening activities that help to address stigma including those for transgender people, sex workers and people who inject or use drugs.

HIV-related work with transgender populations may sometimes be challenging and controversial in many parts of the world. Civil society organizations and in-country technical partners may provide advice on which approaches will work best depending on the particular context.

It is important to ensure caution during planning and implementation in order to secure a do no harm approach, such that the communities, particularly in countries where they are criminalized, are able to engage in any new spaces safely and with confidence. It is also vital that investments reinforce community efforts and strive to achieve the partnership challenges

<sup>26</sup> UNAIDS recommends to include seven key programmes in national HIV responses, appropriately tailored to the national and local epidemic: 1. programmes to reduce stigma and discrimination, 2. programmes to sensitize law enforcement agents and law and policy-makers, 3. HIV-related legal services, 4. programmes to train health-care workers in non-discrimination, confidentiality and informed consent, 5. programmes to monitor and reform laws, regulations and policies relating to HIV, 6. legal literacy programmes (such as 'know your rights/laws' campaigns) and 7. programmes to reduce harmful gender norms and violence against women and increase their legal, social and economic empowerment in the context of HIV.

of ensuring that communities are at the heart of decisions and have an impact throughout the process from programme development through to implementation.

## 9. Additional information

This section provides additional information that may be useful to countries in developing programmatic responses to HIV among transgender people.

### *Partners*

National AIDS programmes should work closely with transgender-led organizations, networks and individuals and ensure their robust participation in the development, implementation and monitoring of proposed HIV activities for transgender people. This approach will ensure that comprehensive programmes are developed based on the best available local evidence and that community needs are adequately addressed. Groups at the global, regional and country levels that may serve as partners or assist in partnership development include the following organizations listed below.

#### *Global:*

- Global Action for Trans\* Equality (GATE), <http://transactivists.org/>.
- International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA), <http://ilga.org/>.
- World Professional Association for Transgender Health (WPATH), <http://www.wpath.org/>.

#### *Regional:*

- Asia-Pacific Transgender Network (APTN), <http://www.transgenderasia.org/>.
- Centre of Excellence for Transgender Health (CoE), <http://www.transhealth.ucsf.edu>.
- Gender Dynamix, <http://www.genderdynamix.org.za/>.
- REDLACTRANS, <http://redlactrans.org.ar/site/>.
- Transgender Europe (TGEU), [www.tgeu.org](http://www.tgeu.org).
- Transgender and Intersex Africa (TIA), <https://www.facebook.com/pages/Transgender-and-intersex-Africa/195694323776480>.

#### *Support organizations:*

- The Global Forum on MSM & HIV (MSMGF) Trans Secretariat, <http://www.msmgf.org/>.

## *Technical assistance resources*

In addition to national, regional and international civil society organizations, technical assistance can also be provided through a number of United Nations organizations including UNDP, UNFPA, the Office of the High Commissioner for Human Rights (OHCHR), the UNAIDS Secretariat and WHO country and regional offices.

## *Reference materials and related tools*

The following resources may be useful:

- Born free and equal: Sexual orientation and gender identity in international human rights law, New York, United Nations Office of the High Commissioner on Human Rights, 2012 (<http://www.ohchr.org/Documents/Publications/BornFreeAndEqualLowRes.pdf>).
- Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity: Report of the United Nations High Commissioner for Human Rights, New York, OHCHR, 2011 (<http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G11/170/75/PDF/G1117075.pdf?OpenElement>).
- A framework for monitoring and evaluating HIV prevention programmes for most-at-risk populations, Geneva, Joint United Nations Programme on HIV/AIDS, 2008 ([http://data.unaids.org/pub/Manual/2008/JC1519\\_Framework\\_for\\_me\\_en.pdf](http://data.unaids.org/pub/Manual/2008/JC1519_Framework_for_me_en.pdf)).
- Global Commission on HIV and the Law: Risks, Rights and Health, New York, United Nations Development Programme, 2012 (<http://www.hivlawcommission.org/resources/report/FinalReport-Risks,Rights&Health-EN.pdf>).
- HIV Interventions for Most-At-Risk Young People: Guidance brief by the Inter-Agency Task Team on HIV and Young People, New York, United Nations Children's Fund, 2008 ([www.unfpa.org/hiv/iatt/docs/mostatrisk.pdf](http://www.unfpa.org/hiv/iatt/docs/mostatrisk.pdf)).
- HIV, sexually transmitted infections and other health needs among transgender people in Asia and the Pacific: Joint regional technical brief, Bangkok, World Health Organization, 2013 ([http://www.wpro.who.int/hiv/documents/docs/HIV\\_STI\\_Other\\_Health\\_needs\\_among\\_transgender.pdf](http://www.wpro.who.int/hiv/documents/docs/HIV_STI_Other_Health_needs_among_transgender.pdf)).
- Practical guidelines for intensifying HIV prevention: Towards universal access, Geneva, Joint United Nations Programme on HIV/AIDS, 2007 (<http://www.unaids.org/en/KnowledgeCentre/Resources/PolicyGuidance/>).
- Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach. Geneva, World Health Organization, 2011 ([http://www.who.int/hiv/pub/guidelines/msm\\_guidelines2011/en/index.html](http://www.who.int/hiv/pub/guidelines/msm_guidelines2011/en/index.html)).
- Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations: Report of a technical consultation, Geneva, World Health Organization, September 2008 ([http://www.who.int/hiv/pub/populations/msm\\_mreport\\_2008/en/index.html](http://www.who.int/hiv/pub/populations/msm_mreport_2008/en/index.html)).

- Programming for justice: Access for all. Geneva, United Nations Development Programme, 2005 ([http://hrbaportal.org/wpcontent/files/1233230279\\_8\\_1\\_1\\_resfile.pdf](http://hrbaportal.org/wpcontent/files/1233230279_8_1_1_resfile.pdf)).
- Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific. Bangkok, World Health Organization, 2013 ([http://www.wpro.who.int/hiv/documents/Regional\\_assessment\\_of\\_HIV\\_STI\\_and\\_other\\_health\\_needs\\_of\\_TG\\_people\\_in\\_Asia\\_and\\_the\\_Pacific.pdf](http://www.wpro.who.int/hiv/documents/Regional_assessment_of_HIV_STI_and_other_health_needs_of_TG_people_in_Asia_and_the_Pacific.pdf)).
- Technical guidance on combination HIV prevention, Washington, D.C., US President's Emergency Plan for AIDS Relief, 2011 (<http://www.pepfar.gov/documents/organization/164010.pdf>).
- UNAIDS action framework: Universal access for men who have sex with men and transgender people. Geneva, Joint United Nations Programme on HIV/AIDS, 2009 ([http://data.unaids.org/pub/report/2009/jc1720\\_action\\_framework\\_msm\\_en.pdf](http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf)).
- *Discussion Paper on Transgender Health & Human Rights*. UNDP, 2013 ([on.undp.org/sjt3E](http://on.undp.org/sjt3E)).
- Winter, S. (2012) *Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region*, p. 9. Thailand: UNDP Asia-Pacific Regional Centre.
- Balzer, C. and Hutta, J. (2012) 'Transrespect versus Transphobia Worldwide: A Comparative Review of the Human-rights Situation of Gender-variant/Trans People', *TvT Publication Series* Vol. 6, available at [www.transrespect-transphobia.org/uploads/downloads/Publications/TvT\\_research-report.pdf](http://www.transrespect-transphobia.org/uploads/downloads/Publications/TvT_research-report.pdf).
- TvT research project (2013) 'Trans Murder Monitoring results: TDOR 2013 update', available at [Transrespect versus Transphobia Worldwide \(TvT\) project website: http://www.transrespect-transphobia.org/en/tvt-project/tmm-results/tdor-2013.htm](http://www.transrespect-transphobia.org/en/tvt-project/tmm-results/tdor-2013.htm).
- *The Time Has Come: Enhancing HIV, STI and other sexual health services for MSM and transgender people in Asia and the Pacific: training package for health providers to reduce stigma in health care settings* <http://www.undp-globalfund-capacitydevelopment.org/home/cd-toolkit-for-hiv-aids,-tb-malaria-responses/enablers/other-available-support/training-package-the-time-has-come/training-package-the-time-has-come.aspx/MStep>.

UNAIDS / JC2568 (English original, May 2014)

Copyright © 2014.

Joint United Nations Programme on HIV/AIDS (UNAIDS).

All rights reserved. Publications produced by UNAIDS can be obtained from the UNAIDS Information Production Unit.

Reproduction of graphs, charts, maps and partial text is granted for educational, not-for-profit and commercial purposes as long as proper credit is granted to UNAIDS: UNAIDS + year. For photos, credit must appear as: UNAIDS/name of photographer + year. Reproduction permission or translation-related requests—whether for sale or for non-commercial distribution—should be addressed to the Information Production Unit by e-mail at: [publicationpermissions@unaids.org](mailto:publicationpermissions@unaids.org). The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of UNAIDS concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. UNAIDS does not warrant that the information published in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use.



*Empowered lives.  
Resilient nations.*



20 Avenue Appia  
1211 Geneva 27  
Switzerland

+41 22 791 3666  
distribution@unaids.org

[unaids.org](http://unaids.org)

JC2568/9/E