



# **Expertise of PrEP Access for Transgender People in Georgia**

# Expertise Brief: Community Barriers to PrEP Access for Transgender People in Georgia

## Recommendation for Transgender communities

In Georgia's healthcare system, clinical and pharmacological aspects of HIV prevention for transgender people are characterized by a number of complexes, interconnected barriers. The most prominent of this form the group of high-risk barriers — those that, at a systemic level, prevent the delivery of safety, personalized care, and effective medical support for transgender PrEP users.

A high level of barriers is observed, first and foremost, in the absence of national clinical protocols that account for the specifics of transgender experience and concurrent hormone therapy. Official recommendations by the Ministry of Health contain no information on potential interactions between PrEP and gender-affirming hormone therapy, nor do they offer separate algorithms for managing side effects in this patient group.<sup>1</sup> As a result, doctors rely on universal schemes developed for cisgender patients, which can lead to missed side effects or misinterpretation of health status changes.

The second issue is the extremely low level of awareness among healthcare professionals regarding side effects of PrEP in transgender individuals and the potential specifics of drug interactions. The lack of targeted training and continuing education leaves practitioners in a zone of guesswork and “blind spots” when it comes to supporting transgender patients. Most doctors cannot provide professional consultation on the safety of simultaneous PrEP and hormone use, forcing patients to search for information on their own — often in a foreign language.<sup>2</sup>

The largest gap is the complete absence of research and national data on the long-term effects of PrEP use among transgender people. As in several other Eastern European countries, the Georgian monitoring system currently does not include transgender patients in observational cohorts, and all conclusions are drawn based on international publications that are not always relevant to the local clinical context. Involvement of transgender people in clinical trials of new PrEP forms is also lacking: trial protocols are developed without considering this group, and their experiences and risks are ignored in safety and efficacy assessments of new drugs.

Another major challenge is the lack of official Georgian-language guidelines on PrEP compatibility with other medications, including hormones, anticonvulsants, antidepressants, and more. Medical staff and patients are often forced to rely on foreign sources, which increases the likelihood of errors and lowers the quality of care. In addition, the national mental health support system for transgender individuals is practically non-functional: services are only available through specific NGOs or on a paid basis, creating another level of inequality in access to assistance for side effects or HIV prevention-related psychological difficulties.

A medium level of barriers appears where certain elements of clinical support exist but are implemented in a fragmented way. In some pilot and urban programs, monitoring of PrEP adherence is conducted, intake regularity is tracked, and minimal statistics are maintained. However, such an approach is not integrated nationally and depends on the initiative of individual clinics or NGOs. As a result, the overall level of adherence among transgender patients remains unknown, and risk factors for discontinuation or incorrect use of PrEP are not systematically analysed.

Another medium barrier is the formal — but not always practically implemented — requirement for regular medical visits and examinations.

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<sup>1</sup> National HIV Prevention Standards and Protocols, 2022

<sup>2</sup> Women's Initiatives Supporting Group. The Coalition for Equality - The State of Equality in Georgia, 2025

Many patients do not undergo all prescribed STI screenings due to stigma, fear of disclosure, or lack of resources. Although protocols require testing, in practice, these may be skipped, and individualized monitoring of transgender people's health remains limited. A low level of barriers is noted in basic clinical procedures: standard screening for contraindications before starting PrEP, as well as STI testing, are conducted for all users regardless of gender identity. These procedures are standardized, well-documented, and available in public clinics, ensuring formally equal conditions for transgender people compared to other groups.

In conclusion, the clinical and pharmacological aspects of HIV prevention for transgender people in Georgia reflect the full complexity of the contradiction between formal equality and real vulnerability. The absence of trans-specific protocols, lack of integration of safety and efficacy data, insufficient systematic training of professionals, and the deficit of long-term effect research create a situation where even a free and formally available drug cannot always be used safely and effectively. Overcoming these barriers requires institutional initiative: the development and implementation of national protocols that consider transgender-specific needs, conducting systematic research, expanding educational programs for healthcare workers, and integrating psychosocial support into the medical infrastructure. Only through such efforts can scientifically grounded, personalized, and sustainable care be ensured for transgender PrEP users in the long term.

Recommendation	Targeted
Develop and expand regional peer support networks and PrEP-focused counseling groups	Immediate: Recruit and train peer facilitators; Medium-term: Establish support groups in all major regions; Long-term: Integrate into community centers
Organize national and local advocacy campaigns with visible trans leaders and community role models	Immediate: Identify and support spokespeople; Medium-term: Launch coordinated campaigns; Long-term: Build a national advocacy platform
Monitor and publicly report rights violations, discrimination, and access barriers to PrEP and related health services	Immediate: Set up reporting platforms; Medium-term: Annual barrier reports; Long-term: Advocate for policy/legal changes
Proactively participate in co-design, evaluation, and quality monitoring of PrEP services at all program levels	Immediate: Attend planning meetings; Medium-term: Serve on evaluation panels; Long-term: Institutionalize advisory roles
Collect, document, and disseminate positive experiences (“success stories”) of PrEP users to reduce stigma	Immediate: Gather testimonials; Medium-term: Publish on media platforms; Long-term: Use in advocacy and education programs
Build alliances with other marginalized and vulnerable groups to amplify collective advocacy for PrEP access	Immediate: Initiate coalition building; Medium-term: Conduct joint actions and campaigns; Long-term: Institutionalize coalitions
Provide peer-to-peer navigation and accompaniment for transgender people accessing medical and social services	Immediate: Train peer navigators; Medium-term: Set up navigation programs; Long-term: Integrate into service infrastructure

*“The Expertise Brief was prepared by Dr. Karen Badalyan, a consultant on gender, communities, and HIV, and was published within the framework of the regional project ‘Sustainability of Services for Key Populations in Eastern Europe and Central Asia (EECA) – #iSoS: Empowering and Innovations.’”*