FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 52ND PCB MEETING

Priority and key populations especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses
Background to the 52nd PCB Thematic Segment

• A PCB working group comprised of the NGO delegation, UN agencies/cosponsors, and PCB members was established to support and guide preparations for the thematic segment, including providing technical inputs and strategic advice on

  – The background paper
  – Collection of country best practice case studies
  – The agenda
  – The speakers for the session.
Background to the 52\textsuperscript{nd} PCB Thematic Segment

• The thematic segment brought together diverse participants from all regions of the world and included:
  – Transgender people in all their diversity representing Member States and community-led organizations
  – Civil society and community experts
  – Researchers
  – Member States representatives
  – Co-sponsors and UNAIDS Secretariat leadership
  – Global Fund

• During the session, speakers provided reflections and examples that stressed the relevance of the recommendations included in the thematic segment’s background note. These recommendations inform the PCB’s upcoming decisions.
Key messages from the thematic segment
Background Data

• While priority populations are varied and country and region-specific, key populations are disproportionately affected by HIV in all epidemic setting.

• Despite over four decades of AIDS response, the risk of acquiring HIV remains unacceptably high for key populations

![Figure 0.9](image)

**Figure 0.9** Relative risk of HIV acquisition, global, 2021

- People who inject drugs have 35 times greater risk of acquiring HIV than adults who do not inject drugs.
- Female sex workers have 30 times greater risk of acquiring HIV than adult women (15-49) in the general population.
- Gay men and other men who have sex with men have 28 times greater risk of acquiring HIV than adult men (15-49) in the general population.
- Transgender women have 14 times greater risk of acquiring HIV than adult women (15-49) in the general population.

Source: UNAIDS special analysis, 2022 (see Annex on Methods).
Inequalities in HIV Prevention, Testing and Treatment Among Key Populations

• Many of the inequalities driving HIV stem from legal and structural barriers such as stigma, discrimination, and criminal and punitive laws, policies, and practices.

• This impede the HIV response at every step and also limit access to broader sexual and reproductive health services and tuberculosis services, cancer screening and services, and health care generally.

• Despite a decrease in jurisdictions criminalizing same-sex relations, ongoing efforts aim to increase criminalization through new laws, harsher penalties, and intensified implementation, disproportionately affecting key populations.
Funding for Key Population Programs

- Funding for HIV prevention among key populations still comprises very small proportions of total HIV spending in low- and middle-income countries.

- Resource mobilization is required to close HIV-related inequalities; however, efforts are also needed in terms of prioritization.
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 marginalized in the HIV response.
- Transgender people have specific needs and challenges in relation to HIV prevention, treatment, retention and care.
- 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 criminalization and marginalization 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.

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

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 On The Way Forward

Recognizing the diverse needs and circumstances of key populations, especially transgender people, in the HIV response requires:

- **Tailored and Data-Informed Programs**: Fast-tracking targeted actions to address gaps in population size estimates and expanding disaggregated data on key populations, with a specific focus on transgender populations, through community-led data generation.

- **Optimal Resourcing for Tailored Services**: Optimally resourcing and scaling up tailored and effective HIV prevention, testing, and treatment programs that address the diverse needs of key populations, particularly transgender people.
Recommendations On The Way Forward

• **Community-Led Services and Funding:** Increasing the proportion of community-led HIV prevention, testing, and treatment services to reach the 30-80-60 targets, establishing mechanisms to facilitate funding for community-led organizations, including those led by key populations.

• **Addressing Discrimination and Legal Barriers:** Addressing gender inequality and multiple forms of stigma, discrimination, and marginalization by reviewing and reforming harmful and punitive laws and policies hindering access to services for key populations, especially transgender people.

• **Public Health Approach and Gender Equality:** Strengthen an evidence-based public health approach to HIV within the context of gender equality, acknowledging and promoting the rights of key populations, including transgender individuals.
Recommendations On The Way Forward

• **Social Protection Integration**: Integrating social protection with health and HIV responses by adopting people-centered approaches that address economic inequalities, making education, welfare, and social protection systems more inclusive of key populations.

• **Enhanced Engagement and Leadership**: Reinforce and expand the meaningful engagement and leadership of key populations, with a specific emphasis on transgender individuals, across all aspects of the HIV response. This includes decision-making processes and program implementation.
Thank you