Implementing Comprehensive HIV and STI Programmes with Transgender People

PRACTICAL GUIDANCE FOR COLLABORATIVE INTERVENTIONS

UNDP Empowered lives. Resilient nations.
IRGT A GLOBAL NETWORK OF TRANS WOMEN AND HIV
UNFPA
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Acronyms and abbreviations

AIDS	acquired immune deficiency syndrome
ART	antiretroviral therapy
CBO	community-based organization
CDC	Centers for Disease Control and Prevention (USA)
HAV	hepatitis A virus
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
HTS	HIV testing services
ICT	information and communication technology
IRGT	A Global Network of Transgender Women and HIV
LGBTI	lesbian, gay, bisexual, transgender and intersex
M&E	monitoring and evaluation
MSM	men who have sex with men
MSMGF	The Global Forum on MSM & HIV
NGO	non-governmental organization
OST	opioid substitution therapy
PEP	post-exposure prophylaxis
PrEP	pre-exposure prophylaxis
SRH	sexual and reproductive health
STI	sexually transmitted infection
TB	tuberculosis
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Glossary

Agency has two distinct meanings: 1) an organization; and 2) the choice, control and power to act for oneself. In chapters where "agency" is used with the second meaning, the definition is given in a footnote at the first occurrence.

Capacity-building: Although this publication uses this term, "capacity development", "organizational development" or a number of other terms would serve equally well.

Community: In most contexts in this tool, "community" refers to populations of trans women or men, rather than the broader geographic, social or cultural groupings of which they may be a part. Thus, "outreach to the community" means outreach to trans people, "community-led interventions" are interventions led by trans people, and "community members" are trans people.

Community outreach is outreach to trans people in order to provide services such as education, commodities and other forms of support. Wherever possible, outreach is best done by empowered and trained community members, i.e. trans people (referred to in this tool as **community outreach workers**—see definition below). However, non-trans people can also be effective outreach workers, especially in contexts where community members are not yet sufficiently empowered to do outreach.

Community outreach worker in this publication means a trans person who conducts outreach to other trans people, and who is not generally full-time staff of an HIV prevention intervention (full-time staff might be called "staff outreach workers" or simply "outreach workers"). Community outreach workers may also be known by other terms, such as "peer educators". However, the terms "peer" or "community" should not be understood or used to imply that they are less qualified or less capable than staff outreach workers.

Gender-affirming refers to medical procedures that enable a trans person to live more authentically in their gender identity (see **Transition** below).

Gender expression is a person's ways of communicating masculinity and/or femininity externally through their physical appearance (including clothing, hair style and the use of cosmetics), mannerisms, ways of speaking and behavioural patterns.

Gender identity is a person's internal, deeply felt sense of being male, female, an alternative gender or a combination of genders. A person's gender identity may or may not correspond with her or his sex assigned at birth.

Implementing organization is an organization delivering an intervention to trans people with a client-centred approach. It may be a governmental, non-governmental, community-based or community-led organization, and may work at a state, provincial, district or local level. Sometimes a non-governmental organization provides services through subunits at multiple locations within an urban area, and in this case, each of those subunits may also be considered an implementing organization.

Intersex: An intersex person is one who born with sexual anatomy, reproductive organs or chromosome patterns that do not fit the typical definition of male or female, by contrast with a transgender person, who is usually born with a male or female body.

Safe space (drop-in centre) is a place where trans people may gather to relax, meet other community members and hold social events, meetings or training.

Trans-competent refers to the provision of services, especially health-care services, to trans people in a technically competent manner and with a high degree of professionalism that reflects the provider's knowledge of gender identity, human rights and the particular situation and needs of the trans individual being served. In addition, trans-competent care is delivered in a respectful, non-judgemental and compassionate manner, in settings free of stigma and discrimination. (This publication avoids using the term "trans-friendly", which is sometimes used as a synonym for trans-competent, because of its implication that a welcoming attitude might suffice in the absence of professional competence.)

Transgender is used in this publication to describe persons whose gender identity (their internal sense of their gender—see definition above) is different from the sex they were assigned at birth. Transgender is an umbrella term that describes a wide variety of cross-gender behaviours and identities. This publication mostly uses the shortened form of the word, trans.

Transition refers to the process trans people undergo to live authentically in their gender identity. This may involve changes to outward appearance, clothing, mannerisms or to the name someone uses in everyday interactions. These types of changes are sometimes called "social transitions". Transitioning may also involve medical steps that help to align a person's anatomy with their gender identity. These steps are sometimes called "medical transition" and can include feminizing or masculinizing hormone therapy, soft-tissue fillers or surgeries. However, transition is not defined by medical steps taken or not taken.

Transphobia is prejudice directed at trans people because of their actual or perceived gender identity or expression. Transphobia can be structural, i.e. manifested in policies, laws and socioeconomic arrangements that discriminate against trans people. It can be societal when trans people are rejected or mistreated by others. Transphobia can also be internalized, when trans people accept and reflect such prejudicial attitudes about themselves or other trans people.

Young trans people are those in the age range 10–24 years, in accordance with the Interagency Working Group on Key Populations *HIV and young transgender people: a technical brief* (Geneva: World Health Organization; 2015).

Introduction

Introduction

While all transgender people are potentially at risk of HIV infection, transgender women have borne the epidemiologic brunt of HIV disease. Transgender women are significantly and disproportionately affected by HIV globally. Time and again, when HIV data specific to transgender women are gathered, they indicate disturbing levels of HIV disease and burden. A 2013 meta-analysis of studies conducted in 15 countries found that a transgender woman in one of these countries was 49 times more likely to be living with HIV than her non-transgender male and female adult counterparts.[1]

Despite documented negative health and HIV outcomes, in many regions data on transgender women are not separated from data collected among gay and other men who have sex with men. It is imperative that conflation of these data stop. Disaggregation of data on transgender people will allow a better understanding of the social determinants of health impacting transgender people in general, and transgender women specifically.

For transgender women, HIV responses at the country level continue to be seriously hampered by experiences of transphobia,[2] discrimination, violence and criminalization, which can have severe and damaging effects on their physical and mental health and limit their access to and use of vital services. For example, transgender women may choose to conceal their gender identity,[3] sexuality or sexual behaviour from their families, friends, neighbours and health-care providers. Addressing transphobia, stigma and discrimination is central to implementing evidence-informed and rights-based services for HIV prevention, diagnosis, treatment and care. In many countries or regions these issue are compounded by lack of a skilled and trans-competent[4] health-care workforce, as well as public and private health plans that often exclude gender-affirming[5] services. Stigma-induced poverty and the lack of legal protections add additional layers of complexity to efforts to address and improve health outcomes for transgender populations.

In 2011 the World Health Organization (WHO) developed a guidance document on *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people*. The document sets out technical recommendations on interventions for the prevention and treatment of HIV and other sexually transmitted infections (STIs) among transgender people. In 2014, WHO released the *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.* These bring together all existing guidance related to key

1 Baral S, Poteat T, Ströhmdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. The Lancet. 2013;13(3):214–222.

2 Transphobia is prejudice directed at trans people because of their actual or perceived gender identity or expression. Transphobia can be structural, i.e. manifested in policies, laws and socio-economic arrangements that discriminate against trans people. It can be societal when trans people are rejected or mistreated by others. Transphobia can also be internalized, when trans people accept and reflect such prejudicial attitudes about themselves or other trans people. For further information, see Chapter 2.

3 Gender identity is a person's internal, deeply felt sense of being male, female, an alternative gender or a combination of genders. A person's gender identity may or may not correspond with her or his sex assigned at birth.

4 Trans-competent refers to the provision of services, especially health-care services, to trans people in a technically competent manner and with a high degree of professionalism that reflects the provider's knowledge of gender identity, human rights and the particular situation and needs of the trans individual being served. In addition, trans-competent care is delivered in a respectful, non-judgemental and compassionate manner, in settings free of stigma and discrimination.

5 Gender-affirming refers to medical procedures that enable a trans person to live more authentically in their gender identity.

populations, including transgender people, with updates on selected guidance and recommendations. The recommendations of these two publications are summarized in Table 1 at the end of this Introduction. Transgender experts and community activists and other health experts have also collaborated to develop regional publications on transgender health.[6]

Following the dissemination of the 2011 Recommendations and the 2014 Key Populations Consolidated Guidelines describing effective, evidence-based interventions (the *what*), a need was expressed for guidance focused on implementation (the *how*). This publication responds to that need by offering practical advice on implementing HIV and STI programmes for transgender people, with a focus on transgender women, aligned with the 2011 Recommendations and the 2014 Key Populations Consolidated Guidelines. It contains examples of good practice from around the world that may support efforts in planning programmes and services, and describes issues that should be considered and how to overcome challenges.

This tool describes how services can be designed and implemented to be acceptable and accessible to transgender women. To accomplish this, respectful and ongoing engagement with them is essential. This tool gives particular attention to programmes run by transgender people themselves, in contexts where this is possible. It is itself the product of collaboration among transgender people, advocates, service-providers, researchers, government officials and non-governmental organizations (NGOs) from around the world, as well as United Nations agencies, and development partners from the United States.

6 Blueprint for the provision of comprehensive care for trans persons and their communities in the Caribbean and other Anglophone countries. Arlington (VA): John Snow, Inc.; 2014.
Blueprint for the provision of comprehensive care for trans people and trans communities in Asia and the Pacific. Washington (DC): Futures Group, Health Policy Project; 2015.

A note on language

Transgender is used in this publication to describe persons whose gender identity (their internal sense of their gender) is different from the sex they were assigned at birth. Transgender is an umbrella term that describes a wide variety of cross-gender behaviours and identities.[7] It is not a diagnostic term and does not imply a medical or psychological condition. This term should be avoided as a noun: a person is not "a transgender"; they may be a transgender person.

It is important to understand that not all people who are considered transgender from an outsider's perspective in fact identify as transgender, nor will they necessarily use this term to describe themselves. In many countries there are indigenous terms that describe similar cross-gender identities. When interacting with transgender people, it is crucial to avoid attaching labels to persons for whom those labels are not comfortable. It is good practice to always ask individuals how they define themselves, and to respect and use their preferred self-definitions and pronouns appropriate to their own gender identity and culture.

Trans: In this publication the abbreviation "trans" is henceforth used for succinctness. As with "transgender", the term "trans" represents an all-inclusive perspective of cross-gender identity and expression.

How to use this tool

This tool is designed for use by public-health officials and managers of HIV and STI programmes; NGOs, including community and civil-society organizations; and health workers. It may also be of interest to international funding agencies, health policy-makers and advocates. It is meant to cover implementation of interventions across the full HIV services continuum, including interventions for prevention, diagnosis, treatment and care. Each chapter explicitly or implicitly addresses one or more of the 2011 Recommendations or the 2014 Key Populations Consolidated Guidelines.

The first two chapters describe approaches and principles to building programmes that are led by trans people. These community-led approaches are themselves essential interventions. Chapters 3 and 4 describe approaches to implementing recommended interventions for HIV prevention, diagnosis, treatment and care. Chapter 5 describes how to manage programmes and build the capacity of organizations of trans people (see Figure 1.).

7 Related terms and identities that appear in a few places in this publication are **gender non-conforming, genderqueer** and **non-binary**. These encompass people whose gender expression is different from societal expectations or stereotypes related to gender, but it is important to note that many transgender people may not identify with any of these terms. Some transgender women, just like other women, are very comfortable conforming to societal expectations of what it means to be a woman, while some transgender men simply wish to blend in among other men. Similarly, people who do identify as gender non-conforming, genderqueer or non-binary may not consider themselves to be transgender.

Chapter ❶ Community Empowerment is the foundation of the tool. This chapter describes how empowerment of trans people is both an intervention in itself, and also essential to effective planning, implementation and monitoring of all aspects of HIV and STI prevention, diagnosis, treatment and care.

Chapter ❷ Stigma, Discrimination, Violence and Human Rights focuses on one of the most urgent needs of trans people: to be protected from violence, discrimination and other forms of human-rights violation. The effectiveness of HIV and STI prevention interventions is often compromised when interventions to address violence and promote human rights are not implemented concurrently.

Chapter ❸ Services presents detailed descriptions of gender-affirming health services and HIV-related and other essential health interventions. Gender-affirming health services include primary care, cross-sex hormone therapy, surgical procedures and service integration. HIV-related services include condom and lubricant programming, harm reduction services for substance use and safe injection, pre- and post-exposure prophylaxis, voluntary HIV testing, antiretroviral therapy, sexual and reproductive health, and mental and psychosocial health. The chapter also addresses HIV and hormonal therapy.

Chapter ❹ Service Delivery Approaches describes trans-competent clinical approaches, social and behavioural interventions, approaches to condom and lubricant programming, community-led service delivery, safe spaces (drop-in centres), and the use of information and communication technologies.

Chapter ❺ Programme Management provides practical guidance on planning, starting, scaling up, managing and monitoring an effective programme from two perspectives: (1) a large multi-site programme with centralized management and multiple implementing organizations, and (2) more localized organizations, including community groups, seeking to start or expand services.

Figure 1. Structure of the tool

Key elements of each chapter

Each chapter begins with an introduction that defines the topic and explains why it is important. The introduction presents one or more of the 2014 Key Populations Consolidated Guidelines, where relevant. Interventions are described in detail, and broken down into stages or steps, wherever possible, to make them easy to follow. Topics or points of particular interest are presented in text boxes. Case examples from programmes around the world are presented in shaded boxes. These examples do not describe an entire programme in detail but highlight specific aspects related to programming with trans people that have worked well in their contexts. Their purpose is to illustrate how an issue or challenge has been addressed, and to inspire ideas about approaches that could work in the reader's own context. The forms, charts etc. presented from various programmes have the same purpose. Each chapter ends with a list of resources—tools, guidelines and other practical publications—available online; and further reading—journal articles and other publications—that provide a research or academic perspective on some of the points made in the chapters.

Navigating within and between chapters

Although each chapter is subdivided to make it easier to find and use information, the reader is urged not to view the services and interventions described within the chapter as separate and independent of one another. In the same way, the chapters should not be considered in isolation from one another. Cross-referencing is provided in each chapter to assist the reader in making these connections.

Table 1. Recommendations for all key populations from the 2014 Key Populations Consolidated Guidelines

HIV prevention
The correct and consistent use of condoms with condom-compatible lubricants is recommended for all key populations to prevent sexual transmission of HIV and STIs. • Condoms and condom-compatible lubricants are recommended for penetrative sex. • Adequate provision of lubricants for trans women and trans men who have sex with men needs emphasis.
Oral PrEP containing tenofovir disoproxil fumarate (TDF) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches.[8]
Post-exposure prophylaxis (PEP) should be available to all eligible people from key populations on a voluntary basis after possible exposure to HIV.
Implementing individual-level and community-level behavioural interventions for the prevention of HIV and STIs among trans people is suggested. • The following strategies are recommended to increase safer sexual behaviours and increase uptake of HIV testing among trans people: – targeted Internet-based information – social marketing strategies – sex venue-based outreach.

8 This recommendation is from the *Guideline on when to start antiretroviral therapy and on pre-exposure prophylaxis for HIV* (Geneva: World Health Organization; 2015), which supersedes the 2014 Key Populations Consolidated Guidelines.

HIV testing services (HTS)
Voluntary HTS should be routinely offered to all key populations both in the community and in clinical settings. Community-based HIV testing for key populations, linked to prevention, care and treatment services, is recommended, in addition to provider-initiated testing.
HIV treatment and care
Key populations living with HIV should have the same access to antiretroviral therapy (ART) and to ART management as other populations.
Prevention and management of co-infections and co-morbidities
Key populations should have the same access to tuberculosis (TB) prevention, screening and treatment services as other populations at risk of or living with HIV.
Key populations should have the same access to hepatitis B and C prevention, screening and treatment services as other populations at risk of or living with HIV. • Trans people should be included in catch-up HBV immunization strategies in settings where infant immunization has not reached full coverage.
Routine screening and management of mental-health disorders (depression and psychosocial stress) should be provided for people from key populations living with HIV in order to optimize health outcomes and improve their adherence to ART. Management can range from co-counselling for HIV and depression to appropriate medical therapies.
Substance use and prevention of blood-borne infections
Trans people who inject drugs should have access to sterile injecting equipment through needle and syringe programmes and opioid substitution therapy. • Trans people who inject substances for gender affirmation should use sterile injecting equipment and practise safe injecting practices to reduce the risk of infection with blood-borne pathogens such as HIV and viral hepatitis B and C.
Trans people who are dependent on opioids should be offered and have access to opioid substitution therapy. • There is no evidence of drug interactions between opioid substitution therapy and medications used for gender affirmation; however, research is very limited.
Trans people with harmful alcohol or other substance use should have access to evidence-based brief psychosocial interventions involving assessment, specific feedback and advice.
People likely to witness an opioid overdose should have access to naloxone and be instructed in its use for emergency management of suspected opioid overdose.
Sexual health
Screening, diagnosis and treatment of sexually transmitted infections should be offered routinely as part of comprehensive HIV prevention and care for key populations. • Health-care providers should be sensitive to and knowledgeable about the specific health needs of trans people. In particular, genital examination and specimen collection can be uncomfortable or upsetting whether or not the person has undergone genital reconstructive surgery.
It is important that contraceptive services are free, voluntary and non-coercive for all people from key populations. • It is important to counsel trans women who use oral contraceptive pills for feminization about the higher risk of thrombotic events with ethinyl estradiol than with 17-beta estradiol.
People from key populations, including those living with HIV, should be able to experience full, pleasurable sex lives and have access to a range of reproductive options, including family planning services.

Critical enablers
Laws, policies and practices should be reviewed and, where necessary, revised by policy-makers and government leaders, with meaningful engagement of stakeholders from key population groups, to allow and support the implementation and scale-up of health-care services for key populations.
Countries should work towards implementing and enforcing antidiscrimination and protective laws, derived from human-rights standards, to eliminate stigma, discrimination and violence against people from key populations. Health services should be made available, accessible and acceptable to key populations, based on the principles of medical ethics, avoidance of stigma, non-discrimination and the right to health. • Countries should work towards developing policies and laws that decriminalize same-sex behaviours and nonconforming gender identities. • Countries should work towards legal recognition for trans people.
Programmes should work toward implementing a package of interventions to enhance community empowerment among key populations. • Organizations of trans people are essential partners in delivering comprehensive training on human sexuality and gender expression. They also can facilitate interaction with members of communities with diverse gender identities and expressions, thereby generating greater understanding of their emotional health and social needs and the cost of inaction against transphobia.
Violence against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations should be monitored and reported, and redress mechanisms should be established to provide justice.

Guiding principles for implementing comprehensive HIV and STI programmes with trans people

Several principles underlie the 2011 Recommendations and 2014 Key Populations Consolidated Guidelines and the operational guidance given in this publication. These principles are described in the 2014 Key Populations Consolidated Guidelines (pp.11–12) and are articulated in more detail in this tool. They are included among the principles listed here.

Human rights: Fundamental to development of these guidelines is the protection of human rights for all members of each key population, including trans people. Legislators and other government authorities should establish and enforce antidiscrimination and protective laws, derived from international human-rights standards, in order to eliminate stigma, discrimination and violence faced by trans people and to reduce their vulnerability to HIV.

Promoting gender equality: Gender equality means that the different behaviours, aspirations and needs of all people, including trans people, are valued and treated equally, and that an individual's rights, responsibilities and opportunities do not depend on their sex or gender. All people, regardless of sex, gender expression, gender identity or sexual orientation, have equal rights to health, security, dignity and autonomy. Within the realm of gender equality the concept of transfeminism has emerged, which centres around the view that individuals have the right to their own identity, complete bodily autonomy, and to make their own decision about their gender without regard for societal definitions of what a "real woman" or a "real man" may be. Applying this and adopting feminist theory to communities of trans women can serve as an exercise in empowerment.

Access to high-quality health care is a human right. It includes the right of trans people to appropriate, high-quality health care without discrimination. Health-care providers and institutions must serve trans people based on the principles of medical ethics and the right to health. Health services should be accessible to trans people. HIV programmes and services can be effective only when they are acceptable and high quality and widely implemented. Poor quality and restricted access to services will limit the individual benefit and public-health impact of the recommendations contained in this guidance document.

Access to justice is a major priority for trans people, due to high rates of contact with law-enforcement services and the current illegality of their behaviours in many countries. Access to justice includes freedom from arbitrary arrest and detention, the right to a fair trial, freedom from torture and cruel, inhuman and degrading treatment and the right, including in prisons and other closed settings, to the highest attainable standard of health. The protection of human rights, including the rights to employment, housing and health care, for trans people requires collaboration between health-care and law-enforcement agencies, including those that manage prisons and other closed institutions. Detainment in closed settings should not impede the right to maintain dignity and health.

Acceptability of services is a key aspect of effectiveness: Interventions to reduce the burden of HIV among trans people must be respectful, acceptable, appropriate and affordable to recipients in order to enlist their participation and ensure their retention in care. Services for trans people often employ appropriate models of service delivery but lack expertise in HIV. Conversely, trans people may not find specialized HIV services acceptable. There is a need to build service capacity on both fronts. Services that are acceptable to trans people are more likely to be used by them in a regular and timely way. Consultation with organizations led by trans people and including peer workers in service delivery are effective ways to work towards this goal. A mechanism for regular and ongoing feedback from beneficiaries to service-providers will help inform and improve the acceptability of services to trans people.

Health literacy: Trans people often lack sufficient health and treatment literacy. This may hinder their decision-making on HIV risk behaviours and their health-seeking behaviour. Health services should regularly and routinely provide accurate health and treatment information to trans people. At the same time health services should strengthen providers' ability to prevent and to treat HIV in trans people.

Integrated service provision: Trans people commonly have multiple co-morbidities and poor social situations. For example, HIV, viral hepatitis, tuberculosis, other infectious diseases and mental-health conditions are common in trans people and often linked to stress associated with persistent social stigma and discrimination. Integrated services provide the opportunity for client-centred prevention, diagnosis, treatment and care for the multitude of issues affecting trans people. In addition, integrated services facilitate better communication and care. Thus, wherever feasible, service delivery for trans people should be integrated. When this is not possible, strong links among health services working with trans people should be established and maintained.

Community empowerment is the process whereby trans people are empowered and supported to address for themselves the structural constraints to health, human rights and well-being that they face, and improve their access to services to reduce the risk of acquiring HIV. Community empowerment is an essential approach that underlies all the interventions and programme components described in this tool, and is inseparable from them.

Meaningful community participation and leadership in the design, implementation, monitoring and evaluation of programmes are also essential. Participation and leadership help to build trust with those whom programmes are intended to serve, make programmes more comprehensive and more responsive to the needs of trans people, and create more enabling environments for HIV prevention. Trans people can be the most effective agents of change to move societies toward greater institutional and social acceptance of their human rights. Achieving access to health care for trans people requires sociopolitical acceptance of diverse expressions of identity and gender. Given this, trans people need to be in positions of leadership and decision-making so that engagement in processes of effective implementation and change is possible.

Using participatory methods: Participatory methods of programming that include and are led by trans people should be used to maximize impact. Partnerships that prioritize active involvement of trans individuals should be developed and fostered in all levels of programming. Trans people should be in positions that allow them to engage in processes to identify their problems and priorities, analyse causes and develop solutions. Such methods strengthen programme relevance, build life and relationship skills and help ensure the long-term success of programmes.