



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



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# List of Abbreviations

Abbreviation

Full Name

PrEP

*Pre-Exposure Prophylaxis*

HIV

*Human Immunodeficiency Virus*

AIDS

*Acquired Immunodeficiency Syndrome*

STI

*Sexually Transmitted Infection*

MSM

*Men who have Sex with Men*

MoH

*Ministry of Health*

NAP

*National AIDS Program*

WHO

*World Health Organization*

UNAIDS

*Joint United Nations Programme on HIV/AIDS*

UNDP

*United Nations Development Programme*

NGO

*Non-Governmental Organization*

# List of Abbreviations

Abbreviation

Full Name

CBO

*Community-Based Organization*

TG

*Transgender*

PLHIV

*People Living with HIV*

CSO

*Civil Society Organization*

GFATM

*Global Fund to Fight AIDS, Tuberculosis and Malaria*

ART

*Antiretroviral Therapy*

SRHR

*Sexual and Reproductive Health and Rights*

ID

*Identity Document*

SOP

*Standard Operating Procedure*

MoES

*Ministry of Education and Science*

MoIA

*Ministry of Internal Affairs*

LGBTQI+

*Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and others*



# Foreword

This expertise was initiated at a time when the rights and health of transgender people in Georgia have become a central issue in both national and international debates. The history of this project begins with the recognition that transgender individuals in Georgia continue to face disproportionate risks of HIV infection, institutional discrimination, and multiple forms of social exclusion. While the state has made important steps toward acknowledging HIV prevention needs, significant legal, medical, and social barriers remain.

In recent years, the visibility of transgender people in Georgia has grown, yet this increased visibility has brought not only new opportunities but also new risks. The motivation to conduct this expertise was born from the recognition that, despite advances in medical technology such as pre-exposure prophylaxis (PrEP), there remain deep-seated legal, social, and institutional obstacles that cannot be solved by medicine alone. Thus, this expertise was rooted in the urgent necessity to understand not only the technical and procedural aspects of access to PrEP, but also the deeper structural and cultural challenges that shape the lived realities of transgender communities in 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 this expertise, reminding us that data is not abstract, but deeply personal.

The findings make clear that the barriers faced by transgender people are not simply technical or procedural, but deeply embedded in systems of law, medicine, economics, culture, and everyday life.



The expertise therefore calls for solutions that are equally multidimensional, and that recognize the humanity, agency, and knowledge of transgender people themselves.

It is my hope that the findings and recommendations of this expertise will contribute not only to the advancement of health equity for transgender people in Georgia, but also to the strengthening of human rights and public health principles at all levels of society. The expertise represents the collective voices, knowledge, and resilience of transgender individuals and their allies, and it is dedicated to all those who strive for dignity, equality, and justice.

Dr. Karen Badalyan

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Certified Expert for All Eurasian Economic Union Countries



# Acknowledgements

This expertise would not have been possible without the support, collaboration, and inspiration of many individuals and organizations across Georgia.

I express my deepest gratitude to representatives of the transgender community, civil society, activists, researchers, educators, physicians, social workers, health and legal experts, representatives of state and international agencies who generously shared their time, experiences, and knowledge. Their insights and lived realities formed the very foundation of this work.

*Special appreciation is extended to the representatives of the following organizations for their crucial contributions to the research process and for their tireless advocacy for equality in health:*

- Equality Movement NGO
- Georgian Harm Reduction Network
- Hepa+ NGO
- Tanadgoma NGO
- Temida NGO
- Women's Initiatives Supporting Group (WISSG) NGO

*My sincere thanks also go to the United Nations agencies in Georgia, in particular UNDP and UNFPA, as well as to the Infectious Diseases, AIDS and Clinical Immunology Research Center of Georgia, for their contributions, ongoing partnership, technical support, and commitment to the advancement of health rights.*

*Special acknowledgement is owed to Maka Gogia, the country coordinator of the iSOS Project in Georgia, and to the entire iSOS Project team at the Alliance for Public Health, whose leadership and vision made this expertise possible - Sergii Filippovych, Nadiya Yanhol, Victoraia Kalyniuk.*

*This work is dedicated to all transgender people in Georgia, whose courage and persistence continue to inspire our acknowledgements.*



# 1. Introduction

*...They told us the epidemic was over.  
That the era of fear had passed.  
That medicine had won, and that the rest was  
just policy clean-up.  
But in the quiet corridors of hospitals in Tbilisi  
and Zugdidi,  
in unregistered apartments in Gori and  
Marneuli,  
in the backstreets of Poti and Akhalkalaki,  
in the neighborhoods of Kutaisi and Batumi,  
the story remains unfinished.  
HIV is still here.  
And so are we...*

In recent years, transgender people in Georgia have found themselves at the intersection of conflicting dynamics. On the one hand, the state has formally acknowledged the importance of HIV prevention and identified transgender populations as priority groups. On the other hand, legal, medical, and social mechanisms continue to generate insurmountable barriers to effective pre-exposure prophylaxis (PrEP) and the realization of basic rights. This situation demanded a scientific expertise that accounts for the full spectrum of national legislation, administrative practices, and the most up-to-date statistical data.

According to UNAIDS, as of 2022, transgender women worldwide were 21.5 times more likely to acquire HIV than the general adult population.<sup>1</sup> Although Georgia's official epidemiological statistics on transgender people remain fragmented, available data suggest that key risk groups—men who have sex with men (MSM) and transgender women—account for over 30% of new HIV cases annually.<sup>2</sup>



Georgia became the first country in Eastern Europe and Central Asia to integrate PrEP into national HIV prevention programs for MSM and transgender people, beginning in 2017.<sup>3</sup>

At the normative level, the Law of Georgia on the Elimination of All Forms of Discrimination (No. 2391-II, enacted 07.05.2014) prohibits discrimination based on sex, gender identity, and sexual orientation under Article 1. Additionally, the Labour Code of Georgia (Article 2, Paragraph 3, amended in 2020) also enshrines protection from discrimination in employment on the basis of sex and gender identity. However, despite these formal guarantees, the national enforcement mechanisms remain ineffective. For example, there is no specialized body for addressing discrimination complaints within the healthcare system; cases rarely reach the courts, and medical service delivery is often accompanied by breaches of confidentiality.

A review of real-life cases reveals that in 2023, over 40% of transgender individuals who sought medical care experienced stigma or were directly denied services.<sup>4</sup>

Access to PrEP for transgender people in Georgia is significantly influenced by legislation governing legal gender recognition. The Law of Georgia on Civil Acts (No. 5562, adopted 20.12.2011; amended in 2015) allows for legal gender change only upon presentation of an official psychiatric diagnosis (ICD-10: F64.0 – transsexualism) and after surgical intervention, as stipulated in Article 78(g). In practice, this means that transgender individuals who have not undergone costly and often inaccessible surgical procedures cannot amend their legal documents and are thus compelled to access medical services under a gender marker that does not reflect their gender identity. This leads not only to heightened risks of discrimination but also to administrative barriers: many healthcare facilities require congruence between identity documents and a person's gender presentation, re-

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<sup>1</sup> UNAIDS Global AIDS Monitoring Report: Georgia, 2023

<sup>2</sup> National HIV/AIDS Strategic Plan of Georgia 2023–2025

<sup>3</sup> UNFPI: In Georgia, an LGBTQIA+ advocate making HIV prevention and health care accessible for all, 2024



sulting in denials of service or violations of privacy.<sup>5</sup>

Recent legislative changes signal a regressive trajectory. In June 2024, the Parliament of Georgia adopted the “Law on Family Values and Protection of Minors” (Legislative Package No. 2406-II, Articles 4, 8, and 15), which explicitly prohibits all medical and legal procedures related to gender transition, including surgical interventions and the modification of gender markers in official documents. Article 8 introduces a direct prohibition: “It is forbidden to reflect a gender identity different from biological sex in any official documentation.” Furthermore, the public display of “non-traditional gender and sexual expressions” is equated with an administrative offense. These measures not only eliminate the legal possibility of gender recognition but also jeopardize access to PrEP: individuals whose documents do not match their gender identity may be denied medical services, while any attempt at gender transition is criminalized. Such laws directly contradict World Health Assembly Resolution 67.16 (2014), which calls on states to “ensure non-discriminatory access to HIV prevention and treatment for all population groups.”<sup>6</sup>

Medical protocols governing PrEP provision in Georgia were formally adopted in the National HIV Prevention Protocol (Order No. 01-23/6, Ministry of Health, dated 12.02.2022). Section 3.4.1 of the protocol clearly states that “PrEP is indicated for key populations, including transgender people and men who have sex with men.” These protocols also mandate preliminary screening for HIV, hepatitis, and kidney function, in line with WHO recommendations.<sup>7</sup>

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<sup>4</sup> Women’s Initiatives Supporting Group. Eradication of LGBTQI+ Issues from State Policy: Challenges to Equality in Georgia, 2025

<sup>5</sup> Temida. A Practical Guide Legal Gender Recognition and Trans-specific Health Services, 2023

<sup>6</sup> WHO Resolutions, 2014

<sup>7</sup> WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, 2022



However, no special procedures exist for transgender individuals: there are no national clinical guidelines addressing the co-administration of PrEP and gender-affirming hormone therapy, leading to uncertainty among both physicians and patients regarding the safety of combined treatments according to international standards.<sup>8</sup>

From a financing and infrastructure perspective, PrEP access for transgender people remains precarious. As of June 2025, over 80% of PrEP medication is procured through donor programs from the Global Fund, UNAIDS, and USAID. State budget allocations are limited to pilot programs in Tbilisi.<sup>9</sup>

PrEP is unavailable in public clinics; transgender patients must seek services from the Research Center for Infectious Diseases, AIDS and Clinical Immunology or from non-governmental organizations, where access remains geographically and economically constrained. According to the National Statistics Office, the unemployment rate among transgender people in 2024 was 56.7%, and only 18% reported income above the subsistence level. The average cost of a single PrEP cycle (including required testing; the medication itself is free) is estimated at 270 GEL (approximately USD 90), rendering it inaccessible for most who need it.<sup>10</sup>

Beyond legal and economic constraints, the sociocultural context plays a critical role. Public opinion in Georgia remains highly conservative: 81% of respondents express negative attitudes toward LGBTQ+ individuals, and 62% believe the state should not fund medical services for transgender patients.<sup>11</sup> Amid rising political mobilization around so-called “traditional values,” transgender people are forced to conceal their identities, leading to reduced uptake of PrEP and withdrawal from prevention programs.

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<sup>8</sup> WHO: A Differentiated and simplified pre-exposure prophylaxis for HIV, 2022

<sup>9</sup> The GFTAM: Georgia Funding Request, 2024

<sup>10</sup> National Statistics Office of Georgia: Social and Demographic Report, 2024

<sup>11</sup> National Demographic Institute: Public Attitudes in Georgia, 2023



Non-governmental organizations remain central to the response: they are the only providers of real access to PrEP, conduct trainings for healthcare workers, and lead public awareness campaigns. However, their capacity is limited by legal pressure (after the passage of Law No. 2406-II), their participation in state advisory councils has been minimized and by unstable donor funding. No state strategy includes a centralized feedback system for transgender PrEP users, and there is no hotline or complaints service, depriving individuals of mechanisms to report or resist discrimination.

In conclusion, despite formal anti-discrimination guarantees and the inclusion of PrEP in national HIV prevention standards, actual access to this form of care for transgender people in Georgia remains extremely limited and unstable. The combination of legal restrictions (Law No. 2406-II; Law on Civil Acts No. 5562), insufficient state financing, absence of national clinical guidelines for the co-use of PrEP and hormone therapy, high stigma, and economic vulnerability has created a system of barriers that cannot be addressed solely by NGOs and international donors. Sustainable and equitable access to PrEP for transgender people in Georgia will require not only legal reform (including repeal or amendment of Law No. 2406-II and the introduction of mechanisms for legal gender recognition without mandatory surgery), but also the integration of PrEP into the public healthcare system, the development of transgender-inclusive clinical guidelines, the establishment of sustainable state funding, and continued public education within both medical and societal spaces. Only such a comprehensive approach will bring HIV prevention indicators for the transgender population closer to international standards and reduce epidemiological, social, and economic risks for one of Georgia's most vulnerable groups.



## 2. Goal and Objectives of the Expertise

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*...Transgender people are not just disproportionately impacted by this epidemic — they are its uncounted, unprotected, unrecognized frontline. To count us would be to acknowledge that we matter. So instead, we remain statistically invisible, medically under-served, and legally erased...*

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The objectives and tasks of this expertise arise from the need for a scientific and empirical analysis of the factors shaping access to pre-exposure prophylaxis (PrEP) for transgender people in Georgia, within the context of the current political, legal, medical, and social environment.

### 2.1. Goal of the Expertise

The primary goal of this expertise is to conduct a comprehensive assessment of the barriers and opportunities related to transgender people's access to PrEP in Georgia, taking into account existing legislation, administrative procedures, medical protocols, economic conditions, and the sociocultural context. The expertise aims to develop evidence-based recommendations for improving public policy and medical practice in a manner that promotes equality and protects the rights of transgender individuals.



## 2.2. Objectives of the Expertise

1. To conduct an in-depth analysis of current Georgian legislation, including the Law on the Elimination of All Forms of Discrimination (No. 2391-II, 07.05.2014), the Law on Civil Acts (No. 5562, 20.12.2011), the legislative package “On Family Values and the Protection of Minors” (No. 2406-II, 2024), as well as relevant national and ministerial decrees on HIV prevention, with an emphasis on their impact on transgender people’s access to PrEP.
2. To evaluate existing administrative and bureaucratic procedures related to obtaining PrEP, including legal gender recognition, patient registration, prescription issuance, laboratory testing requirements, and financing mechanisms, and to identify critical points where barriers arise for transgender patients.
3. To examine the structure and quality of medical care provided to transgender individuals in the field of HIV prevention, with an analysis of national clinical protocols, the availability or absence of specialized guidelines on the combined use of PrEP and hormone therapy, and the interaction practices between medical professionals and transgender patients.
4. To analyze the economic factors affecting access to PrEP, including funding sources (proportion of state and donor contributions), the cost of medication and laboratory testing, transportation and incidental expenses, as well as the socio-demographic indicators of employment and income among transgender people.
5. To investigate the sociocultural and religious context influencing transgender people’s behavior when seeking PrEP, assess levels of stigma and public attitudes, and examine the role of non-governmental organizations in overcoming informational and psychological barriers.



6. To assess the current data collection and monitoring systems for PrEP coverage among transgender people in Georgia, identify gaps in epidemiological and statistical information, and analyze obstacles to the implementation of effective tracking and evaluation tools.
7. To formulate scientifically grounded proposals for the development of national strategies and localized programs that ensure sustainable, equitable, and safe access to PrEP for transgender individuals, in alignment with international standards (WHO, UNAIDS, Global Fund) and Georgia's commitments to human rights and public health.
8. Based on the findings, to develop recommendations for state institutions, healthcare providers, donor agencies, and civil society organizations aimed at improving the regulatory framework, clinical protocols, funding mechanisms, and public policies in the area of HIV prevention for transgender people.



### 3. Literature and Legal Framework Review

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*Let it be said clearly: being trans is not a pathology.*  
*Living with HIV is not a moral failure.*  
*The real pathology is transphobia.*  
*The real failure is political cowardice in the face of human dignity.*  
*In many ways, the virus itself is no longer the greatest threat.*  
*It is the laws that criminalize our existence.*  
*The doctors who deny us care.*  
*The border agents who strip away our names.*  
*Every statistic that excludes trans people is a lie by omission.*  
*Every clinic that turns us away is complicit in violence.*  
*Every silence around our deaths is a second death.*

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Today, issues of HIV/AIDS prevention and protection of the rights of transgender people have become particularly relevant for Georgia's national policy. A detailed analysis of the legal framework, strategic policy documents, and specific legislative gaps affecting transgender individuals is essential for objectively evaluating both the opportunities and challenges related to the implementation and expansion of PrEP programs in the country.



## 3.1. National Strategy and Policy on HIV/AIDS: Transgender People as a Priority Group

In 2023, the Ministry of Health of Georgia approved the *National HIV/AIDS Strategic Plan of Georgia 2023–2025*, marking the first governmental document to explicitly identify transgender people as a key population at risk in the national HIV epidemic. Section 2.4.1 of the document, which focuses on target populations, states: “Key populations include men who have sex with men (MSM), transgender women, people who inject drugs, sex workers, prisoners, and adolescents from vulnerable groups.” This categorization reflects WHO and UNAIDS international standards and formalizes the inclusion of the transgender community in HIV prevention planning.

In section 3.2.2 of the same plan, the need to expand PrEP coverage for both MSM and transgender women is explicitly addressed for the first time. Strategic Objective No. 2 sets a target of at least 60% PrEP coverage among potential beneficiaries in this group by 2025. The plan also calls for the development of tailored informational materials and training for healthcare professionals in inclusive service provision for transgender individuals.

These objectives are grounded in national epidemiological surveillance data. According to the annual epidemiological bulletin of the National Center for Disease Control, the proportion of new HIV cases among transgender women and MSM consistently exceeds 30% of all new diagnoses in the country.<sup>12</sup>

While transgender women were not separately categorized in surveillance data prior to 2020, updated reporting mechanisms introduced in 2023–2025 now include this distinction, reflecting a gradual shift toward recognition of the group’s unique needs and vulnerabilities.



Despite this progress, as of 2024, HIV prevention programs targeting transgender individuals in Georgia remain largely dependent on donor funding from organizations such as the Global Fund, UNAIDS, and USAID. The Ministry of Health's budget for 2024–2025 does not include a dedicated line for PrEP procurement for transgender women. All medications are obtained through external procurement mechanisms, and state involvement is limited to administrative support and a few pilot initiatives in Tbilisi. This donor dependency introduces structural instability to PrEP programs and poses a risk of reduced access should international funding priorities shift.

National clinical protocols, adopted under Ministerial Decree No. 01-23/6 (12.02.2022), mandate the provision of PrEP to all key populations, including transgender women. These protocols require mandatory pre-treatment testing for HIV, hepatitis, and renal function, and specify the frequency of follow-up visits (Section 4.3). However, they lack dedicated sections on PrEP use in transgender populations, including the interaction with hormone therapy or psychosocial support needs. This reflects a broader trend: while national strategy acknowledges the vulnerability of transgender individuals and includes them formally, practical clinical guidelines and dedicated budget allocations remain absent.

## **3.2. Overview of National Legislation Affecting LGBTQ+ and Transgender People**

The legal status of transgender individuals in Georgia is regulated by several key laws. The 2014 *Law on the Elimination of All Forms of Discrimination* (No. 2391-II) prohibits discrimination based on sex, gender identity, and sexual orientation in all spheres of public life (Article 1). This standard is echoed in secondary legislation, including Article 2(3) of the Labor Code, which explicitly prohibits discrimination in employment based on sex, race, language, religion, sexual orientation, gender identity, and other factors.

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<sup>12</sup> The GFTAM. Georgia Performance Update, 2024



However, the mechanisms for implementing these provisions are weak. There is no specialized agency or commission for addressing complaints of discrimination in healthcare. In practice, transgender patients rarely pursue legal action due to fears of being outed and doubts about data protection. According to an analytical report, fewer than ten complaints from transgender individuals regarding healthcare discrimination were recorded between 2020 and 2022, none of which resulted in favorable court rulings.<sup>13</sup>

Legal gender recognition is governed by the *Law on Civil Acts* (No. 5562, as amended in 2015), which permits a change in legal gender only upon submission of an official psychiatric diagnosis (ICD-10: F64.0 – transsexualism) and confirmation of surgical intervention (Article 78(g)). These are among the strictest requirements in the region and directly contradict international standards such as the *Yogyakarta Principles* (Principle 3) and *Council of Europe Resolution 2048 (2015)*, which advocate the elimination of mandatory medical procedures as a prerequisite for legal gender recognition. In practice, most transgender people in Georgia cannot meet these requirements, resulting in administrative and social barriers. Mismatched identity documents often lead to refusals of medical care.

In June 2024, the Georgian Parliament adopted the *Law on Family Values and Protection of Minors* (Law Package No. 2406-II), which introduced regressive measures explicitly prohibiting any medical, legal, or social steps aimed at affirming gender identities different from one's birth-assigned sex. Article 8 states: “It is prohibited to reflect gender identity differing from biological sex in any official documents.” Article 15 criminalizes public demonstrations of nontraditional gender or sexual expression. Following the law’s enactment, requests for medical services from transgender individuals (including PrEP) in Tbilisi dropped by 38%, and regional NGOs reported the closure of three support centers due to fear of administrative sanctions.<sup>14</sup>

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<sup>13</sup> The GFTAM. Georgia Performance Update, 2024

<sup>14</sup> The GFTAM. Georgia Performance Update, 2024



While the Criminal Code of Georgia does not criminalize same-sex relationships, it includes provisions (e.g., Article 131(2) on failure to disclose HIV status and Article 260 on unauthorized drug possession) that may endanger transgender people who resort to self-managed PrEP without prescriptions. In addition, the requirement to receive medical care at one's registered address can be problematic for transgender individuals with mismatched documents, resulting in service denials at local clinics.

### **3.3. International Standards, Regional Commitments, and Their Reflection in National Policy**

Georgia's health policy on LGBTQ+ and transgender people is shaped by international obligations, including those outlined by WHO, UNAIDS, and the Global Fund. The country has ratified the *Convention on Human Rights and Biomedicine (Strasbourg, 1997)* and is a member of the Council of Europe, which obliges compliance with *Resolution 2048 (2015)* and other instruments for transgender rights.

WHO standards call for the explicit inclusion of transgender people as a key population in national HIV prevention programs, the development of tailored informational materials, and sensitivity training for healthcare providers.<sup>15</sup> Similar recommendations are found in UNAIDS guidelines, which emphasize the need for national PrEP strategies that specifically address the needs of transgender women and men.<sup>16</sup>

Georgia formally incorporates these approaches in its National HIV/AIDS Strategic Plan 2023–2025 and national protocols, which recognize transgender people as a priority group and commit to reaching 60% PrEP coverage among eligible individuals by 2025. However, international monitoring reports by the Global Fund and UNAIDS for 2023–2024 have consistently noted gaps between strategic declarations and actual implementation on the ground, citing the lack of clinical guidelines, funding shortages, restrictive legislation, and high stigma as significant obstacles.



## 3.4. Prospects and Key Challenges in the Legal, Administrative, and Medical Environment

Georgia's health policy on LGBTQ+ and transgender people is shaped by international obligations, including those outlined by WHO, UNAIDS, and the Global Fund. The country has ratified the *Convention on Human Rights and Biomedicine (Strasbourg, 1997)* and is a member of the Council of Europe, which obliges compliance with *Resolution 2048 (2015)* and other instruments for transgender rights.

WHO standards call for the explicit inclusion of transgender people as a key population in national HIV prevention programs, the development of tailored informational materials, and sensitivity training for healthcare providers.<sup>15</sup> Similar recommendations are found in UNAIDS guidelines, which emphasize the need for national PrEP strategies that specifically address the needs of transgender women and men.<sup>16</sup>

Georgia formally incorporates these approaches in its *National HIV/AIDS Strategic Plan 2023–2025* and national protocols, which recognize transgender people as a priority group and commit to reaching 60% PrEP coverage among eligible individuals by 2025. However, international monitoring reports by the Global Fund<sup>17</sup> and UNAIDS<sup>18</sup> for 2023–2024 have consistently noted gaps between strategic declarations and actual implementation on the ground, citing the lack of clinical guidelines, funding shortages, restrictive legislation, and high stigma as significant obstacles.

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<sup>15</sup> WHO Consolidated Guidelines on HIV Prevention, Testing, Treatment, Service Delivery and Monitoring: Recommendations for a Public Health Approach., 2022

<sup>16</sup> UNAIDS Global AIDS Monitoring Framework 2022 – 2026, 2022

<sup>17</sup> The GFTAM: Georgia Performance Update, 2024

<sup>18</sup> UNAIDS Global AIDS Monitoring Report: Georgia, 2024



### **3.4. Prospects and Key Challenges in the Legal, Administrative, and Medical Environment**

Second, recent legislative trends have been regressive, with increasing restrictions on legal and medical gender recognition and mounting pressure on NGOs, severely limiting transgender people's safe access to PrEP. Third, the absence of specialized clinical protocols, underfunding, weak accountability systems, and pervasive stigma create a barrier system that cannot be dismantled by policy changes alone.

Thus, the real access of transgender individuals to PrEP in Georgia is only achievable through deep structural reforms: repeal of discriminatory laws, introduction of legal gender recognition procedures without medical interventions, development of national clinical guidelines, and full integration of PrEP into the public healthcare system. Only a comprehensive approach can ensure that Georgia fulfills its international obligations and reduces the vulnerability of transgender people to the HIV epidemic.

## 4. Methodology of the expertise

*...We do not study lives from a distance — we let the lived experience illuminate our questions, and let community voices shape our answers.*

*Because, to measure what is hidden is to resist erasure.*

*To make the invisible visible — this is the task of science and justice.*

*And true methodology is not only about rigor and protocol, but about humility: to listen, to include, and to let people define their own reality...*

A comprehensive interdisciplinary approach combining qualitative and quantitative methods, legal and political-institutional analysis, as well as participant expert observation is used to examine the availability of pre-exposure prophylaxis (PrEP) for transgender people in Georgia. The methodology is structured with attention to the specific features of research among socially vulnerable groups, the current epidemiological situation, and the characteristics of national legislation and medical standards.

### 4.1. Foundational Principles and Approaches of the Expertise

The foundation of the expertise is built upon the principles of transparency, ethical safety, and maximum inclusion of expert and user perspectives of transgender people.



The following combined approach was applied:

1. Legal analysis of normative acts and official documents;
2. Analysis of political-administrative procedures;
3. Content analysis of epidemiological and statistical data;
4. Review of secondary sources: scientific publications, international and national reports, donor analytics.
5. Focus groups with representatives of the transgender community, healthcare professionals, lawyers, NGO staff, and representatives of international and governmental institutions;

## **4.2. Legal and Administrative Analysis**

The expertise includes a detailed legal analysis of key national laws (including the Law on the Elimination of All Forms of Discrimination No. 2391-II, the Law on Civil Acts No. 5562, the legislative package on Family Values and the Protection of Minors No. 2406-II, Articles 2, 6, 78(g) of the Labor Code, etc.), subordinate acts (orders from the Ministry of Health on PrEP standards), judicial practices, and administrative protocols. Special attention is paid to the comparative evaluation of national legislation and international standards (WHO, UNAIDS, Global Fund).

Additionally, expert mapping of administrative procedures was conducted:

1. Legal gender recognition (requirements, timelines, actual barriers);
2. Obtaining a prescription and attaching to a healthcare facility;
3. Completion of required examinations for initiating PrEP;
4. Mechanisms of medication financing and procurement;
5. Complaint procedures and rights protection in case of discrimination.



## 4.3. Qualitative Methods: Focus Groups

The qualitative part of the expertise relies on focus groups involving key stakeholders. In total, the following participants took part in the assessment:

1. Transgender women, men, and non-binary individuals;
2. Healthcare professionals (infectious disease specialists, endocrinologists, psychiatrists, general practitioners);
3. Representatives of civil society organizations (Equality Movement NGO, Georgian Harm Reduction Network, Hepa+ NGO, Tanatgoma NGO, Temida NGO, WISG);
4. Officials, lawyers, international organization representatives, health experts, and academics (Research Center for Infectious Diseases, AIDS and Clinical Immunology, UNDP, UNFPI, Tbilisi State Medical University, etc.).

The focus group discussions were structured around thematic blocks, including access to medical care, PrEP and hormone therapy; experiences of interaction with public and private clinics; barriers to legal gender recognition; perception and level of stigma; economic and geographic barriers; and assessment of the role of NGOs and international organizations. The focus groups were conducted in accordance with principles of anonymity, voluntary participation, and confidentiality. An informed consent procedure was used, and all data were anonymized prior to analysis.

## 4.4. Quantitative Methods and Use of Secondary Data

The expertise included epidemiological and administrative statistical data from the following sources:



1. Official reports from the National Center for Disease Control (NCDC), the National Statistics Office of Georgia, and the Ministry of Health (PrEP coverage, frequency of utilization, socio-demographic characteristics);
2. Data from international donor programs (Global Fund, UNAIDS, USAID) related to funding, procurement of medications, and the outcomes of pilot projects;
3. Monitoring of national strategic indicators (National HIV/AIDS Strategic Plan 2023–2025) and progress in achieving target outcomes among transgender individuals;
4. Content analysis of legal and policy changes covering the period from 2014 to 2025.

## **4.5. Ethical Considerations and Data Management**

This expertise was conducted in accordance with international ethical standards, including the Helsinki Declaration (2013) and WHO/UNAIDS Ethical Guidance. All participants provided informed consent. Participants were assured of anonymity, data de-identification, absence of coercion, and their right to withdraw at any stage. All data were stored in secure digital systems, with access restricted to the expert team only.

## **4.6. Limitations and Validation**

The methodology accounts for potential limitations, including:

1. Limited access to closed administrative datasets;
2. Low number of public complaints from transgender individuals due to stigma and fear of being outed;
3. Potential underrepresentation of regional stakeholders due to geographic and infrastructural constraints.

To enhance the reliability of results, the study employed methodological triangulation, expert validation, and integration of feedback from LGBTQ+ organizations.



## 4.7. Scientific Novelty and Validity

The scientific novelty of the study lies in its comprehensive integration of legal, medical, and social factors over the past decade, alongside the inclusion of real-life case studies and the perspectives of transgender individuals themselves. Validity is ensured through adherence to academic standards, multidisciplinary participation, and transparent procedures.

This methodological model enables a thorough and valid representation of the actual situation regarding access to PrEP among transgender people in Georgia, helping to identify both barriers and resources, and to formulate applicable policy and programmatic recommendations for governmental, medical, and civil society actors.

## 4.8. Tools and Data Analysis

A key innovation in this expertise is the development and validation of the expert instrument "Barrier Matrix to PrEP Access for Transgender People in Georgia" (Appendix 1). This tool served as the primary empirical foundation for collecting and structuring data on actual and potential barriers to accessing PrEP.

The matrix is based on international methodological frameworks (WHO, UNAIDS, Global Fund) and adapted to the Georgian context through prior legal and administrative analysis and preliminary interviews with transgender individuals, professionals, and healthcare workers. It includes 7 thematic domains covering all major aspects of PrEP access:

1. Legal and policy framework
2. Political and administrative barriers
3. Medical services and care
4. Socio-cultural and religious barriers
5. Economic barriers
6. Clinical considerations (including interaction with hormonal therapy)
7. Safety and environmental accessibility of service spaces



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This methodological model enables a thorough and valid representation of the actual situation regarding access to PrEP among transgender people in Georgia, helping to identify both barriers and resources, and to formulate applicable policy and programmatic recommendations for governmental, medical, and civil society actors.

Each block includes 10 standardized questions, identifying the presence or absence of structural and procedural access, as well as specific barriers — legal, administrative, medical, cultural, economic, and safety-related. Each question requires a binary "Yes" or "No" response, ensuring standardized data collection and enabling cross-group comparison. For affirmative answers ("Yes"), respondents are invited or expert is required to justify them with references to laws, protocols, administrative practices, or personal and collective experience. For negative answers ("No"), specific barriers must be described (e.g., legal gaps, administrative issues, stigma, unaffordability). Each question includes a comment field for qualitative observations, divergent views, case links, or improvement suggestions. To improve analytical precision, the tool incorporates a barrier severity rating — "*Low*", "*Medium*", or "*High*". This reflects the systemic weight of the obstacle for transgender people accessing PrEP:

- *Low*: The barrier is absent or easily resolved (e.g., no legal or financial restriction, strong rights mechanisms).
- *Medium*: The barrier exists but is surmountable with effort (e.g., NGO support, paperwork delays, partial discrimination).
- *High*: The barrier is structural and systemic, requiring legal or institutional reform, or the service is practically unavailable (e.g., bans, criminalization, outright denial).



Barrier severity was evaluated through expert consensus among focus group participants and the research team, including both self-assessment and independent assessment by moderators or analysts, based on normative and empirical evidence. After data collection, coding and interpretation followed. Summary tables were compiled for each thematic block, capturing:

- Distribution of "Yes"/"No" answers
- Qualitative justifications and comments
- Frequency of normative or administrative references
- Severity level distribution, highlighting the most acute or recurring issues

Content analysis enabled the identification of typical barriers, institutional patterns, and unique cases. Sectoral comparisons helped to pinpoint specific vulnerabilities transgender individuals face at each system level. Additionally, a cross-sectional analysis of respondent types (patients, healthcare providers, legal experts, NGO representatives) revealed important differences in perceptions and experiences of accessing PrEP.

In conclusion, the barrier matrix and accompanying tools allow for a systemic mapping of the infrastructure and structure of access barriers for transgender people, while generating a comprehensive analytical perspective essential for substantiating strategic reforms and advancing PrEP access programs in Georgia.



## 5. Research Findings

*HIV is not the result of identity. It is the result of abandonment.*

*The virus thrives in silence, in shame, in systems that teach people they are unworthy of care.*

*Trans people are often forced to navigate healthcare like a minefield — one wrong word, one wrong pronoun, one smirk from a nurse, and the door slams shut.*

*Even access to PrEP becomes a gauntlet of humiliation.*

*There are stories — too many to count — of trans women being mocked, misgendered, or told they must first “fix” their identity before being treated for HIV.*

*These are not isolated incidents.*

*These are standard procedures of exclusion.*

### 5.1. Legal and Political Barriers to PrEP Access for Transgender People in Georgia

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>19</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 non-compulsory, limited in scope, and depend heavily on short-term donor grants.

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>20</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>19</sup> Law of Georgia on the Elimination of All Forms of Discrimination, 2014

<sup>20</sup> Order of the Ministry of Health No. 01-23/6 dated 12.02.2022



**Table 1. Matrix on Legal and Political Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
1	Is PrEP included in the national HIV/AIDS strategies and plans for key population groups, including transgender people?	Yes	<i>National HIV/AIDS Strategic Plan of Georgia 2023–2025, Sections 2.4.1 and 3.2.2:</i>	Low	For the first time, the Strategic Plan includes transgender people among key groups and sets the target of PrEP coverage of at least 60% by 2025, which is in line with WHO and UNAIDS recommendations. For the first time, separate target indicators for prevention coverage and information work are provided for this category.
2	Are there specific provisions in national legislation protecting transgender people from discrimination in healthcare?	Yes	<i>Law on the Elimination of All Forms of Discrimination, No. 2391-II, Article 1:</i>	Medium	The law explicitly prohibits discrimination on the basis of gender, gender identity and sexual orientation, including in the healthcare sector. However, there is no separate procedure for filing and considering complaints about discrimination in medical institutions, and in practice, protection is implemented extremely ineffectively: a low level of appeals to the court or the ombudsman is recorded, which is due to fears of disclosing the status and mistrust of the effectiveness of the system.



**Table 1. Matrix on Legal and Political Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
3	Does national legislation recognize gender identity and allow legal gender recognition without mandatory medical or surgical interventions?	No	<i>Law on Civil Acts</i> , No. 5562, Article 78(g):	High	Formally, the procedure for changing civil gender is provided, but is only available with a psychiatric diagnosis (ICD-10 F64.0) and confirmation of surgical intervention. This makes a change of legal gender almost impossible for most transgender people, contradicts the Principles of Yogyakarta and WHO/UN recommendations.
4	Are there legal barriers that prevent transgender people from accessing PrEP?	Yes	<i>Law on Family Values and Protection of Minors</i> , No. 2406-II (2024), Articles 4, 8, 15:	High	The 2024 law introduces an outright ban on any legal and medical procedures aimed at gender reassignment, including document adjustments and surgeries, as well as public display of “non-traditional” gender expressions. This increases administrative and legal barriers for transgender people to seek PrEP and reduces legal protection when trying to obtain such a service.



**Table 1. Matrix on Legal and Political Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
5	Do healthcare providers have the legal authority to prescribe PrEP to transgender people without restrictions?	Yes	<i>HIV Prevention Protocol, Ministerial Order No. 01-23/6 (12.02.2022), Section 3.4.1:</i>	Medium	The protocol allows for the prescription of PrEP for all key groups, including transgender people. However, in real practice, refusals or difficulties are possible due to the lack of stable administrative instructions and persistent stigma, as well as the fear of health workers about possible sanctions due to political restrictions.
6	Are there laws criminalizing same-sex relationships, gender expression, or sex work that may hinder transgender people's access to PrEP?	Yes	<i>Law No. 2406-II (2024), Article 15; Criminal Code, Article 260:</i>	High	Same-sex relations are not criminalized in Georgia, but an administrative ban on public display of “non-traditional” gender identity has been introduced, which may become grounds for the persecution of transgender people for openly expressing their gender, as well as additional risks for those seeking PrEP. Sex work and illegal prescription of drugs are also subject to administrative or criminal liability, which can lead to denial of access to medical services.



Table 1. Matrix on Legal and Political Barriers to PrEP Access for Transgender People in Georgia

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
7	Is there a mechanism in the country for filing complaints and reviewing cases of discrimination against transgender people in healthcare?	Yes	<i>Women's Initiatives Supporting Group. (2025). Eradication of LGBTQI+ Issues from State Policy: Challenges to Equality in Georgia</i>	High	Although transgender people can formally contact the ombudsman, there is no specialized procedure for considering complaints about discrimination in medicine. In practice, complaints do not reach the court or administrative review, which is due to the high risk of disclosing gender status, lack of trust and low law enforcement activity.
8	Are transgender organizations involved in decision-making processes regarding HIV/AIDS and PrEP accessibility?	No	<i>National HIV/AIDS Strategic Plan of Georgia 2023–2025</i>	Medium	Representatives of NGOs, including transgender organizations, participated in the formation of the national strategy, but their role is often formal. After the adoption of laws restricting the activities of LGBTQ+ organizations, their influence on practical decisions has significantly decreased, and there is no real mechanism for systemic participation. Also, a representative of the transgender community is part of the Georgian CCM (Country Coordinating Mechanism)



**Table 1. Matrix on Legal and Political Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
9	Are there advocacy campaigns or legal initiatives aimed at expanding access to PrEP for transgender people?	Yes	<i>Temida. A Practical Guide Legal Gender Recognition and Trans-specific Health Services</i>	Medium	Separate training events for health workers were carried out with the involvement of NGOs and with the support of international organizations, in particular, through the Georgian Harm Reduction Network and as part of the implementation of PrEP protocols. However, they are ad hoc, not integrated into the mandatory advanced training program, do not cover the entire system, and are not legally enshrined as mandatory.
10	Has the country ratified international human rights treaties that obligate ensuring non-discriminatory access to healthcare based on gender identity?	No	<i>Global Fund – Georgia Funding Overview</i>	High	The Ministry of Health budget does not include a separate line item for funding PrEP purchases for transgender people. All drugs are purchased and provided using funds from international donors (Global Fund, UNAIDS), which makes the long-term sustainability of the program vulnerable and access dependent on external support.



## 5.2. Administrative and institutional barriers to PrEP access for transgender people in Georgia

The most persistent and systemic obstacles in the sphere of administrative and institutional mechanisms arise where there is no real inclusion of transgender people in the planning, accounting, monitoring, and control over the implementation of HIV prevention programs. National epidemiological reporting practically does not distinguish transgender people as a separate category from MSM — their number and PrEP coverage are tracked fragmentarily, without systematic data collection and publication.<sup>21</sup> This approach hinders the development of evidence-based policy, deprives professionals of a monitoring tool, and renders the true scale of the problem invisible.

The second key barrier is the absence of transgender-specific medical services in state programs and budgets. Despite the recognition of transgender people as a key population in the national strategy, services for gender-affirming therapy, surgery, and psychosocial support are not included in the state budget or in official programs. This forms a “blank space” — the absence of clinical, administrative, and legal conditions for obtaining comprehensive medical care, without which even the most advanced PrEP system remains inaccessible.

*A high level* of administrative risk also persists in the area of professional training of medical personnel. Despite the existence of national PrEP protocols, the state has not introduced mandatory and systemic training programs for staff on gender-sensitive approaches and the specifics of working with transgender patients. Most trainings are conducted under international grants and cover an extremely limited number of specialists, which maintains a low level of competence, tolerance, and service sustainability.

*A medium level* of administrative barriers includes the interaction of state health authorities with transgender and LGBTQ+ organizations, as well as the geography



and infrastructure of PrEP access. Yes, transgender organizations act as sub-recipients of the Global Fund and participate in consultative and educational projects, but their real participation in resource allocation and managerial decision-making is limited — it is a formalized dialogue that does not always translate into practical improvements for patients.

Regional availability of PrEP has expanded in recent years: in addition to Tbilisi, medications and services have become available in Batumi and Kutaisi.<sup>22</sup> However, the situation in rural and remote areas remains problematic: there are no mobile clinics, and infrastructure does not allow for the inclusion of all those in need. Thus, despite positive dynamics, administrative barriers have not been eliminated — they have shifted from the capital to the regions.

The issue of cooperation between the state and NGOs and their inclusion in the implementation of PrEP services remains at a medium level of risk: positive initiatives are balanced by restrictions on authority, a lack of direct institutional participation, and dependence on external funding. The lowest administrative barriers are observed where there are governmental or donor mechanisms aimed at HIV prevention and support of related services for key populations. The National HIV/AIDS Strategy for 2023–2025 officially recognizes transgender people as a key population and includes them among the direct beneficiaries of PrEP programs. . The state budget, in cooperation with donors, provides vaccination (against hepatitis, seasonal flu) and medications for the treatment of STIs — these services cover the main needs of transgender people and other key groups.<sup>23</sup>

Also at a low level is the administrative barrier to the procedure of prescribing and obtaining PrEP itself: for transgender people, it is identical to the algorithm for other key populations and does not require additional certificates or documents.

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<sup>21</sup> NCDC: HIV/AIDS Epidemiological Report 2024

<sup>22</sup> Georgian Harm Reduction Network, Trans\*Operational research of Reaching New Clients from Trans\*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report, 2025



Finally, the system of state and donor procurement (Global Fund, state) currently ensures uninterrupted logistics and availability of PrEP for registered patients; no significant interruptions in medication supplies have been recorded in recent years.

The analysis of administrative and institutional barriers to PrEP access for transgender people in Georgia reveals a clear hierarchy of risks: the most profound and persistent obstacles are the absence of comprehensive transgender-specific medical infrastructure, non-integration of communities in program monitoring and planning, lack of quality data collection, and professional capacity within the health system. Medium-level barriers concern issues of regional accessibility and the formal nature of partnerships between the state and trans-NGOs. The lowest risks are in those areas where the state and donors have already developed algorithms for delivering prevention services to key populations: vaccination, STI treatment, PrEP distribution. Overcoming high and medium-level barriers is only possible through institutionalizing the participation of the transgender community, creating specialized infrastructure, and introducing mandatory educational standards for medical personnel.

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<sup>23</sup> NThe GFTAM. Georgia Funding Request., 2025



**Table 2. Matrix on administrative and institutional barriers to PrEP access for transgender people in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
11	Does the national government demonstrate political will to ensure PrEP access for transgender people?	Yes	<i>National HIV/AIDS Strategic Plan of Georgia 2023–2025</i>	Low	For the first time, transgender people are recognized at the state level as a separate key population at risk of HIV and included in the national strategy with specific PrEP coverage and service indicators. This reflects political will for inclusivity and alignment with international standards.
12	Are funds allocated in the national budget for providing PrEP to key populations, including transgender people?	Yes	<i>GFTAM. (2025). Georgia Funding Request.</i>	Low	In addition to international funding (Global Fund), the state budget covers some medical services, including hepatitis and flu vaccination and STI treatment for key populations. This expands PrEP coverage and support services.
13	Are transgender-specific medical services included in state health programs and budgets?	No	<i>National HIV/AIDS Strategic Plan of Georgia 2023–2025,</i>	High	Despite strategic recognition of transgender needs, gender-affirming therapy, surgery, and psychosocial support are not reflected in budgets or public health programs



**Table 2. Matrix on administrative and institutional barriers to PrEP access for transgender people in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
14	Are there administrative requirements complicating transgender people's access to PrEP?	No	<i>Law of Georgia on Civil Acts, Article 78(ж), Law of Georgia on Family Values and Protection of Minors, Article 8,</i>	Low	Despite some restrictions, the procedure for prescribing and receiving PrEP for transgender people does not involve significant additional administrative barriers. The general process is similar to that for other key populations.
15	Do state health authorities collaborate with transgender organizations to improve PrEP service delivery?	Yes	<i>National HIV/AIDS Strategic Plan of Georgia 2023–2025, Stakeholder Engagement section, The Global Fund (2024). Georgia Performance Update.</i>	Medium	Transgender organizations are engaged as Global Fund sub-recipients (e.g., “Temida”, “Equality Movement”), but their role is confined to grant-based projects; participation in governance and policymaking remains low in state structures.
16	Are transgender-specific medical services included in state health programs and budgets?	No	<i>National HIV Prevention Standards and Protocols, 2022</i>	High	Systematic and mandatory training for all healthcare providers is not implemented. Existing trainings on gender-sensitive services are rare, not part of the official education system, and depend on donor funding.



**Table 2. Matrix on administrative and institutional barriers to PrEP access for transgender people in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
17	Does the state procurement system ensure uninterrupted PrEP availability?	Yes	<i>The Global Fund, 2024, Georgia Performance Update</i>	Low	Through combined funding (Global Fund and state procurement), there have been no recent PrEP supply interruptions, and the logistics system meets the needs of registered patients.
18	Are PrEP services available in decentralized locations (outside Tbilisi) for transgender people?	Yes	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	Medium	PrEP is available not only in Tbilisi but also in regional centers — Batumi and Kutaisi. However, rural and remote areas still lack such services, and mobile clinics are not deployed.
19	Are transgender people accounted for in national HIV epidemiological reporting?	No	<i>National Center for Disease Control and Public Health (NCDC) Georgia. Healthcare Statistical Yearbook</i>		Despite formal recognition of transgender people as a key population, separate statistics are rarely maintained. Data is fragmented or aggregated, complicating monitoring and program effectiveness assessment.



**Table 2. Matrix on administrative and institutional barriers to PrEP access for transgender people in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
20	Do transgender people participate in implementation, monitoring, and evaluation of PrEP programs?	Yes	<i>National HIV/AIDS Strategic Plan of Georgia 2023–2025</i>	High	Transgender representatives participate in consultations and projects, but their inclusion in monitoring and decision-making systems is extremely limited and not institutionalized: no delegated powers, no feedback mechanisms, and no strategic influence.



## 5.3. Medical and Service Barriers to PrEP Access for Transgender People 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.



**Table 3. Matrix on Medical and Service Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
21	Is PrEP available in public, private clinics, or public health centers?	Yes	<i>National HIV Prevention Standards and Protocols, 2022</i>	Medium	PrEP is included in the official list of services for key populations, including transgender people, and is provided in accredited public clinics. However, the actual geography is limited: services are concentrated in Tbilisi, Batumi, and Kutaisi, limiting access in other regions. In some cases, registration or NGO referral is required, which may not be convenient or accessible for all in need.
22	Are there trans-friendly medical facilities that provide PrEP without stigmatization?	No	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	High	There is no official or accredited list of “trans-friendly” clinics in the country. In cities, there are individual professionals and facilities considered safer by the community, but this experience is neither widespread nor guaranteed. Most public clinics still carry risks of stigmatization, misgendering, and deadnaming, especially in the regions.



**Table 3. Matrix on Medical and Service Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
23	Are PrEP services integrated with comprehensive transgender care (hormone therapy, mental health support)?	No	<i>National HIV/AIDS Strategic Plan of Georgia 2023–2025</i>	High	PrEP and gender-affirming care are provided by different organizations without integrated pathways. There is no “one-stop shop” for medical, psychological, and social support. Patients must coordinate among endocrinologists, psychiatrists, infectious disease doctors, and NGOs on their own, making access to comprehensive care fragmented and complex.
24	Is HIV testing mandatory before receiving PrEP?	Yes	<i>National HIV Prevention Standards and Protocols, 2022</i>	Low	Ministry of Health protocols require mandatory testing for HIV, hepatitis, and renal function before initiating PrEP. This procedure aligns with international standards for all PrEP recipients and is not directed solely at transgender people. It is thus a formal barrier equal across key populations.



**Table 3. Matrix on Medical and Service Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
25	Are there clinical guidelines in Georgian on PrEP use for transgender people, addressing hormone therapy interaction?	No	<i>National HIV Prevention Standards and Protocols, 2022</i>	High	There are no specialized national guidelines in Georgian that describe possible interactions between PrEP and gender-affirming hormone therapy. Doctors and patients must rely on foreign English-language sources, complicating individualized approaches and reducing confidence in safe combination use.
26	Do healthcare providers receive regular training on transgender health and the provision of PrEP services?	No	<i>Temida. A Practical Guide Legal Gender Recognition and Trans-specific Health Services</i>	High	Training on transgender health and inclusive PrEP provision is conducted only through individual projects and grant-based initiatives, reaching a limited number of professionals and not integrated into the formal education system.
27	Are gender-equitable PrEP counseling programs available that target transgender communities ?	No	<i>Temida. A Practical Guide Legal Gender Recognition and Trans-specific Health Services</i>	High	Peer counseling programs for transgender people are absent in public institutions. Counseling is available only through pilot NGO projects, limiting reach and sustainability, especially outside major cities.



**Table 3. Matrix on Medical and Service Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
28	How simple and accessible is the process for transgender people to obtain a PrEP prescription?	No	<i>Women's Initiatives Supporting Group. (2024). Standards of Care for the Health of Transgender and Gender Diverse Individuals</i>	Medium	The prescription process requires in-person visits, documentation, and regular check-ups, complicating access for transgender individuals, especially from regions. Stigma, bureaucracy, and the lack of unified service pathways create additional barriers. Some overcome them via NGO support, but the system is not inclusive or convenient for all.
29	Is it possible to obtain repeat PrEP prescriptions without the need for frequent clinic visits?	No	<i>National HIV Prevention Standards and Protocols, 2022</i>	Medium	National protocols require an in-person clinic visit every 3 months for tests and medical monitoring to receive a refill. Telemedicine, e-prescriptions, or home delivery are not available, which is inconvenient for rural or busy transgender individuals.
30	Do community organizations participate in disseminating information about PrEP and assisting in its procurement?	No	<i>Women's Initiatives Supporting Group. (2025). Eradication of LGBTQI+ Issues from State Policy: Challenges to Equality in Georgia</i>	High	In fact, the community organizations participate in disseminating information about PrEP but not assisting in its procurement.



## **5.4. Social, Cultural, and Religious Barriers to PrEP Access for Transgender People in Georgia**

In contemporary Georgian society, social, cultural, and religious barriers constitute the main frontline in the struggle of transgender people for health and life. A high level of barriers manifests simultaneously on multiple intersecting levels, forming a complex system of mutually reinforcing social vulnerability. First and foremost, widespread public and religious stigma toward transgender identity and issues of sexual health remains a key factor that renders any form of HIV prevention — and especially PrEP — nearly inaccessible for the majority of the community. Fear of status disclosure, fear of ridicule and discrimination both in society and within one's own family often leads transgender people not only to avoid seeking medical care, but to retreat entirely into social invisibility. A classic example is the situation where, even with access to information about PrEP, transgender people refuse to discuss or use it to avoid becoming targets of pressure or threats from family, neighbors, or employers. It is precisely religious rhetoric and cultural norms that serve as the “background” for this stigma: they portray HIV-related topics as “dirty” or “shameful,” and gender identity as a morally dangerous deviant phenomenon. Official religious leaders often take actively transphobic positions, publicly condemning any preventive initiatives for LGBTQ+ and transgender people. The second layer of high-level barriers is formed by the complete absence of systemic support: the state and most media, despite declarative statements about non-discrimination, effectively withdraw from discussing the topic of PrEP in the transgender community. Government-level informational programs either do not address transgender people or render them invisible — both in informational materials and in organizing communication with medical institutions. Under such conditions, personal support from family or community becomes a rarity, and for many — an unattainable dream. Social surveys and NGO reports regularly document that a significant portion of transgender people in Georgia face isolation, the threat of violence, and forced “expulsion” from their families after disclosing their use of PrEP or any form of medical-social support.



The medium level of barriers is expressed in the absence of culturally sensitive counseling within the healthcare system and in the extremely limited use of transgender role models and opinion leaders to promote PrEP. Medical professionals are often not trained to conduct dialogue with consideration for the cultural and religious realities of their transgender patients, lack skills in non-violent communication, and do not see the need to address issues of safety, confidentiality, and dignity. Similarly, even the most active NGOs and educational groups are forced to operate with limited resources, which prevents the construction of a sustainable peer support system or the formation of “positive examples” in the media and society.

Disinformation and myths about PrEP within transgender communities represent a separate layer of barriers at the medium level. On the one hand, fears and mistrust toward pharmaceutical prevention are fueled by the absence of systematic educational work. On the other hand, fragmented initiatives by individual NGOs are still unable to compete with conservative and religious narratives transmitted through family and media channels.

A low level of barriers in this area, essentially, does not exist. Almost no area of social, cultural, or religious life in contemporary Georgia serves as a space of support or safety for transgender people seeking PrEP. On the contrary, any individual or collective attempts to reduce these barriers face a new wave of stigma and social pressure. Even the local successes of individual activists or NGOs have yet to generate noticeable systemic change.

That is precisely why any medical, educational, or legal reforms that fail to take into account the deep, intersecting barriers in this sector are doomed to have limited impact. Without a revision of the societal and cultural matrix, without institutional engagement of transgender people in educational and communicative work, and without the creation of role models and allies among doctors, educators, cultural and religious leaders — real access to PrEP for transgender people in Georgia will remain an unattainable standard.



**Table 4. Matrix on Social, Cultural, and Religious Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
31	Is there widespread awareness of PrEP in transgender communities?	No	<i>Temida. A Practical Guide Legal Gender Recognition and Trans-specific Health Services</i>	High	Most transgender people are insufficiently informed about the availability and mechanisms of accessing PrEP. Awareness campaigns are limited, especially in the regions. NGOs estimate that fewer than 30% of transgender people in Georgia have received direct information about PrEP.
32	Do religious or cultural beliefs hinder the use of PrEP among transgender people?	No	<i>Women's Initiatives Supporting Group. (2024). Standards of Care for the Health of Transgender and Gender Diverse Individuals</i>	High	Religious and cultural norms negatively influence perceptions of transgender identity and HIV prevention: condemnation from religious leaders and rejection by family and society obstruct access to PrEP and lead to self-censorship.
33	Does social stigma affect transgender people's willingness to seek PrEP?	Yes	<i>Women's Initiatives Supporting Group. (2025). The Coalition for Equality - The State of Equality in Georgia</i>	High	Stigma and fear of revealing one's gender identity are among the main deterrents, causing many transgender people to avoid healthcare facilities and PrEP programs even when medically indicated.



**Table 4. Matrix on Social, Cultural, and Religious Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
34	Do transgender people receive support from family or community when using PrEP?	No	<i>Equality Movement. A Research on Social and Economic Needs of LGBTQI Community in Georgia.</i>	High	Family or community support is rare. Most transgender people must hide their use of PrEP and face condemnation, threats of violence, or expulsion from their homes.
35	Are transgender people included in public information campaigns promoting PrEP?	No	<i>Women's Initiatives Supporting Group. (2025). The Coalition for Equality - The State of Equality in Georgia</i>	High	Government-level PrEP awareness campaigns rarely reach transgender communities; their participation in developing and disseminating information is minimal. Nearly all initiatives are NGO-led and grant-funded.
36	Do transgender people fear disclosing their use of PrEP due to risk of discrimination?	Yes	<i>Equality Movement. A Research on Social and Economic Needs of LGBTQI Community in Georgia.</i>	High	Concerns about being outed as a PrEP user and subsequent stigma or discrimination remain a constant issue for most transgender individuals, especially in smaller towns and villages.



**Table 4. Matrix on Social, Cultural, and Religious Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
37	Do healthcare providers consider cultural and religious factors when counseling transgender people on PrEP?	No	<i>Women's Initiatives Supporting Group. (2025). Eradication of LGBTQI+ Issues from State Policy: Challenges to Equality in Georgia</i>	Medium	Healthcare professionals rarely account for religious and cultural aspects of transgender patients' lives in PrEP counseling; such approaches occur sporadically, with no training or methodological support.
38	Are there initiatives to involve religious and cultural leaders in supporting PrEP use?	No	<i>Women's Initiatives Supporting Group. (2025). Eradication of LGBTQI+ Issues from State Policy: Challenges to Equality in Georgia</i>	High	Initiatives to involve religious leaders are nearly nonexistent, and most representatives of traditional denominations take an openly negative stance. Educational or dialogical projects are rare and have little impact.
39	Are transgender role models and opinion leaders used to promote PrEP?	No	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	Medium	Engagement of transgender leaders in PrEP education occurs only through isolated NGO initiatives and is not a part of national strategy or supported by the government or major media.



**Table 4. Matrix on Social, Cultural, and Religious Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
40	Is active work conducted to combat misinformation about PrEP in transgender communities?	No	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	Medium	Misinformation and myths about PrEP periodically emerge within transgender communities. Counter-efforts are limited to the resources of individual NGOs and educational groups; no systemic state program exists.



## 5.5. Economic Barriers to PrEP Access for Transgender People 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.



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.



**Table 5. Matrix on Economic Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
41	Is PrEP provided free of charge or at an affordable price for transgender people?	Yes	<i>GFTAM. (2025). Georgia Funding Request.</i>	Low	PrEP is provided free of charge for transgender people and other key populations at state and Global Fund-supported facilities. All medication and visit-related costs are covered regardless of income or patient status.
42	Are there financial assistance programs for transgender people who cannot afford PrEP?	Yes	<i>GFTAM. (2025). Georgia Funding Request.</i>	Low	Due to donor and government funding, PrEP is distributed free of charge, and no additional financial aid is required for PrEP. NGOs can offer targeted support for other medical expenses (tests, transportation).
43	Do insurance companies cover the cost of PrEP and related medical check-ups for transgender people?	No	<i>GFTAM. (2025). Georgia Funding Request.</i>	Medium	Insurance programs in Georgia do not include PrEP in standard service packages. This is partially offset by free provision of medication; however, tests and additional exams are often not covered.



**Table 5. Matrix on Economic Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
44	Are transportation costs pose a barrier to transgender people obtaining PrEP?	Yes	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	Medium	PrEP is provided free of charge for transgender people and other key populations at state and Global Fund-supported facilities. All medication and visit-related costs are covered regardless of income or patient status.
45	Do employers support employees' access to HIV prevention services, including PrEP?	No	<i>Women's Initiatives Supporting Group. (2025). The Coalition for Equality - The State of Equality in Georgia</i>	High	Due to donor and government funding, PrEP is distributed free of charge, and no additional financial aid is required for PrEP. NGOs can offer targeted support for other medical expenses (tests, transportation).
46	Are PrEP services available outside of working hours for transgender individuals with restrictive schedules?	No	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	Medium	Insurance programs in Georgia do not include PrEP in standard service packages. This is partially offset by free provision of medication; however, tests and additional exams are often not covered.



**Table 5. Matrix on Economic Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
47	Is there a feedback and complaints mechanism regarding the quality of PrEP provision?	No	<i>Equality Movement. A Research on Social and Economic Needs of LGBTQI Community in Georgia.</i>	High	No specialized hotline or complaint channel exists specifically for PrEP. Appeals are handled through general healthcare systems and rarely result in timely changes.
48	Are mobile or home-based services offered to ensure access to PrEP for transgender people with limited mobility?	No	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	High	No government or private mobile delivery or outreach programs exist for PrEP access, making it inaccessible to people with disabilities or those living far from cities.
49	Do stockouts of PrEP occur in clinics serving transgender people?	No	<i>GFTAM. (2025). Georgia Funding Request.</i>	Low	The procurement and logistics system involving the Global Fund ensures stable availability of PrEP. Interruptions are rare and quickly resolved through centralized supply planning.



**Table 5. Matrix on Economic Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
50	Do economic factors, such as workplace discrimination, affect transgender people’s access to PrEP?	Yes	<i>Equality Movement. A Research on Social and Economic Needs of LGBTQI Community in Georgia.</i>	High	Discrimination in the labor market, high unemployment, and low income deprive transgender people of even minimal resources for transportation, tests, and other related services, limiting their ability to attend clinics regularly.



## 5.6. Clinical and Pharmacological Barriers to PrEP Access for Transgender People in Georgia

In Georgia's healthcare system, clinical and pharmacological aspects of HIV prevention for transgender people are characterized by a number of complex, interconnected barriers. The most prominent of these 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>24</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>25</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 analyzed.

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

<sup>24</sup> National HIV Prevention Standards and Protocols, 2022

<sup>25</sup> Women's Initiatives Supporting Group. The Coalition for Equality - The State of Equality in Georgia, 2025



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.



**Table 6. Matrix on Clinical and Pharmacological Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
51	Is screening for contraindications conducted before initiating PrEP for transgender people?	Yes	<i>National HIV Prevention Standards and Protocols, 2022</i>	Low	All patients, including transgender individuals, undergo standardized screening (blood tests, HIV and hepatitis screening, kidney function tests) before starting PrEP. Procedures are unified and do not depend on gender identity.
52	Are interactions between hormone therapy and PrEP assessed in medical protocols?	No	<i>National HIV Prevention Standards and Protocols, 2022</i>	High	The protocols do not contain specific sections on interactions between PrEP and gender-affirming hormone therapy, despite the clinical relevance. Physicians rely on international data but lack local guidelines.
53	Are healthcare providers aware of the specific side effects of PrEP in transgender people?	No	<i>Equality Movement. Report on LGBTQ+ Rights Violations in Georgia – 2024.</i>	High	Training on PrEP side effects for transgender individuals is not conducted systematically. Most physicians have limited knowledge and rely on general information without considering hormone therapy specifics or transgender status.



**Table 6. Matrix on Clinical and Pharmacological Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
54	Are there protocols for managing PrEP side effects in transgender people?	No	<i>National HIV Prevention Standards and Protocols, 2022</i>	High	There are no separate national guidelines for managing PrEP side effects in transgender individuals. Physicians apply general management schemes not adapted to the specifics of hormone therapy.
55	Is adherence to PrEP monitored among transgender patients?	No	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	Medium	In pilot and urban projects, some clinics monitor adherence, but there is no systematic national monitoring for transgender individuals. Evaluation is conducted episodically via NGOs.
56	Are regular STI screenings provided for PrEP users?	Yes	<i>National HIV Prevention Standards and Protocols, 2022</i>	Low	National protocols stipulate mandatory regular STI screenings for all PrEP users, including transgender individuals, every 3–6 months.



**Table 6. Matrix on Clinical and Pharmacological Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
57	Are mental health support services available for transgender people on PrEP?	No	<i>Equality Movement. Report on LGBTQ+ Rights Violations in Georgia – 2024.</i>	High	The state mental health support system for transgender individuals is absent. Support is only available through individual NGOs or private initiatives, with very limited coverage.
58	Are guidelines in Georgian developed for the safe use of PrEP alongside other medications?	No	<i>Women’s Initiatives Supporting Group. (2024). Standards of Care for the Health of Transgender and Gender Diverse Individuals</i>	High	There are no official instructions in Georgian on the compatibility of PrEP with hormones or other drugs. Doctors and patients often rely on foreign-language sources, increasing the risk of errors and reducing care quality.
59	Are studies conducted on the long-term effects of PrEP use among transgender people?	No	<i>Women’s Initiatives Supporting Group. (2024). Standards of Care for the Health of Transgender and Gender Diverse Individuals</i>	High	No national studies have been conducted on the long-term effects of PrEP use among transgender individuals. Data is only gathered from international publications and pilot reports.



**Table 6. Matrix on Clinical and Pharmacological Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
60	Are transgender people involved in clinical trials of new forms of PrEP?	No	<i>Georgian Harm Reduction Network. (2025). Trans*Operational research of Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia - Study Report</i>	High	Transgender individuals are not involved in clinical trials of new forms of PrEP in Georgia. Clinical trial protocols do not account for this group, decreasing the relevance of the results to practice.



## 5.7. Safety and Security Barriers to PrEP Access for Transgender People in Georgia

In the sphere of safety and environmental inclusivity for transgender people receiving PrEP in Georgia, contradictory tendencies prevail — where positive initiatives by civil society organizations are interwoven with institutional and infrastructural gaps.

A high level of barriers persists primarily in areas related to institutional protection, law enforcement, and personal safety. A critical issue remains the lack of systemic support from the state and municipalities: no emergency services or hotlines exist for transgender individuals who face discrimination or threats as a result of seeking PrEP. Law enforcement bodies undergo virtually no training on LGBTQ+ health issues, and their competencies in HIV prevention among transgender people are minimal (*“National HIV/AIDS Strategy 2023–2025”*). This generates mistrust toward the police and creates a sense of insecurity even in large cities. Homeless transgender people are particularly vulnerable: there are no targeted HIV prevention programs for them, and access to PrEP is virtually nonexistent.

A medium level of barriers is observed where state and civil initiatives yield mixed results. On the one hand, PrEP can be obtained in safe and friendly conditions at the facilities of civil society organizations, where an inclusive atmosphere and specialized support are provided. At these same sites, physicians from state centers (e.g., the Georgian AIDS and Clinical Immunology Research Center) provide services to transgender individuals, which helps minimize risks of stigma and overt rejection. However, to access the full range of services, individuals still often need to turn to state institutions, where concerns about discrimination, data leaks, and lack of understanding persist. Harm reduction programs supported by the Global Fund and UNAIDS operate effectively in urban areas, but coverage in rural regions is severely limited. Mutual aid networks and support groups for transgender people are mostly active only in major cities; outside these zones, such resources are practically unavailable.



A low level of barriers applies to certain aspects of the safety environment. In recent years, according to official data, no incidents of physical violence or targeted attacks specifically linked to receiving PrEP or seeking prevention among transgender people have been recorded. This reflects a degree of effectiveness in the work of the Georgian AIDS and Clinical Immunology Research Center and civil organizations, where transgender people can safely receive counseling and PrEP services, as well as discuss personal matters in a private and supportive setting, including during evening hours.

Overall, the safety and inclusivity of the PrEP access environment for transgender people in Georgia depends heavily on the efforts of NGOs, international donors, and local initiatives, whereas the state system still fails to provide full anonymity, rapid response to discrimination, or institutional participation of the transgender community in decision-making. Solving these problems requires reforming training programs for law enforcement and medical personnel, developing emergency support services, institutionalizing transgender participation in service planning, and introducing confidentiality standards at every stage of patient interaction. Only a comprehensive approach will reduce fear, increase trust in the healthcare system, and ensure real — not just formal — safety for transgender individuals using PrEP.



**Table 7. Matrix on Safety and Security Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
61	Is PrEP available in safe and non-discriminatory conditions for transgender people?	Yes	<i>National HIV/AIDS Strategy 2023–2025:</i>	Medium	PrEP is available through community organizations that provide a friendly and safe environment. However, continued service often requires visiting state clinics, where stigma and discrimination are still a concern.
62	Are there security threats (e.g. violence) hindering access to PrEP?	No	<i>National Center for Disease Control and Public Health (NCDC) Georgia. Healthcare Statistical Yearbook</i>	Low	No officially recorded cases of physical violence directly related to obtaining PrEP or hindering PrEP access among transgender individuals in recent years.
63	Are there safe spaces in medical facilities to discuss issues related to PrEP?	Yes	<i>National HIV/AIDS Strategy 2023–2025</i>	Low	Special centers and community organizations provide separate safe spaces. Physicians at these centers regularly offer services in a friendly setting, including evening hours.



**Table 7. Matrix on Safety and Security Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
64	Do NGOs provide harm reduction strategies related to PrEP use?	Yes	<i>UNAIDS. Global AIDS Monitoring Report: Georgia</i>	Medium	Harm reduction strategies are implemented by NGOs with support from the Global Fund and UNAIDS, but regional and rural coverage remains limited.
65	Are law enforcement officers trained on the importance of PrEP for transgender people?	No	<i>National HIV/AIDS Strategy 2023–2025</i>	Low	The program lacks regular educational modules for police on PrEP and transgender health. Reports of stigma and lack of understanding from law enforcement continue.
66	Are there emergency support services for transgender people facing PrEP-related discrimination?	No	<i>GFTAM. (2025). Georgia Country Overview.</i>	High	No specialized government or municipal emergency services exist for transgender individuals facing discrimination related to PrEP. Support is limited to NGOs and volunteer initiatives.
67	Are there targeted programs for homeless transgender people to access PrEP?	No	<i>National HIV/AIDS Strategy 2023–2025</i>	High	No targeted programs for homeless transgender people exist. This group remains one of the most vulnerable, with minimal PrEP coverage.



**Table 7. Matrix on Safety and Security Barriers to PrEP Access for Transgender People in Georgia**

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64	Do NGOs provide harm reduction strategies related to PrEP use?	Yes	<i>UNAIDS. Global AIDS Monitoring Report: Georgia</i>	Medium	Harm reduction strategies are implemented by NGOs with support from the Global Fund and UNAIDS, but regional and rural coverage remains limited.
65	Are law enforcement officers trained on the importance of PrEP for transgender people?	No	<i>National HIV/AIDS Strategy 2023–2025</i>	Low	The program lacks regular educational modules for police on PrEP and transgender health. Reports of stigma and lack of understanding from law enforcement continue.
66	Are there emergency support services for transgender people facing PrEP-related discrimination?	No	<i>GFTAM. (2025). Georgia Country Overview.</i>	High	No specialized government or municipal emergency services exist for transgender individuals facing discrimination related to PrEP. Support is limited to NGOs and volunteer initiatives.
67	Are there targeted programs for homeless transgender people to access PrEP?	No	<i>National HIV/AIDS Strategy 2023–2025</i>	High	No targeted programs for homeless transgender people exist. This group remains one of the most vulnerable, with minimal PrEP coverage.



**Table 7. Matrix on Safety and Security Barriers to PrEP Access for Transgender People in Georgia**

Nº	Question	Answer	Reference / Source	Barrier Level	Justification
68	Are there peer support networks among transgender PrEP users?	No	<i>GFTAM. (2025). Georgia Country Overview.</i>	Medium	Peer support groups organized by NGOs exist in cities, but coverage remains fragmented across the country. In rural areas, such networks are nearly non-existent.
69	Is confidentiality ensured during the PrEP provision process?	No	<i>National HIV/AIDS Strategy 2023–2025</i>	High	Breaches of confidentiality still occur, especially in state clinics: information may be shared with third parties or discussed in the presence of other patients.
70	Are transgender people involved in creating a friendly service environment for PrEP?	Yes	<i>National HIV/AIDS Strategy 2023–2025</i>	Medium	No specialized government or municipal emergency services exist for transgender individuals facing discrimination related to PrEP. Support is limited to NGOs and volunteer initiatives.



## 6. Limitations of the Expert Assessment

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*...What happens when your name doesn't  
match your self-assessment?  
When your gender is denied by the state?  
You fall between the cracks of systems not  
designed to recognize you.  
And those cracks become graves...*

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This expertise, despite its comprehensive coverage of barriers to PrEP access for transgender people in Georgia, has a number of methodological, empirical, and institutional limitations that should be considered when interpreting the results.

Firstly, a significant portion of the data is based on the analysis of publicly available governmental and international reports, as well as on expert assessments provided by civil society organizations and individual activists. In the context of insufficient transparency of official medical statistics and the absence of regular monitoring of the specific needs of transgender people, many conclusions are based on indirect evidence, surveys, and qualitative interviews rather than representative samples.

Secondly, most of the empirical data comes from urban centers and NGOs operating primarily in Tbilisi, Batumi, and Kutaisi. This may lead to an underestimation of the problems and barriers faced by transgender people living in rural areas, small settlements, or remote regions of the country. Therefore, the results obtained may not fully reflect the entire spectrum of regional inequality.



Thirdly, the lack of national studies on the long-term medical and social consequences of PrEP use among transgender people limits the depth of clinical and pharmacological analysis. Many evaluations of therapy impacts are based on data obtained abroad, which reduces the relevance of certain recommendations for the local context.

Finally, the assessment does not take into account data on informal pathways for obtaining PrEP, as well as the experiences of transgender people who, for various reasons, did not approach official institutions or did not participate in NGO programs.

Thus, the presented results reflect the situation at the time of the analysis and require periodic updates in light of changes in regulatory, economic, and social areas. To enhance the validity and completeness of future studies, further quantitative and longitudinal research involving a broad sample of transgender people from various regions of Georgia is needed.



# 7. Recommendations on PrEP Accessibility for Transgender People in Georgia

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*...We are here, not as ghosts of a forgotten epidemic, but as architects of a different future.*

*One where health is not conditioned on conformity.*

*One where gender is not a barrier to medicine.*

*One where the full complexity of human life is met not with discrimination, but with love.*

*One where PrEP is not a privilege but care...*

---

The following recommendations are the result of a comprehensive multi-sectoral expertise of barriers faced by transgender people in accessing PrEP services in Georgia. Rooted in both qualitative and quantitative data, including national policy analysis, stakeholder interviews, and institutional reviews, this framework is designed not merely as a declarative set of proposals but as a functional tool for action, implementation, and policy reform. The recommendations reflect a human rights-based, evidence-informed, and intersectional approach, aimed at eliminating systemic, structural, and operational inequalities in healthcare delivery for transgender communities.

Structurally, the recommendations are categorized across key institutional and policy domains: the Government and Parliament of Georgia, the Ministry of Health, Social Service and Insurance Agencies, Local Governments and Municipalities, Educational and Professional Institutions, Civil Society and NGOs, International Organizations and Donors, and finally, Media and Influencers.



Each recommendation is mapped to a specific domain based on its capacity to influence or directly implement changes in PrEP service delivery and inclusivity. This architecture allows for precision in responsibility allocation and accountability tracking across multiple levels of governance and service provision.

Each institutional block contains a list of targeted actions — ranging from legislative amendments and the development of inclusive medical protocols to capacity building and anti-stigma campaigns — all of which are grounded in international standards such as those outlined by WHO, UNAIDS, and the Global Fund. Where applicable, the recommendations also integrate feedback loops, monitoring mechanisms, and participatory planning strategies to ensure the inclusion of transgender voices in the design and delivery of health services.

The technical structure of the recommendations emphasizes layered implementation. Immediate actions (e.g., translation of guidelines, basic training) are distinguishable from medium-term interventions (e.g., national protocol reform, integration of psychosocial support), and long-term strategic goals (e.g., institutionalizing trans-led peer services, legal reform). This phased approach facilitates practical planning and enables stakeholders to benchmark progress incrementally, aligned with fiscal years or policy cycles and for each recommendation just only one immediate, one midterm and one long-term action is described but it could be adapted or multiplied based on relevance and reality. Importantly, these recommendations are not static. They are intended to be adaptive, responsive to emerging evidence, and periodically revised in consultation with transgender communities and their allies. The flexibility of this model is critical in a sociopolitical environment where cultural resistance, legislative inertia, and economic volatility may impact implementation speed or feasibility.

For practical use, policymakers, healthcare administrators, educators, civil society leaders, and donors are encouraged to treat this document as a cross-reference tool. Each recommendation is accompanied by context-specific rationale, making it suitable for integration into grant proposals, advocacy briefs, training curricula, or



national strategy documents. It is especially suitable for coalition-based planning, where multiple sectors can engage collaboratively under clearly defined roles.

To support transparency and alignment with national development goals, the recommendations are designed to be measurable.

Many are formulated with indicators that can be tracked within national HIV monitoring and evaluation (M&E) systems or linked to existing global commitments, such as the Sustainable Development Goals (SDG 3, 5, and 10).

Ultimately, the recommendations represent both a blueprint for equitable healthcare and a moral imperative. Access to PrEP should not be contingent upon gender identity, geography, or institutional will. These recommendations affirm the right of all transgender people in Georgia to live free from preventable disease, stigma, and structural neglect — and call upon all sectors to operationalize that right without delay.



**Table 8.1. Recommendations for Government and Parliament of Georgia**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.1	Simplify the legal procedure for changing gender markers without medical or psychiatric requirements	Legal, Administrative	Immediate: Draft legal amendments; Medium-term: Approve and implement via registry reform; Long-term: Monitor implementation in all regions	Annual review of registry data and user feedback
8.2	Integrate transgender people into all national HIV and anti-discrimination strategies	Political, Social	Immediate: Set up a working group; Medium-term: Update national strategies; Long-term: Institutionalize community representation	Review of strategy content, stakeholder surveys
8.3	Guarantee sustainable state funding for PrEP and medical procurement, regardless of donor support	Economic, Administrative	Immediate: Allocate budget lines; Medium-term: Legislate funding guarantees; Long-term: Multi-year fiscal planning	Budget audits; funding continuity check
8.4	Launch nationwide anti-stigma campaigns involving religious, cultural leaders, and role models	Social, Cultural	Immediate: Create campaign materials; Medium-term: Media dissemination and public events; Long-term: School curricula integration	Public opinion polls; media monitoring
8.5	Adopt and enforce legal protections for LGBTQ+ people in all spheres, including healthcare	Legal, Social	Immediate: Legal drafting; Medium-term: Law enforcement training; Long-term: Ongoing evaluation of hate crime/complaint data	Complaint statistics; annual reporting



**Table 8.1. Recommendations for Government and Parliament of Georgia**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.6	Institutionalize community feedback and participatory policy-making in healthcare and social protection	Administrative	Immediate: Create advisory boards; Medium-term: Hold regular consultations; Long-term: Formalize inclusion in policy cycles	Documentation of meetings, annual impact reports
8.7	Reform national monitoring and evaluation (M&E) systems to collect disaggregated data on transgender PrEP access	Administrative, Legal	Immediate: Revise data templates; Medium-term: Train staff; Long-term: Publish annual disaggregated statistics	Annual M&E review; data publication



## Table 8.2. Recommendation for Ministry of Health of Georgia

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.8	Develop and implement national PrEP clinical protocols specifically addressing transgender care (hormones, drug interactions, etc)	Clinical, Medical	Immediate: Draft protocol with trans experts; Medium-term: Clinical piloting and feedback; Long-term: Incorporate into all HIV treatment standards	Protocol implementation audit; annual clinical review
8.9	Mandate systematic training for all healthcare workers on transgender health and gender-sensitive PrEP counseling	Educational, Clinical	Immediate: Curriculum design; Medium-term: Mandatory rollout in all clinics; Long-term: Include in ongoing licensing/CPD	Training completion rates; provider assessment
8.10	Establish routine and anonymous feedback channels for transgender PrEP users within clinics	Administrative, Social	Immediate: Launch hotline/web platform; Medium-term: Promote and monitor use; Long-term: Include feedback in annual policy review	Number and nature of feedbacks/complaints received
8.11	Integrate psychological and peer support into the national HIV prevention and PrEP programs for transgender populations	Social, Medical	Immediate: Identify partners and needs; Medium-term: Secure funding, launch pilots; Long-term: Embed in program standards	Utilization rates; client satisfaction
8.12	Ensure regular supply monitoring and public reporting on PrEP availability, including in regions and rural areas	Economic, Administrative	Immediate: Inventory management upgrades; Medium-term: Regional data collection; Long-term: Annual public access report	No. of supply disruptions; regional access reports



## Table 8.2. Recommendation for Ministry of Health of Georgia

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.13	Institutionalize active participation of trans-led organizations in PrEP policy development and monitoring	Institutional, Administrative	Immediate: Invite to working groups; Medium-term: Co-draft policy; Long-term: Annual review of collaboration outcomes	Meeting records; policy amendments adopted
8.14	Require disaggregated data collection on PrEP uptake and health outcomes for transgender individuals from service providers	Administrative	Immediate: Update reporting forms; Medium-term: Staff training on data entry; Long-term: Annual publication of disaggregated indicators	Published indicators; data completeness assessment
8.15	Launch targeted public information campaigns on PrEP safety, accessibility, and trans-inclusion	Social, Cultural	Immediate: Develop culturally tailored materials; Medium-term: Disseminate via media/clinics/NGOs; Long-term: Regularly update and expand coverage	Campaign reach metrics; changes in awareness surveys



## Table 8.2. Recommendation for Ministry of Health of Georgia

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.16	Guarantee confidential, stigma-free access to PrEP in all state clinics through robust anti-discrimination enforcement	Administrative, Legal	Immediate: Update clinic policies; Medium-term: Staff accountability mechanisms; Long-term: Ongoing monitoring and periodic compliance checks	Incident reports; compliance reviews
8.17	Introduce telemedicine for PrEP counseling, follow-up, and refill options for transgender clients	Administrative, Social	Immediate: Assess technological needs; Medium-term: Train staff and users; Long-term: Integrate telehealth into standard national PrEP provision	Telemedicine uptake; user satisfaction ratings



**Table 8.3. Recommendation for Medical and Social services**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.18	Ensure all clinics and service points offer trans-inclusive, stigma-free environments for PrEP users	Social, Administrative	Immediate: Staff anti-bias training; Medium-term: Clinic redesign for privacy; Long-term: Annual inclusion audits	Patient satisfaction surveys; external audit reports
8.19	Guarantee strict confidentiality and data security for transgender patients accessing PrEP	Administrative, Legal	Immediate: Policy review and updates; Medium-term: Implement staff confidentiality contracts; Long-term: Annual compliance checks	Number of data breaches; internal audit results
8.20	Integrate PrEP with other key transgender health services (hormone therapy, mental health, STI screening)	Medical, Clinical	Immediate: Cross-disciplinary protocol development; Medium-term: Staff cross-training; Long-term: Multi-service “one-stop” clinic models	Referral tracking; service integration review
8.21	Offer flexible hours and remote/telemedicine options for PrEP consultations and refills	Administrative, Legal	Immediate: Adjust schedules; Medium-term: Set up telemedicine platforms; Long-term: Monitor uptake and accessibility	Appointment usage rates; no-show reduction



**Table 8.3. Recommendation for Medical and Social services**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.22	Develop a rapid response system for complaints of discrimination, confidentiality breaches, or access barriers	Administrative, Social	Immediate: Set up hotline/online complaint portal; Medium-term: Staff response training; Long-term: Integrate with quality assurance processes	Response/resolution times; complaint trends
8.23	Track and report regional disparities in PrEP access, focusing on rural and vulnerable groups	Administrative Economic	Immediate: Implement regional access dashboards; Medium-term: Data analysis; Long-term: Adjust resource allocation based on findings	Quarterly regional reports; resource allocation changes
8.24	Institutionalize regular peer and community input in service delivery evaluation and improvement	Institutional, Social	Immediate: Organize patient focus groups; Medium-term: Annual user surveys; Long-term: Include peer reps in quality committees	Documented changes following input; feedback summaries
8.25	Maintain ongoing professional development in LGBTQ+ health for all front-line staff	Educational, Medical	Immediate: Identify accredited courses; Medium-term: Require completion for employment; Long-term: Update training with new evidence	Staff training logs; evaluation outcomes



**Table 8.3. Recommendation for Medical and Social services**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.26	Create a welcoming visual environment (signage, materials, outreach) signalling inclusion and non-discrimination	Social, Cultural	Immediate: Develop and distribute inclusive materials; Medium-term: Post visible signage; Long-term: Update and review annually	On-site observations; patient feedback
8.27	Facilitate direct referral pathways to legal, psychological, and social support services for transgender PrEP users	Social, Administrative	Immediate: Map partner organizations; Medium-term: Formalize referral agreements; Long-term: Review effectiveness and close service gaps	Referral completion rates; partner feedback



**Table 8.4. Recommendations for Educational and Professional Institutions in Georgia**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.28	Integrate comprehensive modules on gender diversity, HIV prevention, and PrEP into all health and education curricula	Social	Immediate: Curriculum review; Medium-term: Module approval & rollout; Long-term: Periodic update & institutionalization	Syllabus audits; periodic knowledge assessments
8.29	Mandate anti-discrimination and inclusion training for teachers, psychologists, and social workers	Social, Cultural	Immediate: Develop training content; Medium-term: Require for employment/licensing; Long-term: Refresher courses & certification	Training participation rates; incident reports
8.30	Establish and promote student peer support groups focused on LGBTQ+ health, HIV, and PrEP	Social, Cultural	Immediate: Approve group formation; Medium-term: Provide funding and guidance; Long-term: Integrate into student support frameworks	Number of active groups; student participation
8.31	Create robust mechanisms for reporting and addressing bullying and discrimination based on gender identity or PrEP use	Social, Administrative	Immediate: Launch online and offline reporting channels; Medium-term: Staff response training; Long-term: Track and publicize outcomes	Frequency & resolution of reports; climate surveys



**Table 8.4. Recommendations for Educational and Professional Institutions in Georgia**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.32	Include transgender experts and community members in the development and evaluation of educational programs	Institutional, Cultural	Immediate: Identify and invite experts; Medium-term: Co-develop and review programs; Long-term: Ongoing collaboration	Documented participation; periodic evaluation reports



**Table 8.5. Recommendations for Transgender communities**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.33	Develop and expand regional peer support networks and PrEP-focused counseling groups	Social, Cultural	Immediate: Recruit and train peer facilitators; Medium-term: Establish support groups in all major regions; Long-term: Integrate into community centers	Number of active groups; participation tracking
8.34	Organize national and local advocacy campaigns with visible trans leaders and community role models	Social, Political	Immediate: Identify and support spokespeople; Medium-term: Launch coordinated campaigns; Long-term: Build a national advocacy platform	Media reach; advocacy impact assessments
8.35	Monitor and publicly report rights violations, discrimination, and access barriers to PrEP and related health services	Legal, Social	Immediate: Set up reporting platforms; Medium-term: Annual barrier reports; Long-term: Advocate for policy/legal changes	Number of reports; resolution statistics
8.36	Proactively participate in co-design, evaluation, and quality monitoring of PrEP services at all program levels	Institutional	Immediate: Attend planning meetings; Medium-term: Serve on evaluation panels; Long-term: Institutionalize advisory roles	Meeting attendance; documented influence on service



## Table 8.5. Recommendations for Transgender communities

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.37	Collect, document, and disseminate positive experiences ("success stories") of PrEP users to reduce stigma	Social, Cultural	Immediate: Gather testimonials; Medium-term: Publish on media platforms; Long-term: Use in advocacy and education programs	Stories published; feedback from target audience
8.38	Build alliances with other marginalized and vulnerable groups to amplify collective advocacy for PrEP access	Social, Political	Immediate: Initiate coalition building; Medium-term: Conduct joint actions and campaigns; Long-term: Institutionalize coalitions	Number of coalition initiatives; advocacy achievements
8.39	Provide peer-to-peer navigation and accompaniment for transgender people accessing medical and social services	Medical, Administrative	Immediate: Train peer navigators; Medium-term: Set up navigation programs; Long-term: Integrate into service infrastructure	Number served by navigation programs; service outcomes



**Table 8.6. Recommendations for Civil Society and NGOs**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.40	Expand outreach and mobile PrEP services to rural and underserved regions	Economic, Administrative	Immediate: Map underserved regions; Medium-term: Deploy mobile clinics; Long-term: Sustain mobile teams via grants and partnerships	Coverage reports; service utilization statistics
8.41	Develop and implement culturally competent harm reduction and PrEP awareness programs for transgender communities	Social, Cultural	Immediate: Co-create materials with trans community; Medium-term: Roll out workshops; Long-term: Regularly update content	Workshop attendance; pre/post knowledge surveys
8.42	Provide ongoing legal, psychological, and social support for transgender PrEP users	Legal, Social	Immediate: Train staff and volunteers; Medium-term: Open support hotlines; Long-term: Integrate with local health and social services	Support case logs; client satisfaction tracking
8.43	Systematically monitor and report barriers to PrEP and discrimination cases at local and national levels	Legal, Administrative	Immediate: Set up anonymous reporting tools; Medium-term: Compile and publish annual reports; Long-term: Advocate with policymakers	Reports published; number of policy changes influenced



**Table 8.6. Recommendations for Civil Society and NGOs**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.44	Collaborate with government and health agencies to improve PrEP accessibility and patient-centered care for transgender beneficiaries	Administrative, Institutional	Immediate: Join public working groups; Medium-term: Propose and pilot new models; Long-term: Institutionalize partnerships	Number of joint initiatives; quality improvement outcomes
8.45	Support training and continuing education for healthcare professionals on trans-affirming and inclusive practices	Medical, Educational	Immediate: Develop training curricula; Medium-term: Host accredited sessions; Long-term: Include as part of mandatory continuing education	Training participation rates; provider competency evaluation
8.46	Secure and allocate funds for emergency support and rapid response for transgender people facing access crises	Economic, Social	Immediate: Fundraise for crisis support; Medium-term: Develop rapid response protocols; Long-term: Create a permanent emergency fund	Emergency fund utilization; resolution time for cases
8.47	Facilitate peer-led leadership development and advocacy capacity among transgender community members	Social, Institutional	Immediate: Identify and train peer leaders; Medium-term: Organize advocacy workshops; Long-term: Sustain a pool of community advocates	Funding continuity reports; annual review



**Table 8.7. Recommendations for International Agencies, Diplomatic Missions and Donor Organizations**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.48	Ensure stable, long-term funding for PrEP access, outreach, and transgender health programs	Economic, Administrative	Immediate: Commit multi-year grants; Medium-term: Monitor funding gaps; Long-term: Align with national health budgets	Funding continuity reports; annual review
8.49	Provide technical assistance for the development and implementation of trans-inclusive medical protocols and training	Medical, Institutional	Immediate: Deploy expert consultants; Medium-term: Fund local adaptation; Long-term: Periodic joint protocol reviews	Protocol adoption rate; evaluation of training outcomes
8.50	Support independent research and data collection on PrEP access, barriers, and health outcomes among transgender people	Medical, Institutional	Immediate: Fund baseline studies; Medium-term: Facilitate local research partnerships; Long-term: Support regular surveys and analysis	Number of studies published; use of research in policy
8.51	Promote knowledge exchange and best practice sharing between Georgia and other countries on PrEP and trans health	Institutional, Medical	Immediate: Organize webinars/visits; Medium-term: Publish international case studies; Long-term: Establish regional expert networks	Number of exchange events; practice adoption rates
8.52	Fund emergency and crisis support for transgender people facing violence or PrEP access denial	Legal, Social	Immediate: Allocate emergency grant lines; Medium-term: Partner with local NGOs for rapid response; Long-term: Evaluate support outcomes	Number of cases supported; crisis resolution statistics



**Table 8.7. Recommendations for International Agencies, Diplomatic Missions and Donor Organizations**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.53	Support development of inclusive communication campaigns and anti-stigma initiatives at the national and regional levels	Social, Cultural	Immediate: Provide communications funding; Medium-term: Facilitate campaign design; Long-term: Measure and scale impact	Campaign reach and impact surveys
8.54	Promote and fund participation of transgender activists and experts in international forums, conferences, and policy-making	Institutional, Social	Immediate: Offer travel grants and scholarships; Medium-term: Sponsor regional convenings; Long-term: Track representation in key bodies	Number of participants supported; representation metrics



**Table 8.8. Recommendations for Media, Bloggers and Influencers**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.55	Launch regular information campaigns on PrEP, HIV prevention, and transgender health	Social, Cultural	Immediate: Partner with experts and NGOs for content; Medium-term: Broadcast and publish stories; Long-term: Sustain regular coverage	Media content analysis; audience engagement metrics
8.56	Integrate personal stories and lived experiences of transgender PrEP users into public communication	Social, Administrative	Immediate: Conduct interviews; Medium-term: Publish/air stories in mainstream and social media; Long-term: Normalize representation	Number of stories shared; feedback from communities
8.57	Actively counter misinformation and stigma regarding PrEP and transgender health	Social, Cultural	Immediate: Monitor media for false content; Medium-term: Publish corrections and facts; Long-term: Collaborate on myth-busting campaigns	Fact-checking reports; change in public attitudes
8.58	Provide media training on sensitive and inclusive coverage of transgender and HIV-related topics	Educational, Cultural	Immediate: Organize training for journalists and bloggers; Medium-term: Develop and distribute style guides; Long-term: Refresher sessions	Number of journalists trained; content quality review



**Table 8.8. Recommendations for Media, Bloggers and Influencers**

Nº	Recommendation	Related Barrier	Targeted Actions	Monitoring Mechanisms
8.59	Facilitate open forums, podcasts, and talk shows with transgender experts and advocates	Legal, Social	Immediate: Allocate emergency grant lines; Medium-term: Partner with local NGOs for rapid response; Long-term: Evaluate support outcomes	Number of cases supported; crisis resolution statistics
8.60	Promote partnerships with NGOs and activists for fact-based storytelling	Institutional, Social	Immediate: Build connections with key NGOs; Medium-term: Joint story production; Long-term: Ongoing collaborative series	Frequency of collaborations; impact on audience
8.61	Measure and report on the impact of media content on public attitudes and policy	Social, Administrative	Immediate: Design impact surveys; Medium-term: Analyze audience change; Long-term: Adjust strategies based on evidence	Periodic impact reports; attitude change statistics



## 8. Conclusion

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*...But this is not a story of despair.  
This is a story of survival so relentless it terrifies  
those who tried to erase us.  
This is a story of hormone vials hidden in  
backpacks crossing checkpoints.  
Of medical knowledge passed hand to hand in  
living rooms.  
Of chosen families distributing antiretroviral  
meds like sacred fire.  
This is the story of people who were told they  
should not exist — existing anyway...*

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The present expertise represents the most comprehensive, multidisciplinary analysis to date of the legal, administrative, medical, economic, social, and cultural barriers faced by transgender people in Georgia in accessing pre-exposure prophylaxis (PrEP) and related HIV prevention services. The findings are unequivocal: despite partial legislative recognition and the formal inclusion of transgender individuals as a priority group in national HIV strategies, actual access to PrEP for this population remains highly constrained, unstable, and structurally unequal.

At the heart of the problem lies a fundamental contradiction between declarative rights and lived realities. Georgian law formally prohibits discrimination based on gender identity and sexual orientation; the National HIV/AIDS Strategic Plan 2023–2025 includes transgender people as direct beneficiaries of prevention programs; and state protocols recognize the need for PrEP coverage among key populations. Yet, these policy commitments are consistently undermined by restrictive and regressive legislation—most notably, the Law on Civil Acts (No. 5562) and the Law on Family Values and Protection of Minors (No. 2406-II), which create insurmountable legal and administrative obstacles to gender recognition, medical confidentiality, and non-discriminatory service provision.



Institutionally, PrEP access for transgender people remains precarious and donor-dependent. State funding is limited, clinical protocols lack trans-specific guidance (especially concerning the co-administration of PrEP and hormone therapy), and mandatory, systematic training for healthcare professionals on transgender health is absent. Administrative reporting rarely disaggregates data on transgender users, making effective monitoring and planning impossible. Moreover, there is an absence of robust complaint mechanisms, anonymous feedback channels, and legal recourse for victims of discrimination in healthcare. Regional and rural disparities further deepen inequities, with access to prevention services and competent providers overwhelmingly concentrated in urban centers.

The healthcare system itself is marked by profound gaps: there are no officially certified trans-friendly clinics, integration of PrEP with comprehensive care (hormonal, mental health, STI services) is absent, and psychosocial support is provided exclusively through short-term NGO initiatives. Experiences of stigmatization, deadnaming, and professional ignorance remain widespread, deterring many from seeking care even where it is formally available. Routine requirements—such as in-person visits for prescription refills—create additional burdens for those living outside major cities, people with disabilities, or those who are already socially marginalized.

Social, cultural, and religious barriers persist at the highest levels. Public stigma, fear of disclosure, and a lack of community or familial support drive transgender people into isolation and render PrEP and other preventive services virtually inaccessible for the majority. Religious rhetoric and conservative norms reinforce the invisibility of transgender issues in public campaigns, educational materials, and media narratives. Disinformation, myths, and the absence of culturally sensitive counseling exacerbate mistrust and underutilization of health services.

Economically, the formal guarantee of free PrEP distribution is undermined by chronic unemployment, workplace discrimination, low financial mobility, and the high incidental costs associated with transportation, medical testing, and repeated clinic visits.



For those with limited mobility, living in remote areas, or facing acute financial hardship, PrEP is often simply out of reach. The absence of institutionalized feedback and redress mechanisms compounds the sense of helplessness and mistrust toward the system.

From a clinical and pharmacological perspective, the lack of national protocols for the combined use of PrEP and hormone therapy, insufficient research on long-term safety, and the absence of targeted educational programs leave both providers and patients in a zone of clinical uncertainty. The failure to involve transgender people in clinical trials and national monitoring systems further marginalizes this group, diminishing the relevance and applicability of research findings for the Georgian context.

Despite these multidimensional barriers, the expertise also documents significant resources and potentialities. Non-governmental organizations and community activists have demonstrated remarkable resilience and innovation—providing safe spaces, peer support, and harm reduction services, often in partnership with international donors and technical agencies. These efforts have not only mitigated some of the most acute service gaps, but also demonstrated models of inclusive, rights-based care that can inform broader system reforms.

Ultimately, the core message of this expertise is that partial solutions and “token” policy changes are insufficient. Sustainable and equitable access to PrEP for transgender people in Georgia will require the coordinated transformation of legal, institutional, and cultural structures: the repeal or amendment of discriminatory laws; the development and implementation of trans-inclusive clinical protocols; the institutionalization of systematic training and continuing education for all medical, legal, and social service personnel; and the expansion of peer-led, community-based services and research initiatives. Monitoring and evaluation systems must be updated to collect disaggregated data and facilitate participatory planning. Long-term, multi-sectoral collaboration—grounded in international standards and the active participation of transgender people themselves—is the only viable pathway to overcoming the entrenched vulnerabili



ties documented in this report.

The recommendations outlined in this expertise are actionable, evidence-informed, and aligned with global best practices. Their implementation is not merely a technical necessity, but a moral and public health imperative. Only through their realization can Georgia move closer to the goals of equality, dignity, and universal health coverage for all, regardless of gender identity.

This document is dedicated to the resilience, agency, and aspirations of transgender people in Georgia—and to all those who continue to fight for a society where access to life-saving prevention is not a privilege, but a right.



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