



INTERNATIONAL AIDS CONFERENCE VIRTUAL 2020

The International AIDS Conference will be taking place from 6 – 10 July 2020. Due to the COVID-19 pandemic, the conference is taking place online this year.

HIV is an important issue for the trans and gender diverse community. Transgender women, especially those who face intersecting layers of discrimination based on race, poverty and gender, bear a disproportionate burden of HIV. Transgender men and non-binary individuals are frequently excluded from HIV prevention and treatment programmes because of they fall outside the definitions of risk groups and key populations on which these interventions are based.

The International AIDS Conference gives us an opportunity to learn from cutting-edge science and the experiences of communities around the world, as we work to transform health care responses in Southern Africa. Gender Dynamix will keep you up-to-date with **daily reports and highlights from the conference.**

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**AIDS
2020**

**23RD INTERNATIONAL
AIDS CONFERENCE**

VIRTUAL

6 - 10 JULY 2020

Highlights from the 23rd International AIDS Conference 2020

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**GENDER
DYNAMIX**



PrEP – Bringing PrEP Closer to Home

In a satellite session organized by the AIDS Vaccine Advocacy Coalition (AVAC), PATH and the International AIDS Society (IAS) PrEP programmes from around the world shared their experiences of using new models to deliver PrEP during the COVID-19 epidemic.

PrEP stands for Pre-Exposure Prophylaxis, and it refers to ARV medication that is used for HIV prevention in people who are HIV negative but at high risk of contracting HIV. PrEP is usually provided at hospitals and clinics, but the COVID-19 pandemic has led service providers to seek innovative new ways to continue providing PrEP to communities.

For example, a project in the USA using pharmacies to provide “one step PrEP” allows community members to access PrEP and other HIV care services outside of health care facilities. Pharmacies are well placed to provide PrEP services because they are more accessible to the public – most people live closer to pharmacies than to hospitals and clinics, and they are able to provide patients with counselling, medication and blood tests, all in one location. Pharmacists are experienced in adherence counselling and the project had a very low patient drop-out rate.

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In Vietnam, research showed that in projects focusing on marginalised communities such as transgender women, patients preferred accessing PrEP at community locations and through online services. Service providers adapted their PrEP programme to provide multiple entry points, such as social media, community clinics and peer educators.

In Kenya, a programme focusing on young women moved to providing home deliveries of medication, operating mobile safe spaces, and conducting both online and in-person follow-ups with patients.

The message from these successful projects is that rather than wanting to go “back to normal”, health service providers should look at whether adapting to COVID-19 has improved services.

New methods are often more client-centred, and more appropriate for particular communities.

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Decriminalization in HIV responses

A powerful bridging session, presented by the Global Fund, Accountability International South Africa, the HIV Justice Network, BONELA Botswana, Positive Women's Network and UNITE, highlighted the important role that decriminalization plays in effective HIV responses.

Many countries have laws which criminalize same-sex relationships, diverse gender identities, sex work, drug use, or the transmission of HIV. These laws make groups that are vulnerable to HIV even more vulnerable, by putting them at risk of violence, imprisonment, stigma and discrimination, and making it even harder for them to access health care services. In contrast, when countries make decriminalization part of their public health response, it improves access to health care services, and allows marginalized communities to access HIV prevention and treatment services.

Successful projects have brought together scientists, doctors, lawyers and activists, to educate governments on how criminalization laws have a negative impact on public health.





Decriminalization in HIV responses

In Botswana, organizations involved in the ongoing struggle to decriminalise same-sex relationships engaged in an advocacy process based on research, awareness-raising, creating a rights-based culture and strategic impact litigation, to create a critical mass of public opinion in favour of decriminalization.

In Portugal, the decriminalization of drug use helped the country to tackle its growing heroin problem by redefining drug-users as people who need medical and social help. The decriminalisation programme included harm reduction strategies, prevention campaigns and social support. Besides reducing HIV among injecting drug users, decriminalisation also had other beneficial effects – such as actually reducing drug trafficking and criminal activity.

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Time to move beyond HIV: securing person-centered approaches to health with and for key populations

The WHO brought together a panel of world experts to discuss person-centered approaches to health with and for key populations.

The transgender community, particularly black trans women, are a key population at risk of HIV, due to a complex intersection of vulnerabilities, including lack of access to prevention and treatment services, discrimination, and biological and social factors. When trans and gender diverse individuals have access to gender affirming health care such as hormone treatment, their general health and quality of life improves. There is also emerging evidence that when HIV positive trans women have access to gender affirming health care, they are more likely to adhere to their ARV treatment, have better viral suppression, and are more likely to remain in HIV care programmes. Educating and sensitizing health care providers can also have a big impact.

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Time to move beyond HIV: securing person-centered approaches to health with and for key populations

When health care workers use patient's preferred names and pronouns, patients have improved health outcomes – because respect is an important part of health care.

In a regional collaboration to end criminalisation of key populations in West Africa, using science to create high-level government commitment to public health responses was important – but it was equally important for communities to hold governments accountable to their commitments. Communities need to be at the forefront of influencing policy, and ensuring that these policies are implemented.

The most important message from this session was that in order to move towards health care that meets the needs of vulnerable populations, communities need to be LOUD!

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Sir Elton John speaks out on stigma



In an address to the conference, Sir Elton John and his partner David Furnish spoke out about their anger at continued stigma and discrimination, 30 years into the HIV pandemic.

John said that stigma remains the major barrier to accessing HIV care, because instilling shame and fear in people makes them reluctant to test for HIV.

While medical science has made great advances in treating HIV, stigma around HIV diagnosis has remained, and marginalised groups such as the transgender community face discrimination which makes it harder for them to access testing and treatment.

John said that continued public education is needed to help people understand that with ARV treatment, people living with HIV can not only live normal lives, but that the transmission of HIV can be stopped, because people with an undetectable viral load cannot transmit HIV.

His message to people living with HIV is simple:

***“Be honest and proud of who you are.
Never be ashamed!”***

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Study shows that PrEP is safe for transgender individuals on hormones

In a seminar on PrEP for trans communities, organized by the California HIV / AIDS Research Program, researchers presented the results of a study on the interaction of ARV medication used for PrEP and gender affirming hormone treatment.

PrEP is a daily dose of ARV medication, used to prevent HIV in people who are HIV negative but at high risk of contracting HIV. Trans and gender diverse community members on hormone treatment are often reluctant to take PrEP, because of fears that the medication will make hormone treatment less effective.

The study tested the hormone levels of trans men and women receiving a daily dose of Tenofovir, a drug commonly used for PrEP. The tests showed that there was no difference in hormone levels before and after starting PrEP. The researchers also established that taking hormones does not interfere with the effectiveness of Tenofovir.

The conclusion: PrEP is highly effective at preventing HIV, and does not affect gender affirming hormone treatment.

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What is Intersectionality?

Many researchers at the International AIDS Conference are using the term “intersectionality” to describe the different layers of discrimination that act together to make marginalized groups more vulnerable to HIV.

The word intersectionality was first used by black feminist scholars. It means the ways in which factors like race, gender, socio-economic class, religion, sexual orientation, gender identity and disability operate together to create systems of oppression and privilege.

People who are subjected to many layers of discrimination, such as black transgender women, have less access to education, employment opportunities, and to health care services.

Marginalised groups have higher burdens of disease, including HIV. The stigma and discrimination related to being HIV positive also adds another layer of disadvantage. Around the world, HIV activists are calling for HIV responses that look beyond medical interventions, and address the deep inequalities in society that are at the root of the HIV pandemic.

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Social factors that drive the HIV epidemic

In a hard-hitting presentation, African American sociologist Celeste Watkins-Hayes examined the social inequalities underlying the global HIV pandemic. She pointed out that many of the factors that make marginalized groups more vulnerable to HIV also make them more vulnerable to COVID-19.

“We often hear the phrase *We are all in the same boat,*” said Watkins-Hayes. “Actually, we are not in the same boat. We are all navigating the same turbulent waters, but some of us are in yachts and some of us are in row-boats.”

Inequality remains the main factor behind poor health outcomes, because privileged members of society have the resources to reduce their risk of harm. Better resourced communities have better access to information and resources, and are able to protect themselves.

Internationally, people subjected to intersecting layers of discrimination, such as race, gender, gender identity, and socio-economic disadvantage, have a higher burden of disease.





Transgender challenges around the world

Transgender HIV activists from around the world joined a panel discussion on the challenges facing trans and gender diverse communities.

In the USA, black transgender women experience the highest levels of discrimination, poverty, HIV, violence and murder, compared to any other group. But despite these overlapping levels of discrimination, positive black trans role models are increasingly visible.

In South Asia, many countries are experiencing rising HIV transmission rates, while hostile legal systems and a lack of economic opportunity place trans and gender diverse individuals at greater risk of contracting HIV, and increase the barriers to accessing testing and treatment. Nevertheless, important legal victories have been won, there is an increasing awareness of human rights, and positive professional trans role models are emerging.

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To be effective, HIV responses need to include an “HIV safety net”. Beyond providing testing and treatment, they need to involve a network of programmes that provide:

- Improved access to health care
- Economic assistance
- Social support
- Human rights advocacy

Communities must be given a voice in all these programmes, in order to meaningfully confront stigma and discrimination.

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Internationally, transgender men are invisible in HIV responses. There is a lack of data on HIV prevalence among trans men, and in studies they are either included among cis men, among cis women, or not included at all. This is despite the fact that trans men face many of the same inequalities that make trans women vulnerable to HIV.

Many trans men have negative experiences in the health care system, which makes them avoid medical treatment, which in turn increases their invisibility. A lack of information is also a major problem, as public education campaigns are often geared towards cis men who have sex with men or trans women.

The challenges may seem overwhelming, but trans resilience was on full display during the panel discussion. The activists described their own journeys in overcoming adversity, and left the audience with positive messages of taking the struggle forward through visibility, social participation, advocacy, allyship, hope, courage, empathy and empowerment

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HIV and Mental Health

The International Community of Women Living with HIV presented a series of studies focusing on the importance of integrating mental health care and support into HIV and sexual health projects.

Communities with high levels of socio-economic stressors, such as poverty, violence and discrimination have higher levels of mental health issues such as depression and anxiety. People with mental health issues are at greater risk of contracting HIV. HIV then adds another layer of stigma and stress. Women who experience violence in relationships are even more vulnerable to both HIV and mental health conditions. To break this negative cycle, it is vital to provide integrated health care services that look beyond HIV, and address the individual's physical and mental health needs.

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Mental health services are part of the social support safety net that is so important for ensuring effective HIV treatment in vulnerable groups. Peer-to-peer support is also an important for people living with HIV and mental health conditions.

HIV prevention and treatment strategies need to address the stigma and social inequality, especially gender-based violence, that underlie HIV risk.

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The invisible men: transgender men and HIV

In a session discussing the structural exclusion of transgender men from HIV research and programmes, Mauro Cabral Grispan of GATE said that in the face of this exclusion, an international collective of trans men had “Taken the radical step of acknowledging our own existence.”

In recent years, HIV responses have begun to pay attention to transgender women – and with good reason. Due to intersecting layers of discrimination, trans women, especially black trans women from disadvantaged backgrounds, carry a disproportionate burden of HIV.

But while biological risk factors may differ, trans men share many of the same social and economic risk factors as trans women. In a study conducted in Australia, between one half to two-thirds of all trans men had experienced sexual assault and rape. In many parts of the world, trans men are frequently subjected to so-called “corrective rape”. In South East Asia and Africa, trans men are often forced by families to enter into marriages against their will – another form of rape aimed at trying to force them to conform with gender norms.

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Systemic violence, discrimination and barriers to economic opportunities all put the trans community, including trans men, at risk of HIV. The same applies to non-binary and gender non-conforming individuals, who are also invisible in a system set up for categorizing people as either male or female.

Despite this, trans men and people with non-binary identities remain almost completely invisible in HIV research. There is no data on HIV prevalence among trans men, and many researchers and policy-makers operate on the assumption that all trans men are at low risk of contracting HIV. As a result of lack of data, trans men are excluded from funding, from HIV response strategies, and from service provision. Many trans men avoid health care settings, because they have had so many negative experiences with health care services that are completely unequipped to deal with their needs. This is serious barrier to accessing HIV and sexual health services.

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Trans men activists emphasize that in demanding to be included in HIV research and programming, they need to also call for increased funding for the trans community as a whole. Funding for the inclusion of trans men should not come at the expense of funding already allocated to trans women. It's a matter of working together in feminist solidarity to get more resources for the entire trans and gender diverse community.

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