

Berlin, 21 November 2022

ACCESSIBILITY TO ORAL PrEP

HIV continues affecting trans people disproportionately worldwide and in Europe. According to a study published by Dr. Sarah Stutterheim in **PLOS one, this year**, the HIV prevalence among transgender women is around 17% in Europe and almost 20% worldwide. In transgender men is around 2.6. UNAIDS indicates in its website that trans women have 14 times higher risk of acquiring HIV than adult cisgender women, and according to Dr. Stutterheim's study, Trans women have **66 times higher odds** of being infected with HIV than the general population. 6.8 times higher for trans men. I invite you to remember that we are a minority within a minority, and it is not the same to have 50 new infections out of a population of 100 people, than to have 500 new infections out of a population of 20.000.

And although PrEP has proven to be a highly effective intervention as part of HIV combination prevention, not all countries in the European Union consider Trans people eligible for access to this very important medication (according to the ECDC evidence brief published this year). In fact, there are still countries where PrEP is not available at all, or where the prices are **so dramatically high**, that the poorest populations, normally the ones that are more oppressed, cannot have access to it. And even in those countries where PrEP is available and refundable, **transphobia and cisnormativity from Health care professionals, specially medical doctors, limit access to PrEP by transgender people.**

Being HIV positive myself, I have experienced first hand discrimination in HIV related services, and what I can tell you from the work that I do in my community, is that these cases of discrimination, violence and harassment impact dramatically the access and adherence to HIV combination prevention by my community. Because when your own doctor deliberately misgenders you, or uses your dead name, they lose your trust and respect. And for a community that struggles so strongly with mental health issues due to a life full of oppression, it is imperative to feel safe in order to participate in any space. The same goes for non-binary trans people, who often are not recognized as trans individuals by health care professionals that gatekeep access to legal gender

recognition and trans-specific health care, and the subsequent access to HIV related services.

So what can we do about this? We need stronger anti-discrimination laws and policies that protect key populations from discrimination due to their gender identity, gender expression, sexual characteristics, and off course also sexual orientation. **We need to train our health care professionals on gender identity and gender expression issues. We need funding for community-led monitoring programs of discrimination cases, to provide hard evidence in the correlation between discrimination and lack of access or adherence to PrEP and ART.** In fact we need a lot more research on HIV related topics on the transgender community, as we are often overlook, since most research is focused on CISGENDER men that have sex with CISGENDER men: For example, **What interactions exist between ART/PEP/PrEP and HRT?**

But it doesn't end there. If we look at it with an Intersectional scope, it is the further marginalised members of our communities the ones that suffer the most, specifically Trans migrants and asylum seekers, trans sex workers, black, indigenous and other trans people of color, and poor trans people. (sometimes, all the above). A black trans woman from Colombia, applying for refugee status in Denmark, was denied access to PrEP during the several months where she lived in the camps. And after being systematically raped by men living in the same facility, she was infected with the virus. How can we tackle this? We need easy and free access to PrEP for Transgender people regardless of people's residency status and capacity to buy the medication. There is no other way for us to achieve the Sustainable Development Goals by 2030. Until the governments of Europe start tackling gender-based discrimination against our community, HIV will remain being a severe health issue, and it will continuing costing the lives of many of us.

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