



Expertise of PrEP Access for Transgender People in Georgia

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

Recommendation for International Agencies, Diplomatic Missions and Donor Organizations in Georgia

Economic barriers to PrEP access for transgender people in Georgia are formed at the intersection of individual and structural levels, combining factors of direct financial affordability, labor discrimination, healthcare infrastructure features, and limited support services. Despite certain achievements — primarily the free distribution of PrEP within state and donor programs — the overall economic landscape remains extremely uneven and full of “invisible” costs that can exclude the most vulnerable groups of transgender people from preventive pathways.

A high level of barriers is clearly visible where formal guarantees of free PrEP access collide with the everyday economic instability and structural marginalization of transgender people. First of all, this refers to factors not regulated by medical or pharmaceutical protocols, but which determine the real ability to regularly use prevention. These include chronic unemployment, low income levels, the inability to receive support in the workplace, and discrimination entrenched in corporate culture and the social environment. For most transgender people, economic insecurity becomes a “double barrier”: even if the medication itself is free, the costs of transportation, periodic examinations, tests, and accompanying medical services are often unaffordable. Economic pressure is exacerbated by the fact that employers virtually do not provide information about PrEP, time off to visit a doctor, let alone any HIV prevention programs. As a result, health issues become a matter of personal struggle rather than collective responsibility.

The problem is especially acute for transgender people with limited mobility, disabilities, or those living in remote areas. For them, the absence of mobile and home-based PrEP services effectively excludes them from all preventive pathways: they cannot reach urban clinics on their own, and outreach consultation programs are absent even at the pilot level. This service vacuum creates a zone of complete social and medical isolation, where even access to information about PrEP becomes meaningless.

A key economic barrier is also related to the absence of specialized feedback channels: transgender people have no opportunity to file complaints about the quality of or discriminatory practices in obtaining PrEP through specific state or private mechanisms. Complaints either get lost in the general healthcare system or are not considered substantively, making it impossible to obtain compensation for economic losses or to change ineffective practices. This lack of institutionalized feedback reinforces a sense of helplessness and distrust in the system.

A medium level of economic barriers is identified at the juncture between the theoretical availability of free PrEP and the practical implementation of prevention programs. Even when medications and funding are in place, accessibility is significantly reduced due to transportation costs and the requirement for regular clinic visits for follow-up prescriptions and testing. This especially affects residents of regions and rural areas, who must travel dozens or even hundreds of kilometers to access the relevant facilities. An additional limitation is the clinic working hours: most services operate on a standard schedule, offering almost no evening or weekend appointments. This directly impacts working people and students, reduces flexibility, and leads to economic losses due to missed work or extra time costs. The problem of insurance coverage also remains unresolved: even if PrEP itself is free, the necessary tests and examinations are, in some cases, paid and not included in standard insurance packages. At the same time, the logistics and supply chain for PrEP at state and donor institutions operate reliably, and interruptions in PrEP distribution have become rare, quickly resolved thanks to centralized procurement.

This success allows us to affirm that at the most basic level of accessibility, the medication is guaranteed for everyone included in the prevention system.

A low level of barriers is recorded precisely in the aspects of the direct cost of the medication and the procedure for obtaining it. The joint policy of the Georgian government and the Global Fund to provide PrEP free of charge has eliminated financial constraints for most transgender people — at least in cities and within core prevention programs.

Financial assistance or separate subsidies for PrEP are essentially unnecessary, as the medication is provided free of charge. Moreover, in some cases, NGOs also cover additional expenses (such as tests or transportation), which helps offset some of the medium-level barriers for the most vulnerable.

It should be emphasized that economic barriers — despite progress in direct medication access — still possess a complex, multi-layered, and largely “invisible” structure. Workplace discrimination, chronic unemployment, low financial mobility, the lack of transportation infrastructure and flexible services — all these not only limit formal access to PrEP but also create a sense of isolation and helplessness among transgender people. In a situation where the state and major employers do not recognize their responsibility for HIV prevention among vulnerable groups, and where feedback and support services remain fragmented and initiative-driven, economic barriers become an expression of systemic inequality and social marginalization. Overcoming these obstacles requires not only maintaining the policy of free PrEP access but also developing comprehensive economic support programs, flexible service organization, corporate culture reform, expansion of mobile clinics, and full insurance coverage for all healthcare services related to HIV prevention among transgender people. Only through a comprehensive approach can we speak of real, rather than merely formal, economic accessibility of PrEP for all who need it.

Recommendation	Targeted Actions
Ensure stable, long-term funding for PrEP access, outreach, and transgender health programs	Immediate: Commit multi-year grants; Medium-term: Monitor funding gaps; Long-term: Align with national health budgets
Provide technical assistance for the development and implementation of trans-inclusive medical protocols and training	Immediate: Deploy expert consultants; Medium-term: Fund local adaptation; Long-term: Periodic joint protocol reviews
Support independent research and data collection on PrEP access, barriers, and health outcomes among transgender people	Immediate: Fund baseline studies; Medium-term: Facilitate local research partnerships; Long-term: Support regular surveys and analysis
Promote knowledge exchange and best practice sharing between Georgia and other countries on PrEP and trans health	Immediate: Organize webinars/visits; Medium-term: Publish international case studies; Long-term: Establish regional expert networks
Fund emergency and crisis support for transgender people facing violence or PrEP access denial	Immediate: Allocate emergency grant lines; Medium-term: Partner with local NGOs for rapid response; Long-term: Evaluate support outcomes
Support development of inclusive communication campaigns and anti-stigma initiatives at the national and regional levels	Immediate: Provide communications funding; Medium-term: Facilitate campaign design; Long-term: Measure and scale impact
Promote and fund participation of transgender activists and experts in international forums, conferences, and policy-making	Immediate: Offer travel grants and scholarships; Medium-term: Sponsor regional convenings; Long-term: Track representation in key bodies

“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.’”