

How to Use the Decision Model

The model provides tools targeted for those who work with transgender communities, including:

- Healthcare providers and clinic staff can use the model's tools to learn more about the service-related barriers to care provision in their communities, and more thoroughly evaluate the needs of TG individuals with whom they work.
- Advocates can conduct policy analyses and understand the overall policy environment in which they're working.
- Polymakers can undertake policy analysis and use guidelines mapped to the components of an overall policy environment required for effective program implementation.

Addressing Barriers to HIV-Related Services for Transgender Individuals

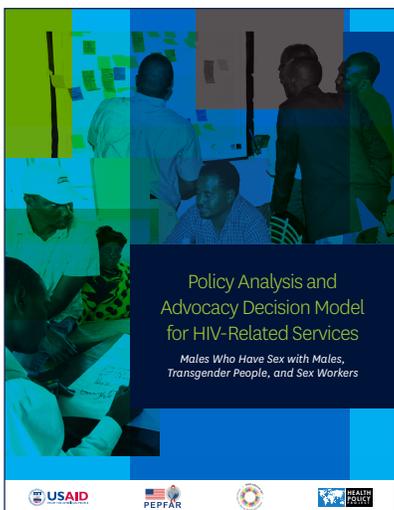
Males who have sex with males (MSM), transgender (TG) people, and sex workers (SW) are at higher risk for HIV transmission than other individuals, even in generalized epidemics. Structural and policy issues have created barriers for MSM/TG/SW in seeking services and adopting individual and community harm reduction strategies. The *Policy Analysis and Advocacy Decision Model for HIV-Related Services: Males Who Have Sex with Males, Transgender People, and Sex Workers*, published by the Health Policy Project and AMSHeR (African Men for Sexual Health and Rights) with support from USAID and PEPFAR, is a collection of tools that helps users assess and address policy barriers that restrict access to HIV-related services for MSM/TG/SW.

Transgender people are at heightened risk for HIV transmission, even when compared to other key populations at high risk of contracting HIV. In most countries around the world, stigma and social factors reduce access to specialized healthcare and HIV services for transgender individuals. While drawing from the limited health-related data for transgender persons worldwide, the picture remains severe and consistent: transgender women are almost 50 times more likely to be HIV positive than other adults of reproductive age, and transgender sex workers are four times more likely to be living with HIV than female SW. Transgender men are at elevated risk for HIV as well, because many of these individuals identify as MSM, and face health risks that are similar to other key populations.

Increased Risk

Various structural and interpersonal factors contribute to the increased risk of HIV for transgender people, including:

- Formal or informal environmental factors contributing to stigmatization and discrimination across contexts
- Mainstream invisibility of TG populations (both voluntary and involuntary), making it difficult for these individuals to be reached with needed services
- Overt criminalization of gender non-conformity and the related threat of physical or sexual violence due to gender identity
- Increased risk of physical and sexual victimization for TG people in prison contexts



To Access the Decision Model

- The *Policy Analysis and Advocacy Decision Model for HIV-Related Services: Males Who Have Sex with Males, Transgender People, and Sex Workers* is available in English.
- The *Policy Analysis and Advocacy Decision Model for HIV-Related Services: People Who Inject Drugs*, a companion publication, is available in English and Russian.
- To download either decision model please visit www.healthpolicyproject.com/t/HIVPolicyModels.cfm.
- To order a hard copy of either decision model please contact policyinfo@futuresgroup.com.

- Sexual risk-taking to gain social support and protect against violence, particularly when engaging in sex work
- Governmental restrictions placed on access to condoms and lubricant for MSM/TG/SW in many countries, which increase the likelihood that these individuals will engage in unprotected sex

Restricted Access

Despite the demonstrated need for HIV-related services to be targeted to meet the needs of TG individuals, there are a number of significant barriers to care for this population.

- **Lack of information:** Epidemiological data on TG populations is inadequate in most countries. The burden this lack of information poses is great, because such data provide a critical foundation for advocacy, resource and program planning, measurement of coverage, and monitoring and evaluation of programs.
- **Providers as barriers to care:** Healthcare providers can generate barriers to care for TG individuals through their own reluctance to provide services, low levels of knowledge about the specific health needs of TG people, and violence or discrimination toward TG patients.
- **Lack of access to appropriate, integrated services:** Even when services are available, they typically are not adapted for TG individuals. Additionally, the failure to integrate drug treatment and harm reduction with other health services restricts access to the comprehensive care that TG people need. Stigma based on gender identity is powerful in reducing use of healthcare services by TG individuals, and in increasing the criminalization of this population.
- **Overt criminalization of gender non-conformity:** In many countries TG individuals can be prosecuted for their gender non-conformity. Repressive legal contexts and pervasive social stigma can limit access to appropriate services for STIs and HIV for TG people, including prevention and treatment, and can even be life threatening.
- **Lack of TG participation in policy and community decision-making processes:** Despite donor endorsement of “meaningful involvement” of key stakeholders in HIV policy-making processes, TG needs are often lumped into one representation of sexual diversity, and rarely have direct decision making power or even participate in policy-making processes.

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