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# Recommended package of enabling and health interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for trans and gender diverse people

Policy brief





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# **Recommended package of enabling and health interventions for HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for trans and gender diverse people**

Policy brief



## Introduction

In 2022, the World Health Organization (WHO) published the *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations* (1). These guidelines outline a public health response to HIV, viral hepatitis and sexually transmitted infections (STIs) for five key populations (men who have sex with men, sex workers, people in prisons and other closed settings, people who inject drugs and trans and gender diverse people).

In this policy brief, we give an update on those parts of the guidelines which are relevant for trans and gender diverse people.

## Background

Trans and gender diverse people is an umbrella term for those whose gender identity, roles and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender or otherwise gender nonconforming or gender incongruent. Trans and gender diverse people may self-identify as any one on a spectrum of gender identities, including transgender, female, male, transwoman or transman, transsexual, or a number of indigenous and cultural nonbinary identities such as hijra, 2-Spirit, Muxe. They may express their genders in a variety of masculine, feminine and/or androgynous ways. This population faces significant discrimination resulting in situations of vulnerability and has specific health needs, necessitating a distinct and independent status in the global HIV response (2, 3).

Trans and gender diverse people experience structural barriers such as criminalization, stigma and discrimination, and experience high rates of sexual and physical violence (4–8). Violence, multisectoral stigma and discrimination can start at school, within families and within society, and then continue throughout people's lives, including in the workplace. This increases vulnerability to harmful substance use, eating disorders, depression, suicide, HIV and STIs, among other infections, and compromises trans and gender diverse people's access to, and utilization of, health services (3, 9–11). Depression, for example, has been reported to affect more than half of the trans and gender diverse population in certain settings (3), and their quality of life has been shown to be significantly poorer than that of the general population prior to receiving hormones for gender affirmation, when desired (12). Additionally, there are specific barriers caused by the lack of legal self-determined gender identity and expression recognition, which hinder access to health and other services, and limit entry into both public and private health insurance schemes, access to education, housing and employment opportunities. Notably, gender-inclusive care for trans and gender diverse people is often not available, with health care workers untrained in the specific needs of trans and gender diverse people (13).

Trans and gender diverse people are disproportionately affected by HIV and STIs (14, 15). While data are limited, studies have also shown higher prevalence of hepatitis B virus (HBV) and hepatitis C virus (HCV) infection in transgender people (16).<sup>1</sup>

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<sup>1</sup> For most recent data related to HIV and syphilis among trans and gender diverse people please access UNAIDS Key Populations Atlas <https://kpatlas.unaids.org/>.

## Recommended interventions

### Enabling interventions

The recommended package of interventions for trans and gender diverse people includes enabling interventions which should be implemented as a priority to address barriers to health and well-being, in particular recognizing gender diversity in laws, policies and practices.

For trans and gender diverse people, the legal recognition of preferred gender and name may be important to reduce stigma, discrimination and ignorance about gender variance. Such recognition by health services can support better access, uptake and provision of HIV services (17). Additionally, it is likely to improve trans and gender diverse people's health and well-being (18). However, legal recognition must be accompanied by training, sensitization, education and enforcement (19).

There are many interventions designed to reduce stigma and discrimination in health care settings, with some randomized controlled trials and observational studies showing positive effects (20–28). It is also important to consider addressing stigma and discrimination against trans and gender diverse people within the broader community. Given the heterogenous nature of the interventions and outcomes measured, meta-analyses are often not possible, and systematic reviews do not clearly indicate which are the most effective interventions when it comes to reducing stigma and discrimination in health care settings (29–32). Instead, it is useful to consider a range of interventions that can address different aspects of stigma and discrimination (29, 33).

Empowerment is the process by which people with little power work together to increase control over events that determine their lives and health. Community empowerment of key populations entails mobilization, organization and implementation of community-led initiatives and actions that increase health, well-being, personal agency and protection of human rights. Community empowerment occurs via a variety of actions, including: addressing the structural constraints to health, human rights and well-being; making social, economic and behavioural changes; and improving access to health services. For trans and gender diverse people, community empowerment can take many forms, such as fostering trans and gender diverse-led groups, programmes and service delivery; meaningful participation of trans and gender diverse people in designing and operating services; peer education or navigation; task shifting to trans and gender diverse peers; supporting self-care; implementation of legal literacy programmes; and ensuring civil space in which trans and gender diverse people can function without fear of reprisals.

Evidence, mainly among sex workers, shows that community empowerment has a measurable impact on key populations' health (34–40), including reductions in STI incidence (37), HIV incidence (41, 42), high-risk sex (39) and increased uptake of family planning (43).

Experience of violence has been shown to negatively impact on key populations' health, including: increasing drug-related harms in trans and gender diverse people (44–46); a reduced uptake of sexual and reproductive health services (47); inconsistent condom use in trans and gender diverse people (45, 48); depression and other mental health issues (49, 50); and increased risk of HCV infection (51, 52), as well as having a direct impact on HIV and STI acquisition (53). Women, especially young women from key populations, including transgender women, experience particularly high rates of physical, sexual and psychological abuse (54).

The health sector has an important role to play in addressing violence by providing comprehensive health services, including: providing services for sexual and reproductive health; providing referrals to other support services; gathering evidence through data and research; fostering prevention policies in other sectors; and advocating for violence to be recognized as a public health problem and for resource allocation (55).

## Health interventions

The health intervention package reflects the complex and varied needs of trans and gender diverse people. Trans and gender diverse people need access to the entire range of HIV, viral hepatitis and STI prevention, testing and treatment interventions to have greatest impact on these three disease groups. This includes access to prevention of vertical transmission of HIV, HBV and syphilis for trans and gender diverse people who are pregnant; harm reduction (needle and syringe programmes (NSPs), opioid agonist maintenance therapy (OAMT) and naloxone for opioid overdose management) for trans and gender diverse people injecting drugs and/or when injecting hormones; and other products such as silicone gel for gender affirmation.

Interventions for broader health include sexual and reproductive health interventions; screening for, and treating, hazardous or harmful drug and alcohol use and mental health issues; and preventing, assessing and treating cervical, anal and other types of HPV-related cancers. Access to safe and evidence-based gender-affirming care should be seen as central to trans and gender diverse people's broader health, as well as an important entry point for HIV, STI and viral hepatitis services and other health services in general.

Gender-affirming medical care can include any of the following: gender-affirming hormone therapy; upper (for example, face, chest, breast) surgery; and/or lower (for example, vaginoplasty, phalloplasty, metoidioplasty, etc.) surgery. Gender affirmation is often a priority intervention for trans and gender diverse people, but access is often hindered by poor availability, high cost and exclusion of gender-affirming interventions from national health packages. Administration of industrial-grade silicone or other illicit subcutaneous injections, as well as nonmedical-grade fillers, are reported to be common, especially in low- and middle-income countries (56, 57). These interventions can cause body disfigurement, skin damage, allergic reactions, thrombosis, pulmonary silicone embolism and severe autoimmune and connective tissue disorders, among others (58). Likewise, the use of unsafe and unregulated hormones was reported to be very common among transgender people (59).

Administration of hormones usually requires medical supervision to ensure that they remain within appropriate physiological levels to avoid negative health consequences, and trans and gender diverse people who self-administer hormones need access to evidence-based information, products and sterile injection equipment (60, 61). Moreover, other nonmedical body modification strategies are often used by both youth and adult trans and gender diverse people, including genital tucking and chest binding; little research has described the prevalence or health risks and benefits of these methods of gender affirmation (62).

The international classification of diseases (ICD-11) has redefined gender identity-related health as gender incongruence and has reclassified gender incongruence as a condition related to sexual health rather than a mental and behavioural disorder (62). This reflects evidence that trans-related and gender diverse identities are not conditions of mental health, and classifying them as such can cause enormous stigma. Inclusion of gender incongruence in the ICD should ensure transgender people's access to gender-affirming health care, as well as to adequate health insurance coverage for such services.

## Recommended package for trans and gender diverse people

These interventions are not in order of priority.

The interventions listed here have been categorized as follows:

### **1. Essential for impact: enabling interventions**

This includes all interventions recommended to reduce structural barriers to health services access for key populations.

## **2. Essential for impact: health interventions**

This includes health sector interventions that have a demonstrated direct impact on HIV, viral hepatitis and STIs in key populations.

## **3. Essential for broader health**

This includes health sector interventions to which access for key populations should be ensured, but do not have direct impact on HIV, viral hepatitis or STIs.

### **Essential for impact: enabling interventions**

Removing punitive laws, policies and practices

Reducing stigma and discrimination

Community empowerment

Addressing violence

### **Essential for impact: health interventions**

#### **Prevention of HIV, viral hepatitis and STIs**

Condoms and lubricant

Pre-exposure prophylaxis (PrEP) for HIV

Post-exposure prophylaxis (PEP) for HIV and STIs

Prevention of vertical transmission of HIV, syphilis and hepatitis B virus

Hepatitis B vaccination

Addressing chemsex

#### **Diagnosis**

HIV testing services

STI testing

Hepatitis B and C testing

#### **Treatment**

HIV treatment

Screening, diagnosis, treatment and prevention of HIV-associated TB

STI treatment

Hepatitis B and C treatment

### **Essential for broader health: health interventions**

Anal health

Conception and pregnancy care

Contraception

Gender-affirming care

Mental health

Prevention, assessment and treatment of cervical cancer

Safe abortion

Screening and treatment for hazardous and harmful alcohol and other substance use

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