Impomtance of Addressing Gender Identity in HIV Prevention and Treatment

HIV Outcomes among Transgender Women Compared with Cisgender Men who have sex with Men in Eight Sub-Saharan African Countries

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Research Aim

To characterize HIV testing and treatment for transgender (trans) women compared with cisgender men who have sex with men (cMSM) in eight sub-Saharan African countries: Burkina Faso, Côte d’Ivoire, The Gambia, Lesotho, Malawi, Senegal, Swaziland and Togo.

Background

• Sub-Saharan African includes 70% of the world’s people living with HIV
• Across sub-Saharan Africa, there has been an increased awareness of the importance of addressing the needs of key populations
• HIV prevalence is estimated at 19% among transgender women in 15 countries
• Historically, transgender women have been ignored or conflated with men who have sex with men (MSM) in the global HIV response
• Very limited HIV data available on transgender women in sub-Saharan Africa
• U.S. data indicate lower engagement in HIV care by transgender women
• Estimations of the HIV care continuum among transgender women in sub-Saharan Africa are lacking.
• Characterizing the continuum of HIV care among transgender women living with HIV separate from cMSM can guide the development of specific interventions.

Results

Table 1: HIV Test Results by Gender

<table>
<thead>
<tr>
<th>Country</th>
<th>HIV Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM</td>
<td>HIV +</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>3969</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>691</td>
</tr>
<tr>
<td>Gambia</td>
<td>75%</td>
</tr>
</tbody>
</table>

Figure 1: Proportion of Trans Women by Country

Figure 2: Overall Proportion of Trans Women

Figure 3: HIV Testing and Treatment Engagement by Gender

Discussion

• While proportion of transgender women (20.4%) varied by country (The Gambia: 0.4% to Côte d’Ivoire: 32.8%), a large proportion of recruited participants identified as transgender or woman.
• This suggests that HIV data for trans women may be “hidden” in data reported for MSM, leading to missed opportunities to address trans-specific needs.
• One-fourth of trans women in this study were living with HIV, with 63% increased odds of HIV infection compared with cMSM after adjusting for age, stigma, depression, and condomless anal sex.
• Trans women were more likely to report being tested for HIV, diagnosed with HIV by a doctor, and on antiretroviral therapy (when aware of HIV status) compared with cMSM.
• The greater likelihood of HIV testing among trans women may be driving the greater likelihood of diagnosis by a doctor and uptake of ART.
• More research is needed with medical record and laboratory data.

Conclusion

• Trans women across sub-Saharan Africa demonstrate a heavy and disproportionate burden of HIV, even when compared with cisgender MSM.
• Moreover, engagement in HIV testing and treatment differ between cisgender MSM and trans women, reinforcing the need for specific implementation considerations for HIV prevention and treatment programs, even in generalized HIV epidemic settings across sub-Saharan Africa.

Limitations

• Data were merged across multiple studies with slightly different survey questions, requiring omission of data that was not available at all sites
• Sampling strategies tailored for cMSM, not trans women; therefore results may not be generalizable to trans women who are not in cMSM networks
• All data were self-reported, except HIV test results