



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



# **Expertise Brief: Medical and Service Barriers to PrEP Access for Transgender People in Georgia**

Recommendation for Ministry of Health of Georgia,  
Medical and Social services providers in Georgia.

The most systemic obstacles for transgender people are formed in the sphere of medical services due to the absence of institutional inclusivity and evidence-based standards. The key barrier is the lack of integration of PrEP with comprehensive support, including gender-affirming care and mental health. National protocols do not contain adapted recommendations for the combined use of PrEP and hormone therapy, which forces doctors and patients to rely on fragmented foreign sources and often puts treatment safety at risk. An additional factor is the absence of trans-friendly certified clinics: the experience of most patients is accompanied by stigmatization, the risk of deadnaming, and unprofessional attitudes from medical personnel, especially outside major cities. The lack of systematic training programs for medical workers on transgender health issues results in an extremely low level of understanding of how to manage such patients, as well as low levels of tolerance and readiness for quality communication. The state system practically does not implement peer support programs and does not ensure access to psychosocial support for transgender people taking PrEP. All these barriers have a cumulative effect: even with the formal opportunity to seek PrEP, in reality most encounter numerous obstacles and humiliations.

The medium level of risk includes difficulties associated with infrastructure, navigation, and routine requirements of the healthcare system.



Although PrEP is formally available in public and some private clinics, actual coverage is predominantly limited to major cities. Patients from the regions are forced to spend significant resources on travel, sometimes undergoing additional visits and bureaucratic procedures to obtain or renew a prescription. The PrEP prescription algorithm requires mandatory in-person visits and regular medical checkups, while the possibility of telemedicine or remote repeat prescriptions is absent — which particularly limits the mobility of busy, regional, and stigmatized patients. For many, access to information, accompaniment, and removal of primary barriers is possible only through the help of non-governmental organizations — this reduces the autonomy and universality of the system, and also leaves outside its reach some of those in need who are unable to receive NGO support.

A low level of barriers is identified only in two aspects: the first is the standard procedure of mandatory HIV testing and a series of other tests before the prescription of PrEP, which corresponds to international practice and does not single out transgender people as a separate group for discriminatory actions. The second is the role of NGOs: non-governmental organizations effectively inform, counsel, and support transgender patients at all stages of accessing PrEP. In large cities and in the presence of grant-funded programs, this support reaches significant coverage, partially compensating for the shortcomings of the state system and allowing many to overcome primary service barriers.

The analysis of medical and service barriers for transgender people demonstrates the dominance of institutional, educational, and organizational obstacles. The absence of trans-specific protocols, the underdevelopment of inclusive infrastructure, the weakness of professional development programs for doctors, the insufficiency of peer support, and the low readiness for comprehensive accompaniment lead to the marginalization of transgender people within the healthcare system. These systemic barriers can only be overcome through the implementation of national standards, mandatory training, the creation of a network of certified inclusive clinics, and the integration of psychosocial and medical services.



At the same time, the best practices are realized through the work of NGOs and standard medical procedures, which underscores the importance of cross-sectoral partnership for effective HIV prevention among transgender people.

| Recommendation   | Targeted   |
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| Develop and implement national PrEP clinical protocols specifically addressing transgender care (hormones, drug interactions, etc) | Immediate: Draft protocol with trans experts;<br>Medium-term: Clinical piloting and feedback;<br>Long-term: Incorporate into all HIV treatment standards |
| Mandate systematic training for all healthcare workers on transgender health and gender-sensitive PrEP counseling                  | Immediate: Curriculum design;<br>Medium-term: Mandatory rollout in all clinics;<br>Long-term: Include in ongoing licensing/CPD                           |
| Establish routine and anonymous feedback channels for transgender PrEP users within clinics  | Immediate: Launch hotline/web platform;<br>Medium-term: Promote and monitor use;<br>Long-term: Include feedback in annual policy review                  |
| Integrate psychological and peer support into the national HIV prevention and PrEP programs for transgender populations            | Immediate: Identify partners and needs;<br>Medium-term: Secure funding, launch pilots;<br>Long-term: Embed in program standards                          |
| Ensure regular supply monitoring and public reporting on PrEP availability, including in regions and rural areas                   | Immediate: Inventory management upgrades;<br>Medium-term: Regional data collection;<br>Long-term: Annual public access report                            |
| Institutionalize active participation of trans-led organizations in PrEP policy development and monitoring                         | Immediate: Invite to working groups;<br>Medium-term: Co-draft policy;<br>Long-term: Annual review of collaboration outcomes                              |



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| Require disaggregated data collection on PrEP uptake and health outcomes for transgender individuals from service providers | <p>Immediate: Update reporting forms;</p> <p>Medium-term: Staff training on data entry;</p> <p>Long-term: Annual publication of disaggregated indicators</p>            |
| Integrate transgender people into all national HIV and anti-discrimination strategies                                       | <p>Immediate: Set up a working group;</p> <p>Medium-term: Update national strategies;</p> <p>Long-term: Institutionalize community representation</p>                   |
| Launch targeted public information campaigns on PrEP safety, accessibility, and trans-inclusion                             | <p>Immediate: Develop culturally tailored materials;</p> <p>Medium-term: Disseminate via media/clinics/NGOs;</p> <p>Long-term: Regularly update and expand coverage</p> |
| Guarantee confidential, stigma-free access to PrEP in all state clinics through robust anti-discrimination enforcement      | <p>Immediate: Update clinic policies;</p> <p>Medium-term: Staff accountability mechanisms;</p> <p>Long-term: Ongoing monitoring and periodic compliance checks</p>      |
| Introduce telemedicine for PrEP counseling, follow-up, and refill options for transgender clients                           | <p>Immediate: Assess technological needs;</p> <p>Medium-term: Train staff and users;</p> <p>Long-term: Integrate telehealth into standard national PrEP provision</p>   |
| Ensure all clinics and service points offer trans-inclusive, stigma-free environments for PrEP users                        | <p>Immediate: Staff anti-bias training;</p> <p>Medium-term: Clinic redesign for privacy;</p> <p>Long-term: Annual inclusion audits</p>                                  |



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| Guarantee strict confidentiality and data security for transgender patients accessing PrEP                     | Immediate: Policy review and updates;<br>Medium-term: Implement staff confidentiality contracts;<br>Long-term: Annual compliance checks              |
| Integrate PrEP with other key transgender health services (hormone therapy, mental health, STI screening)      | Immediate: Cross-disciplinary protocol development;<br>Medium-term: Staff cross-training;<br>Long-term: Multi-service “one-stop” clinic models       |
| Offer flexible hours and remote/telemedicine options for PrEP consultations and refills                        | Immediate: Adjust schedules;<br>Medium-term: Set up telemedicine platforms;<br>Long-term: Monitor uptake and accessibility                           |
| Develop a rapid response system for complaints of discrimination, confidentiality breaches, or access barriers | Immediate: Set up hotline/online complaint portal;<br>Medium-term: Staff response training;<br>Long-term: Integrate with quality assurance processes |
| Track and report regional disparities in PrEP access, focusing on rural and vulnerable groups                  | Immediate: Implement regional access dashboards;<br>Medium-term: Data analysis;<br>Long-term: Adjust resource allocation based on findings           |
| Institutionalize regular peer and community input in service delivery evaluation and improvement               | Immediate: Organize patient focus groups;<br>Medium-term: Annual user surveys;<br>Long-term: Include peer reps in quality committees                 |

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| Maintain ongoing professional development in LGBTQ+ health for all front-line staff                                 | Immediate: Identify accredited courses;<br>Medium-term: Require completion for employment;<br>Long-term: Update training with new evidence     |
| Create a welcoming visual environment (signage, materials, outreach) signalling inclusion and non-discrimination    | Immediate: Develop and distribute inclusive materials;<br>Medium-term: Post visible signage;<br>Long-term: Update and review annually          |
| Facilitate direct referral pathways to legal, psychological, and social support services for transgender PrEP users | Immediate: Map partner organizations;<br>Medium-term: Formalize referral agreements;<br>Long-term: Review effectiveness and close service gaps |

*“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.’”*