

# HIV AND TRANSGENDER PEOPLE

## OVERVIEW

Transgender people are disproportionately affected by HIV. Annual numbers of new HIV infections among transgender women increased by 3% from 2010 to 2022 (1). Transgender women are at increased risk of HIV infection compared with the rest of the adult population. In 2022, the relative risk of acquiring HIV was 20 times higher for transgender women than for people in the wider population globally, a significant increase from the 11 times higher risk in 2010.

Median HIV prevention coverage (receiving at least two prevention services) among transgender people is below the 2025 targets of 95% in almost all regions<sup>1</sup>. Recent country reports indicate that coverage of transgender people during the past three months ranged from 28% in eastern and southern Africa (one reporting country) to 100% in Latin America (one reporting country).

Criminalization of transgender people, stigma and discrimination, and violence based on gender identity or expression create significant barriers to achieving social justice and equality for transgender people,

<sup>1</sup> Unless otherwise specified, the source for all quantitative data is UNAIDS Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>) or UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

and to ensuring health for all through access and uptake of HIV services. Structural factors, including transphobia, result in discrimination, which leads to limited work opportunities, reduced access to health-care services, legal barriers, and mental health challenges. These factors also influence behavioural risk factors, including condomless sex, unsafe sex work, and sharing needles for hormone injections or drug use, leading to substantial inequalities in HIV outcomes. Gender-affirming care has been shown to improve antiretroviral therapy adherence, viral load suppression achievement, and HIV prevention in transgender people (2, 3).

## KEY MESSAGES

- Transgender people bear some of the highest measured burdens of HIV, but many programmes fail to address or even recognize the presence of transgender people among their populations. These challenges are even more profound among young transgender people, making them more vulnerable to HIV than their peers and older transgender people. The increased risk stems from a combination of individual, structural and societal factors, including lack of information, misconceptions about risk, inconsistent condom use, higher rates of drug and alcohol use, and greater exposure to stigma, discrimination, transphobia, social exclusion, family rejection, homelessness, and physical and sexual violence (4, 5).
- National responses should align their prevention programmes to address the distribution of new HIV infections among people from key populations, including transgender people. Effective and tailored HIV prevention, testing and treatment services for transgender and gender diverse people and younger subpopulation cohorts within these groups need to be scaled up to support their health, rights and well-being, and to achieve sustained declines in HIV transmission and testing and treatment targets.
- Laws that criminalize transgender people drive people away from the support and services that can help them protect their health. Often transgender people experience multiple intersecting forms of discrimination. Transgender people are disproportionately more likely to enter into sex work. Experiences of discrimination and “minority stress” (6–8) lead to a higher rate of drug use among transgender people compared with people in the rest of the population (9). Sex work and drug use are criminalized in the majority of countries and can lead to incarceration. Transgender people may also be criminalized for their gender identity or expression, or be targeted under laws criminalizing same-sex sexual activity or broad vagrancy laws. High levels of criminalization and marginalization mean a disproportionate number of transgender people are in prison, where they are particularly exposed to violence (10). Criminalization, stigma, discrimination and violence combine to increase the risk of acquiring HIV and prevent transgender people living with HIV from engaging effectively in services (11).

- Transgender people are often excluded or inadequately engaged in HIV decision-making in many settings. Of 138 reporting countries, 47 do not engage transgender people in the development of policies, guidelines and strategies affecting their lives. Countries and international development partners need to increase support for network strengthening and capacity-building of transgender-led networks and include them in HIV governance mechanisms at the national, regional and global levels. Transgender-led organizations play a key role in increasing access of transgender and gender diverse people to health, linking them to services or providing community-led HIV services, reaching the most vulnerable and marginalized communities and implementing community-led monitoring.
- It is essential to provide integrated and comprehensive health-care services for transgender people to improve their access to services. In 2023, the state of Sao Paulo in Brazil established 30 new comprehensive health services in 26 cities targeting transgender communities. These services are integrated into a network comprising primary health care, endocrinology, mental health, laboratory and pharmaceutical services, surgical gender transition services, and combined strategies to prevent and diagnose sexually transmitted infections and HIV, including with pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis. This successful Brazilian experience shows how the provision of comprehensive and integrated health-care services to transgender people contributes to reducing their vulnerability to sexually transmitted infections and HIV, and reduces the psychological consequences of exclusion and discrimination. A pilot study of the intervention showed 40% higher retention in care for transgender people engaged in the Trans Amigas programme compared with transgender people not engaged in the programme (12).
- Programmes for people from key populations, including transgender people, are gravely under-resourced. More funds are needed, but they also need to be used more efficiently, prioritizing impactful programmes across all areas of the HIV response, including for structural interventions and community systems strengthening. Increased, more sustained funding for transgender-led organizations to deliver HIV services, advocate for rights, and conduct community-led monitoring and research is needed.

## KEY DATA<sup>2</sup>

### Size estimate

Transgender people remain invisible and unrecognized in many countries. A total of 71 countries have ever reported transgender population size estimates. Of these, only 15 refer to national estimates derived by probabilistic methods within the past five years.

### HIV prevalence

The global median HIV prevalence among transgender people is 9.2% (34 reporting countries), ranging from 0% in Samoa to 58% in South Africa. Two recent studies show that HIV prevalence may be higher in transgender men who have sex with men than people in the general population, although not as high as among cisgender men who have sex with men (13, 14). Only 12 countries have reported data for HIV prevalence among transgender men since 2015, and only nine countries have done so within the past five years.

### HIV Incidence

In 2022, the relative risk of acquiring HIV was 20 times higher for transgender women than for people in the general population globally (1).

### HIV services

Coverage and use of combination HIV prevention among transgender people is low globally, with a reported median of 39% receiving at least two prevention services in the past three months (13 reporting countries).

A total of 82% of transgender people globally either had taken an HIV test and received the results in the past 12 months or had previously tested positive for HIV (33 reporting countries).

Condom use overall is reported to be good among transgender people (69%, 30 reporting countries), but access to PrEP and screening for sexually transmitted infections remains insufficient, with a global median of 17% of transgender people tested for sexually transmitted infections in the past three months (18 reporting countries).

Antiretroviral therapy coverage is low among transgender people surveyed, with a global median of 55% (19 reporting countries), ranging from 5.3% to 100%.

### Laws and policies

As of June 2024, at least 16 countries had punitive laws that criminalized transgender people through laws criminalizing gender identity or expression, such as through laws on cross-dressing (15).<sup>3</sup> In many countries, transgender people are targeted by laws that criminalize same-sex sexual conduct. Transgender rights were strengthened in at least two countries. Spain passed a new law to de-pathologize gender diversity and allow for legal change of gender without surgery. Kuwait repealed a law criminalizing the imitation of the opposite sex. At the same time, however, a number of countries have introduced anti-gender legislation or seen rights protections diminished.

<sup>2</sup> Unless otherwise specified, the source for all quantitative data is UNAIDS Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>) or UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

<sup>3</sup> For additional sources, see references in Laws and Policies scorecard figures in applicable regional factsheets of the Global AIDS Update 2024, [unaids.org](https://unaids.org).

## Stigma and discrimination

A median of 49% of transgender people report having experienced stigma and discrimination in the past six months (eight reporting countries). A median of 10% of transgender people report avoiding using health-care services due to stigma and discrimination in the past 12 months (16 reporting countries).

A study in South Africa found that transgender and gender diverse women anticipated, experienced and internalized stigma related both to their gender identity and to living with HIV. Participants reported inconsistent uptake of antiretroviral therapy services, including treatment initiation and adherence, which they linked to stigma (16).

## Violence

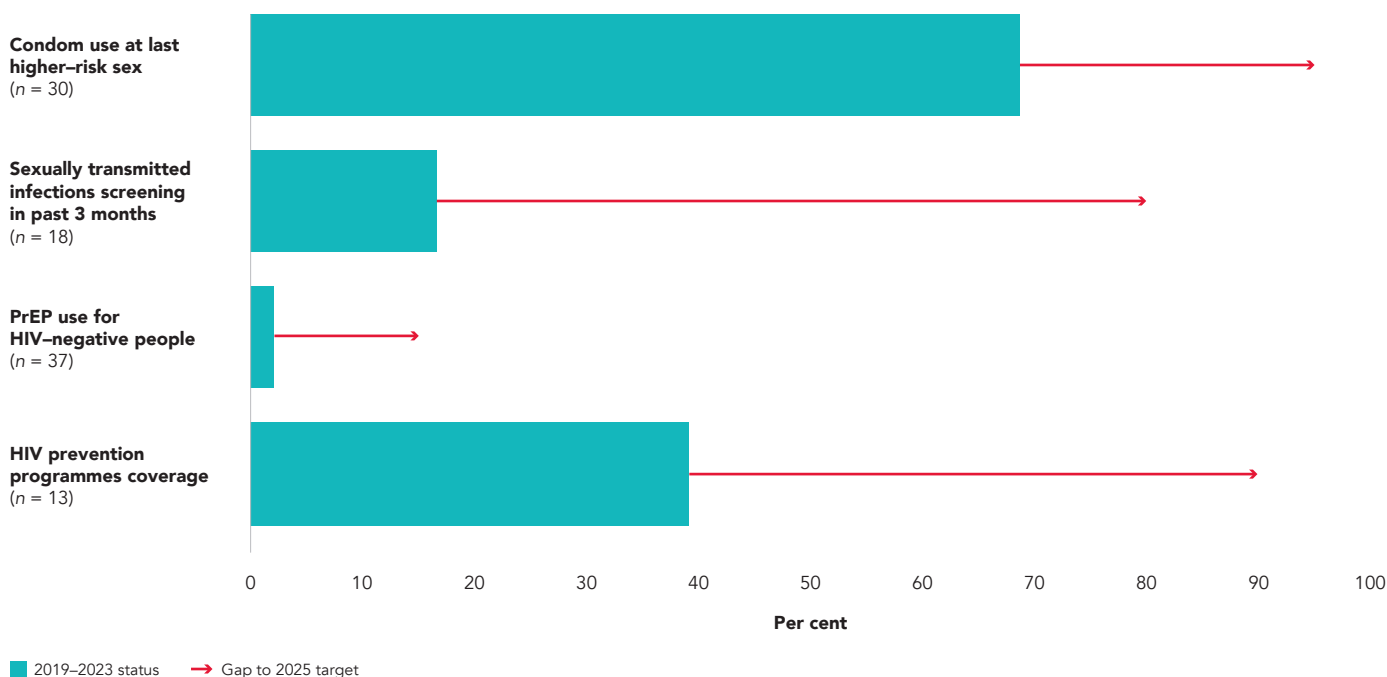
A median of 24% of transgender people experienced violence in the past 12 months, ranging from 6% to 69% (15 reporting countries).

## Sexual and reproductive health and rights services and gender-affirming care

Transgender people have specific sexual and reproductive health needs, but they face transphobia and poor awareness and lack of training among health workers, which often render crucial health services unapproachable. Health-care systems often fail to include reproductive justice and basic sexual and reproductive health and rights services for transgender people (17).

**Figure 1**

Gap to achieve the combination prevention targets among transgender people, by intervention, global, 2019–2023



Source: Global AIDS Monitoring, 2020–2024 (<https://aidsinfo.unaids.org/>); UNAIDS special analysis, 2024.

Note: The methods used are described under the section “Calculation of pre-exposure prophylaxis (PrEP) coverage for HIV-negative people” in the Annex.

The graph shows median coverage among countries reporting, except for PrEP use.

2025 targets are global. Coverage of interventions can be underestimated due to the lack of reporting from some countries.

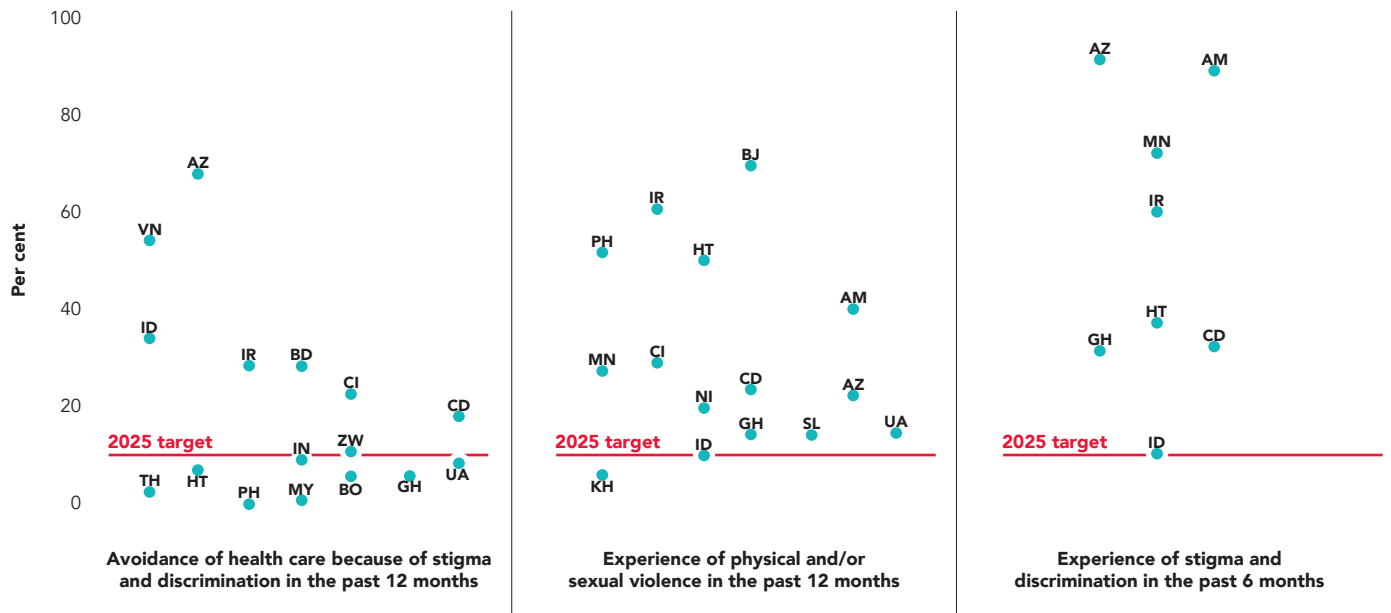
“HIV prevention programmes coverage” refers to people from key populations who reported receiving at least two prevention services in the past three months. Possible prevention services received include condoms and lubricants, counselling on condom use and safer sex and testing for sexually transmitted infections.

Condom use at last high risk sex does not take into account those taking PrEP and therefore can be underestimated.

PrEP targets were calculated based on the number of people who would most benefit from PrEP use, those with greatest vulnerability to HIV exposure within each key population. Reported numbers of PrEP users include all users regardless of vulnerability.

**Figure 2**

Experience of sexual and/or physical violence, stigma and discrimination, and avoidance of health care among transgender people, reporting countries, 2019-2023



- AL: Albania
- AM: Armenia
- AZ: Azerbaijan
- BD: Bangladesh
- BJ: Benin
- BO: Bolivia
- KH: Cambodia
- CA: Canada
- KM: Comoros
- CI: Côte d'Ivoire
- CD: Democratic Republic of the Congo
- GM: Gambia
- GH: Ghana
- HT: Haiti
- IN: India
- ID: Indonesia
- IR: Islamic Republic of Iran
- KG: Kyrgyzstan
- MY: Malaysia
- MN: Mongolia
- ME: Montenegro
- MA: Morocco
- NI: Nicaragua
- PH: Philippines
- PT: Portugal
- MD: Republic of Moldova
- RS: Serbia
- SL: Sierra Leone
- TH: Thailand
- UA: Ukraine
- VN: Viet Nam
- ZM: Zambia
- ZW: Zimbabwe

Source: Global AIDS Monitoring, 2020-2024 (<https://aidsinfo.unaids.org/>).

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### For additional information and data on HIV and transgender people, see:

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