



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



# **Expertise Brief: Legal and Political Barriers to PrEP Access for Transgender People in Georgia**

## Recommendations for Government and Parliament of Georgia

The central aim of this expertise is to offer a rigorous, multidisciplinary analysis of the barriers to PrEP access for transgender people in Georgia, drawing on national legislation, clinical guidelines, global health recommendations, and—most importantly—the lived realities of those most affected. This work was also shaped by the several conversations with transgender people—many of whom have shared their stories with courage and vulnerability, trusting that their truth would help move Georgian society forward. Their voices resonate throughout

The most fundamental barriers preventing transgender individuals from accessing HIV pre-exposure prophylaxis (PrEP) in Georgia stem from systemic legal and political constraints, categorized as high-risk obstacles. Chief among them is legislation that either explicitly prohibits or effectively excludes legal recognition of gender identity without psychiatric and surgical interventions. Article 78(g) of Georgia’s “*Law on Civil Acts*” No. 5562 stipulates that legal gender change in official documents is permissible only upon diagnosis of “*transsexualism*” (F64.0 under ICD-10) and confirmed surgical intervention. This requirement directly contradicts WHO and UN recommendations and renders legal gender recognition unattainable for the overwhelming majority of transgender individuals.



Consequently, they are trapped in a “*life between identities*,” where any engagement with healthcare systems poses risks of outing, humiliation, or administrative denial of services. This risk was exacerbated by the adoption in 2024 of the “*Law on Family Values and Protection of Minors*” No. 2406-II, which imposes an outright ban on any legal or medical gender transition procedures, as well as public expression of gender identity differing from biological sex. This legal barrier not only eliminates the possibility of gender recognition but institutionalizes an environment of fear, stigma, and arbitrariness—affecting both transgender individuals and healthcare providers, who now fear administrative consequences for offering even basic services, including PrEP.

Another systemic and high-level barrier is the complete absence of state funding for PrEP for transgender people. PrEP procurement and distribution rely entirely on international donors (Global Fund, UNAIDS), with no dedicated budget lines in Georgia’s Ministry of Health for either 2024 or 2025. This makes access to PrEP highly vulnerable, contingent on external political dynamics and the continuation of long-term donor support.

The absence of a national complaint mechanism for transgender individuals facing healthcare discrimination is also a major structural obstacle. Existing avenues, such as appeals to the Public Defender (Ombudsman), are ineffective due to a lack of procedural clarity, anonymity guarantees, and personal data protection. As a result, most transgender patients do not even attempt to report discrimination or denial of services.

Furthermore, indirect criminalization and administrative prohibitions contribute to the high-risk environment: while same-sex relations are not criminalized, the law introduces administrative penalties for “*public demonstration*” of non-traditional gender identities (Law No. 2406-II, Article 15). Provisions in the Criminal Code of Georgia, such as Article 260 on illegal acquisition of medications, pose additional risks to those forced to obtain PrEP outside formal channels.



The medium-risk level is characterized by the gap between strategic declarations and real access mechanisms. The “Law on the Elimination of All Forms of Discrimination” No. 2391-II (07.05.2014) formally prohibits discrimination based on gender identity and sexual orientation<sup>1</sup>. However, it lacks a clear complaint submission procedure or administrative mechanism for reviewing discrimination cases in healthcare. Transgender patients rarely use this legal protection due to fear of outing and lack of trust in the system. NGO and transgender community participation in national HIV strategy consultations is also limited to formal engagement without genuine influence on resource allocation or decision-making. Similarly, existing educational programs for medical personnel on inclusive service provision for transgender individuals are

In contrast to these structural challenges, low-level barriers are observed only at the level of formal strategic planning. The current “National HIV/AIDS Strategic Plan of Georgia 2023–2025” is the first governmental document to explicitly recognize transgender people as a priority group, including PrEP coverage as a specific indicator aligned with international standards. National HIV prevention protocols also formally allow PrEP access for all key populations, including transgender individuals<sup>2</sup>. These frameworks signal political acknowledgment of the issue but are rendered largely ineffective by more powerful legal and administrative blockades.

Transgender people in Georgia thus face a double bind: trapped between formal guarantees found in strategies and laws and actual systemic restrictions rooted in rigid legal requirements, administrative inertia, absent enforcement, and extreme stigma. Even instruments that exist on paper fail to function without transformative legal and institutional reforms. In summary, the legal and political environment is not merely a neutral backdrop but a structural source of risk, requiring urgent and comprehensive reform to ensure real—not just declarative—access to PrEP for transgender individuals in Georgia.

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<sup>1</sup> Law of Georgia on the Elimination of All Forms of Discrimination, 2014

<sup>2</sup> Order of the Ministry of Health No. 01-23/6 dated 12.02.2022



The Government and Parliament are urged to act decisively, guided by international standards and grounded in the dignity and lived experiences of transgender people. Georgia's commitment to equality and public health requires not just formal policy adjustments, but transformative structural changes that guarantee sustainable, respectful, and inclusive healthcare for all following the expertise recommendations:

Recommendation	Targeted
Simplify the legal procedure for changing gender markers without medical or psychiatric requirements	Immediate: Draft legal amendments; Medium-term: Approve and implement via registry reform; Long-term: Monitor implementation in all regions
Integrate transgender people into all national HIV and anti-discrimination strategies	Immediate: Set up a working group; Medium-term: Update national strategies; Long-term: Institutionalize community representation
Integrate personal stories and lived experiences of transgender PrEP users into public communication	Immediate: Conduct interviews; Medium-term: Publish/air stories in mainstream and social media; Long-term: Normalize representation
Guarantee sustainable state funding for PrEP and medical procurement, regardless of donor support	Immediate: Allocate budget lines; Medium-term: Legislate funding guarantees; Long-term: Multi-year fiscal planning
Launch nationwide anti-stigma campaigns involving religious, cultural leaders, and role models	Immediate: Create campaign materials; Medium-term: Media dissemination and public events; Long-term: School curricula integration



Recommendation	Targeted
Adopt and enforce legal protections for LGBTQ+ people in all spheres, including healthcare	Immediate: Legal drafting; Medium-term: Law enforcement training; Long-term: Ongoing evaluation of hate crime/complaint data
Institutionalize community feedback and participatory policy-making in healthcare and social protection	Immediate: Create advisory boards; Medium-term: Hold regular consultations; Long-term: Formalize inclusion in policy cycles
Reform national monitoring and evaluation (M&E) systems to collect disaggregated data on transgender PrEP access	Immediate: Revise data templates; Medium-term: Train staff; Long-term: Publish annual disaggregated statistics

*“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.’”*