Transgender People and HIV
(updated May 2020)
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This educational packet is a curated compilation of resources on transgender people and HIV.

The contents of this packet are listed below:

- Diagnoses of HIV Infection in the United States and Dependent Areas, 2018: Transgender Persons (CDC Special Focus Profile)
- HIV and Transgender People (CDC fact sheet)
- El VIH y las Personas Transgénero (CDC fact sheet)
- HIV and Transgender Communities (CDC issue brief)
- HIV Prevention and Care for the Transgender Population (CDC brief)
- Transgender People, HIV, and AIDS (Avert issue brief)

You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.
Special Focus Profiles

The Special Focus Profiles highlight trends and distribution of HIV in 5 populations of particular interest to HIV prevention programs in state and local health departments: (1) Transgender Persons, (2) Gay, Bisexual, and Other Men Who Have Sex With Men, (3) Persons Who Inject Drugs, (4) Women, and (5) Children Aged <13 Years.

_Transgender_ is an umbrella term that is used to identify persons whose sex assigned at birth does not match current gender identity or expression. _Gender identity_ refers to one's internal understanding of one's own gender, or the gender with which a person identifies. _Gender expression_ is a term used to describe people's outward presentation of their gender. Gender identity and sexual orientation are different facets of identity. Everyone has a gender identity and a sexual orientation, but a person's gender does not determine a person's sexual orientation. Transgender persons may identify as heterosexual, homosexual, bisexual, or none of the above. Transgender persons face numerous prevention challenges, including lack of public/provider knowledge about transgender issues and social rejection and exclusion, and are understudied in HIV prevention (e.g., pre-exposure prophylaxis, [PrEP]) and treatment interventions.

Diagnoses of HIV Infection

Gender

From 2014 through 2018 in the United States and 6 dependent areas, the number of diagnoses of HIV infection for transgender adults and adolescents increased (Table 4b). In
2018, among all adults and adolescents, diagnoses of HIV infection among transgender persons accounted for approximately 2% of diagnoses of HIV infections in the United States and 6 dependent areas. In 2018, among transgender adults and adolescents, the largest percentage (92%) of diagnoses of HIV infections was for transgender MTF.

**Age Group**

**Figure 11. Diagnoses of HIV Infection among Transgender Adults and Adolescents, by Age at Diagnosis, 2014–2018—United States and 6 Dependent Areas**

Note: See Data Tables, Definitions, and Acronyms for more information on gender.

From 2014 through 2018 in the United States and 6 dependent areas, the number of diagnoses of HIV infection for transgender adults and adolescents aged 25–34, 35–44, and 45–54 years increased (Figure 11). The number for transgender adults and adolescents aged 13–24 years decreased. In 2018, the largest percentage (27%) of diagnoses of HIV infection was for transgender MTF adults and adolescents aged 25–29 years, followed by the percentage (25%) for transgender MTF adults and adolescents aged 20–24 years (Table 4b).
Please use caution when interpreting data for transgender adults and adolescents 13–14 and 50 years and older as well as for transgender FTM adults and adolescents 15–24 and 30–49 years and older: the numbers are small.

Race/Ethnicity

Figure 12. Diagnoses of HIV Infection among Transgender Adults and Adolescents, by Race/Ethnicity, 2014–2018—United States and 6 Dependent Areas

Note: See Data Tables, Definitions, and Acronyms for more information on race/ethnicity.

From 2014 through 2018 in the United States and 6 dependent areas, the number of diagnoses of HIV infection for Hispanic/Latino transgender adults and adolescents increased (Figure 12 and Table 4b). The number of diagnoses of HIV infection for black/African American and white transgender adults and adolescents and for transgender adults and adolescents of multiple races remained stable.
Figure 13. Percentages of Diagnoses of HIV Infection among Transgender Adults and Adolescents, by Gender and Race/Ethnicity, 2018—United States and 6 Dependent Areas

Note: See Data Tables, Definitions, and Acronyms for more information on gender and race/ethnicity.

Hispanics/Latinos can be of any race.

In 2018 in the United States and 6 dependent areas, among transgender adults and adolescents, the percentage of diagnoses of HIV infection among transgender MTF, vs. transgender FTM, was largest among persons of multiple races (96%), followed by Hispanics/Latinos (94%) and blacks/African Americans (93%) (Figure 13 and Table 4b). Please use caution when interpreting data for American Indian/Alaska Native, Asian, and Native Hawaiian/other Pacific Islander transgender adults and adolescents: the numbers are small.

Region

From 2014 through 2018 in the United States, the number of diagnoses of HIV infection among transgender adults and adolescents in the Northeast and West increased (Table 4b). The numbers for transgender adults and adolescents in the Midwest and South remained stable. In 2018 in the United States, among all transgender adults and adolescents, the
largest percentage (41%) of diagnoses of HIV infection was for transgender adults and adolescents in the South, followed by 24% in the West, 19% in the Northeast, and 16% in the Midwest. Among transgender adults and adolescents, the larger percentage of diagnoses of HIV infection in each of the 4 regions was for transgender MTF.
HIV and Transgender People

The Numbers

- A 2017 paper used meta-analysis and synthesized national surveys to estimate that nearly 1 million adults in the United States are transgender.
- From 2009 to 2014, 2,351 transgender people received an HIV diagnosis in the United States.
  - Eighty-four percent (1,974) were transgender women, 15% (361) were transgender men, and less than 1% (16) had another gender identity.
  - Around half of transgender people (43% [844] of transgender women; 54% [193] of transgender men) who received an HIV diagnosis lived in the South.
- A 2019 systematic review and meta-analysis found that an estimated 14% of transgender women have HIV. By race/ethnicity, an estimated 44% of black/African American transgender women, 26% of Hispanic/Latina transgender women, and 7% of white transgender women have HIV.
- Among the 3 million HIV testing events reported to CDC in 2017, the percentage of transgender people who received a new HIV diagnosis was 3 times the national average.
- Nearly two thirds of transgender women and men surveyed by the Behavioral Risk Factor Surveillance System (BRFSS) in 2014 and 2015 from 28 jurisdictions reported never testing for HIV.

HIV Diagnoses Among Transgender People in the United States by Race/Ethnicity, 2009-2014

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Transgender: people whose gender identity or expression is different from their sex assigned at birth.

Gender identity: person’s internal understanding of their own gender.

Gender expression: person’s outward presentation of their gender (example, how they dress).

Transgender women: people who were assigned the male sex at birth but identify as women.

Transgender men: people who were assigned the female sex at birth but identify as men.
Prevention Challenges

There are numerous prevention challenges that may impact the HIV health outcomes for some transgender people. These include:

- **Certain behaviors and socioeconomic factors can affect outcomes**, such as having multiple sex partners, anal or vaginal sex without protection (like a condom or medicine to prevent or treat HIV), and sharing needles or syringes to inject hormones or drugs. Additional factors include commercial sex work, mental health issues, incarceration, homelessness, unemployment, and high levels of substance misuse compared to the general population.

- **HIV behavioral interventions** developed for other at-risk groups have been adapted for use with transgender people. However, the effectiveness of these interventions is understudied. According to a 2017 study, most existing interventions target behavior change among transgender women, with only one HIV prevention program evaluated for transgender men. Evidence-based multilevel interventions that address the structural, biomedical, and behavioral risks for HIV among transgender populations, including transgender men, are needed to address disparities in HIV prevalence.
Many transgender people face stigma, discrimination, social rejection, and exclusion that prevent them from fully participating in society, including accessing health care, education, employment, and housing, as well as violence and lack of family support. These factors affect the health and well-being of transgender people, placing them at increased risk for HIV.

Transgender women and men might not be sufficiently reached by current HIV testing measures. Tailoring HIV testing activities to overcome the unique barriers faced by transgender women and men might increase rates of testing among these populations.

Transgender men’s sexual health has not been well studied. Transgender men, particularly those who have sex with cisgender (persons whose sex assigned at birth is the same as their gender identity or expression) men, are at high risk for infection. Over half of transgender men with diagnosed HIV infection had no identified or reported risk. Additional research is needed to understand HIV risk behavior among transgender men, especially those who have sex with other men.

Lack of knowledge about transgender issues by health care providers can be a barrier for transgender people who receive an HIV diagnosis and are seeking quality treatment and care services. Few health care providers receive proper training or are knowledgeable about transgender health issues and their unique needs. This can lead to limited health care access and negative health care encounters.

Transgender women and men might not fully engage in medical care. In a study of transgender men with HIV who were receiving medical care, 60% had maintained an undetectable viral load over the previous 12 months. A 2015 study found that 50.8% of transgender women who were receiving medical care had maintained an undetectable viral load over the previous 12 months. Taking HIV medicine as prescribed and keeping an undetectable viral load (or staying virally suppressed) is the best thing people with HIV can do to stay healthy and protect their sexual partners. People with HIV who keep an undetectable viral load have effectively no risk of sexually transmitting HIV to an HIV-negative partner.

Transgender and other gender minority youth are an at-risk group understudied in HIV prevention (e.g., PrEP) and HIV treatment. But one study of transgender youth found that medical gender affirmation and stigma in HIV care were each independently associated with elevated odds of having missed HIV care appointments.

Transgender-specific data are limited. Some federal, state, and local agencies do not collect or have complete data on transgender individuals. Using the two-step data collection method of asking for sex assigned at birth and current gender identity can help increase the likelihood that transgender people are correctly identified in HIV surveillance programs. Accurate data on transgender status can lead to more effective public health actions.

What CDC Is Doing
CDC and its partners are pursuing a **high-impact prevention** approach to maximize the effectiveness of current HIV prevention methods among transgender people. Activities include:

- In 2017, CDC awarded nearly $11 million per year for 5 years to 30 CBOs to provide HIV testing to young gay and bisexual men of color and transgender youth of color, with the goals of identifying undiagnosed HIV infections and linking those who have HIV to care and prevention services.
- As part of its **Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention**, CDC recently identified the **Couples HIV Intervention Program [PDF – 988 KB]** as an evidence-based intervention that focuses on transgender women and their primary cisgender male partners. The goals of the intervention are to reduce HIV risk behaviors, improve relationship communication, and improve partner interpersonal dynamics.
- CDC supports **health department demonstration projects** that provide **pre-exposure prophylaxis (PrEP)** support services and data-to-care activities prioritizing gay and bisexual men and transgender people at substantial risk for acquiring HIV, particularly people of color.
- CDC is funding a **National HIV Behavioral Surveillance (NHBS)** activity among transgender women that will use NHBS methods to conduct a behavioral interview and HIV testing among transgender women in 7 NHBS sites.
- CDC provides support and technical assistance to health departments, CBOs, and providers to support interventions for transgender people (e.g., condom distribution, community mobilization, HIV testing, and coordinated referral networks and service integration).
- Through its **Capacity Building Assistance** initiative, CDC works with the Center of Excellence for Transgender Health to support **National Transgender HIV Testing Day**. This day promotes HIV testing, prevention, and treatment efforts among transgender people.
CDC developed communication materials to reach transgender people through its *Let's Stop HIV Together* (formerly *Act Against AIDS*) suite of campaigns. *Let's Stop HIV Together* campaigns are aimed at stopping HIV stigma and promoting HIV testing, prevention, and treatment. The stigma materials include stories and issues relevant to transgender people, as do the following:

- *Transforming Health*, which addresses ways to reduce new HIV infections among transgender people, particularly transgender women of color, and improve the health of transgender people who are living with HIV.
- *Doing It*, which encourages all adults to get tested for HIV and know their status, and includes images and testimonial videos featuring transgender leaders.
- *HIV Treatment Works*, which encourages people living with HIV to stay in care, and features transgender women’s stories of staying healthy while living with HIV.
- *Start Talking. Stop HIV*, which helps gay and bisexual cisgender and transgender men communicate about safer sex, testing, and other HIV prevention issues.

\[\text{\textsuperscript{a}}\) Includes 50 states and the District of Columbia.

\[\text{\textsuperscript{b}}\) These data may under report HIV diagnoses among transgender people because of challenges in accurately identifying and reporting gender identity in HIV surveillance.

\[\text{\textsuperscript{c}}\) Includes 45 states plus the District of Columbia.

\[\text{\textsuperscript{d}}\) Includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

\[\text{\textsuperscript{e}}\) *Black* refers to people having origins in any of the black racial groups of Africa, including immigrants from the Caribbean, and South and Latin America. *African American* is a term often used for Americans of African descent with ancestry in North America. Individuals may self-identify as either, both, or choose another identity altogether.

\[\text{\textsuperscript{f}}\) Hispanics/Latinas can be of any race.

\[\text{\textsuperscript{g}}\) Estimate for transgender women overall includes laboratory-confirmed infections only. Estimates by race/ethnicity include laboratory-confirmed and self-reported infections.

\[\text{\textsuperscript{h}}\) An HIV testing event is one or more HIV tests performed with a person to determine that person’s HIV status. During one testing event, a person may be tested once or multiple times.

\[\text{\textsuperscript{i}}\) Information is lacking with regards to how sex reassignment surgery such as vaginoplasty, metoidioplasty or phalloplasty, for example, may increase or decrease HIV transmission risk.
It is important to avoid assumptions regarding the types of sexual activity that transgender people engage in or how they may refer to their body parts.

For more information, visit CDC’s Lesbian, Gay, Bisexual, and Transgender Health website.
El VIH y las personas transgénero

Las cifras

- En un artículo académico publicado en el 2017 se usaron metanálisis y síntesis de encuestas nacionales para estimar que casi 1 millón de adultos en los Estados Unidos son transgénero.

- Entre el 2009 y el 2014, 2351 personas transgénero recibieron un diagnóstico de infección por el VIH en los Estados Unidos.

  - El 84% (1974) eran mujeres transgénero, el 15% (361) eran hombres transgénero y menos del 1% (16) tenía otra identidad de género.

  - Aproximadamente la mitad de las personas transgénero (el 43% [844] de las mujeres transgénero; el 54% [193] de los hombres transgénero) que recibieron un diagnóstico de infección por el VIH vivía en el Sur.

- Una revisión sistemática y un metanálisis realizados en el 2019 hallaron que un 14% estimado de las mujeres transgénero tienen el VIH. Por raza o etnia, se estima que un 44% de las mujeres transgénero de raza negra o afroamericanas, un 26% de las mujeres hispanas o latinas y un 7% de las mujeres transgénero de raza blanca tienen el VIH.

- Entre los 3 millones de eventos de pruebas del VIH reportados a los CDC en el 2017, el porcentaje de personas transgénero que recibió un diagnóstico nuevo de infección por el VIH fue 3 veces mayor al del promedio nacional.

- Cerca de dos terceras partes de las mujeres y los hombres transgénero de 28 jurisdicciones que fueron encuestados por el Sistema de Vigilancia de Factores de Riesgo del Comportamiento (BRFSS, por sus siglas en inglés) en el 2014 y el 2015 reportaron no haberse hecho nunca la prueba de detección del VIH.

**Diagnósticos de infección por el VIH entre personas transgénero en los Estados Unidos por raza o etnia, 2009-2014**
Las personas hispanas o latinas pueden ser de cualquier raza.

Desafíos para la prevención

Hay numerosos desafíos para la prevención que podrían afectar los resultados de salud relacionados con el VIH en algunas personas transgénero. Estos incluyen:

- **Ciertas conductas y factores socioeconómicos pueden afectar los resultados:** por ejemplo, tener múltiples parejas sexuales, tener relaciones sexuales anales o vaginales sin protección (como un condón o un medicamento para prevenir o tratar la infección por el VIH), y compartir agujas o jeringas para inyectarse hormonas o drogas. Otros factores incluyen el trabajo sexual, los problemas de salud mental, el encarcelamiento, la falta de vivienda, el desempleo, y niveles altos de consumo inadecuado de sustancias en comparación con la población general.
Se han adaptado las intervenciones conductuales contra el VIH que se crearon para otros grupos en riesgo a fin de usarlas para personas transgénero. Sin embargo, la eficacia de estas intervenciones no se ha estudiado lo suficiente. Según un estudio del 2017, la mayoría de las intervenciones existentes tienen como objetivo el cambio conductual entre las mujeres transgénero, y un solo programa para la prevención del VIH ha sido evaluado para los hombres transgénero. Para abordar las disparidades en la prevalencia del VIH se necesitan intervenciones multinivel basadas en la evidencia que traten los riesgos estructurales, biomédicos y conductuales de infección por el VIH entre las poblaciones transgénero, incluidos los hombres transgénero.

Muchas personas transgénero afrontan estigma, discriminación, rechazo social y exclusión, lo cual impide su participación plena en la sociedad, e incluso su acceso a atención médica, educación, empleo y vivienda. También afrontan violencia y falta de apoyo familiar. Estos factores afectan su salud y bienestar, y las pone en un mayor riesgo de contraer el VIH.

Las medidas para la realización de pruebas del VIH posiblemente no lleguen de manera suficiente a las mujeres y los hombres transgénero. Adaptar las actividades relacionadas con las pruebas del VIH para que superen las barreras únicas que afrontan las mujeres y los hombres transgénero podría aumentar las tasas de pruebas de detección entre estas poblaciones.

La salud sexual de los hombres transgénero no ha sido estudiada en profundidad. Los hombres transgénero, particularmente aquellos que tienen relaciones sexuales con hombres cisgénero (personas cuyo sexo asignado al nacimiento coincide con su identidad y expresión de género), están en alto riesgo de infección. Más de la mitad de los hombres transgénero que recibieron el diagnóstico de infección por el VIH no tenían un riesgo identificado ni reportado. Se necesita hacer más investigación para entender los comportamientos de riesgo relacionados con el VIH entre los hombres transgénero, en particular en aquellos que tienen relaciones sexuales con otros hombres.

La falta de conocimiento sobre los temas que afectan a la comunidad transgénero por parte de los proveedores de atención médica puede ser una barrera para las personas transgénero que reciben un diagnóstico de infección por el VIH y que buscan servicios de atención médica y tratamiento de calidad. Pocos proveedores de atención médica reciben una capacitación adecuada o tienen conocimiento sobre los temas de salud relacionados con las personas transgénero y sus necesidades específicas. Esto puede llevar a que tengan un acceso limitado a la atención médica y experiencias de atención médica negativas.
• **Las mujeres y los hombres transgénero podrían no participar plenamente en la atención médica.** En un estudio de hombres transgénero que tenían el VIH y recibían atención médica, el 60 % había mantenido una carga viral indetectable durante los 12 meses anteriores. En un estudio del 2015 se halló que el 50.8 % de las mujeres transgénero que recibían atención médica había mantenido una carga viral indetectable durante los 12 meses anteriores. Tomar los medicamentos para el VIH según las indicaciones de la receta y mantener una carga viral indetectable (o mantener la supresión viral) es lo mejor que las personas que tienen el VIH pueden hacer para mantenerse sanas y proteger a sus parejas sexuales. Las personas que tienen el VIH y mantienen una carga viral indetectable no tienen efectivamente ningún riesgo de transmitir el VIH a una pareja VIH negativa a través de las relaciones sexuales.

• **Los jóvenes transgénero y de otros géneros minoritarios son un grupo en riesgo que no se ha estudiado lo suficiente en relación con la prevención del VIH (por ejemplo, la PrEP) y su tratamiento.** Pero un estudio de jóvenes transgénero encontró que la afirmación de género médica y el estigma en la atención del VIH fueron asociados de manera independiente a altas probabilidades de faltar a citas de atención médica para el VIH.

• **Los datos específicos sobre las personas transgénero son limitados.** Algunas agencias federales, estatales y locales no recogen ni tienen datos completos sobre las personas transgénero. El uso del método de recolección de datos de dos pasos, que incluye preguntas sobre el sexo asignado al nacer y la identidad de género actual, puede ayudar a aumentar la probabilidad de que las personas transgénero sean identificadas correctamente en los programas de vigilancia del VIH. Tener datos precisos sobre la cantidad de personas que son transgénero puede llevar a medidas de salud pública más eficaces.

**Qué están haciendo los CDC**

Los CDC y sus colaboradores están buscando un enfoque de **prevención de alto impacto** para maximizar la eficacia de los métodos actuales de prevención del VIH en las personas transgénero. Las actividades de los CDC incluyen lo siguiente:

• En el 2017, los CDC **otorgaron** cerca de 11 millones de dólares anuales, por 5 años, a 30 organizaciones comunitarias para que proporcioneen pruebas del VIH a hombres jóvenes gais y bisexuales de color, y a jóvenes transgénero de color, con la meta de identificar las infecciones por el VIH no diagnosticadas y vincular a los que tengan el VIH a servicios de prevención y atención médica.
• Como parte de su Compendio de intervenciones basadas en la evidencia y mejores prácticas para la prevención del VIH, los CDC identificaron recientemente al Programa de Intervención sobre el VIH para Parejas [PDF – 988 KB] como una intervención basada en la evidencia que se centra en las mujeres transgénero y sus parejas cismógeno masculinas principales. Las metas de la intervención son reducir los comportamientos de riesgo de infección por el VIH, mejorar la comunicación en la relación y mejorar la dinámica interpersonal de la pareja.

• Los CDC respaldan los proyectos de demostración de los departamentos de salud que provean servicios de apoyo para la profilaxis preexposición (PrEP) y realicen actividades de traducción de datos en atención médica (data-to-care) teniendo como prioridad a los hombres gais y bisexuales y las personas transgénero que estén en gran riesgo de contraer el VIH, particularmente, aquellos de color.

• Los CDC están realizando una actividad nacional de vigilancia sobre comportamientos relacionados con el VIH entre mujeres transgénero en la que se usarán los métodos del Sistema Nacional de Vigilancia del Comportamiento Relacionado con el VIH (NHBS) para hacer entrevistas conductuales y pruebas de detección del VIH entre mujeres transgénero en 10 centros del NHBS.

• Los CDC proporcionan apoyo y asistencia técnica a departamentos de salud, organizaciones comunitarias y proveedores, para que respalden las intervenciones para personas transgénero (p. ej., distribución de condones, movilización de la comunidad, pruebas del VIH, e integración de servicios y redes de remisión coordinadas).

• A través de su iniciativa de asistencia para la creación de capacidad, los CDC están trabajando con el Centro de Excelencia para la Salud de Personas Transgénero para apoyar el Día Nacional de la Prueba del VIH de Personas Transgénero. Este día promueve la realización de la prueba del VIH y los esfuerzos de prevención y tratamiento del VIH entre personas transgénero.
• Los CDC elaboraron materiales de comunicación para llegar a las personas transgénero por medio de su serie de campañas Detengamos Juntos el VIH (antes llamada Actúa contra el SIDA). Las campañas Detengamos Juntos el VIH tienen como meta ponerle fin al estigma asociado al VIH y promover las pruebas de detección, la prevención y el tratamiento del VIH. Los materiales sobre el estigma incluyen historias y temas relevantes para las personas transgénero, como los que se presentan a continuación:
  
  o **Transformar la salud**, que aborda maneras de reducir nuevas infecciones por el VIH entre las personas transgénero, especialmente mujeres transgénero de color, y de mejorar la salud de las personas transgénero que tienen el VIH.
  
  o **Lo estoy haciendo/Lo prueba del VIH**, que alienta a todos los adultos a hacerse la prueba del VIH y saber si tienen el virus, e incluye imágenes y videos con testimonios de líderes transgénero.
  
  o **El tratamiento del VIH es efectivo**, que alienta a las personas con el VIH a seguir recibiendo atención médica y muestra historias de mujeres transgénero que tienen el VIH y se mantienen sanas.
  
  o **Inicia la conversación. Detén el VIH**, que ayuda a los hombres gais y bisexuales, cisgénero y transgénero, a comunicarse sobre las relaciones sexuales más seguras, la prueba del VIH y otros temas relacionados con la prevención de la infección por el VIH.

\(^a\) Incluye a los 50 estados y el Distrito de Columbia.

\(^b\) Estos datos podrían subestimar la cantidad de diagnósticos de infección por el VIH entre las personas transgénero debido a las dificultades para identificar y reportar de forma precisa la identidad de género en la vigilancia del VIH.

\(^c\) Incluye a 45 estados y el Distrito de Columbia.

\(^d\) Incluye a Alabama, Arkansas, Carolina del Norte, Carolina del Sur, Delaware, el Distrito de Columbia, Florida, Georgia, Kentucky, Luisiana, Maryland, Misisipi, Oklahoma, Tennessee, Texas, Virginia y Virginia Occidental.

\(^e\) *De raza negra* se refiere a las personas que tienen sus orígenes en alguno de los grupos raciales negros de África, incluidos los inmigrantes del Caribe, Sudamérica y América Latina. *Afroamericano* es un término que a menudo se usa para referirse a los estadounidenses de ascendencia africana que tienen ancestros en América del Norte. Las personas podrían identificarse con uno de los términos, con ambos o elegir una identidad totalmente diferente.

\(^f\) Las hispanas o latinas pueden ser de cualquier raza.
La estimación para las mujeres transgénero en general incluye las infecciones confirmadas en laboratorio solamente. Las estimaciones por raza o grupo étnico incluyen las infecciones confirmadas en laboratorio y las infecciones autonotificadas.

Un evento de pruebas del VIH constituye una o más pruebas del VIH que se le hacen a una persona para determinar si tiene el virus. En un evento de pruebas, se le puede hacer a la persona una o varias pruebas.

Falta información con respecto a cómo la cirugía de reasignación de sexo, como la vaginoplastia, la metoidioplastia o la faloplastia, por ejemplo, podría aumentar o disminuir el riesgo de transmisión del VIH.

Es importante evitar las suposiciones con respecto al tipo de actividad sexual que tienen las personas transgénero o a cómo se podrían referir a las partes de su cuerpo.

Para obtener más información, consulte el sitio web de los CDC sobre la salud de la comunidad lesbiana, gay, bisexual y transgénero.
HIV and Transgender Communities

Strengthening Prevention and Care

Nearly 1 million people in the United States identify as transgender. Transgender people, particularly transgender women, are at high risk for HIV infection. In fact, evidence suggests that in relation to their population size, transgender women are among the groups most affected by HIV in the U.S.

HIV prevention for transgender people is a core priority of the National HIV/AIDS Strategy. As part of its High-Impact Prevention approach, CDC is working with public health partners, other federal agencies, and community leaders to address key gaps in HIV prevention and care for transgender people nationwide.

What the Available Data Tell Us

HIV Prevalence

To estimate the percentage of transgender people living with HIV in the U.S., or HIV prevalence, CDC scientists recently conducted a meta-analysis of 88 studies published from 2006-2017. This analysis is important because there are limited HIV surveillance data for transgender populations (see sidebar).

The analysis confirmed that transgender women and men are disproportionately affected by HIV. Laboratory-confirmed HIV prevalence was 14.1% for transgender women, 3.2% for transgender men, and 9.2% for transgender people overall. By comparison, estimated HIV prevalence for U.S. adults overall is less than 0.5%.

The analysis also showed that transgender women of color are at particularly high risk. Mean HIV prevalence was 44.2% among African American transgender women and 25.8% among Hispanic/Latina transgender women, compared to 6.7% among white transgender women. Not enough data were available to examine HIV prevalence by race/ethnicity for transgender men.

While the results of this analysis are useful, they should be interpreted with caution, in part because transgender people at high risk of HIV may have been overrepresented in the studies that comprised the review.

Improving Data on HIV Among Transgender Populations

In recent years, CDC has taken steps to improve the quantity and quality of data on HIV among transgender populations.

Accurate, timely data are critical for designing, targeting, and evaluating HIV prevention programs. But since the beginning of the epidemic, there has been limited national information on the impact of the HIV infection among transgender populations. In large part, this is because there has been no reliable system for collecting and sharing both sex and gender identity information in health records.

To help address these gaps, CDC has:

- Revised the data fields used in CDC’s National HIV Surveillance System (NHSS) to better account for sex and gender identity
- Issued recommendations and statistical tools for health departments to collect information on current gender identity and report these data to the NHSS
- Informed healthcare providers about the importance of collecting complete data on sex and gender identity
- Analyzed data on HIV testing among transgender people through CDC’s Behavioral Risk Factor Surveillance System
- Funded health departments to study behavioral risk factors for HIV, testing behaviors, and the use of prevention services among transgender women through CDC’s National HIV Behavioral Surveillance system

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HIV Diagnoses

Although data on HIV diagnoses – the number of people who received an HIV diagnosis in a given time period – are incomplete for transgender people (see sidebar on page 1), CDC recently published an analysis of available data for 2009-2014.6 The analysis shows that of the 2,351 transgender people with a reported HIV diagnosis during that timeframe:

- 84% were transgender women, 15.4% were transgender men, and 0.7% had another gender identity
- More than half of transgender women (50.8%) and men (58.4%) were African American
- 72.6% of transgender women and 53.5% of transgender men had their infection diagnosed between the ages of 13 and 34
- 43% of transgender women and 54% of transgender men lived in the southern U.S.

Why Transgender People Are at Increased Risk

- Many transgender people face stigma, discrimination, social rejection, and exclusion that can prevent them from accessing health care, education, employment, and housing. They also experience high rates of incarceration, mental health issues and violence. A recent CDC study found that of the nearly 2% of high school students who identify as transgender, 35% have been bullied at school, and 35% have attempted suicide. These factors affect the health and well-being of transgender people, placing them at increased risk for HIV.7,8,9,10

- Several behavioral factors, which often serve as a way for transgender people to cope with stigma and discrimination, put them at risk for HIV. These include elevated rates of injecting hormones or drugs, anal sex without condoms or medicines to prevent HIV, and commercial sex work.11,12

- Insensitivity to transgender issues by health care providers can be a barrier for transgender people with HIV who are seeking quality treatment and care services. Few health care providers receive proper training or are knowledgeable about transgender health issues and their unique needs. This can lead to limited health care access and negative health care encounters.13

- The effectiveness of HIV behavioral interventions, developed for other at-risk groups and adapted for use with transgender people, is understudied. According to a 2017 study, most existing interventions target behavior change among transgender women, with only one HIV prevention program evaluated for transgender men. Evidence-based multilevel interventions that address the structural, biomedical, and behavioral risks for HIV among transgender populations, including transgender men, are needed to address disparities in HIV prevalence.14

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Key Term | Definition
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Gender Expression | The way a person acts, dresses, speaks, and behaves (i.e., feminine, masculine, androgynous). Gender expression does not necessarily correspond to listed sex at birth or gender identity.
Gender Identity | A person’s internal sense of being a man/male, woman/female, both, neither, or another gender.
Transgender | Describes a person whose gender identity and assigned sex at birth do not correspond. Transgender is also used as an umbrella term to include gender identities outside of male and female.
Cisgender | Describes a person whose gender identity and assigned sex at birth correspond (i.e., a person who is not transgender).

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10 De Santis, JP. 362-372.
13 De Santis, JP. 362-372.
Transgender women and men might not be sufficiently reached by current HIV testing measures. Tailoring HIV testing activities to overcome the unique barriers faced by transgender women and men might increase rates of testing among these populations.15

CDC’s Support for Transgender-Specific HIV Prevention

CDC is collaborating with many partners to intensify HIV prevention efforts for transgender people and build the base of evidence needed to improve programs and track progress.

Delivering High-Impact Prevention

Transgender people are a priority for CDC’s major HIV prevention funding programs, including funding to state and local health departments and community-based organizations (CBOs). CDC is providing 30 CBOs with targeted funding of nearly $11 million per year over five years to support HIV testing, linkage to care and prevention services for transgender youth of color and young gay and bisexual men of color.

Transgender people are also a priority population for CDC’s health department demonstration projects designed to expand two HIV prevention strategies: pre-exposure prophylaxis (PrEP), a daily medicine that can significantly reduce the risk of HIV infection, and Data to Care, an approach that uses routinely collected HIV surveillance data to identify people with diagnosed HIV who are not receiving care and link them to it.

In addition, CDC funds a national network of capacity-building providers that help health departments and CBOs provide culturally relevant programs, services and interventions for transgender people.

As part of its Transforming Health resource, CDC addresses ways healthcare providers can help high-risk transgender people prevent HIV, improve care for transgender people with HIV, and make clinical environments more welcoming to transgender patients.

Advancing HIV Prevention Research

While a number of prevention programs have been adapted for use with transgender populations, to date, few have been tested and proven effective. To address this gap, CDC is working with partners to develop new prevention programs, adapt existing ones, and rigorously assess their impact on HIV risk behaviors and transmission. For example:

- As part of its Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention, CDC recently included the Couples HIV Intervention Program – which focuses on reducing HIV risk behaviors among transgender women and their primary cisgender male partners.

- CDC is supporting CBOs in Atlanta and Chicago to pilot Transgender Women Involved in Strategies for Transformation (TWIST), a peer-led educational intervention that seeks to reduce HIV transmission risk behaviors and sexually transmitted diseases among transgender women with HIV. TWIST was developed in collaboration with transgender women and was adapted from an existing HIV intervention focused on cisgender women.

- CDC is studying two locally-developed or adapted interventions that are designed to deliver a combination of HIV prevention and other support services to transgender people who have sex with men and who are at high risk of HIV infection. These interventions are a combination of mutually reinforcing biomedical, behavioral, and social/structural intervention components that together, have the potential to reduce participants’ risks for acquiring HIV.

Raising Awareness, Engaging Communities

Well-designed awareness campaigns can help people better understand their level of risk for HIV and encourage them to take steps to protect themselves, get tested, and seek out care and treatment. Several of CDC’s social marketing campaigns include materials and activities that are specifically tailored to transgender communities:

• **Doing It**, which encourages all adults to get tested for HIV and know their status, and includes images and testimonial videos featuring transgender leaders

• **HIV Treatment Works**, which encourages people with HIV to stay in care and features stories of transgender women

• **Let’s Stop HIV Together**, which raises awareness about HIV and fights stigma, and includes stories of transgender women

• **Start Talking. Stop HIV.**, which helps gay and bisexual, cisgender and transgender men communicate about safer sex, testing, and other prevention issues

CDC is also working with the Center of Excellence for Transgender Health to support National Transgender HIV Testing Day, which promotes HIV testing, prevention, and treatment efforts among transgender people.

Need for Collective Action

Despite significant challenges, there is much that can be done today to address key gaps in HIV prevention and care for transgender people. CDC plays a critical role, and action is also needed from many other partners, including other federal agencies, state and local governments, CBOs, community leaders, and healthcare providers.

Closing today’s data gaps will require diligence by healthcare providers and health departments in collecting, compiling, and reporting data on sex and gender identity. Researchers and their institutions should conduct additional research to expand the body of evidence on effective strategies to reduce HIV infections and improve health outcomes for transgender individuals with HIV.

Today, there is great potential to address the HIV prevention and healthcare needs of transgender people. CDC will continue working with partners to ensure that transgender people can access the HIV prevention and care they need to remain healthy.

For More Information:
Call 1-800-CDC-INFO (232-4636)
Visit www.cdc.gov/hiv
Transgender people face multiple obstacles that may affect their ability to stay healthy and put them at risk for getting or transmitting HIV. The Transfoming Health: Patient-Centered HIV Prevention and Care website contains information and materials for health care providers, whole-care teams, social service providers, and transgender people, with the goal of reducing new HIV infections and improving the health of transgender people.

Expanding culturally appropriate, focused HIV testing efforts is one key step to eliminating these disparities and reducing HIV's impact on transgender communities. Everyone with HIV benefits from getting a diagnosis as early as possible and starting treatment right away. People with HIV who take antiretroviral therapy as prescribed and stay virally suppressed can live long, healthy lives and have effectively no risk of sexually transmitting HIV to partners. For people at risk of getting HIV but who do not have the virus, testing can be the door to effective prevention options like pre-exposure prophylaxis (PrEP).

Many transgender people face obstacles that make it harder to access HIV services—such as stigma and discrimination, inadequate employment or housing, and limited access to welcoming, supportive health care. Addressing these barriers is essential to the health and well-being of transgender people.

The Centers for Disease Control and Prevention (CDC) is committed to working with health care providers to make sure all transgender people can get the tools they need to prevent HIV and stay healthy if they have HIV. Transforming Health gives providers tools for delivering patient-centered HIV care for all transgender patients.
*Estimates for transgender women overall and transgender men include laboratory-confirmed infections only. Estimates by race/ethnicity include laboratory-confirmed and self-reported infections.
Transgender people, HIV and AIDS

KEY POINTS:

- Transgender people are 49 times more at risk of living with HIV compared to the general population.
- Transgender people often face social and legal exclusion, economic vulnerability, and are at an increased risk of experiencing violence. Disempowerment and low self-esteem make transgender women, in particular, less likely or less able, to negotiate condom use.
- HIV-related stigma and transphobia create barriers to the access of HIV testing and treatment services by transgender people.
- More targeted prevention approaches are needed in combination with increased welfare and employment opportunities to address the specific needs of transgender people.

Explore this page to find out more about why transgender people are at risk of HIV, HIV prevention for transgender people and successful prevention programmes, access to HIV testing and antiretroviral treatment, barriers to HIV treatment and the way forward.

Transgender people are one of the groups most affected by the HIV epidemic and are 49 times more likely to be living with HIV than the general population.1 Globally, it is estimated that around 19% of transgender women are living with HIV.2 Data from Latin America and
the Caribbean show that HIV prevalence is much higher among transgender women sex workers than among non-transgender male and female sex workers.3

There are an estimated 25 million transgender people living around the world.4 The term transgender refers to people whose gender identity and expression are different to social expectations of their biological sex at birth. They may see themselves as male, female, gender non-conformist, or one of a spectrum other genders. Transgender people have diverse sexual orientation and behaviours.

Generally, HIV prevalence among transgender women (people who are assigned male at birth but identify as being women) is higher than transgender men (people who are assigned female at birth but identify as being men). However, very little is known about transgender men and their vulnerability to HIV.

**What puts transgender people at risk of HIV?**

**Social, economic and legal exclusion**

Across the world transgender people experience high levels of stigma, discrimination, gender-based violence and abuse, marginalisation and social exclusion. This makes them less likely or able to access services, damages their health and wellbeing, and puts them at higher risk of HIV.

Overlapping social, cultural, legal and economic factors contribute to pushing transgender people to society's margins. Transgender people are more likely to have dropped out of education, had to move away from family and friends, and faced workplace discrimination, limiting their educational and economic opportunities. They can encounter problems accessing basic goods and services and even public spaces. These challenges are exacerbated by a lack of legal recognition of their gender and the absence of anti-discrimination laws that explicitly include transgender people.5 According to UNAIDS 17 out of 117 reporting countries had laws that criminalised transgender people.6

**Sex work**

Social exclusion, economic vulnerability and a lack of employment opportunities means that sex work is often the most viable form of income available to transgender people, and a high proportion of transgender people engage in sex work. For example, the proportion of transgender people who sell sex is estimated to be up to 90% in India, 84% in Malaysia, 81% in Indonesia, 47% in El Salvador and 36% in Cambodia.7
HIV prevalence among transgender sex workers is as high as 32% in Ecuador and Panama compared to just 0.4% and 0.6% respectively among the general population. A 2008 systematic review showed that global HIV prevalence among transgender people who engaged in sex work was 27%, compared to 15% among transgender people who did not sell sex.

Data suggests that HIV prevalence is up to nine times higher for transgender sex workers compared to non-transgender female sex workers.

Knowledge and reported use of condoms is generally low among transgender sex workers. In Asia and the Pacific, only 50% of transgender sex workers are aware of HIV and HIV testing, and only 50% reported using condoms consistently with clients and casual partners.

In addition, the high costs associated with transition healthcare can put extra pressure on transgender people to make money. Sex workers sometimes get paid more for unprotected sex, and often feel under pressure not to use a condom, which makes them highly vulnerable to HIV.

**High-risk sex**

There are high rates of unprotected anal sex among transgender women, which carries a high risk of HIV transmission. Several factors contribute to this. Stigma and discrimination, leading to low self-esteem and disempowerment, can make it harder for transgender people to insist on condom use.

In many settings, condom use is often controlled by the insertive sexual partner, so many transgender women who have sex with men can feel unable to instigate condom use. Gender-changing hormones, which some transgender women use, can lead to erectile dysfunction, increasing the likelihood of taking the receptive role during sex.

There are other social factors that make transgender people more likely to engage in high-risk sex. Studies have shown that some transgender people who want to affirm their gender identity through sex, or who fear rejection from sexual partners can be more likely to agree to unprotected sex.

The stress of social isolation may also lead to a much higher rate of drug and alcohol use among transgender people that can affect their judgement of risk and make them less likely to use condoms.

**Injecting hormones**
It is common for transgender people to obtain injectable hormones, the most common form of gender enhancement, and carry out the injecting themselves. Without counselling on safe injecting practices, people going through this process may be very vulnerable to HIV transmission because of the risk of sharing needles with others.\(^\text{18}\)

### HIV prevention for transgender people

Transgender people can have very diverse HIV prevention needs. Targeted prevention approaches that respond to the specific needs of individuals are essential to reducing HIV infections. In addition, prevention initiatives that empower transgender people and enable them to take the lead in meeting the needs of their own community are the most effective.\(^\text{19}\)

Sexual health care for transgender people is often inadequate, with many policy makers and service providers failing to address the needs of transgender women as a population distinct from men who have sex with men.\(^\text{20}\) Only 39\% of countries in 2014 had specific programmes targeting transgender people in their national HIV strategies.\(^\text{21}\)

![Percentage of countries addressing transgender people in their national HIV strategies, 2014](image)


India is one country where HIV services have been successfully targeted at transgender people – reaching an estimated 83\% of the transgender population. They have also made marked steps in officially recognising transgender people, also called Hijras, as a third gender. This means that local authorities need to ensure that they have health and social programmes that meet the needs of Hijras and has given them the right to vote.\(^\text{22}\)
Providing welfare, employment initiatives and housing can help address the factors that make transgender people more likely to engage in high-risk sex. Services for other needs should also be provided, such as mental health counselling and support for a sex change operation.

More broadly, policies that affect the lives of transgender people should be gender affirming, aiming to support transgender people to live congruent with their gender identity. Health workers, particularly primary care providers, need sufficient training to understand and respond to the complex health and rights needs of transgender people.

**Successful HIV prevention programmes for transgender people**

**Case Study: Community-led services in Thailand**

In 2015, the LINKAGES project which works with transgender women as well as men who have sex with men in four high-prevalence provinces of Thailand, introduced a number of innovative approaches to improve HIV testing, care and treatment services.

A social network recruitment process means community-based project workers conduct structured outreach focused on individuals at highest risk. Clients are offered monetary incentives to act as peer mobilisers and asked to recruit and refer their friends and sexual partners for rapid HIV testing at community-led drop-in HIV service centres.

People who test positive are provided with point-of-care CD4 testing and referred for immediate treatment initiation, with ongoing support and follow-up. People who test negative but are at high risk of infection can access free pre-exposure prophylaxis, and are contacted regularly for repeat HIV testing.

A mobile data-collection platform, eCascade, links outreach activities to community-based HIV testing and clinics providing ART. This platform means referrals can be tracked across services in real time, allowing programme staff to respond to client drop-out, adapt outreach approaches to target efforts where they are needed, and follow-up with clients via SMS messaging.

Programme data from the first nine months of implementation in the city of Chiang Mai shows:

- significantly higher rates of HIV testing uptake (77%) compared with traditional group-based outreach (31%)
- higher uptake of HIV test (94%) compared to those reached with traditional “hot-spot” recruitment (54%)
- among clients who tested positive for HIV, those reached via social network recruitment were more likely to initiate ART (77% compared with 38%).
Case study: Community empowerment helps HIV prevention services reach thousands of transgender people in India

In India, national HIV prevalence is 0.31%, whereas HIV prevalence among the transgender community is estimated to be 8.2%. A range of social, economic and legal factors contribute to the increased risk of HIV faced by transgender people who are marginalised and often lack access to health and other basic services.

The Pehchan project works with transgender people across 18 Indian states to increase their access to health, social and legal services. Pehchan incorporates true community involvement at all programme stages and works with community-based organisations (CBOs) to empower individuals through gender-affirming activities.

Pehchan undertakes three types of activities:
• improving organisational and technical capacity of CBOs working with transgender communities
• supporting CBO's in providing community-based HIV prevention and linking people to medical care and treatment
• creating a supportive environment for transgender communities by facilitating access to wider social, legal and health services.

The programme, which began in October 2010, has helped 200 CBOs to provide tailored HIV services to transgender communities. By August 2015 the programme had reached more than 433,000 people, 60% of whom had never been reached by HIV prevention services before.

By involving transgender people at every level, the programme succeeded in targeting these hard to reach communities. Transgender people were recruited as staff across the organisation, the communities were engaged in technical areas alongside experts and a community advisory board was set up to provide ongoing feedback.

Case study: Linking transgender people to tailored health and human rights services, El Salvador

El Salvador is estimated to have over 2,000 transgender people – more than a quarter of whom live in the capital city, San Salvador. They are one of the country's most stigmatised groups, and are regularly subject to human rights violations, including hate crimes. Nearly half of the transgender women in San Salvador report that their main income is from selling sex, and HIV prevalence among transgender women in the city is estimated at 16.2% compared to less than 1% among the general population.

In 2014, El Salvador's Ministry of Health partnered with NGO, Plan International, to reduce the rate of new HIV infections among transgender people and other key affected populations. Three comprehensive prevention community centres were established. Run by peers, the centres provide basic HIV prevention and healthcare services tailored to the
specific needs of transgender people. These include general medical and mental health services, HIV testing and counselling (HTC), as well as information on correct and consistent condom and lubricant use. In addition, mobile teams provide HTC in areas with high numbers of transgender people.30

About one quarter of San Salvador’s transgender population were reached with a basic HIV prevention package during the first six months of 2015. VICITS have also strengthened the efforts of transgender women in San Salvador to claim recognition as a group distinct from men who have sex with men.31

Access to HIV testing and antiretroviral treatment for transgender people

Generally, data on transgender access to HIV treatment and testing services is scarce. One study of people living with HIV in the United States of America (USA) found that only 59% of transgender participants, compared to 82% of those with a birth-assigned gender, were accessing antiretroviral treatment (ART).32

HIV-related stigma creates barriers to getting tested for many transgender people. In a study in the USA, 73% of transgender women who tested HIV-positive had been unaware of their status.33

As with access to HIV prevention advice, transgender people may delay seeking testing and treatment due to transphobia and insensitivity among healthcare professionals.34

Yes I tested and was not of the best as the person who pricked me urged me to change my life, as I being like I am is immoral, she said.

- Transgender person, South Africa 35

Depression and isolation are often associated with poor adherence to HIV treatment. A lack of supportive relationships can affect important aspects of living healthily with HIV, such as remembering to take medication. One study found that transgender people living with HIV were less likely to report adherence to treatment of above 90% compared to patients who weren’t transgender.36 The study found that many transgender people found it difficult to take regular medication alongside other treatments such as hormone therapy.

Barriers to HIV prevention for transgender people

Social exclusion

Transgender people will often experience social exclusion and marginalisation in the society that they live and, critically, from family and friends. In Latin America, between 44% and 70%
of transgender woman were either thrown out, or felt the need to leave their homes. In the Philippines, paternal rejection during transitioning of transgender women is reported to be as high as 40%.37

This exclusion can affect people's self-esteem and self-worth, contributing to depression, anxiety, substance abuse and self-harm.38 In a national study of transgender people in the USA, 41% of participants reported attempting suicide, compared with 1.6% of the general population. A national Australian study found that 56% of transgender people had been diagnosed with depression at some point in their lives, four times the rate for the general population. The study found that 38% had been diagnosed with anxiety, around 50% higher than the background rate.39

Lack of social safety nets also make transgender people particularly vulnerable to economic instability and homelessness. A survey from the USA found that unemployment rates for transgender people were twice the national average.40

General isolation and social exclusion affect access to treatment. Transgender people can be afraid to get tested if they don't have a strong support network to help them cope:

No, I won't test. Who will take care of me when I test positive? I have no-one.

Lack of recognition of gender identity

Many countries do not legally recognise the gender of transgender people, meaning they often lack official identification, passports and travel rights, welfare entitlements and the right to marry.42 They may also find it difficult to access education and employment. For transgender women facing criminal prosecution, incarceration with male inmates can also put them at risk of sexual assault.43

Healthcare system discrimination

Barriers to accessing ART among HIV-positive transgender people are well-documented.44 45

Discrimination from healthcare providers, a lack of knowledge about transgender needs and the refusal of many national health systems or health insurance providers to cover their care all contribute to situations where it is difficult for transgender people to receive adequate treatment. This can also encourage discrimination within healthcare services, making it hard to access sexual health services.

Nine out of ten trans people do not consult doctors even in case of serious illness, because of the mistreatment they know they will face in health services.
Transgender peoples’ access to health care is further complicated by the fact that their experiences have been classified as a mental disorder, meaning they must accept this stigmatised diagnosis when accessing health services. The World Health Organization (WHO) has proposed that references to transgender people in their health diagnosis literature be placed in a chapter called ‘conditions relating to sexual health’ and removed from the list of mental disorders. This has been welcomed by the global transgender community, clinicians and researchers. 47

Punitive laws

According to UNAIDS 17 out of 117 reporting countries had laws that criminalised transgender people.48 A further 19 countries and territories criminalised and/or prosecuted crossdressing.49 Such punitive measures hinder transgender people’s ability to access information about HIV risk and prevention.

The criminalisation of same-sex sexual activity, which as of May 2016 was still in place in 73 countries, can also affect transgender people. For example, if a transgender woman is legally recognised as a man because she was assigned male at birth, sex with a birth-assigned man would be illegal. She may risk prosecution if she discusses her own sexual history with a healthcare professional.50

Laws such as these can legitimise acts of stigma, discrimination and violence against individuals.51 This can put transgender people at a greater risk of sexual abuse and violence, and HIV infection.52

In some cases, police shut down organisations that provide HIV prevention services on the basis that these services aid illicit activity such as sex work.53 In addition, most countries do not have laws that will criminalise acts of discrimination towards transgender people.

Violence and transphobia

Violence towards transgender people is widespread and has been increasingly reported. 54 Between 2009 and 2016 there were 2,115 documented killings of transgender people worldwide.55 The actual number is likely to be even greater.

Nearly 80% of all killings of transgender people took place in Latin America. In one local transgender community-based organisation in Honduras, Colectivo Unidad Color Rosa, six out of seven members were murdered.56

Many transgender people feel unable to approach law enforcement about the issue. Between 2005 and 2012 in Colombia, 60 transgender women were murdered, and not one person was imprisoned as a result.57 This is compounded by the fact that in many places members of the police often perpetrate violence against this community.
Altogether I have been shot nine times. There are witnesses but they are also afraid to make a statement. I myself have witnessed many other police attacks but I’m also afraid to report them. This is what the police call “social cleansing”. According to them, it’s because there are lots of complaints against transgender women doing sex work.

Non-lethal violence against transgender people is also widespread. A national study in the USA found that 35% of five to 18 year olds who identified as transgender experienced physical violence, and 12% were victims of sexual violence. In the same study, 7% of transgender adults had been physically assaulted at work, and 6% sexually assaulted.59

**The way forward**

There is a critical lack of data and limited funding for, and research about, transgender people and what drives their vulnerability to HIV.60

More effort is needed by researchers, governments and NGOs to collaborate to find ways to combat HIV among transgender communities – particularly in places where their legal rights are not respected. Initiatives should be developed in partnership with transgender communities, and should link health with advocacy, social justice, and human rights.61

It is vital that transgender people around the world are informed about safer sex and how to protect themselves from HIV, however, until their rights are protected by law and respected by society they will continue to be vulnerable to HIV. Interventions that have focused exclusively on sexual health have not achieved expected results as they failed to address the social exclusion that leads to high-risk behaviours.62

As well as protection by law, transgender people need better access to housing, employment and education if they are not to be driven towards high-risk behaviour.63 They must be able to access transgender-specific healthcare services and sexual health information, free from fear of criminalisation and discrimination.