

REPORT

**ON THE RESULTS OF THE
IMPLEMENTATION OF PROJECT
ACTIVITIES TO PROVIDE LEGAL
AND MENTAL HEALTH SUPPORT
FOR THE TRANS COMMUNITY IN
ALL ITS DIVERSITY IN UKRAINE**



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The publication does not aim to replace seeking health care services, such as making an appointment with doctors or social workers, or replace care in general. The information provided herein is intended to raise the awareness of readers in the area of health, health rights, and other human rights related to health. The publication is aimed to provide general information and additional knowledge to readers and help them to prepare the key questions to discuss with a specialist or a group of specialists with medical degrees. Regular medical follow-up is an important part of quality care.



ABBREVIATIONS AND CONCEPTS

ART

antiretroviral therapy

CBO

community-based organization

CD4

CD4 cells – lymphocytes – sometimes called T cells or T helper cells – which are white blood cells that are responsible for the immune system's response to infections. A CD4 test measures the number of these cells in a cubic milliliter (i.e. a very small amount) of blood, not in your whole body. When your doctor refers to the number of your CD4 cells, they will likely just give you a certain number (your CD4 count). A person who does not have HIV has a CD4 count of between 450 and 1,600, but it can be higher or lower for some people. People who were assigned female at birth tend to have higher CD4 counts than people who were assigned male at birth

CLO

community-led organization

EECA

Eastern Europe and Central Asia

GF/GFATM

The Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) – a global partnership working to defeat three diseases: HIV, tuberculosis (TB) and malaria

GNC

gender-nonconforming people



HRT

hormone replacement therapy

Institutional discrimination

a form of discrimination that is widespread in the EECA countries and implies discrimination that occurs from the side of the state, a large group, society, organization or social institution against representatives of a certain minority. Institutional discrimination can occur in the educational system, commercial or industrial companies, legal or judicial system, etc.

Legal gender recognition

a term that refers to the official recognition of a person's gender identity, including gender marker and name in government registries and basic documents

LMIC

low- and middle-income countries

P2P (peer-to-peer)

an approach when assistance to beneficiaries is provided not by a professional worker, but by a representative of the beneficiary's community

SEE

South-Eastern Europe (Western Balkans)

SOGI

sexual orientation, gender identity

SOGIE

sexual orientation, gender identity, and expression

SRHR

sexual and reproductive health and rights

Structural discrimination

a form of discrimination when people are discriminated against at all levels: as individuals, in terms of language, at schools, hospitals, government agencies or in the way they are presented in the media. Structural discrimination can often manifest itself as institutional bias, mechanisms that regularly make errors in favor of one group of people while discriminating against another group or other people

Transgender (trans) people

an umbrella term for people whose gender identity fully or partially does not correspond to the sex they were assigned at birth

UN

United Nations

USAID

United States Agency for International Development, which is the highest federal government agency in the United States responsible for international assistance

INTRODUCTION

This report has been prepared within the framework of the *Help Is Near* project activity, which was carried out by HPLGBT community organization with support of the Eurasian Key Populations Coalition (EKPC) within implementation of the program supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Donor) under the Subgrant Agreement 003-GFR-23 between EKPC and CO "100% Life".

The Help Is Near project allowed to carefully study the services provided by the community organization and the typical barriers in access to services as well the solutions which can be extrapolated to the countries of Eastern Europe and Central Asia (EECA) as well as Southeastern Europe (SEE). This publication presents recommendations on decentralization of the services in the area of HIV and other socially dangerous diseases for organizations working with transgender (trans) people in these regions. These recommendations have been developed based on the typical requests from trans people covered by this project, with a focus on intersectional groups of trans people, such as trans sex workers; trans people engaged in chemsex and/or using new psychoactive substances.

Thus, the implemented project focused on the cross-groups of trans people, taking into account their intersectionality associated with how different types of stigma and discrimination are interrelated and affect each other.



This approach turned out to be crucial to consider the diversity of trans community, given the unique characteristics of this community. Besides, such diversity-based approach helped to address the problems related to health, inclusion and social well-being of community members. Within this community-led project, HPLGBT reached 162 (one hundred sixty-two) unique trans beneficiaries, with one consultation lasting on average not more than one hour.

In a deeper sense, the findings of this project in terms of mental health clearly point to the need for all stakeholders engaged in the provision of quality mental health services to strengthen human rights-based approaches over the coming decades and, in general, to use such approaches to achieve progress in scaling up access to sexual and reproductive health rights. At the same time, as we see from our activities in Ukraine, in the context of full-scale hostilities, this work is becoming increasingly difficult considering the growing tensions between the warring and supporting countries, the ongoing crises and widespread war crimes, which lead to an increase in the humanitarian needs of the LGBTIQ+ community.


Within the framework of various projects implemented by HPLGBT, we observe an ongoing crisis for the trans community in all border areas; and along the front lines of military operations in Ukraine, the situation is downright catastrophic, with human rights not only again being under threat, but also with all key populations facing serious risks in terms of their physical safety and even survival. Never before have we faced such a pressure of threats and fundamental challenges to our activities for the trans community, but as part of the civil society many of us have done our best to provide the required information to our partners and supporters to make sure we are able to continue our work in extremely difficult circumstances.



It is obvious that the protection and understanding of human rights most of all depend on the sustainability of the national mechanisms. Laws, policies, procedures, and mechanisms applied at the national level are key to exercising human rights, but their transformation due to hostilities often erases the understanding and generally destroys the respect for human rights. That is why it is very important for civil society in the EECA and SEE countries to conduct community-based monitoring to ensure that human rights remain part of the national constitutional and legal systems, that justice professionals are trained in the application of human rights standards, and that human rights violations are condemned and punished.

It is also vital to understand that most human rights instruments require countries to submit periodic reports. When preparing such reports, countries follow the instructions of relevant oversight bodies. The purpose of such report submission with subsequent review by the relevant oversight body is to mandate the countries to share information about the challenges they face in their efforts to respect the relevant rights. However, such process of information sharing is not always open and transparent, which is why meaningful community engagement, as well as community-led monitoring, are of vital importance for the well-being of society.

BACKGROUND



While there are many human rights organizations of various types, HPLGBT as a community organization protects and promotes the rights and interests of all key populations in the context of HIV and other socially dangerous diseases. At the same time, our members and activists focus on HIV/AIDS prevention and treatment among trans people. It should also be noted that HPLGBT always uses scientific data and evidence-based approaches, as well as its own "insider" expertise advocating for the use of safer and more effective antiretrovirals and their combinations, taking into account their accessibility in low- and middle-income countries (LMIC).

Many trans people in LMICs, especially those living in or visiting EECA and/or SEE regions, who are in need of HIV treatment, i.e. antiretroviral therapy (ART), have inadequate access to care or may not have access to care for long periods of time due to a variety of reasons. Our analysis reveals that approximately 1 (one) in 12 (twelve) trans patients on ART receives consistent follow-up or sustained medical care over a twenty-four (24) month period following the start of treatment. Barriers to access and retention for trans patients usually include the time needed and the cost associated with travelling to receive treatment. That is why it is important for HIV service providers to implement strategies that focus on bringing ART closer to people's homes by engaging key populations at all stages, facilitating more effective decentralization of HIV care and shifting HIV treatment services from hospitals to health facilities or communities.

Lack of sensitivity of healthcare providers, in particular their disregard for trans people's gender identity, is often the key barrier for trans people living with HIV to access treatment and care. We also know from our observations that unmet needs for gender affirmation, including surgical needs and lack of hormones, are closely associated with interruption of HIV treatment among trans women. Compared to previous years, this year we have seen minimal progress in legal gender recognition. For instance, according to the Trans Rights Index Map¹ reflecting the current legal situation in 49 European and 5 Central Asian countries, in 2024 it is becoming much more obvious that, in addition to the overall positive dynamics, currently we see more stagnation and regression.

Despite the high HIV burden, trans women have been underserved and underrepresented in HIV response due to various circumstances and shortcomings. In EECA and SEE countries, trans women often remain "invisible" to HIV prevention programs as they are misclassified as other key populations, such as men who have sex with men (MSM). One of the main reasons for this "invisibility" is the past negative experience of trans women. Such experiences are usually associated with fear of stigma and discrimination, which ultimately leads to many trans women choosing not to identify themselves as trans people when seeking services.


However, it should be noted that over the last few years the HIV situation among all key populations in the EECA and SEE countries has improved. Regional and local organizations as well as service providers have become more aware of how trans people have been disproportionately affected by the HIV epidemic and how of their HIV prevention and treatment needs have been previously neglected. Although positive changes are slow, to a great extent such changes have been possible due to the activities of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which continues mobilizing and investing over US\$5 billion to fight HIV, TB and malaria, thereby creating healthier societies.

1. *Trans Rights Index Europe & Central Asia 2024*:
www.HPLGBT.org/publish/media/en/trans-rights-index-2024.pdf



In Ukraine, the trans community has only recently become more visible, but such positive transformations have been a key driver in building trans community systems. For instance, HPLGBT, by actively involving trans community representatives in its activities, has given a start to other trans organizations and initiative groups in the country. Such formal and informal associations continue to develop, interact, and even coordinate responses to the HIV epidemic to this day. Such meaningful participation of trans community members in the Global Fund country dialogue has made it possible not only to identify and prioritize HIV services for trans people as a separate segment in MSM-focused prevention interventions, but also allowed HPLGBT to become the first technical implementer of a Global Fund subgrant managed by the trans community. Implementation of the advocacy component within the country's response to the HIV epidemic with the support of the Global Fund in Ukraine was largely made possible by the fact that HPLGBT was able to demonstrate the meaningful and active engagement of trans community representatives, which is why visibility and community engagement are of utmost importance.

Although trans people living with HIV often remain invisible, stigma and discrimination faced by people living with HIV are well documented in many EECA and SEE countries. Research studies show that stigma and discrimination, or fear of them, are among the key barriers for people living with HIV to get tested for HIV, access health care, receive medical services, including HIV treatment, and take HIV medications correctly, which affects their adherence to treatment. In both EECA and SEE, trans people experience extreme levels of physical and sexual violence. Violence, as well as stigma and discrimination, often results in trauma and has long-term negative consequences that have a detrimental effect on trans people's ability to function fully and stay healthy.



From what HPLGBT has observed, as compared to cisgender people living with HIV, trans people living with HIV are less likely to access HIV care, particularly trans women and intersectional groups such as trans women who engage in sex work, trans women who engage in chemsex and/or who use new psychoactive substances. Thus, we are well aware of the needs of trans women living with HIV, particularly the barriers that make them less likely to seek HIV treatment, including barriers that make them less likely to adhere to treatment once they are on treatment. Our consultations have shown that trans women are more likely to report difficulties integrating HIV treatment into their lives and are less likely to report positive experiences of interaction with health care providers. Anticipation of discrimination in health care settings often discourages trans people from seeking care. Another factor affecting trans women's health is a general lack of knowledge among health care providers about trans health. Many doctors simply don't know about the hormones used for gender reassignment or gender affirming surgery.

Despite generally weak engagement of civil society in the state governance system in EECA and SEE countries, the situation in Ukraine in this regard remains quite exceptional, largely due to the presence of strong civil society actors. Transparency and accountability of state institutions in Ukraine are extremely low, which significantly reduces the level of trust to them among civil society, however organizational capacity and social capital are still quite strong. According to the USAID's Civil Society Organization Sustainability Index (CSOSI),² there is an improvement in all aspects of civil society development in Ukraine, including its institutional capacity, funding sources diversification, financial management, and advocacy campaigns. As for the Ukrainian trans community, despite all the tangible obstacles that many trans women living with HIV face every day, many of them demonstrate amazing resilience. A great example is our community organization, with our activists and members demonstrating their ability to resist persecution and violence against trans people living in Ukraine with persistence, determination, and extraordinary energy.

2. Report CIVIL SOCIETY ORGANIZATION SUSTAINABILITY INDEX: www.HPLGBT.org/publish/EKPC-Gender_and_HIV/library/CSOSI-Ukraine-USAID.pdf

That is why HPLGBT can say with a certainty that trans women living with HIV are able not only to successfully engage in the HIV response, but also to contribute to the formation and comprehensive development of their intersectional groups in the face of oppression, inequality, and multiple injustices.

FOR REFERENCE: Global HIV Prevalence

19.9% (95% Confidence Interval [CI] 14.7% - 25.1%) for trans women and 2.56% (95% CI 0.0% - 5.9%) for trans men. Trans women had a staggering 66 times higher odds of being infected with HIV compared with HIV rates for with people 15 years and older in the general population, while for trans men, this was 6.8 times higher.

Source: *The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis* - www.HPLGBT.org/publish/EKPC-Gender_and_HIV/library/journal.pone.0260063.pdf




This systematic review and meta-analysis confirm that trans people are disproportionately affected by HIV, and that this applies not only to trans feminine but also to trans masculine individuals.



DECENTRALIZATION

After the first focus group discussion, largely based on the feedback from project beneficiaries, we could see the demand for and the interest in decentralization from the side of community. It can be explained by the fact that beneficiaries either realized or were informed about the importance of decentralization, since effective decentralization allows more people to access HIV treatment with the necessary follow-up as well as to ensure the adherence to treatment. There is no doubt that at least partial decentralization of medical services would allow to improve the access to treatment and patient retention in health centers, which would have a positive impact on the treatment outcomes not only for HIV, but also for other socially dangerous diseases.

Decentralization of HIV treatment and care, as well as increased access to ART by reducing travel time and associated costs, would allow to reduce treatment costs without compromising the quality of care. Therefore, we can highlight the importance of three types of decentralization:

 Partial decentralization	 Complete decentralization	 Community-based ART at the place of residence
<i>ART is initiated in a hospital, then patients are referred for follow-up care to outpatient clinics or community-based centers</i>	<i>ART is initiated and provided in a health center (not in hospital settings) where services are provided by a doctor, a nurse, or a health care worker (with at least one representative of the trans community)</i>	<i>ART is initiated in a health center or a hospital, with follow-up care provided at home by community health workers or peer-to-peer social workers</i>

Many trans people in low- and middle-income countries who need HIV treatment face multiple barriers in access to treatment, including time to get to the hospital and additional costs. That is why it is crucial to bring ART closer to people's homes by decentralizing HIV treatment and moving ART services from hospitals to health facilities or communities. Decentralization also benefits underserved communities and improves their access to treatment, while reducing the number of patients who are unable to get follow-up services, meaning better retention of patients and better adherence to treatment.


It is worth noting that we do not know the full picture in terms of decentralization because there is very little evidence on the impact of decentralization of HIV care for trans people in EECA and SEE countries. However, we know that a lot of trans community members in these regions live in settings with limited resources. It should also be noted that as compared to other key populations, the intersectional group of trans sex workers demonstrates the lowest rates of adherence to ART, the worst treatment outcomes, and the lowest access to and use of health services. Trans and GNC+ people who use drugs demonstrate particularly poor health outcomes compared to other intersectional groups of trans people, and for these people decentralization is especially important and required in order to improve such indicators.

In LMICs, the growing survival rates for trans people living with HIV, together with high rates of new HIV infections among all key populations, result in an increased under-coverage and a growing number of trans people in need of ART. At the same time, the UN guidelines call for urgent efforts to scale up ART initiation and adherence globally. The guidelines also call for ART initiation at increasingly earlier stages of HIV infection, for instance by 2030, all people living with HIV should be on ART, a goal that is likely to be impossible to achieve.

There is very little analytical and/or strategic data, and in some regions no data at all, on the broader assessment of the decentralization processes at the country level. More publications on decentralization of HIV care are needed to build a better process of decentralization. Such publications should also include information on the levels of immunosuppression when trans people with HIV are enrolled in specialized care. Relevant studies should analyze CD4 count data from the moment of ART initiation for trans people. Such data are needed to ensure a healthier profile of trans people newly admitted to HIV care, and to make trans patients more aware of the fact that some data are consistent with the assumption that complex cases of advanced HIV disease are observed in larger settings with seemingly better capacity.

Looking for safer conditions, education, or business opportunities, as well as for family and personal reasons, many trans people make a decision to leave their country. Since the start of full-scale invasion in Ukraine, for many trans people emigration has become a matter of survival. However, both external and internal migration of trans people living with HIV, whether temporary or permanent, makes trans people face additional obstacles in relation to CD4 count monitoring. Such obstacles are associated with a bigger workload for sites which have CD4 count machines, longer working hours for medical staff, higher operational load for relevant equipment, and shortages of consumables such as reagents. All these factors make decentralization not only desirable but crucial. Increasing the number of mobile clinics, as well as adapting such clinics to the needs of trans people, is another key intervention to remove the barriers in access to HIV treatment. Such intervention can surely be implemented to reach trans people, as mobile clinics have been successfully used in other settings and for other populations.





The members of trans community who were covered within this project noted that the quality of services and the qualification of medical personnel are important factors that determine further healthcare seeking behaviors. As a result, such factors help to retain trans patients and to build the strategies that are aimed at improving the quality of life for trans people. For trans people living with HIV, not only physical health but also mental health is extremely important, since it is psychological comfort that best motivates trans people to visit the sites where they can access ART. Thus, to improve the situation with decentralization, it is important to engage members of the trans community, preferably with medical or psychological background.

Meanwhile, developing and implementing new interventions based on gender-sensitive approaches is necessary but not sufficient. To improve the quality of care within ART scale-up programs, there should be cross-cutting interventions to ensure the ongoing process of training and building the capacity of the health workers. Qualified health workers offering ART at a decentralized level can reduce gender barriers and improve the quality of care, which will have a positive impact on the quality of life and well-being of trans people, as well as their mental health.

As we see in the Ukrainian realities, a weak health care system along with such challenges as a lack of adequate infrastructure and human resources can hinder the success of decentralization programs.

Trans people's perception of the quality of HIV services within this project was based on such factors as the level of trust in doctors prescribing treatment, understanding of the problems faced by trans people and their adequate assessment by health workers, waiting time before consultations, difficulties in receiving a doctor's consultation, access to consultations on a first come, first served basis, and self-assessment of the insufficient personal stocks of ART.


20.

Data on satisfaction with the quality of HIV services obtained from trans beneficiaries showed that trans people expect a much higher quality of services at the local level than at the central level. Trans people noted that they trusted their local health workers more, and also reported that such health workers pay more attention to their problems, although not always. It should also be noted that trans people, especially those living in bigger cities, prefer to use their resources more efficiently and reduce the time they spend visiting health facilities, including the time spent waiting before consultations.

When speaking about visits to health facilities or specialized organizations, trans sex workers note that it is important to speed up the procedures to access assistance and other rapid consultations related to sexual and reproductive health and rights (SRHR), and also note that they would like to have access to medical services and social support on weekends and outside working hours (this is especially relevant for those trans sex workers who work at night). Trans people who engage in chemsex point out that they would like to increase the intervals between their appointments with doctors and representatives of the CBOs providing prevention services, as well as to receive the required consumables, such as preventive kits and sterile disposable paraphernalia, once a month.

All the types of decentralization described above can be used to address some of the needs of trans people so that their HIV treatment can be optimized to ensure greater access to HIV and SRHR services, increase the engagement with the trans community through community-based interventions, reduce stigma, and improve the continuity of care through interventions that allow trans people to receive their medications closer to their homes.

RECOMMENDATIONS



Conduct a systematic assessment of decentralization in the context of HIV/SRHR services for trans people. Based on the results of such assessment, adjust the HIV/SRHR services so that they are more sensitive to the needs of trans people and especially to the specific needs of trans women.


Undertake community-led activities to thoroughly analyze the impact of decentralized HIV care in order to inform policy makers and health care providers, especially as demand for HIV services among trans women in under-integrated local areas is growing.

Engage trans women who provide sex services to develop, implement and scale up decentralization strategies to improve patient access to services, in particular ART, and reduce staff workload in bigger facilities.


Improve the management of project data and information on the specific needs and characteristics of trans people in health care facilities that do not have any trans HIV counsellors among their staff members.

Expand decentralization strategies to other health facilities in unintegrated local areas where trans people live, and systematically scale up support for health facilities and community systems through long-term, sustainable technical support.







Through decentralization, promote more effective HIV prevention and community-to-clinic models of health care that integrate mental health and substance use disorder interventions and other essential support services for intersectional trans populations.



Create proper conditions for funding recipients (e.g. Principal Recipients (PRs) of the Global Fund) to actively engage trans people living with HIV, as well as HIV-affected intersectional groups of trans people, in the development and implementation of localized activities to decentralize HIV prevention at the city and district levels.



As an alternative to decentralization in its traditional formats, implement new community-led and/or community-based practices and innovations such as internet-based interventions and web outreach that aim to provide free HIV testing kits to people who request them, with a focus on reaching trans women.



Develop more attractive and engaging awareness-raising materials for health care providers and social workers to help them improve care for trans people with HIV and make the clinical environment more friendly to trans patients.



QUOTES



On weekdays, I often have freeloaders who come to me and not only waste my time, but also ruin my schedule. For instance, on Friday there was another timewaster, and after that I hoped to earn at least some money, but I missed the time to visit the doctor... It would be good to have all the medical services as close as possible, so that I would not have to waste time on this as well.

— ALANA, 23, Odesa





There are days when my Tip Vibe is working non-stop, but there is no happiness in my heart. Yesterday a guy came asking about JOI [jerk off instructions]. He was interested in SPH [small penis humiliation] and CBT [cocks ball torture]. As a dominatrix, I gave this sub [submissive man] everything he wanted, but afterwards I just wanted to be weak, fragile and talk to someone... I'm grateful to HPLGBT for helping me with mental health issues and with my emotional burnout.

— MARINA, 21, Kyiv

COMMON LIMITATIONS AND BARRIERS

The project activities allowed us to reach a lot of trans sex workers, but we know that there are intersectional groups of trans people who still remain invisible – those who live not in big cities and do not use internet so much. The key obstacles in the implementation of interventions targeted at invisible trans people, based on our observations, are such factors as self-stigma, transphobia, identity devaluation, structural and/or indirect discrimination.

In the trans community, there is not enough understanding of different types of discrimination. For instance, community members are not aware that structural discrimination is related to institutional discrimination, but its distinguishing feature is the social and structural condensation of discrimination, which cannot always be clearly linked to specific institutions. If prejudice transforms into transphobia, which in turn leads to discrimination both at work and at home, as well as violence, we can say that it is structural discrimination. Institutional discrimination occurs when some internal rules or actions of certain institutions lead to a situation when members of certain minorities are regularly disadvantaged, humiliated or excluded by such institutions.

There is also no clear understanding of the fact that, unlike direct discrimination, institutional discrimination is not always intentional, and that institutional discrimination does not come from individuals but from institutions, with relevant educational, economic and legal measures (as well as others) having a cumulative effect and altogether leading to a situation of more concentrated discrimination based on sexual orientation and/or gender identity.

A number of factors, such as violence, legal barriers, stigma and discrimination, can negatively impact trans people's access to health care and HIV services. At the same time, it should be noted that there is another barrier related to partial decentralization of services, when it is expected that trans patients will be referred to local clinics. Trans people who are the beneficiaries of our project point out that it is important for them to be referred to community-led and/or community-based organizations as they have had negative experiences with state-run institutions in the past, and their previous visits to local clinics make them afraid of stigma and discrimination.

Trans people are at higher risk of getting HIV and they may face barriers in access to treatment due to health inequalities. There is a whole range of limitations and barriers that can prevent trans people from getting the care they need, including HIV treatment. However, in this analysis, we have defined the following barriers that often become a real challenge for trans people in accessing health services:

- ▶ *Long, unpleasant, exhausting and sometimes unnecessary direct interaction with health workers who are not aware of the basic issues of trans people, about their health, or even about the risks of HIV for all key populations.*
- ▶ *Health care costs are a burden, they often de facto push trans people into poverty, making it difficult or impossible for them to cover the costs of health care services, while they are not able to use health services for free, because even free services imply that people would still need to spend money on medicines or other indirect health-related expenses.*

- ▶ *Stigma and discrimination by health workers, especially by those who work in state-run institutions.*
- ▶ *Trans people's previous traumatic experiences of stigma affect their perception of the environment, and they continue to live with feelings of inferiority and being a social failure. The way in which health institutions respond to such a traumatic experience aggravates self-stigma among trans people and causes psychological pressure because they feel ashamed or embarrassed due to their transgender identity when seeking medical assistance, which in turn can lead to trans people being reluctant to visit doctors or rejecting medical services, giving preference to self-treatment.*
- ▶ *Due to economic instability and obstacles in accessing the labor market, the overwhelming majority of trans people covered by the project cannot find jobs, even though they are able and willing to work, which can lead not only to long-term unemployment but also to homelessness. According to our data, trans people stay homeless and/or unemployed significantly more often and longer than other groups of people. That is why such people can perceive health-related issues as secondary, insignificant or even irrelevant.*
- ▶ *Military aggression is associated with extreme, unpredictable and unavoidable circumstances for trans people in Ukraine, in particular those that are beyond the control of trans community, including but not limited to loss of home due to hostilities, loss of parents, family members or loved ones due to the war. Such circumstances cause aggravation of their mental health issues, in particular those related to sexual and gender-based violence with subsequent isolation, which leads to rejection of medical services and/or other humanitarian aid and social support.*
- ▶ *While trans people need specialized health care services, the cost of health care is systematically going up, which makes health insurance extremely challenging. At the same time, trans people face discrimination in terms of insurance coverage, which deprives such people of the right to protect their health.*

► *Fears and phobias of a neurotic and/or other nature can be associated with judgmental attitudes, intolerance, and in some cases with cruelty, physical abuse or fear of violence, which can be exacerbated when trans people come out and disclose their sexual orientation and/or when they say that they belong to the trans community or openly talk about their HIV status.*

Mental issues are really important as a connector and determinant to remove at least some of the restrictions and obstacles for people to fully enjoy their right to health. We have thoroughly studied this issue and, unfortunately, the situation in Ukraine clearly demonstrates that young trans people, as well as non-binary people, are at a much higher risk of experiencing prolonged depressive episodes, seriously considering suicide and attempting suicide compared to cisgender lesbian, gay or bisexual people. Almost all trans people report that they have experienced at least unipolar depressive disorder. In non-acute cases, with no proper medical interventions, this leads to a relapse of mental disorders, periodic depressive episodes or dysthymia. If we consider that atypical depression among trans people is a mild form of depression, we can say that many trans people often experience drowsiness, overeating, mood swings, hypersensitivity, and panic attacks. However, not all young trans people link their negative mental experiences with depression, some mention only apathy, which is caused by severe emotional pressure or moderate stressful situations. Moreover, young trans people are often not aware and do not understand that executive, emotional or initiative types of apathy, with no proper interventions, even if they have similar symptoms, aggravate their emotional state and can lead to depressive episodes, with each subsequent episode being more severe, with a greater loss of capacity to work and a negative impact on physical health. Besides, trans people often do not fully understand all the consequences of hormone replacement therapy, for instance that some hormonal drugs, especially when people only start to take them, may cause prolonged depression. At the same time, not all trans people realize that incorrect or incomplete treatment of depression can lead to the development of hard-to-treat forms of the disease.

Trans people often start their journey to resolve their mental health issues by raising such issues, complaining, and discussing them in their community, that is talking about mental health with their peers or with those who have similar experiences. That is why peer-to-peer approach is so important, as it helps to faster build trust and helps trans people to look at their live from a more optimistic angle to make sure that they do not remain focused on negativity all the time. Peer-to-peer counselors also can, and in some cases should, work with family members and inner circle of trans people, in order to build, scale up, and strengthen a friendly atmosphere and support trans people in everything they do, in all their endeavors. However, at the beginning of the journey to solve trans person's mental health issues, it is important to stick to familiar things, so, if it is necessary for the person to leave their comfort zone, it should be done gradually, step by steps.

The support of family and friends plays an important role in overcoming depression among trans people. Besides, there are additional tools, which can be used in order to achieve success, such as art therapy, sound therapy and meditation. Between such therapy sessions it should be emphasized that the negative mental state is temporary, and that the treatment will surely have a positive effect. When a noticeable result or an acceptable state for a trans person has been achieved, it is vital to follow up and focus on the prevention of mental health disorders. The following recommendations usually give a good result:

- *Sleep for at least 8 hours. Some experts strongly recommend going to bed before midnight, and this makes sense since the production of melatonin, the sleep hormone, happens at a certain time. Melatonin is responsible for the quality of sleep and metabolism and is linked with almost all hormones and many important processes in the body. Melatonin also prevents aging, strengthens the immune system, and has anti-stress effects.*
- *Maintain a diet rich in Omega-3 fatty acids.*





- *Try to have an active lifestyle and get enough physical activity. Regular physical activity has significant benefits for physical and mental health. Many trans people prefer dancing, however the term "physical activity" refers to any kind of movement, in particular during leisure time, while traveling to and from different places, or while working and doing household chores. Both moderate and intense physical activity contribute to improved health. Popular types of physical activity include walking, cycling, rollerblading, sports, active leisure time, and games that are suitable for all skill levels and that are enjoyable.*
- *Try to avoid an isolated lifestyle, get out of the "cocoon", in other words try to interact and communicate with other people more often, spend time with friends, with other positive-minded people and, in general, give preference to interactions, which have a beneficial effect on your emotional and mental state.*
- *It is good to get rid of your bias and prejudices and seek psychotherapeutic care in order to better understand the underlying causes of mental instability, as well as methods to achieve harmony and mental balance.*
- *Make an effort to spend to make your days as productive and rewarding as possible. To achieve this, you can use the "diary of goals" or do the things you want to do, striving to achieve your aspirations in life and self-development. It is important to set your life goals that can relate to different aspects of life, such as career, relationships, finances, health, spirituality, etc.*

NOTE: THE RECOMMENDATIONS DESCRIBED ABOVE ARE FOR INFORMATIONAL PURPOSES ONLY. PLEASE REMEMBER THAT IT IS IMPORTANT TO ALWAYS CONSULT A DOCTOR AND THAT SELF-TREATMENT CAN BE HARMFUL TO YOUR HEALTH.

RECOMMENDATIONS



Carry out training to improve the knowledge of trans people on how to identify and respond to various types of discrimination, such as direct, indirect, structural, institutional, and social discrimination. To ensure smooth educational process and improve knowledge in a comfortable way with greater involvement of trans people in the learning process, it is important to focus more on interactive activities and creative tasks to make sure that people get skills and knowledge in a soft and friendly atmosphere.

Continue the efforts to eliminate violence against trans women, with a focus on combating sexual and gender-based violence. Alongside with these efforts, it is important to strengthen the interventions aimed at other organizations, in particular those working in the area of public health, to prevent various types of violence.

Involve representatives of the trans community in the activities of health care facilities, or at least create, develop and support community-led and/or community-based advisory bodies in such health care facilities, engaging communities with higher risks of HIV.

Facilitate more meaningful participation of communities affected by the HIV epidemic, while also actively engaging trans people in the planning and implementation of new approaches and innovations in the area of web outreach.



By engaging young trans people, facilitate the development of creative tools and principles for web outreach to cover trans people, as well as establish new contacts, provide counseling, engage and retain trans people in HIV prevention and harm reduction programs.

Scale up and peer support psychological programs help trans people resolve their mental health issues. To achieve the best results, it is important to engage trans beneficiaries directly based on a peer-to-peer approach.

Provide multilateral support for trans activists and their advocacy efforts in the EECA/SEE countries as in some of those countries there are still some restrictions and prohibitions for trans people, which violate their rights. In particular, advocacy efforts should be focused on improving the access of trans people to hormone replacement therapy as trans people are not able to get prescriptions for hormone replacement medications in a number of EECA/SEE countries because gender transition is prohibited there (Armenia).

In the EECA/SEE countries, specifically focus on an intersectional group of trans sex workers and strengthen the information component in the context of prevention of socially dangerous diseases. For instance, trans sex workers who are regularly tested for HIV, are not able to get information and would like to know more about assessment of the quality of rapid tests for hepatitis and tuberculosis, as well as find clear recommendations regarding the certification of such rapid tests for extracorporeal diagnostics (*for reference: The List of WHO-prequalified In Vitro Diagnostic products contains diagnostics used to diagnose a number of conditions and diseases, and that have been appreciated by WHO and found to be acceptable for procurement by UN agencies*).

GENDER BARRIERS



Data on gender barriers in access of trans people to HIV services are scarce. It does not mean that such barriers do not exist, it rather means that gender organizations are reluctant to focus on the issues of trans people. However, within the framework of this project we had a unique opportunity and made an attempt to analyze some of the issues and find ways to resolve them. The data that we were able to obtain while implementing the project activities allowed us to see multi-level barriers for trans women in terms of access to HIV prevention and treatment. Often, such barriers are associated with stigma, discrimination and gender-based violence against trans women. At the same time, we have noticed that the driving factors that significantly affect the range of gender barriers are lack of public awareness when it comes to gender and the issues of trans people, as well as unjustified or excessive expectations in terms of someone's masculinity or femininity, in particular imposed rigid gender norms, lack of information and system fragmentation, which complicates the existence of trans people in political, legal, administrative, economic and social dimensions.

Discussions on gender issues with trans women in the course of project implementation highlight that there is no focus on addressing such issues with proper attention to the specifics of trans people and with due consideration of the inequality situation. Trans women are more likely to experience gender inequality, which in turn increases their vulnerability to HIV.

Trans women report that they often experience unequal power dynamics between men and women in their everyday lives, in particular biased attitudes due to deeply entrenched harmful gender norms among health care workers, which increases the vulnerability of trans women in all their diversity to HIV. Bias and stigma lead to a situation when trans women do not have a say and are not able to make decisions about their lives, they reduce trans women's ability to access services that meet their needs, increase their risk of violence or other harms, and also hinder their ability to mitigate the impact of HIV.

The marginalized position of trans women among the general population and the fact that they do not have any tools to reclaim their rights, in particular do not have access to and control over economic resources, as well as violence perpetrated against them, norms surrounding female sexuality, and trans women's lack of access to specific health information – all those factors contribute to the concentrated HIV epidemic in this population.

Trans women report that gender inequality has a negative impact on their experience of living with HIV, their ability to cope with their situation once infected, and their access to HIV services. Beneficiaries of the project also point out that there is more HIV-related stigma against trans women compared with cisgender women or cisgender men. Trans women living with HIV reported that they face high levels of unemployment because of their status and that they experience more discrimination at work than cisgender people. A higher proportion of trans women than trans men reported informing their family members of their HIV status. A significantly higher share of trans women living with HIV are accompanied by a family member or a loved one when visiting a doctor for HIV-related questions compared to trans men who are living with HIV. However, when it comes to gender barriers faced by trans men, a higher proportion of trans men as compared to trans women reported conscious treatment interruption and reluctance to maintain long-term treatment adherence.




Besides, trans men face similar gender-related issues, such as violence from family members, community members or health care workers as a result of them disclosing their HIV status and coming out as trans people, which in turn creates formidable barriers to accessing ART without external assistance.

The war in Ukraine has not only led to a humanitarian crisis among the entire trans community, but also demonstrated that trans women face the risk of HIV infection and the threats of violence before, during and after forced migration. When trans people move to other countries, they face the same key barriers in access to HIV services, such as discrimination, gender-based violence, rigid gender norms, lack of information and fragmentation of services. That is why it is crucial that EECA and SEE countries should engage trans community-led organizations in addressing policy and support cross-sectoral activities with participation of trans people in order to adequately address the risks of HIV among trans people and trans women in particular.

Due to poor access to labor market and poverty, trans women rely on any means available to them to satisfy their basic needs, such as food security, nutrition, housing, education, and transportation. For trans women, all these challenges were barriers to treatment access and adherence along with their HIV status. Such situation highlights the urgent need to improve and adjust HIV services, as trans women living with HIV continue to experience widespread violence both at home and in health care settings following their HIV diagnosis. Besides, HPLGBT consultants have determined that barriers in access to HIV services disproportionately affect trans women who also belong to other key and marginalized populations, such as trans people who use drugs and/or engage in sex work. These intersectional groups often face extreme levels of violence, and when combined with the lack of adequate trans-focused programming and services to prevent gender-based violence and provide support to survivors, this makes such communities more isolated and hard to reach.





Various project activities of HPLGBT prove that trans people living with HIV still experience a wide range of challenges that impact their health, in particular socioeconomic issues and unique barriers in access to HIV testing, which has significant implications for HIV prevention, screening, and treatment in this population. Challenges typical for the trans community include underreporting and insufficient documentation of violations of the right to health, though trans people consistently report negative experiences that often lead to mistrust, fear, and reluctance to seek health services or interact with the providers of such services. Trans women report high rates of engagement in sex work as they increasingly face higher levels of poverty and unemployment, which limits their access to health insurance and/or their ability to pay for their treatment. Besides, trans sex workers confirm that they are more likely to engage in risky behaviors such as substance use, including intravenous/injecting drug use, chemsex/slamsex, and unprotected sex, which are all significant risk factors for HIV transmission.

So far, research studies have often been limited by inconsistency or lack of rigorous analysis of information on sexual orientation and gender identity (SOGI) when collecting data. Also, there is little research to guide standardization of indicators to obtain more accurate data. Despite small coverage and insufficient collection of national data on HIV treatment outcomes in trans people, some observational studies have shown that trans women living with HIV are less likely to remain in primary care, receive and adhere to antiretroviral therapy, and achieve viral suppression compared to cisgender women living with HIV. Another unexplored gender barrier that has been documented by HPLGBT is financial violence. A growing number of trans women report being financially dependent on others, including their sex partners, people who control their sex work, people from their inner circle, their parents or relatives. Such financial dependency can result in trans women not being able to control their health expenses or plan their treatment.



The second unexplored gender barrier is associated with trans men and their health-related behavior. Trans men are not always eager to seek health services on their own initiative, and if they do, they seek care with a significant delay, when serious damage has already been done to their health. The reason for such reluctance to take care of themselves is associated with manifestation of trans masculinity in this group. Trans men often experience self-stigma and think that other people may perceive them as less masculine if they go to make an appointment with a doctor every time they have a health issue. HPLGBT also observed that trans men become less active in taking care of their health when they find out that they have HIV. Self-stigma is partly responsible for such lack of self-care as trans men consider that if they have HIV, others will think that they have had too many sexual partners or that they are frivolous in their sexual contacts and have a promiscuous lifestyle. Sometimes trans men are unreasonably afraid of being judged by others if people find out they have HIV, which in the perception of trans men means that they not only have too many sexual partners, but one partner is not enough for them to satisfy their sexual needs. So trans men are concerned that they may be perceived as people who cannot be faithful to one partner.


Various studies and results of meta-analyses show that such factors as discrimination against trans women in the labor market, for instance, when hiring personnel, are directly linked to lower access to health care and, generally, discrimination in the area of employment can force trans women to engage in sex work. Limited access to health services, as well as engagement in sex work, increases the risk of HIV infection for trans women. In this context, it should be noted that trans women, especially those who also belong to other intersectional groups, have a disproportionately high prevalence of not only HIV, but also other comorbidities and socially dangerous diseases.

Trans people living with HIV often have worse health outcomes across the HIV care continuum than cisgender people living with HIV, which is why it is crucial for all stakeholders working in public health to focus not only on prevention but also to develop, support, and scale up interventions to reduce HIV stigma and support community-based testing and treatment for trans people.

The analysis, which was previously conducted by HPLGBT within the framework of various research activities, shows a high level of social and economic marginalization experienced by trans women. According to HPLGBT experts, such negative factors, which trans women face in their everyday lives, constitute critical barriers that can potentially lead to higher vulnerability of this population to HIV. Also, the results of various studies and assessments allowed HPLGBT experts to make a conclusion that to resolve the existing problems most of the changes should first of all occur at the governmental level. To achieve the changes crucial for the trans community, it is vital to engage community members, as well as clinicians, since their synergy can have a huge impact on the paradigm of prevention, treatment and care through the integration of various methods taking into account the gender diversity of patients, while integrating trans-sensitive approaches that take into account all aspects of prevention, treatment, care and support for trans people.

The research conducted within the framework of this project shows that trans women's decisions to disclose their HIV status are significantly influenced by gender-based violence perpetrated against trans women and trans people in general. Such violence includes fear of negative attitudes, abandonment and abuse by sexual partners against trans women. Gender-based violence, which is primarily based on the identity of trans women, directly leads to such a barrier as hindered access to trans-integrated services. Even when services for survivors of violence are available, they are usually not adapted for trans people. Restricted access to trans-sensitive HIV services creates conditions when trans women may have lower rates of retention in health systems in the long term than, for instance, cisgender women or trans men.





One more important gender barrier is the disproportionate burden of new HIV cases among young trans women. It should also be noted that advanced HIV infection influences the daily lives of trans women and trans men in different ways due to a number of varying characteristics, including different CD4 cell counts per cubic millimeter of blood for trans women and trans men. ART may also have different consequences for trans men and trans women due to their physical and other peculiarities that may affect the pharmacokinetics of antiretroviral drugs in their bodies. Hormonal changes throughout gender transition may also impact drug effects in a variety of ways. Trans men and trans women have some differences in terms of pharmacodynamics that are not always explored in the course of drug development, but which impact the daily lives of trans people differently, e.g. dolutegravir causing weight gain. Trans people assigned female at birth who live with HIV and are take ART combinations containing tenofovir alafenamide and a protease inhibitor boosted with cobicistat or an integrase inhibitor may experience more physical symptoms of depression than trans people assigned female at birth who are on other ART regimens.

Trans beneficiaries often mentioned side effects of HIV medications in the context of gender differences as a barrier to long-term treatment adherence. Side effects manifest themselves in different ways in trans men and trans women. Some of these effects, in particular changes in body shape, have a number of psychological consequences, especially those related to gender norms and trans women's perception of their bodies and sexuality. Some trans women engaged in sex work report that they no longer feel sexually attractive to their sex partners due to the side effects of ART. That is why it is crucial to mobilize the trans community around health rights so that the trans people feel empowered to make steps to protect the health of trans women and learn how best to overcome gender barriers and advocate for access to medications.

Trans community should be able to find ways to mitigate gender barriers to a healthier society, especially in the context of reduced funding. Trans organizations should focus on raising the awareness of gender barriers from the point of view of trans women living with HIV.

Besides, such organizations should be more proactive in making recommendations to develop rights-based, gender-sensitive, and trans-diverse laws, policies, and programs. Joint efforts are needed to scale up voluntary, informed, confidential, and safe access and adherence to essential medications for trans women, and to preserve long-term sexual and reproductive health of all trans people and their sexual partners.

RECOMMENDATIONS



Trans organizations working in the area of HIV, especially within the Global Fund programs, should ensure visibility of trans people living with HIV at the national level and their meaningful participation in relevant processes, first of all in the country dialogue. The voices of trans women living with HIV should not only be heard, but also should be taken into account throughout the negotiation process to agree on a strategy to fight the HIV epidemic in the country and on the components of the grant requested from the Global Fund by all stakeholders.

Address human rights gaps in access to HIV and TB services; develop and implement interventions and activities to better reach trans men in the context of national HIV responses in EECA and SEE countries to address inequities that continue to jeopardize progress in the HIV response when it comes to trans people.

Implement programs aimed at trans women and reduce the barriers related to gender-based violence against such women. Such programs should be sensitive to the specific needs of trans women living with HIV and should include (but not be limited to) social support such as housing, education, household assistance, and employment rights.

Make steps to ensure that health research takes into account gender-diverse populations to better understand how to reduce HIV transmission and improve health outcomes for trans women.



Promote multisectoral mechanisms not only to ensure accountability but also to address HIV issues and overcome the gender barriers that require a multisectoral approach to working with trans people. Such mechanisms should focus on what can be achieved in the health sector to improve access and responsiveness to the specific needs of trans women and, thus, improve the quality of programs and services offered to them. They should also take into account that many trans women living with HIV experience violence against them both at home and in health care settings.

Develop and implement new educational tools on HIV prevention and treatment, in particular in cases of advanced HIV, and expand relevant activities to disseminate inclusive and representative information. Such educational tools should be based on medical research studies involving trans women.

Promote and scale up efforts to improve HIV treatment outcomes among trans women living with HIV to further address health inequities, in particular in terms of viral suppression.

Invest in creating monitoring systems for trans community-led and/or trans community-based organizations, documenting cases of violence by police and medical personnel, developing and implementing training and awareness-raising programs for law enforcers on non-violent interactions with trans people.

Develop and regularly update gender-oriented programs and policies that take into consideration the realities of trans men and trans women, in particular their age characteristics, and that are targeted at all key populations, which include trans people who are most affected by and vulnerable to HIV.

Develop and regularly update the evidence base that includes quality indicators for trans people, as many research studies focus primarily on the number of people receiving treatment rather than the quality of care and retention, or only on treatment initiation rather than treatment adherence.



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