

Priority and key populations, especially transgender people, and the path to 2025 targets:

Reducing health inequities through tailored and systemic responses

Thematic Segment of the 52nd Programme Coordinating Board

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HIV Epidemic Burden Among Key and Priority Populations

- Priority populations are varied and country and region-specific; key populations are disproportionately affected by HIV in all epidemic setting

FIGURE 0.9 Relative risk of HIV acquisition, global, 2021



Source: UNAIDS special analysis, 2022 (see Annex on Methods).

Inequalities in HIV Prevention, Testing and Treatment Among Key Populations

- The world is not on track to reach the majority of the 2025 targets in large part because less than half of gay men and other men who have sex with men, people who inject drugs and sex workers were able to access at least two prevention services in the past three months.
- The percentage of key populations who have been tested for HIV in the past 12 months and know their results or are aware of their HIV positive status is lower than for other populations.

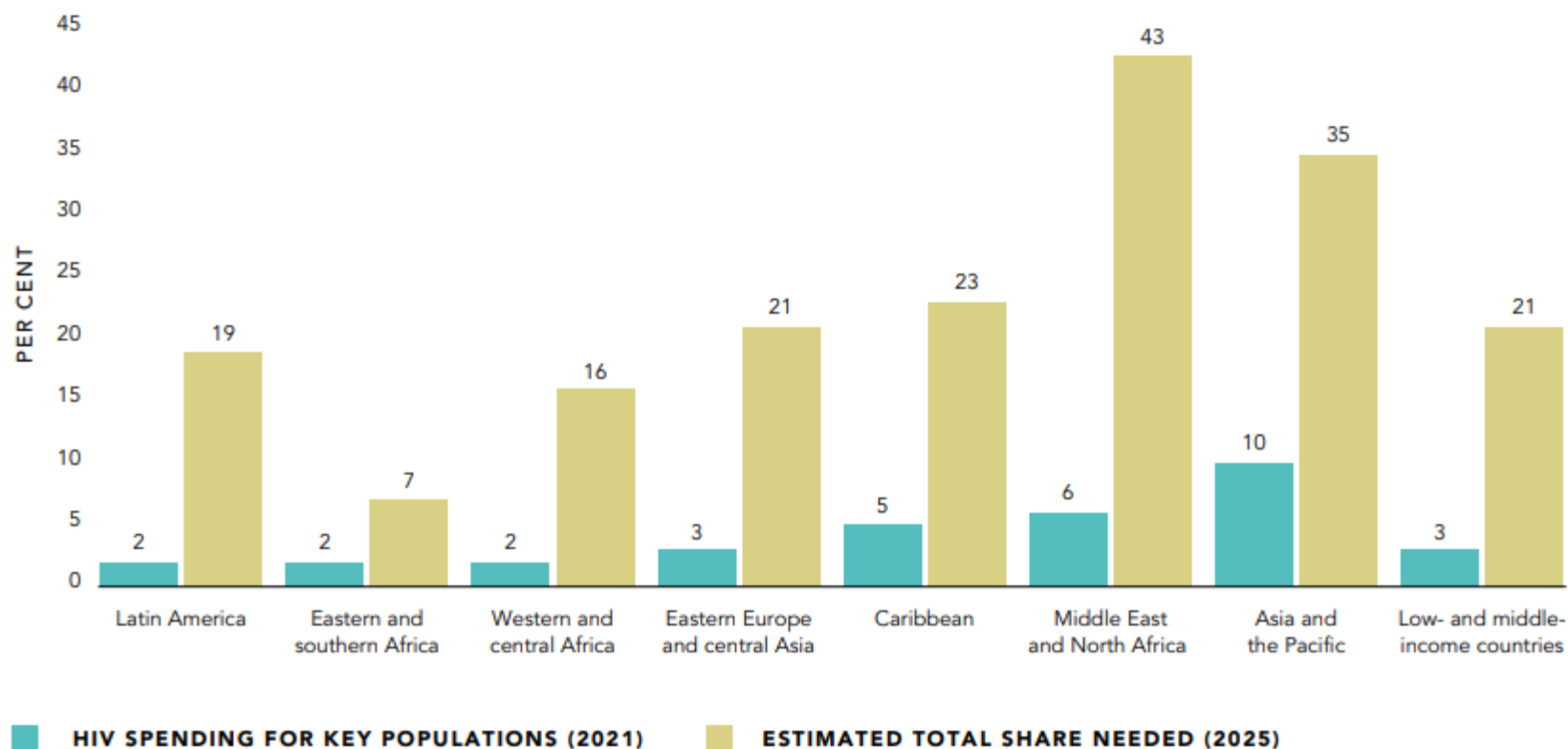


Structural Inequalities

- Members of key populations living with, or at risk for, HIV face multiple barriers to testing, treatment and care which impede the HIV response and limit access to broader health services resulting in negative individual and public health outcomes. These include:
 - Legal and structural barriers such as stigma, discrimination, criminal and punitive laws, policies and practices
 - Including the criminalization of same-sex sexual relations and transgender identities
 - Intersecting inequalities
 - Multiple axes of stigma and discrimination related to their intersecting identities
 - High levels of violence

Funding for Key Population Programs

FIGURE 5.5 Percentage of total HIV spending for prevention and societal enabler programmes for key populations, 2021, and estimated total share needed, 2025, in low- and middle-income countries and by region

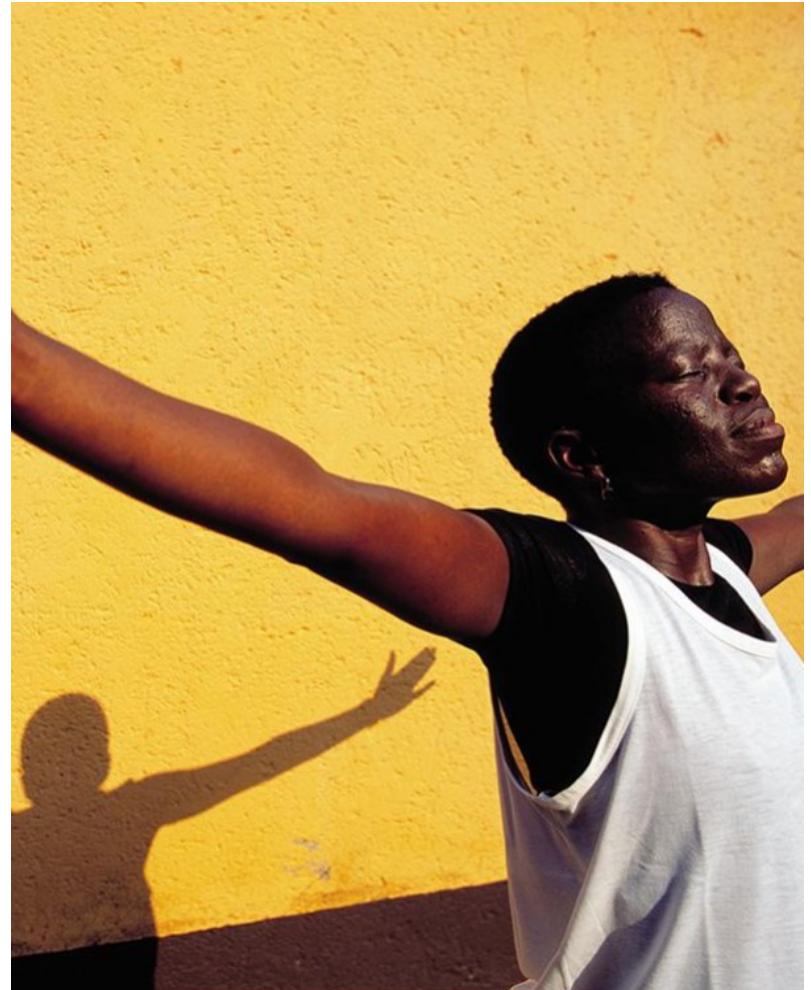


Source: UNAIDS financial estimates and projections, 2022; UNAIDS Global AIDS Monitoring, 2022; Stover J, Glaubius R, Teng Y, Kelly S, Brown T, Hallett TB et al. Modelling the epidemiological impact of the UNAIDS 2025 targets to end AIDS as a public health threat by 2030. PLoS Med. 2021;18(10):e1003831.

Note: Data are from 61 countries that reported their latest expenditures on prevention and societal enabler interventions. Testing and treatment services are not included.

Transgender People in the HIV Response: Needs, Gaps and Challenges

- Transgender people are disproportionately impacted by HIV.
- More data is needed to better understand the transgender populations and HIV impact.
- There are gaps in data on transgender men, who are marginalised in the HIV response.
- Historically, 55 countries have reported estimates of size of transgender populations to UNAIDS. Of these, 15 countries' estimates are recent (2017-2021), covering the whole country.



Transgender People in the HIV Response: Needs, Gaps and Challenges, Cont'd

- Transgender people have specific needs and challenges in relation to HIV prevention, treatment, retention and care.
- 29 countries reported transgender people's awareness of HIV positive status or having been tested in the past year and received their results, ranging from 7.3% in Antigua and Barbuda to 100% in Mali, with a median of 68.4%.
- Gender stereotypes, structural obstacles and health services discrimination need to be tackled to enable effective treatment and retention in care.

Transgender People and Intersectionalities

- High levels of criminalisation and marginalisation mean a disproportionate number of transgender people are in prison.
- Transgender sex workers face stigma, violence and abuse.
- Transgender youth are at risk of homelessness in part due to family rejection, discrimination, and violence, which can increase vulnerability to HIV.
- Indigenous transgender people in settler societies face compounded discrimination, resulting in high levels of violence and increased HIV rates.

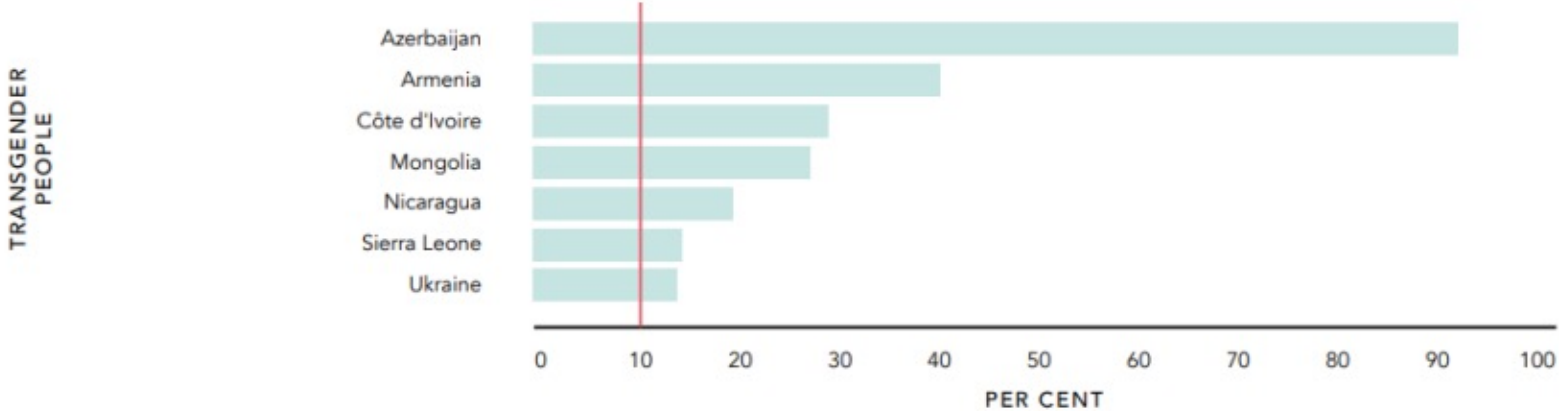


Transgender People and Human Rights

- The rights of transgender people are established in international human rights law; progress includes the depathologisation of transgender identities, and recognition of diverse gender identities.
- 22 countries across 7 regions have reported having gender recognition laws or policies enabling legal change of gender.



Transgender people reporting having experienced physical and/or sexual violence in the last 12 months, countries with available data, 2017–2021^{clxxxix}



Source: UNAIDS Global AIDS Monitoring, 2022 (<https://aidsinfo.unaids.org/>).

The Way Forward – What Will Work

- The Global AIDS Strategy 2021– 2026 provides a clear, evidence-informed blueprint for getting the AIDS response back on track.
- The background note highlights examples of how the joint work of different stakeholders can reduce the inequalities affecting key populations. Scaling up policies and programmes such as these will help us reach the global AIDS targets by 2025:
 - In Luxembourg, holistic support for drug users was developed following an HIV outbreak.
 - In Brazil, a network of specialized and comprehensive health services for transgender people is being built.
 - In Indonesia, initiatives were developed to support transgender people to access identification cards and citizenship rights.
 - In Kenya, peer outreach strategies are being implemented to deliver information and services for MSM and transgender people.

Recommendations for Reducing Health Inequalities

- **Strategic information to guide action** - Address gaps on population size estimates and expand disaggregated data on key populations, especially on transgender people. Increase support for community-led data generation.
- **Optimally resource and scale-up** HIV prevention, testing and treatment programmes and services that are tailored to address the diverse needs, circumstances and preferences of key populations, especially transgender people.
- **Ensure sufficient and sustained funding for key populations.** - Increase and facilitate funding and establish sustainable financing for community-led organizations, including for those led by key populations
- **Community-led responses** - Increase the proportion of HIV services led by key populations including transgender people (30/80/60 targets); Include key populations especially transgender people in governance mechanisms and decision making for health.

Recommendations for Reducing Health Inequalities, Cont'd

- **Understand and counter anti-gender, anti-rights movements** Build on and support the research within institutions, NGOs and academia, including that led by communities, to better understand this movement's impacts on HIV and key populations
- **Build societal enablers** - Address gender inequality, stigma and discrimination affecting key populations especially transgender people in all sectors. End violence in all its forms. Review and reform harmful criminal laws and end punitive use of laws. Monitor progress on decriminalization/conversion therapy.
- **Address inequalities and make health services inclusive, tailored and integrated.** Improve health sector governance and integrate HIV services with other health services, including for sexual and reproductive health, STIs; gender-affirming care, harm reduction, occupational and mental health. Implement ICD 11's depathologisation of transgender.
- **Integrate social protection with health and HIV responses.** Enable transgender people's access services, without discrimination, using their self-identified gender.