Eurasian Coalition on Health, Rights, Gender and Sexual Diversity

GENDER BARRIERS IN ACCESS TO HIV SERVICES FOR TRANSGENDER WOMEN IN 15 COUNTRIES OF WESTERN BALKANS, EASTERN EUROPE, SOUTH CAUCASUS, AND CENTRAL ASIA

Tallinn
2023

Eurasian Coalition for Health, Rights, Gender and Sexual Diversity (ECOM). Gender barriers in access to HIV services for transgender women in 15 countries of Western Balkans, Eastern Europe, South Caucasus, and Central Asia. Tallinn, Estonia.

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This unique report gathered data from 15 countries. ECOM is grateful to the lead researcher Yana Kirey-Sitnikova for her extensive and valuable work and commitment, adaptation of the survey and training of national experts, data analysis and development of this report. We express our gratitude to sixteen experts who collected and analyzed national data and participated in the final proofreading, as well as all those who provided information at the national level, collaborated with national experts and contributed to this important document coming into being. ECOM expresses sincere joy that this enormous work was led by communities and almost all the data were collected, discussed, analyzed, and compiled into a report by girls and women. ECOM's team hopes and believes that the study indirectly encouraged capacity building of trans girls and women in many countries of our regions. Our special thanks to the Eurasian Women's Network on AIDS for providing an adapted questionnaire for this study and consultations. Particular gratitude to the ECOM's team itself: Yuri Yoursky for supervision and ideological support, Amir Mukambetov for proofreading, Suleyma Kelgembaeva for logistic and operational contribution. We thank the external expert Daniyar Orsekov for his conceptual contribution, supervision, and leadership.

The publication was prepared by ECOM — Eurasian Coalition on Health, Rights, Gender and Sexual Diversity and published as part of the Regional project "Sustainability of services for key populations in the region of Eastern Europe and Central Asia" (SoS_project 2.0), implemented by a consortium of organizations led by the Alliance for Public Health in partnership with the CO "100% Life", with financial support from the Global Fund.
The views expressed in this publication are those of the authors and may not reflect the views of the consortium organizations as well as the Global Fund.
The Global Fund was not involved in agreeing and approving either the material itself or the possible conclusions from it.

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Abbreviations

AIDS — acquired immunodeficiency syndrome
ARVT — antiretroviral therapy
CEDAW — UN Committee on the Elimination of All Forms of Discrimination against Women
HIV — human immunodeficiency virus
HRT — hormone replacement therapy
LGBT — lesbians, gays, bisexuals, transgender people
MSM — men having sex with men
NGOs — non-governmental organizations
PAS — psychoactive substances
PEP — post-exposure prophylaxis
PLWH — people living with HIV
PrEP — pre-exposure prophylaxis
SDG — Sustainable Development Goals
SOGI — sexual orientation and gender identity
TERF — trans exclusive radical feminism
TGP — transgender people
TGW — transgender women

Context

Health outcomes are interconnected by complex cause-effect relationships. Outcomes related to HIV such as risks of contracting and adherence to prevention and treatment are influenced by social and sexual practices (unprotected sex, multiple sexual partners, using psychoactive substances (PAS), discrimination) that are, in turn, caused by sociocultural, economic, and legal factors. To see the full picture it is necessary to consider the whole spectrum of factors that should be targeted to stop the HIV epidemic. This text aims to delineate the chain of factors increasing the risk of contracting HIV and decreasing accessibility of HIV-related medical care for transgender people (TGP) — one of the five key groups defined by UNAIDS — with a special focus on transgender women (TGW) whose risk of contracting HIV is 49 times higher than for general population, according to some assessments [1]. Previously we published a review of English-language literature on this topic in Russian [2]. In this publication, we will focus on 15 understudied countries of Western Balkans (Albania, Bosnia and Herzegovina (BiH), North Macedonia, Serbia, Montenegro), Eastern Europe (Belarus, Moldova, Ukraine), South Caucasus (Azerbaijan, Armenia, Georgia), and Central Asia (Kazakhstan, Kyrgyzstan, Tajikistan, Uzbekistan).

TGW face intersectional oppression based on at least two types of discrimination: misogyny and transphobia. As for misogyny, the region of Eurasia and Central Asia is at the fourth place out of eight on gender parity, according to the Global Gender Report 2023. The topic of gender equality is systematically raised at the international level. In particular, it is one of the Sustainable Development Goals (SDG), and the UN Committee on the Elimination of All Forms of Discrimination against Women (CEDAW) is responsible for its monitoring. All the countries of the region under discussion expressed their support for SDG and ratified CEDAW. On the contrary, there is no international consensus on elimination of transphobia. Depending on the country, legal gender recognition might be performed upon written request, require psychiatric diagnostics and medical interventions, or

might be prohibited altogether; gender-affirming medical care is covered by medical insurance in certain countries, while in others it is prohibited; the extent to which trans people are accepted by societies also varies. There are no treaty bodies specifically working on trans rights. Programs on gender equality often do not include TGW in particular and TGP in general. Direct opposition to inclusion of TGW in gender agenda occurs, as in the case of Special Rapporteur on violence against women Reem Alsalem, who is promoting ideas of trans exclusive radical feminism (TERF).

To conduct this study, we used a survey based on the instrument for assessment of gender barriers in the sphere of HIV developed by UNAIDS [3]. The Eurasian Women's Network on AIDS adapted the instrument for three key population groups: women living with HIV, sex workers, and women using PAS. The Network's survey was further adapted by ECOM to focus on TGW. To fill the survey, we hired experts from 15 aforementioned countries, most of them were TGW with significant experience in the sphere of HIV. When answering the survey questions, the experts studied all available sources in various languages, including scientific publications, laws, official documents, and reports of non-governmental organizations (NGOs). If no other sources were available, citing publications in the mass media was permitted. Citing reliable sources for all facts was compulsory. If no data was found for TGW specifically, citing sources describing the situation for all TGP was permitted. 15 survey forms were filled in January 2023. The lead researcher then compiled information from these forms and drafted the report in July 2023.

The results are described in the order starting with the final outcomes up to their root causes. In the first section, we provide statistical data on HIV prevalence among TGW, as well as their adherence to prevention and treatment. In the second section, we consider factors leading to increased risks of contracting HIV and barriers to accessibility of prevention and treatment. In the third and fourth sections respectively, we discuss social norms and laws (policies, rules) that affect these factors. Finally, the last section contains information on the complex response to HIV on behalf of state actors and NGOs. In addition to interventions directly targeting HIV, the response is conceptualized to include gender-affirming procedures and interventions aimed to reduce violence and discrimination.

1. Data on the prevalence of HIV, prevention, and treatment

Biobehavioral studies have been conducted in Azerbaijan, Armenia, Kyrgyzstan, and Ukraine resulting in more data available for these countries (Table 1). Unfortunately, the estimation of TGP population size in Georgia does not report breakdown by gender identities making it impossible to assess the number of TGW [4]. Surveys on topics related to HIV have been conducted in Georgia and Kyrgyzstan. There is no data for Balkan countries, Belarus, Moldova, Kazakhstan, Tajikistan, and Uzbekistan.

The number of TGW was reported in-between 0.01 (Ukraine) to 0.04% (Armenia) of the general population of women. To compare, international studies reveal numbers between 0.00017 and 0.599% (but those are for TGP in general) [5]. The prevalence of HIV among TGW was between 1.9 and 39.5% (international data — 19.1% [1]). The coverage of TGW by HIV prevention programs was between 21 and 97.7%. In Ukraine, 3% TGW used pre-exposure prophylaxis (PrEP) and 1% took post-exposure prophylaxis (PEP) [6]. Between 72 to 87.0% TGW knew their HIV status. In Ukraine, the researchers found 17 HIV-positive TGW (out of 873, i.e. 1.9%); only 7 of them (41.1%) knew their HIV-status [6]. Only for Armenia we have data on the percentage of TGW living with HIV who

receive antiretroviral therapy (ARVT) — 3 out of 4 (75%) [7]. Taking into account the small amount of TGW in general and even smaller amount of TGW living with HIV, it appears to be impossible to build a full-scale cascade. The wide range of reported values reaffirms the poor quality of epidemiological studies in the area of transgender health that are characterized by non-representative and highly heterogeneous samples [8]. Since all the included studies have been conducted by NGOs, TGW who contacted these NGOs, for example, to receive free condoms or HIV tests were more likely to be included in the samples. On the other hand, these studies might have not covered TGW who live outside large cities or those using the internet to a lesser extent.

Country	1	2	3	4	5	6	7	8	9	10
Balkans										
Albania	-	-	-	-	-	-	-	-	-	-
BiH	-	-	-	-	-	-	-	-	-	-
N. Macedonia	-	-	-	-	-	-	-	-	-	-
Serbia	-	-	-	-	-	-	-	-	-	-
Montenegro	-	-	-	-	-	-	-	-	-	-
Eastern Europe										
Belarus	-	-	-	-	-	-	-	-	-	-
Moldova	-	-	-	-	-	-	-	-	-	-
Ukraine	4293 (0.01%)[9]	-	1.9%[6]	72% among all, 41.1% among HIV+[6]	31% non-inj, 2% inj [6]	20%[6]	76%[6]	-	21%[6]	-
Central Asia										
Kazakhstan	-	-	-	-	-	-	-	-	-	-
Kyrgyzstan	-	-	28.8%[10]-38%[11]	-	-	70%[11]	-	69.7%[10]	-	-
Tajikistan	-	-	-	-	-	-	-	-	-	-
Uzbekistan	-	-	-	-	-	-	-	-	-	-
South Caucasus										
Azerbaijan	-	-	5.7%[12]	87.0%[12]	58.0%[12]	92.0%[12]	73.7%[12]	22.3%[12]	97.7% [12]	-
Armenia	1015 (0.04%)[13]	0.5%[1]	2.5%[13]	-	40.0%[13]	85.0%[13]	87.7%[13]	3.5%[13]	-	75%[7]

Georgia	-	-	39.5%[14]	-	31.9% non-inj [14]	76.6%[14]	87.2%[14]	-	-	-

Table 1.[1] The prevalence of HIV, prevention, treatment, and factors increasing the risk of contracting HIV. Questions: 1. What is the percentage of TGW in the general population of your country? 2. What is the percentage of TGW in the general population of people living with HIV in your country? 3. What is the prevalence of HIV? 4. What is the percentage of TGW who know their HIV status? 5. What is the percentage of TGW who use drugs? 6. What is the percentage of TGW who are engaged in sex work? 7. What is the percentage of TGW who reported using a condom during the last sexual intercourse? 8. What is the percentage of TGW who experienced physical or sexual violence on behalf of an intimate partner (during the last 12 months)? 9. What is the coverage of TGW by HIV prevention programs? 10. What is the percentage of TGW living with HIV who received ARVT during the past 12 months?

2. Data on factors increasing risks of contracting HIV

The factors increasing risks of contracting HIV include: using PAS, engagement in sex work, not using condoms, violence, stigma and discrimination, as well as mental health conditions. Further we will consider data on 15 countries for each of these factors. Statistical data for this section are shown in Table 1 (columns 5–8).

Using PAS.

The prevalence among TGW varied in a wide range depending on the type of PAS — injection (2%) vs. non-injection drugs (31%). The total prevalence could be as high as 58% (international data: between 4.5% and 29.2% [15]).

Engagement in sex work.

Between 20 and 92% TGW reported experience of engaging in sex work (in the USA: 37.9% [16]). Engagement in sex work is a predictor of the HIV-positive status: for example, in a Ukrainian study, the prevalence of HIV among TGW with experience in sex work was 6 times higher than among TGW without this experience [6].

Condom use.

Between 73.7 and 87.2% reported using the condom during the last sexual intercourse.

Violence against TGW.

Violence (physical, sexual, psychological) is among the factors impairing mental health and leading to sex by coercion — thus increasing the risks of contracting HIV. Between 3.5 and 69.7% respondents reported facing physical or sexual violence on behalf of an intimate partner in the past 12 months (Table 1). In Georgia, 38.3% TGW reported physical violence [14]. The biobehavior surveillance in Ukraine [6] found the following data on the prevalence of violence among TGW in the last 12 months:

- Verbal abuse, hurtful gestures, humiliation (including online): 41% — yes, from strangers; 10% — yes, from relatives, acquaintances, friends; 48% — no, from no one;

[1] The data are relevant as of the beginning of 2023.

• Threats, extortion, blackmail: 13% — yes, from strangers; 3% — yes, from relatives, acquaintances, friends; 83% — no, from no one;

• Forced interrogations: 3% — yes, from strangers; 2% — yes, from relatives, acquaintances, friends; 94% — no, from no one;

• Beating, aggressive kicking, throwing stones or other objects, use of force: 15% — yes, from strangers; 3% — yes, from relatives, acquaintances, friends; 81% — no, from no one.

According to the biobehavior study in Azerbaijan [13], where the majority of respondents were sex workers:

• Were attacked for having sex with men or attracting men: 22.3% — yes, once; 68.7% — yes, several times; 8.7% — no, never;

• Were insulted by police officers for having sex with men or attracting men: 32.0% — yes, once; 50.7% — yes, several times; 17.3% — no, never;

• Were forced to have sexual intercourse: 87.7% — yes; 11.0% — no.

With statistical data either lacking or being of poor quality, it is necessary to rely on specific cases reported by the media or documented by NGOs that shade light on the circumstances of violence. For example, in Moldova, a transgender woman committed suicide after having been beaten by classmates [17]. In Azerbaijan, a transgender woman was attacked and died from injuries [18]. In Armenia, several cases of violence have been documented. In 2022, a transgender woman was beaten on a street in Vanadzor and the policemen who arrived insulted her before taking her to a police station [19]. Same year in Yerevan, a transgender woman was beaten by a stranger at home [20]. In Georgia, a 17-years-old transgender woman was attacked by two strangers who were released on bail by the court; two other transgender women were attacked by a man with a knife, one of them was killed, the other injured [21].

Stigma and discrimination.

The report on the biobehavioral surveillance in Ukraine [6] provides information on the prevalence of various situations in which TGW faced stigma, discrimination, and social isolation. However, neither perpetrators nor percentages were specified (only general values on a scale between 1 and 3, where 1 means the situation occurred during the past year and 3 means it never happened). The average value for 18 situations was in the range between 2.2 and 3 meaning that the suggested situations of stigma and discrimination were not widespread in the past year. In Kazakhstan, TGP faced the following types of discrimination: 30.4% were fired or refused employment, 15.9% had their complaint to the police rejected, 15.2% were refused medical care, 9.4% were kicked out of their apartment, 8.7% were expelled or refused enrollment in an educational institution [22].

Stigmatization and discrimination in the healthcare system is a significant barrier to engaging TGW in HIV-related programs. In Kazakhstan, transgender respondents listed the following barriers to HIV testing: fear of facing transphobia (misgendering, deadnaming, ill-posed questions) (53%), reluctance to show identification documents not aligned with their gender identity (53%), and reluctance to be out as TGP (39%) [23]. In Azerbaijan, 49.3% TGW did not approach medical care because of their sexual orientation only once; 18.3% reported that such situations happened several times; other 30% respondents never encountered such a situation [12]. 63% TGP from Central Asia mentioned fear of the breach of secrecy as a barrier to HIV testing and receiving information on HIV issues [24].

In Uzbekistan, a transgender woman approached the AIDS Center to get registered and receive ARVT. She was forced to go to the police where police officers tried to extract a confession that she was a sex worker. She was treated as a gay man despite having the certificate with the diagnosis “transsexualism” because her identity documents have not been changed. On behalf of the staff of the

AIDS Center she faced psychological pressure, condemnation of her gender identity and non-conformity to the standards of the Uzbek society. She was also threatened with refusing treatment because of her gender identity (the case was registered by ECOM).

Mental health:

According to the biobehavior survey in Ukraine [6], depression conditions were found in 40% TGW (using the CESD-10 instrument), this indicator being higher among TGW younger than 25. Mental health conditions in TGP are caused by rejection on behalf of close ones, inability to change identity documents, and fear of losing a job [24].

3. Sociocultural norms

The factors increasing risks of contracting HIV described in the previous section stem from sociocultural norms. TGW can face prejudice because of various sociocultural attitudes including misogyny, tolerance to violence, homophobia, transphobia, negative attitudes towards sex work and non-monogamy.

Misogyny and acceptance of violence:

5.7% Serbian teenagers (11% among boys, 3% among girls) believed that a man can hit a woman in certain situations [25]. More than half of women (52.2%) in Albania reported that all or the majority of their acquaintances believed that violence among a man and a woman is a private matter and others should not interfere [26]. Every fourth Ukrainian (25%) believed that physical violence of a man against a woman can be justified, 17% believed that in order to preserve the family a woman must tolerate violence on behalf of a man (because it is the woman's duty (2%) or there are circumstances when a woman is obliged to endure violence (15%)) [27].

Homophobia:

42% respondents in Albania believed that homosexuality should be medically treated [28]. 59% respondents in Bosnia said that LGBT are sick people [29]. The majority of respondents in North Macedonia do not want to have among their neighbors: drug users (91.0%), people with alcoholism (88.6%), former criminals (82.2%), LGBT (81.0%), people living with HIV (PLWH) (77.2%), and migrants (71.2%) [30]. 20.3% respondents in Montenegro believed that LGBT are no better than criminals, 29.0% believed that homosexuality must be medically treated; on the contrary, 26.9% respondents claimed that LGBT should enjoy the same rights as other citizens [31]. In Kyrgyzstan, 43% respondents had a negative attitude towards LGBT, 11% — neutral, 7% — positive, while the other 22% had no idea what it means [32]. According to an all-Ukrainian survey, 38% had a negative attitude towards LGBT, 45% — neutral, 13% — positive; 64% respondents agreed that LGBT should enjoy the same rights as other citizens, the level of support was higher among younger, better educated, and wealthier respondents living in cities [33]. 31% fully supported equality for homosexual individuals, 23% were more likely to support than not; 19% unequivocally did not support, 8% were more likely not to support; 10% had a neutral attitude, 7% were undecided [34].

Transphobia:

27% respondents in Serbia believed that TGP are commiting a sin, 44% — that transgenderism is a disorder [35]. Such attitudes lead to forced conversion therapy. For example, a respondent from

Belarus told: “My parents made an appointment with a sexologist for me when I was 16. Probably they panicked when they found oral contraceptive in my room... Several months later I was brought to a psychiatric hospital, clothed in a straitjacket, they confiscated all piercing and cutting objects and put me in a ward with men” [36]. The opinion that transgenderism is imposed by others is widespread. For example, a well-known sexologist in Belarus shared his opinion: “Adolescents become victims of a sort of ‘zombification’ including this process when they are brainwashed to use certain schemes of hormonal correction of sex” [37]. A total of 45.8% TGW in Belarus reported negative attitudes towards TGP, only 16.7% reported understanding on behalf of people around [38]. Negative attitudes towards TGP can have religious motives. For example, in 2016, the Spiritual Directorate of Muslims of Kazakhstan issued a fatwa against sex-reassignment surgeries calling them a “great sin” that will lead to retribution [39]. The organization “Alma-TQ” conducted an analysis of Kazakhstan’s media that revealed the use of mocking and dismissive rhetoric [40]. In Uzbekistan, TGW who have not received the diagnosis F64.0 are perceived to be cross-dressed gays, they face condemnation and violence just as other MSM [41]; officials and religious leaders use hate speech and call for violence [42]. Uzbekistan’s media demonize TGW by using poignant title in their articles [43]. In 2017, Baku’s police organized a raid to catch MSM and TGP [44]. At the same time, some TGW believe that they are responsible for violence against them: “[TGW] incite societal aggression by their physical appearance. You must look appropriately. Then there will be no stigma” [45]. Some shared an opinion that transphobia is not as widespread as thought: “In Minsk, no one is surprised by feminine boys. In any market, in a shopping mall, you can easily approach a salesperson and say: I need tights, bras, skirt, fingernail polish” [46].

Negative attitudes towards sex work and having multiple sexual partners.

TGW engaged in sex work may face additional stigmatization. Sex workers are thought to be amoral women who deserve violence [47]. A Ukrainian study found that police officers usually perceive commercial sex as a crime and sex workers as victims (84.5%), a fewer portion (67.2%) believed that sex workers are amoral deviants [48]. Another Ukrainian study found that 29% parents believed that young people having multiple sexual partners are morally corrupt; 27% believed that having sex before marriage is a shame [49].

4. Legal factors

Sociocultural norms are reflected in legislation and at the same time are being reinforced by existing laws. In this section, we will consider legislation of 15 countries that can indirectly affect outcomes in the sphere of HIV for TGW.

Legal restrictions with a potential impact on TGW.

The data for this section are presented in Table 2. Only Uzbekistan criminalizes voluntary sexual relationships between men (Criminal Code, article 120). This article is used against TGW with a male gender marker as well. In several countries (Moldova, Kazakhstan, Kyrgyzstan, Ukraine), laws banning the “propaganda of non-traditional relationships” (inspired by Russia’s Federal Law №135 from 29/06/2013) were proposed but failed to be adopted.[2]

[2] At the time the report was being finalized, Kyrgyzstan passed a law introducing amendments in several laws, including a prohibition on the "propaganda of non-traditional sexual relationships" among children. During the same

In all countries except for North Macedonia, using PAS is a punishable crime. Engagement in sex work is an administrative offense in all countries except for Kazakhstan, Kyrgyzstan, and Montenegro, but even in these countries pimping is criminalized. Criminalization makes TGW using drugs and engaged in sex work go into the shadows and become inaccessible for HIV-related programs.

In 13 countries except for Kazakhstan and Montenegro, exposure to HIV, transmitting HIV, or failure to report the diagnosis are criminalized. In Azerbaijan (Migration Code, article 46.1.5) and in Ukraine (Law "On protection of the population from infectious diseases", article 24), there are clauses prohibiting entry or living in the country for PLWH. In addition, in Azerbaijan (Resolution of the Cabinet of Ministers №62 from 27.04.2011, addition №2), Armenia (Resolution of the Government №573 from 11.12.1997), Belarus (Resolution of the Cabinet of Ministers №343 from 13.04.2012), and Uzbekistan (Decree of the Minister of Health №2581 from 07.05.2014) there are employment restrictions because of HIV status. It is prohibited to work in medical specializations because of the risks of transmitting HIV to patients; in Azerbaijan, restrictions are further motivated by negative consequences for the immune system (chemical, mining industry). In several countries, there are restrictions for serving in the army for people with mental health diagnoses including "transsexualism" (Resolution of the Government of Armenia №404 from 12.04.2018; Resolution of the Ministry of Defense and Ministry of Health of Belarus №51/170 from 20.12.2010; Decree of the Ministry of Defense of Ukraine №402 from 14.08.2008, annex 1, article 18). Only in Montenegro, the law "On armed forces" ("Sl. list CG", br. 51/2017 i 34/2019, article 16) prohibits discrimination in military service based on SOGI. Despite the lack of direct restrictions on inheritance and owing property for TGW, inability to register a marriage between two individuals with the same legal gender makes it difficult for TGW to receive property of their deceased partners in all countries. Employment restrictions (often in high-pay specializations), restrictions in military service under contract, and difficulties with inheriting property put TGW at an economic disadvantage — indirectly increasing the risks of contracting HIV. Restrictions for PLWH make HIV-positive TGW hide their diagnosis that leads to dire consequences for adherence to treatment.

None of the countries imposes direct restrictions on adoption based on trans status. However, TGW may face indirect restrictions for one of the following reasons: restriction on adoption for PLWH (Azerbaijan: Resolution of the Cabinet of Ministers №141 from 15.08.2000; Belarus: Resolution of the Ministry of Health №4 from 25.02.2005) and individuals suffering from mental health conditions that include (according to ICD-10) "transsexualism" (Armenia: Resolution of the Government №517 from 05.05.2005; Kazakhstan: Resolution of the Minister of Health №692 from 28.08.2015; Ukraine: Decree of the Ministry of Health №479 from 20.08.2008). In addition, joint adoption by two individuals is permissible if they are legally married; this requirement poses a restriction in countries where only heterosexual marriage is recognized.

Country	1	2	3	4	5	6	7	8	9	10
Balkans										
Albania	Yes	Yes	No	No	Yes	No	No	No	No	No
BiH	Yes	Yes	No	No	Yes	No	No	No	No	No

period, Russia passed a law introducing amendments aimed to ban the "change of sex in humans." Copying of Russian laws is widespread in some of the 15 countries discussed in this study, so there are risks that the new Russian law will affect these countries and lead to deterioration of access to HIV services for trans people.

N Macedonia	No	Yes	No	No	Yes	No	No	No	No	No
Serbia	Yes	Yes	No	No	Yes	No	No	No	Indir	No
Montenegro	Yes	No	No	No	Pimp	No	No	No	No	No*
Eastern Europe										
Belarus	Yes	Yes	No	No	Yes	No	No	Yes	Indir	Yes
Moldova	Yes	Yes	No	No	Yes	Indir	No	No	No	Indir
Ukraine	Yes	Yes	No	No	Yes	Indir	Yes	No	Indir	Yes
Central Asia										
Kazakhstan	Yes	No	No	No	Pimp	No	No	No	Indir	No
Kyrgyzstan	Yes	Yes	No	No	Pimp	No	No	No	No	No
Tajikistan	Yes	Yes	No	No	Yes	No	No	No	No	No
Uzbekistan	Yes	Yes	Yes	No	Yes	Indir	No	Yes	No	No
South Caucasus										
Azerbaijan	Yes	Yes	No	No	Yes	Indir	Yes	Yes	Indir	No
Armenia	Yes	Yes	No	No	Yes	No	No	Yes	Indir	Indir
Georgia	Yes	Yes	No	No	Yes	No	No	No	No	No

Table 2. Legal restrictions with a potential impact on TGW. Questions: 1. The use of drugs is criminalized; 2. Exposure to HIV, transmitting HIV, or failure to report the diagnosis are criminalized; 3. Sexual orientation and/or gender identity is criminalized; 4. Prohibition on propaganda of homosexuality and/or transgenderism; 5. Criminalization of sex work; 6. Restrictions in inheriting and/or owing property for TGP; 7. Restriction on entry and living in the country for PLWH; 8. Employment restrictions because of HIV status; 9. Restrictions on parental and adoption rights; 10. Prohibition to serve in the army and work in the military industry for TGW.

Procedures of legal gender recognition.

The data for this section are provided in Table 3. Legislation of 5 countries (Azerbaijan, Albania, Armenia, Kyrgyzstan and North Macedonia) does not mention the possibility to change legal gender. In Armenia and Kyrgyzstan, this possibility had been present before but in 2021 and 2020 respectively the laws were amended, the reasons are not fully understood. The lack of legislative clauses does not mean impossibility to change identity documents in practice. In Azerbaijan, a psychiatrist's conclusion and undergoing a surgery is required [50]. In North Macedonia, surgeries are also required [51].

In BiH ("Instruction on keeping registration books", №51/2013, 55/2013, 82/2013 i 6/2015), Georgia ("On civil acts" №5562 from 20.12.2011, article 78(ж)), Moldova ("On acts of civil status" №100 from 26.04.2001, article 66.2(c)), and Tajikistan ("On state registration of acts of civil status" №188 from 29.04.2006, article 74), the possibility of changing legal gender is mentioned in brief, while in practice various requirements are imposed. In Modova [52], a psychiatric assessment is required. In Georgia [53] and Tajikistan [54], surgeries are required in addition to a psychiatric assessment.

Country	1	2	3	4

Balkans				
Albania	No			
BiH	Yes			
N Macedonia	No			Yes
Serbia	Yes+	Yes+	Yes+/No[3]	Yes+/No
Montenegro	Yes+	Yes+		
Eastern Europe				
Belarus	Yes+	Yes+	No	No
Moldova	Yes	Yes		
Ukraine	Yes+	Yes+	Yes+	
Central Asia				
Kazakhstan	Yes+	Yes+	Yes+	Yes+
Kyrgyzstan	No			
Tajikistan	Yes	Yes		Yes
Uzbekistan	Yes+	Yes+		
South Caucasus				
Azerbaijan	No	Yes		Yes
Armenia	No			
Georgia	Yes	Yes		Yes

Table 3. Procedures of legal gender recognition. Questions: 1. Is the possibility to change legal gender mentioned in legislation? Yes — mentioned; Yes+ — described in detail. 2. Is the diagnosis F64.0 “transsexualism” required for legal gender recognition? Yes — required in practice; Yes+ — required in practice and the requirement is defined in legislation. 3. Is evidence of HRT required for legal gender recognition? Yes — required in practice; Yes+ — required in practice and the requirement is defined in legislation. 4. Is undergoing surgeries required for legal gender recognition? Yes — required in practice; Yes+ — required in practice and the requirement is defined in legislation.

In yet other six countries the procedures of legal gender recognition are described in detail. In Belarus (Resolution of the Ministry of Health №163 from 09.12.2010), legal gender recognition is possible after a complex psychiatric, sexological, genetic, and endocrinological assessment that includes hospitalization to the Republican Scientific and Practical Center for Mental Health. Changing legal gender precedes initiation of hormonal replacement therapy (HRT) and surgical interventions. In Kazakhstan (“On health of people and the healthcare system” №360-VI ЗРК from 07.06.2020; Decree of the Minister of Health №ҚР ДСМ-203/2020 from 25.11.2020, annex 4), individuals of at least 21 years old can change documents after a complex assessment that includes hospitalization in a psychiatric institution and undergoing two stages of medical transition (the first is HRT, the second — surgeries). In Serbia (“On the procedure of issuing and form of the certificate of a competent healthcare institution on the change of sex” №103 from 26.12.2018), psychiatric evaluation and

[3] One of the following is required: HRT or surgeries.

undergoing HRT or surgeries are required. In Montenegro ("On defining the medical reasons for changing sex" №011-211/2014 from 03.11.2014), legal gender recognition is possible for individuals who reached 16 and underwent a complex assessment, including assessment of a psychiatrist. In Uzbekistan, the possibility to change legal gender is mentioned in article 229 of the Family Code (№607-I from 30.04.1998). It is described in detail in an internal instruction of the Ministry of Health. We could not obtain a copy of the instruction, but according to internal sources, hospitalization to a psychiatric institution is required. In Ukraine (Decrees of the Ministry of Health №972 from 15.09.2016 and №1041 from 05.10.2016), the requirements include outpatient observation by a psychiatrist for 2 years or 2 weeks of hospitalization, as well as undergoing HRT.

Access to gender-affirming procedures.

Prescription of HRT and performing surgeries for TGW most often takes place in private clinics, the information on availability of specific procedures is limited. In Azerbaijan, Armenia, Moldova, Tajikistan, and Uzbekistan, there is no requirement for the diagnosis "transsexualism" to undergo HRT and surgeries specifically defined in legislation. The requirement for the diagnosis depends on the type of intervention: while it is required for genital surgeries, it is usually not necessary in cases of face feminization surgeries and mammoplasty [55]. In Azerbaijan, endocrinologists refuse to work with TGP; therefore, they have to approach specialists in Turkey or Iran or buy hormonal drugs without prescription, including at the black market [56]. Endocrinologists willing to work with TGP are not present in all cities of Ukraine, so TGP have to take HRT without supervision [55]. In Belarus, 70.8% TGW take hormones without supervision [38]. In Ukraine, 54% TGW take HRT in tablet form, 24% — in injectable form, 18% — in gel form, 4% — in patch form [6]. In Central Asia, endocrinologists are mainly available in Bishkek and Almaty, but TGP from other cities and countries can receive consultations online; while officially a prescription is required to buy hormones, in practice it is not checked by pharmacists, although it depends on the part of the country [54]. On the contrary, in North Macedonia, prescriptions are checked thoroughly, in certain cases pharmacists also demand confirmation of the diagnosis "transsexualism"; the certificate with the diagnosis usually has a previous name mentioned, which is another barrier to receiving therapy [57]. In the majority of countries, there are no clinical recommendations or protocols for working with TGP. For example, in Georgia, endocrinologists use standards of care developed in the USA and Europe [58].

In Central Asia, surgeries are available only in Kazakhstan and Kyrgyzstan; however, their quality leaves much to be desired for which reason TGP prefer to go abroad, most often to Russia [54,59]. TGW from Ukraine also prefer to undergo surgeries abroad, for example, in Belarus, Russia, or Thailand [55,60].

The data on the use of surgical interventions were found only for Ukraine. A total of 26% respondents had experience of undergoing gender-affirming surgeries: mammoplasty (14%), collagen injection (12%), genital surgeries (11%), face feminization (10%), silicone injection (6%), hyaluronic acid injection (5%), orchiectomy (2%) [6]. Only in Belarus and Montenegro ("On compulsory medical insurance" №6/2016, 2/2017, 22/2017, 13/2018, 67/2019), gender-affirming interventions are covered by medical insurance. In other countries, the national system of medical insurance is either non-existent or surgeries for TGW are not covered. For example, in North Macedonia, orchiectomy is covered for patients with testicular cancer but not for TGW [57]. Attempts to include gender-affirming interventions in the coverage may face political opposition. For example, on June 27, 2019, the media published a statement of the Minister of Health of North Macedonia delineating plans to

include these interventions in the list of interventions covered by insurance; however, after angry comments in social networks the Ministry refuted this information [61].

Anti-discrimination legislation on SOGI.

The data for this section are included in Table 4. In order to harmonize legislation with the European Union, several countries of the region adopted anti-discrimination laws covering SOGI. SOGI-based hate is considered an aggravating factor in Albania (Criminal Code = CC, article 50), Brčko District of BiH ("A plan of actions to promote human rights", page 8), Georgia (CC, articles 53 and 142), Moldova (CC, article 134(21)), North Macedonia (CC, article 122§40), Serbia (CC, article 54a), and Montenegro (CC, article 42a).

Prohibition of incitement of hatred based on SOGI is present in Albania (CC, article 265 (only SO), Republika Srpska of BiH (CC, article 359§1), North Macedonia ("On prevention and protection from discrimination" №08-3764/1 27.10.2020, article 9), Serbia ("On prohibition of discrimination", №22/2009 i 52/2021, article 13), and Montenegro ("On prohibition of discrimination" №042/17 30.06.2017, article 443).

SOGI-based discrimination in employment is prohibited in Albania (CC, article 253; "On protection from discrimination" №10211 from 04.02.2010, article 12), BiH ("On prohibition of discrimination" №59/2009, 66/2016, article 2), Georgia ("On elimination of all forms of discrimination" 2391-II from 07.05.2014, article 1), Moldova ("On guaranteeing equality" №121 from 25.05.2012, article 7 (only SO)), North Macedonia ("On prevention and protection from discrimination" №08-3764/1 from 27.10.2020, articles 3 and 5), Serbia ("On prohibition of discrimination" №22/2009 i 52/2021, article 16), Montenegro ("On prohibition of discrimination" №042/17 from 30.06.2017, article 16), and Ukraine ("On population employment" (Verkhovna Rada news 2013 №24 §243), article 11).

Country	1	2	3	4	5
Balkans					
Albania	No	Yes	Yes	Yes	Yes
BiH	No	Yes (Brčko)	Yes (RS)	Yes	Yes
N Macedonia	No	Yes	Yes	Yes	Yes
Serbia	No	Yes	Yes	Yes	No
Montenegro	No	Yes	Yes	Yes	No
Eastern Europe					
Belarus	No	No	No	No	No
Moldova	No	Yes	No	Yes	No
Ukraine	No	No	No	Yes	Yes
Central Asia					
Kazakhstan	No	No	No	No	No
Kyrgyzstan	No	No	No	No	No
Tajikistan	No	No	No	No	No

Uzbekistan	No	No	No	No	No
South Caucasus					
Azerbaijan	No	No	No	No	No
Armenia	No	No	No	No	No
Georgia	No	Yes	No	Yes	Yes

Table 4. Anti-discrimination legislation on SOGI. Questions: 1. Constitutional prohibition on discrimination based on SOGI; 2. SOGI-based hate is considered an aggravating factor; 3. Prohibition of incitement of hatred based on SOGI; 4. Prohibition of employment discrimination based on SOGI; 5. Other clauses on non-discrimination based on SOGI.

In addition to aforementioned cases, in several countries, prohibition of discrimination is included in other parts of legislation. In Albania, SOGI are included in the law ("On protection from discrimination" №10211 from 04.02.2010) prohibiting discrimination in the educational system (section III) and the service sector (section IV). In BiH, discrimination is prohibited in all state institutions, as well as on behalf of private individuals and organizations in all spheres including employment, membership in professional organizations, education, housing, healthcare, social benefits, goods and services ("On prohibition of discrimination" №59/2009, 66/2016). In Georgia, discrimination based on SO (but not GI) is prohibited in healthcare ("On healthcare" №1139 from 31.12.1997, article 6; "On patient rights" №283 from 05.05.2000, article 6). In North Macedonia, SOGI-based discrimination is mentioned in the laws "On social protection" (104/19, 146/19, 275/19, 302/20, 311/20, 163/21, 294/21, 99/22, 236/22, article 16), "On protection of patient rights" (№190/19, 122/21, article 5), "On audio and audio-visual media services" (№42/20, 77/21, article 48), and "On primary education" (№161/19, 229/20, article 5). In Ukraine, the law "On advertisement" (№ 271/96-ВР from 03.07.96, ВВР, 1996, №39, article 182), article 24(1) mentions SO. None of the countries has prohibition of SOGI-based discrimination included in their Constitution. Despite the existence of anti-discrimination laws, they are rarely used in practice. For example, in Serbia, the first judgment where SOGI-based hatred was considered an aggravating factor was adopted 6 years after the respective law went into effect [62].

5. Complex response to HIV

In this section, by "complex response" we mean understanding of how medical, sociocultural, and economic factors are considered (or not considered) when planning response measures to HIV among TGW. In addition to interventions aimed specifically at HIV, gender-affirming interventions, violence, and discrimination are included. The data for this section are provided in Table 5.

Country	1	2	3	4	5	6
Balkans						
Albania	No	No	No	No	Yes	No
BiH	No	No	No	No	No	No
N Macedonia	No	No	No	No	Yes	No
Serbia	Yes	No	No	Yes	Yes+	No
Montenegro	No	No	No	No	Yes+	No

Eastern Europe						
Belarus	No	No	No	Yes	Yes	Yes
Moldova	Yes	Yes	Yes	Yes	Yes	No
Ukraine	No	No	No	Yes	Yes+	No
Central Asia						
Kazakhstan	No*	No	No	Yes	Yes	No
Kyrgyzstan	Yes	No	No	Yes	Yes	No
Tajikistan	No	No	No	No	Yes+	No
Uzbekistan	No	No	No	No	No	Yes
South Caucasus						
Azerbaijan	No	No	No	No	No	Yes
Armenia	Yes+	Yes	No	No	Yes+	No
Georgia	Yes	Yes	Yes	No	Yes+	No

Table 5. Complex response to HIV. Questions: 1. Are TGW recognized as a key population group in national response to HIV? Yes — TGP are a key population group; Yes+ — TGW are a key population group. 2. Are HIV programs aimed to eliminate stigma and discrimination and uphold rights of TGW? 3. Do national HIV response measures include a special budget for gender-affirming interventions (for example, a consultation with an endocrinologist, providing hormones)? 4. Do TGP/TGW participate in the development of policies, guidelines, and strategies related to their health and rights? 5. Are organizations of TGP/TGW present in the country? Yes — only unregistered; Yes+ — registered also exist. 6. Are there restrictions on receiving foreign funding for NGOs?

Recognizing TGP or TGW as a separate key population group.

Putting TGW and MSM together has repeatedly been pointed out as a barrier to receiving services by TGW [63]. However, in most countries of the region TGW (and more broadly — TGP) are not recognized as a separate key population group in national HIV response measures and receive services either as MSM or as sex workers. For example, in Albania and Montenegro TGP are mentioned as part of the group MSM [64,65]. In Kazakhstan, TGP are included in the group “sex workers” (according to the definition, these include “adult women, men, transgender individuals (18 years or older) who on a regular or irregular basis provide sexual services in exchange for money or goods”), but they are not recognized as a separate group (Decree of the Minister of Health №ҚР ДСМ-137/2020 from 19.10.2020). In three countries of the region, TGP (but not TGW) are recognized as a key population group. In Moldova, since 2021 TGP have been included in the National Program on HIV that includes HIV testing, PEP, providing means of protection, psychological support, legal support, and services in the sphere of sexual and reproductive health [66]. In Kyrgyzstan, TGP are mentioned in a number of official documents including the Governmental Program on overcoming HIV infection in Kyrgyz Republic for 2017–2021, the Plan of interventions aimed at implementation of the Program, and the Matrix of monitoring and assessment indicators of the Program (approved by the Resolution of the Government №852 from 30.12.2017). In Serbia, the Strategy for prevention and fighting HIV infection and AIDS for 2018–2015 includes TGP („Службени гласник РС”, №61 from 08.09.2018). A draft of Georgia’s National strategic plan for 2023–2025 also recognizes TGP [67]. Only in Armenia, the National program for 2022–2026 recognizes TGW (not TGP) as a key population group [68], specific interventions are defined in the appended Work plan [69].

Understanding socio-economic factors affecting access to ARVT and adherence to treatment for TGW.

The factors affecting accessibility of HIV prevention and treatment have been discussed above; however, the review of official documents reveals that they are not taken into consideration in national HIV response strategies. In Armenia [69] and Moldova [66], national strategies on HIV mention discrimination; however, other factors specific to TGW are not discussed. The draft version of Georgia's National strategic plan for 2023–2025 mentions stigma and discrimination, violence, the lack of social and legal recognition of gender identity, and barriers in employment and education [67]. In most cases, issues related to violence are usually discussed only in relation to cisgender women, while TGW receive no protection from violence because they have a male gender marker [21]. We could not find any empirical studies on the effect of socio-economic factors on access to HIV services in the countries under study.

Combining HIV services with gender-affirming interventions

(for example, free consultations with an endocrinologist, providing hormonal drugs) has been recommended as one the approaches to engaging TGW in HIV programs [70]. For example, TGP in Ukraine reported that gender-affirming interventions are a priority for them; thus, combining HIV programs with these interventions could motivate them to receive HIV prevention and testing [55]. Only in two countries, gender-affirming interventions are mentioned in programs on HIV. In Moldova, the National program on HIV includes consultations with an endocrinologist [66]. The draft version of Georgia's National strategic plan for 2023–2025 [67] includes provision of HRT as part of the extended package of services. In countries where state programs do not include gender-affirming interventions, they can be provided by NGOs. For example, in Ukraine, "Alliance for Public Health" bought 150 one-year courses (5300 packages) of feminizing and masculinizing hormonal therapy; as of 01.12.2022, 37 TGP from 10 cities received required medications [71].

Drug interactions between ARVT/PrEP and HRT.

There is few data on drug interactions between ARVT/PrEP and HRT for TGW. A study conducted in Thailand demonstrated a decrease in concentration of tenofovir in blood serum when taking it in combination with estradiol, while the level of estradiol was not affected [72]. Another study conducted in the USA demonstrated that taking tenofovir+emtricitabine and estradiol together did not exercise significant effects on concentrations of any of them [73]. Nevertheless, possible interactions between these types of therapy are a concern for many TGW that can be a reason for decreased adherence to ARVT/PrEP [55,70]. An analysis of clinical recommendations and protocols on HIV revealed that drug interactions are not taken into consideration when prescribing ARVT/PrEP in any of the countries under study. TGW usually receive a standard package of ARVT medications recommended for the general population. In Georgia, MSM and TGW receive tenofovir+emtricitabine (300/200 mg) once a day as PrEP [74]; information on other countries is lacking. Doctors are often not educated in these issues. For example, in Kyrgyzstan, a transgender woman had an allergic reaction against ARVT; the doctor recommended her to stop HRT believing that the allergy was caused by hormones [59].

Participation of TGW in the development of policies, guidelines, and strategies related to their health and rights.

No one knows about the challenges faced by a social group better than representatives of this group; therefore, engagement of TGW in the development of policies aimed to improve their health is utterly important. In Belarus, there is a quota for TGP in the Coordination Council on HIV and tuberculosis [75]. In Kyrgyzstan, two TGP (including one TGW) are members of the Committee on Fighting HIV/AIDS, Tuberculosis, and Malaria under the auspices of the Governmental Coordination Council on Public Health [76]. In Kazakhstan, in 2021, the Country Coordination Committee on HIV for the first time allocated seats for TGP; a member of the initiative group "Alma-TQ" became a member representing TGP [23]. In Ukraine, after adoption of the Resolution of the Cabinet of Ministers of Ukraine №214 from 13.03.2019, the National Council on Fighting Tuberculosis and HIV infection allocated a place for TGP. In 2021, a working group on advocacy in the sphere of healthcare (including HIV and tuberculosis) was established at the initiative of NGO "Cohorta" [77]. In Moldova, NGO "GENDERDOC-M" is a member of the National Coordination Council on HIV/tuberculosis and promotes the rights of TGP. Also there is the Key Affected Populations Committee (an informal platform, not registered officially); in 2022, a trans masculine person became its member with the goal to promote the interests of all TGP. In Armenia, one transgender person is a member of the Country Coordination Committee [78].

TGW participate in the development of policies, guidelines, and strategies related to their health and rights not only in the sphere of HIV. In Serbia, TGP, representatives of Ministries, and experts participated in a meeting on trans depathologization in relation to the transition to the ICD-11 [79]. In Ukraine, the civil initiative "T-ema", which consists of two transsexual women, participated in the process aimed to amend the Decree of the Ministry of Health №60 from 03.02.2011 and develop the Unified Clinical Protocol of primary, secondary (specialized), and tertiary (highly specialized) medical care "Gender Dysphoria", which was adopted by the Decree of the Ministry of Health №972 from 15.09.2016 [60].

In certain cases, participation of TGP in the work of state bodies is only a formality. For example, a 2021 study reports that "in Ukraine, inclusion of TGP in the National Rada was formal. After the election of the current trans representative, they clearly told him that it is impossible to enter working committees where the decisions are made and work is done. Even despite the fact that all meetings of working groups were conducted in Zoom. The trans representative was denied a Zoom link, which testifies to the fact that even in situations when meaningful inclusion is easy, practical exclusion is systematic and intentional" [80]. The Shadow Report for 2019 mentions some barriers that prevent members of the National Council representing communities from active participation — "for example, representatives of the transgender community must show their passports to confirm their participation in the meeting" [81].

Interventions aimed at promoting rights and accessibility of HIV services conducted by NGOs.

In the majority of countries of the region, registered or unregistered groups of TGW (or more broadly — TGP) work on health issues and HIV in particular. In Armenia, two trans-led NGOs are registered: "Right Side" and "National Trans Coalition". Also there are several organizations working on broader issues including TGW rights: "New Generation", "Pink Armenia", "Queer Sista", "Colorful House",

"For Strong Future", and "DiverCity". In Georgia, Queer Association "Temida" is the only registered trans-led organization; "Transgender Solidarity Group" is not officially registered. In addition, TGW rights are promoted by "Women's Initiatives Supporting Group" (WISG), "Inclusive Foundation", "Identoba", and "Equality Movement". In Kazakhstan, there are two unregistered groups: "Alma-TQ" (all TGP) and "TransDocha" (only TGW). In Kyrgyzstan, an unregistered group "MyrzAiym" is led by TGW; larger registered LGBT organizations "Labrys" and "Kyrgyz Indigo" also work on TGW rights. In Tajikistan, there is a registered trans-led organization, but for security reasons its name is not disclosed. In Belarus, "TG House" is an unregistered group led by TGW. In Moldova, an unregistered group "Felis Transgender Advocacy Group" was created under the auspices of GENDERDOC-M. In Ukraine, unregistered groups with meaningful participation of TGP include: "Lavender Menace" (active in 2015–2016), "AdmanT" (2016–2017), "Agents K.V.I.R" (2017), and "Nonbinary.UA"; registered organizations include: "Insight" (from 2008), "HPLGBT" (from 2014), "T-ema" (from 2014), "Other" (from 2014), "Trans Generation" (from 2020), and "Cohorta" (from 2020) [82]. In Albania, there is an unregistered group "Ylebrofilia", in North Macedonia — "TransFormA". In Serbia — a registered group "Talas", in Montenegro — "Asocijacija Spektra".

NGOs conduct various interventions aimed to decrease risks of contracting HIV and improve accessibility of services. Those include educational programs for healthcare specialists and police officers, establishment of shelters and safe spaces for TGW, support groups and peer-to-peer consultations, legal support and hot lines. Many organizations also provide free HIV testing, condoms and lubricants, consultations of doctors and psychologists.

In the situation of insufficient access to decision-makers within the country, many NGOs rely on international human rights mechanisms including UN treaty bodies, especially the Committee on the Elimination of Discrimination against Women (CEDAW). As a result, many countries of the region received recommendations to improve the situation for TGW: Azerbaijan (CCPR/C/AZE/CO/4), Albania (CEDAW/C/ALB/CO/), Armenia (CEDAW/C/ARM/CO/7), Georgia (CEDAW/C/GEO/6), Kazakhstan (CEDAW/C/KAZ/CO/5), Kyrgyzstan (CEDAW/C/KGZ/CO/5), Macedonia (CEDAW /C/MKD/CO/6), Moldova (CEDAW/C/MDA/CO/6), Serbia (CEDAW/C/SRB/4), Montenegro (CEDAW/C/MNE/CO/2), Uzbekistan (CEDAW/C/UZB/CO/6).

Restrictions on the work of NGOs.

Several states impose direct or indirect restrictions on the work of human rights organizations, including organizations led by TGW. In Azerbaijan, following amendments to the law "About grants" (№1081-IVQD from 17.10.2014), grant contracts must be registered. As a result, it became very difficult for NGOs to receive financial support from international donors. In Uzbekistan, NGOs are forced to cooperate with the state when implementing internationally funded projects (Resolution of the Cabinet of Ministers №328 from 13.06.2022). In Belarus, it is prohibited to use international financial support to "organize interventions aimed to conduct political and mass-agitation work among the population" (Decree of the President №3 from 25.05.2020); in theory, this can include sharing information on trans issues. International funding must also be registered in the Department for Humanitarian Activities. Since TGW-led groups are rarely able to obtain financial support within the country and rely on foreign funding, these restrictions significantly impair their work.

Conclusions

Western Balkans, Eastern Europe, South Caucasus, and Central Asia remain understudied regions in the context of HIV among TGW. Biobehavioral surveys among TGW have been conducted only in Azerbaijan, Armenia, Kyrgyzstan, and Ukraine. The number of TGW was estimated in the range between 0.01 and 0.04%. The prevalence of HIV among TGW was estimated in a broad range between 1.9 and 39.5%. Between 20 and 92% TGW reported having experience in sex work. Taking into consideration such a broad variability of values, these samples can hardly be called representative and the quality of these studies remains poor. In addition to the aforementioned values, quantitative and qualitative data show that stigma and discrimination against TGW are serious challenges that act as barriers to receiving access to HIV services.[4] Only for one country do we have data on mental health of TGW.

Stigma and discrimination arise from sociocultural norms existing in societies under study. These include: misogyny and tolerance to violence, homophobia, transphobia, and negative attitudes to sex work. Sociocultural norms are reflected in legislation and at the same time are reinforced by existing laws. In Uzbekistan, criminal liability for voluntary sexual relationships between men remains from Soviet times. TGW who have not changed their legal gender can also be prosecuted. In 14 out of 15 countries, using PAS is a criminal offense. In 12 countries, sex work is an administrative offense, in yet other three countries, pimping is criminalized. 13 out of 15 countries criminalize transmission of HIV in one way or another. The aforementioned legal restrictions drive into the shadows TGW living with HIV, engaged in sex work, and using PAS, which makes them less accessible for HIV programs. In 10 out of 15 countries, there exist procedures of legal gender recognition, in six countries they are defined in detail. At least in three countries these procedures require HRT, in six — undergoing surgeries (in Serbia, undergoing HRT exempts one from surgeries and vice versa). At the same time, access to these gender-affirming procedures is limited due to insufficiency of competent specialists, inaccessibility of hormones, and poor quality of surgeries. Only in two countries these procedures are covered by national medical insurance systems. All the countries of Western Balkans, as well as Georgia, Moldova, and Ukraine adopted anti-discrimination legislation including sexual orientation and/or gender identity; however, in practice these laws are rarely being used.

When talking about the complex response to HIV, TGP in general and TGW in particular are not recognized as separate key population groups in most countries. They are often combined with other groups such as MSM or sex workers. However, this situation has been changing in the past few years. At the time of this research, TGP are recognized as a key population group in 5 out of 15 countries; in one country, TGW specifically are recognized as a key population group. Even when TGP are mentioned in national programs on HIV, the issues related to stigma, discrimination, and respect for their rights are often silenced. Only in two countries, the budget on HIV includes funding for gender-affirming interventions. Positive shifts can be observed in inclusion of TGW in the development of programs in the sphere of HIV. Nevertheless, most HIV services for TGW are still provided by NGOs instead of the state. These NGOs often face restrictions such as problems with receiving an official registration and foreign funding.

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[4] The collection of data coincided with the onset of a full-scale war in Ukraine, which directly affected accessibility of services in Ukraine and caused migration within the region and beyond. According to trans activists in Central Asia and South Caucasus — representatives of the Trans* People Working Group on HIV and sexual health in EECA, the war negatively affected the economic situation of trans people in these countries and made health services, including HIV services, less accessible.

Recommendations

To researchers and organizations:

- Conduct more quantitative and qualitative studies in the sphere of HIV among TGW;
- When conducting studies, make a breakdown by gender identity, specify TGW as a subgroup;
- Engage local trans initiatives and LGBTI organizations in planning, design, data collection and analysis;
- Map and share study results among decision-makers, monitor communication with them and engage them in problem-solving.

To governments and lawmakers:

- Decriminalize voluntary sexual relationships between same-sex partners, using PAS, sex work, and transmission of HIV;
- Remove laws and bills aimed against LGBTI individuals;
- Remove restrictions, simplify and make more accessible procedures of legal gender recognition;
- Adopt anti-discrimination laws including gender identity and ensure compliance;
- Make gender-affirming interventions more accessible by changing legislation and bringing it in line with international standards, by educating medical specialists and developing clinical practice guidelines;
- Recognize TGP and TGW as separate key population groups in national HIV response programs;
- Engage representatives of TGP and TGW in decision-making on issues related to their health and rights;
- Enable the work of NGOs, simplify their registration and receiving of foreign funding.

To national public health institutions:

- Implement ICD-11 and bring national codes in line with it to ensure that trans people have access to medical services free of stigma;
- Ensure that trans people have access to HIV services and trans-specific medical care without discrimination based on gender identity, gender expression, HIV-status, and other characteristics.

To community-based organizations, donors:

- Organize awareness-raising campaigns aimed to reduce the levels of misogyny, transphobia, homophobia, and negative attitudes towards sex workers among the population;
- Revise their policies and programs to ensure that they are based on human rights standards and pay due attention to trans people;

- Regularly monitor trans human rights by, for example, monitoring of violations of trans rights and including the situation of trans people in regular and special reports on the country;
- Continue providing financial and technical support to trans and LGBTI organizations;
- Include funding of gender-affirming care in HIV programs.

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