Transgender Health at a Crossroads:

Global challenges and the role of evidence-based care

Asa Radix, MD, PhD, FACP, FIDSA

EPATH Conference: Hamburg, Germany

Callen-Lorde Community Health Center, NYC

- Clinical care, research, education, advocacy
- 22,181 patients, 7,506 identify as trans/gender diverse
- 2444 patients living with HIV

Outline

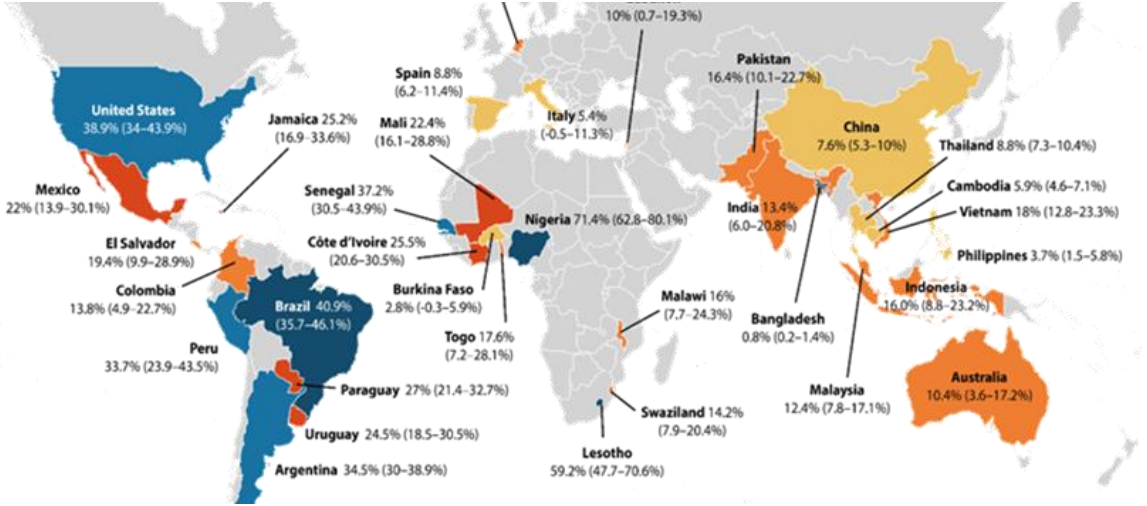
- Case Study: HIV & Trans Health
- Trump-Era Threats to Progress Globally
- The Path Forward

The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis

Sarah E. Stutterheim, Mart van Dijk, Haoyi Wang, Kai J. Jonas

Published: December 1, 2021 • https://doi.org/10.1371/journal.pone.0260063

- **Trans feminine:** HIV prevalence 19.9%, with odds of infection **66x higher** compared to the general adult population.
- **Trans masculine:** HIV prevalence 2.56%, with a **6.8 higher odds** compared to the general adult population.
- **Geographic disparities:** Prevalence varied by region: Africa (29.9%), Latin America (25.9%), Asia (13.5%), Global North (17.1%)

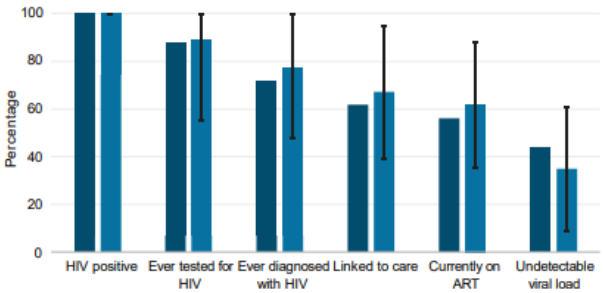


Stutterheim, 2021

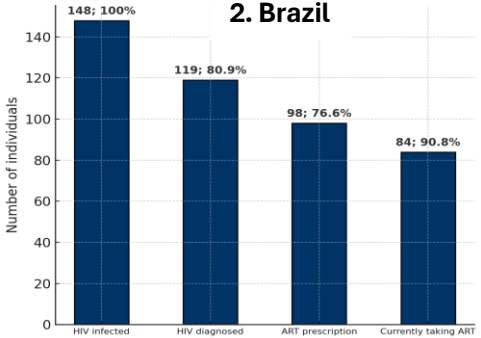
Understanding disparities in the HIV Care Continuum for trans and gender diverse people

HIV Care Continua among Transgender Women

1. Brazil



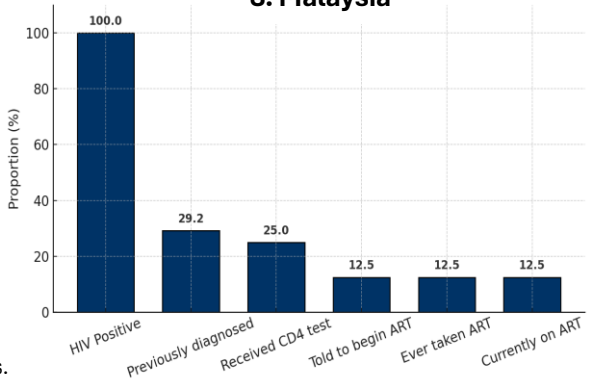
2. Brazil



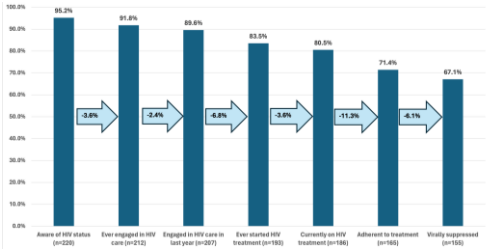
ART: antiretroviral

* Percentage of the respondent driven sampling population estimates.

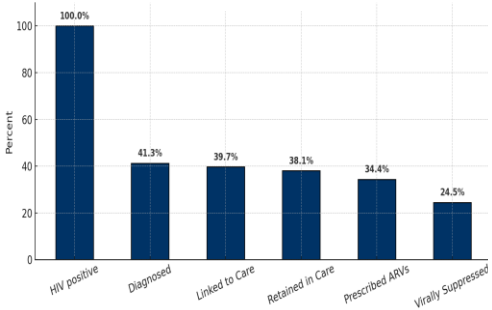
3. Malaysia



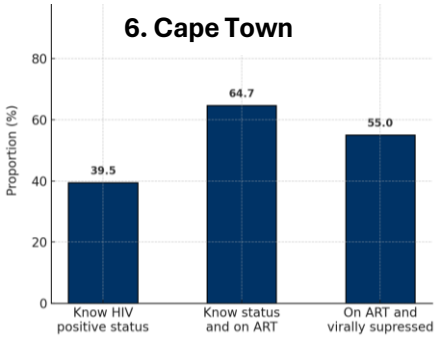
4. USA



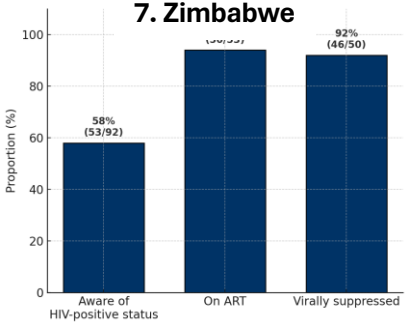
5. USA



6. Cape Town

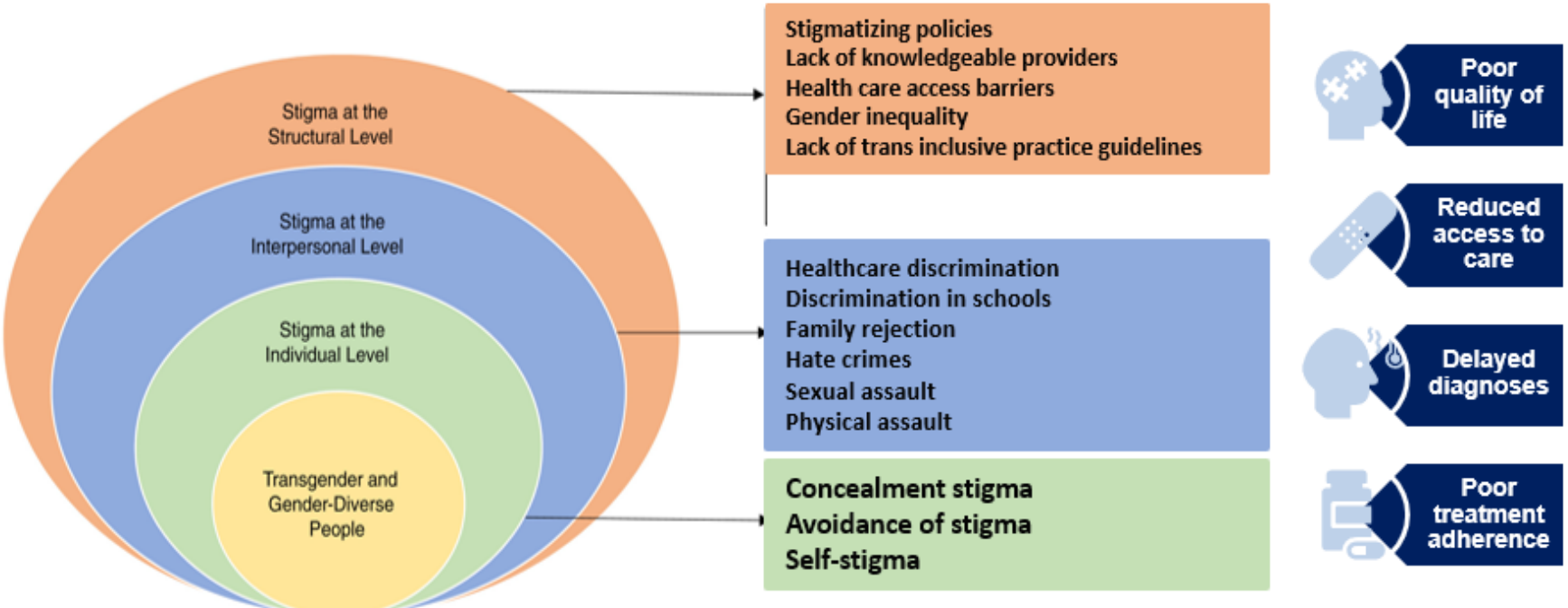


7. Zimbabwe



1. Jalil, 2017; 2.Rocha 2020; 3. Ranjit 2023; 4. Cooney 2024; 5. Bukowski 2018; 6. Cloete 2023; 7. Harris 2022

Intersection of HIV & Trans Health



Gender Affirmation and the HIV Care Continuum

- LEGACY Cohort – 8,109 trans participants
- Longitudinal Study of Gender Affirmation and HIV-related Health in Transgender/Gender Diverse Adults engaged in primary care at Callen-Lorde & Fenway
- Large-scale, multi-year cohort study investigated how gender-affirming hormone therapy (GAHT) influences HIV-related health outcomes
- Surveys and EHR data

Reisner, 2025

LEGACY Results

- Gender-affirming hormone therapy
  - Participants on GAHT had better care retention
  - 37% lower risk of HIV (aRR 0.63)
  - 44% lower risk of viral non-suppression (aRR 0.56)

- Transgender women on estrogen had improved retention in care, were more likely to receive ART, and be virally suppressed[1]

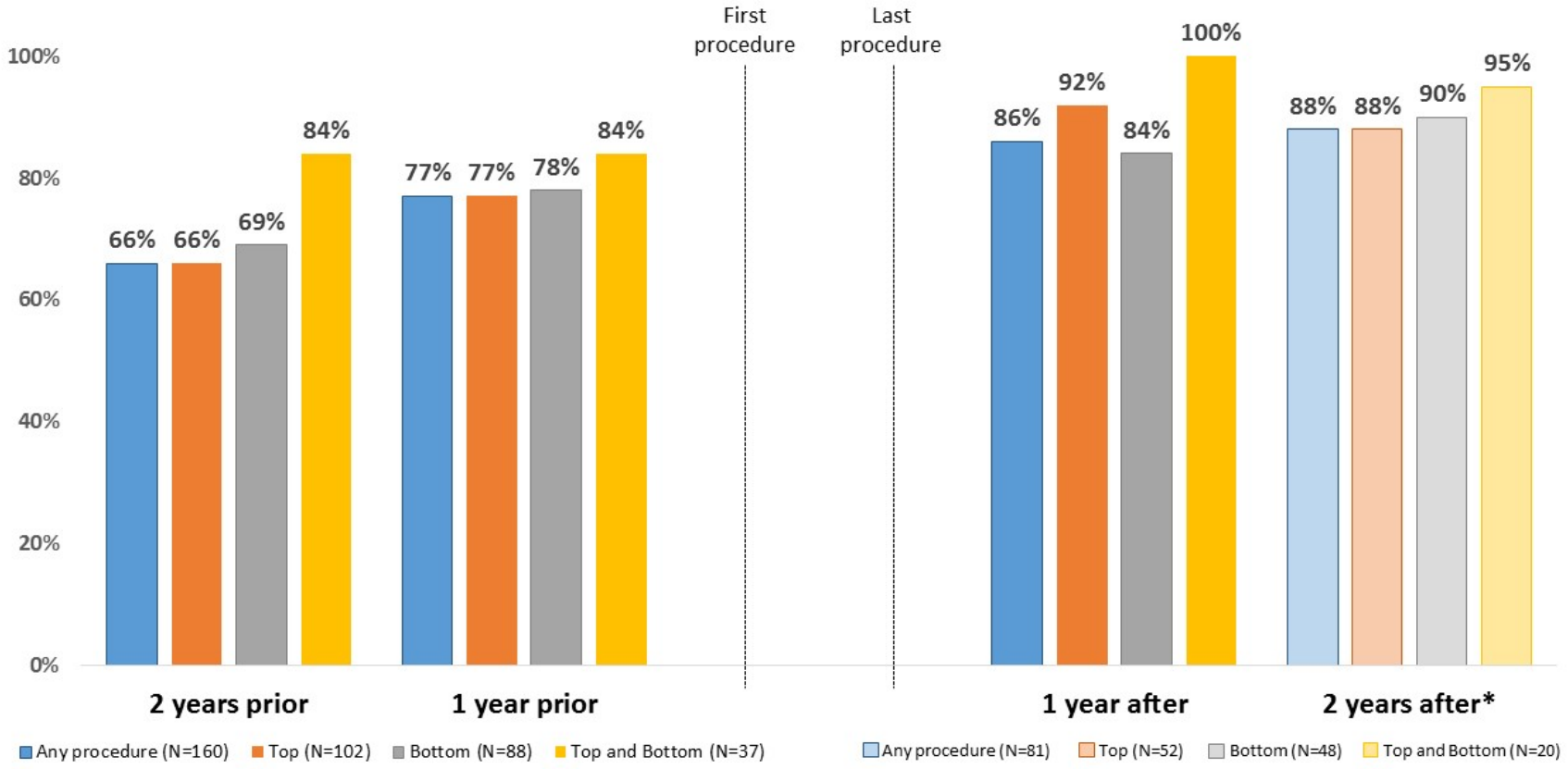
- Positive association between gender-affirming care experiences (affirming clinical environments, and affirming provider behaviors) and uptake of HIV testing among trans and nonbinary young adults (aOR 3.27)[2]

- Gender affirmation and healthcare empowerment mediate the negative effects of discrimination on HIV viral suppression among trans women of color[3]

- Access to gender-affirming surgery was linked to sustained improvements in viral suppression among transgender people with HIV receiving Medicaid in NYC[4]

1. Chyten-Brennan, 2022; 2. Mehta 2025;; 3. Sevelius 2021 4. Rodriguez-Hart 2023

Figure 1. HIV viral suppression pre- and post-gender-affirming surgery among transgender persons who accessed Medicaid and achieved viral suppression at last lab in 2013-2017 in New York City

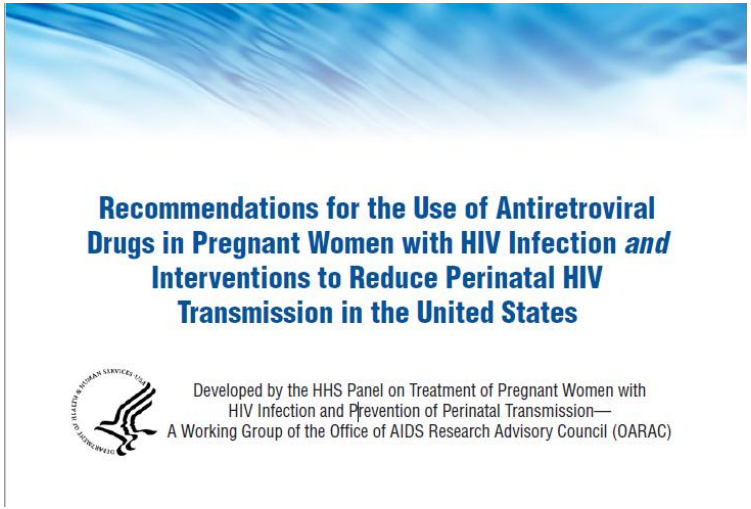


Surgery categories are not mutually exclusive. A transgender person may have had more than 1 type of procedure.
*These proportions are among those who had their surgical procedure prior to 2017 as viral suppression data were only available through 2018.

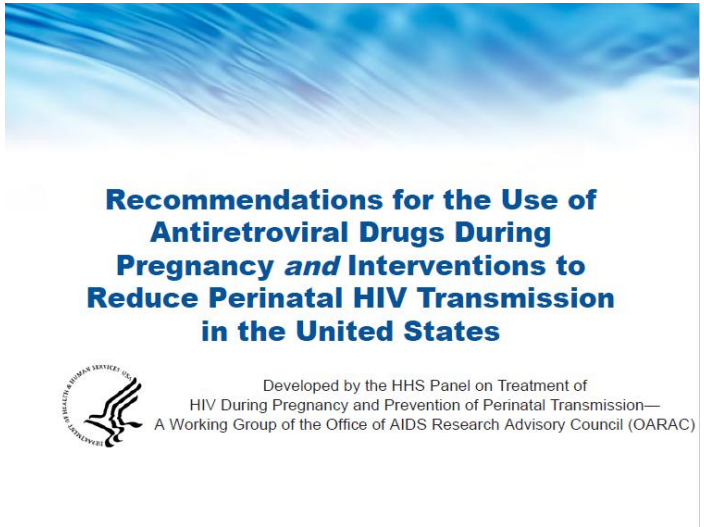
Rodriguez Hart 2023

Improving HIV outcomes through trans inclusive and integrated guidelines

Example:
US HHS Perinatal Guidelines



Feb 2021



Dec 2021

HHS Adult ART Guidelines

Transgender People with HIV

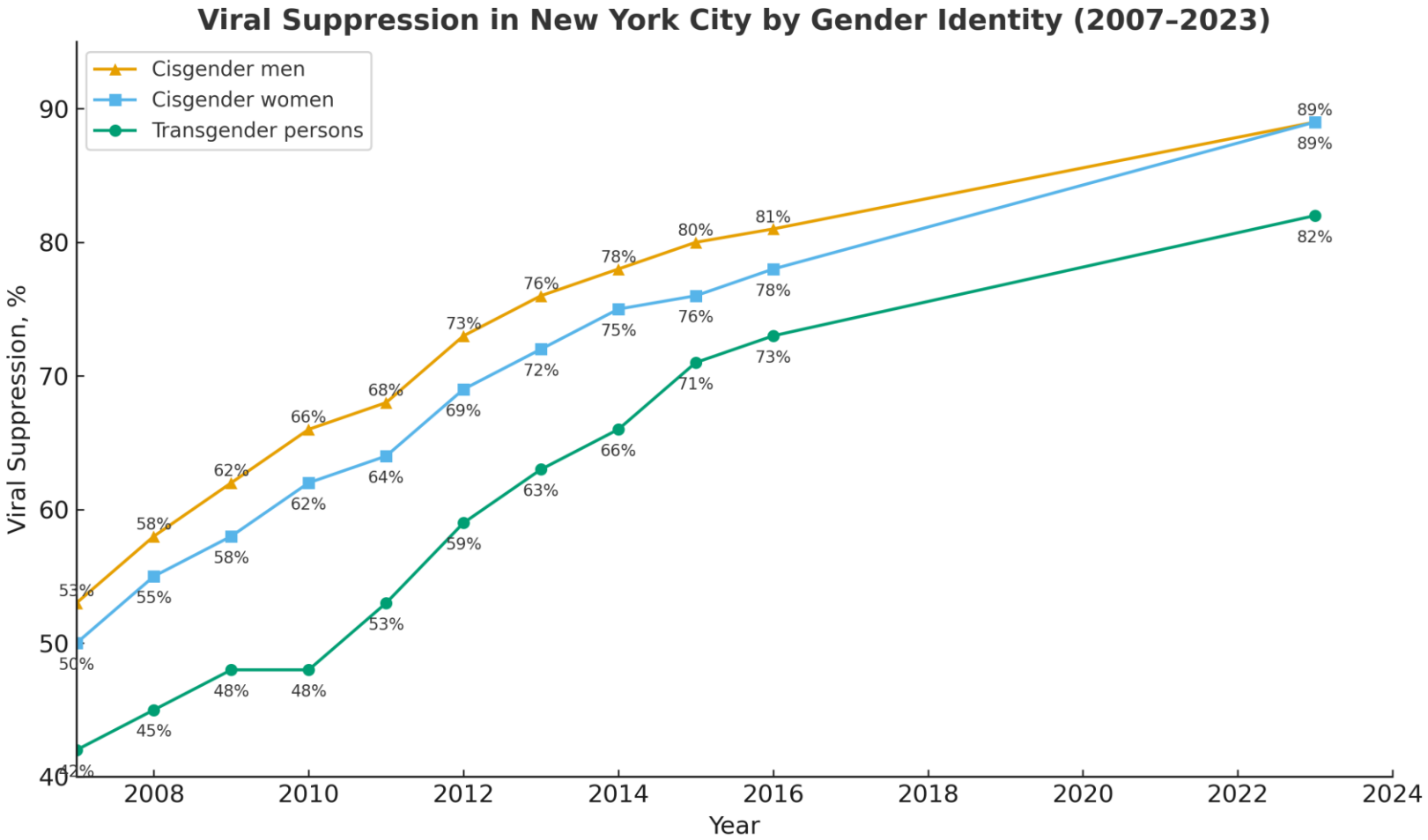
Updated: September 21, 2022
Reviewed: September 21, 2022

Panel's Recommendations
• Antiretroviral therapy (ART) is recommended for all transgender people with HIV to improve their health and to reduce the risk of HIV transmission to sexual partners **(AI)**.
• HIV care services should be provided within a gender-affirmative care model to reduce potential barriers to ART adherence and to maximize the likelihood of achieving sustained viral suppression **(AII)**.
• Prior to ART initiation, a pregnancy test should be performed for transgender individuals of childbearing potential **(AIII)**.
• Some antiretroviral drugs may have pharmacokinetic interactions with gender-affirming hormone therapy. Clinical effects and hormone levels should be routinely monitored with appropriate titrations of estradiol, testosterone, or androgen blockers, as needed **(AIII)**.
• Gender-affirming hormone therapies are associated with hyperlipidemia, elevated cardiovascular risk, and osteopenia; therefore, clinicians should choose an ART regimen that will not increase the risk of these adverse effects **(AIII)**.
Rating of Recommendations: *A = Strong; B = Moderate; C = Weak*
Rating of Evidence: *I = Data from randomized controlled trials; II = Data from well-designed nonrandomized trials or observational cohort studies with long-term clinical outcomes; III = Expert opinion*

Table 17. Potential Interactions Between the Drugs Used in Gender-Affirming Hormone Therapy and Antiretroviral Drugs

Potential Effect on GAHT Drugs	ARV Drugs	GAHT Drugs that may be Affected by ARV Drugs	Clinical Recommendations for GAHT
ARV Drugs with the Least Potential to Impact GAHT Drugs	All NRTIs **Entry Inhibitors** • IBA • MVC • T-20 **Unboosted INSTIs** • BIC • DTG • RAL **NNRTIs** • RPV • DOR	None	No dose adjustments necessary. Titrate dose based on desired clinical effects and hormone concentrations.
ARV Drugs That May Increase Concentrations of Some GAHT Drugs	EVG/c All boosted PIs	Dutasteride Finasteride Testosterone	Monitor patient for associated adverse effects; decrease the doses of GAHT drugs as needed to achieve the desired clinical effects and hormone concentrations.
ARV Drugs That May Decrease Concentrations of GAHT Drugs	PI/r **NNRTIs** • EFV • ETR • NVP	Estradiol	Increase the dose of estradiol as needed to achieve the desired clinical effects and hormone concentrations.
	NNRTIs • EFV • ETR • NVP	Dutasteride Finasteride Testosterone	Increase the doses of GAHT drugs as needed to achieve the desired clinical effects and hormone concentrations.

Adults and Adolescents with HIV. Department of Health and Human Services. https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv



Xia AJPH 2019; NYCDOHMH 2024

January 20, 2025

PRESIDENTIAL ACTIONS

DEFENDING WOMEN FROM GENDER IDEOLOGY EXTREMISM AND RESTORING BIOLOGICAL TRUTH TO THE FEDERAL GOVERNMENT

The White House | January 20, 2025

Executive Order 14168

- “It is the policy of the United States to recognize two sexes, male and female. These sexes are not changeable and are grounded in fundamental and incontrovertible reality
- Each agency and all Federal employees shall enforce laws…..to protect men and women as biologically distinct sexes.
- Agencies shall remove all statements that promote or otherwise inculcate gender ideology
- Rescind all documents inconsistent with this order”

Consequences

WITHIN 24 HOURS

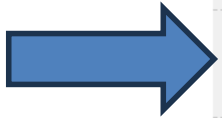
- **Federal Websites & Research**
  - LGBTQ+/trans content removed from agency websites
  - CDC retracted materials using “gender,” “transgender,” or “LGBT”
  - HHS issued binary sex definitions (male/female only)
- **State Department**
  - Suspension of gender-marker changes and “X” passports; passports held and reissued
  - Related guidance webpages taken down
  - Removed LGBT content from Human Rights reports

Consequences

- **Prisons & Incarceration**
  - Enforced transfers of trans people who were incarcerated to prisons by birth sex
  - Hormone therapy and gender-affirming care halted
- **Healthcare & Funding**
  - Attempted withdrawal of federal funds from providers of youth gender-affirming care– Injunctions limited enforcement

CLINICAL INFO HIV.gov

- Special Populations
- Adolescents and Young Adults With HIV
- Early (Acute and Recent) HIV Infection
- HIV-2 Infection
- HIV and the Older Person
- Substance Use Disorders and HIV
- Transgender People With HIV
- Transplantation
- Women With HIV



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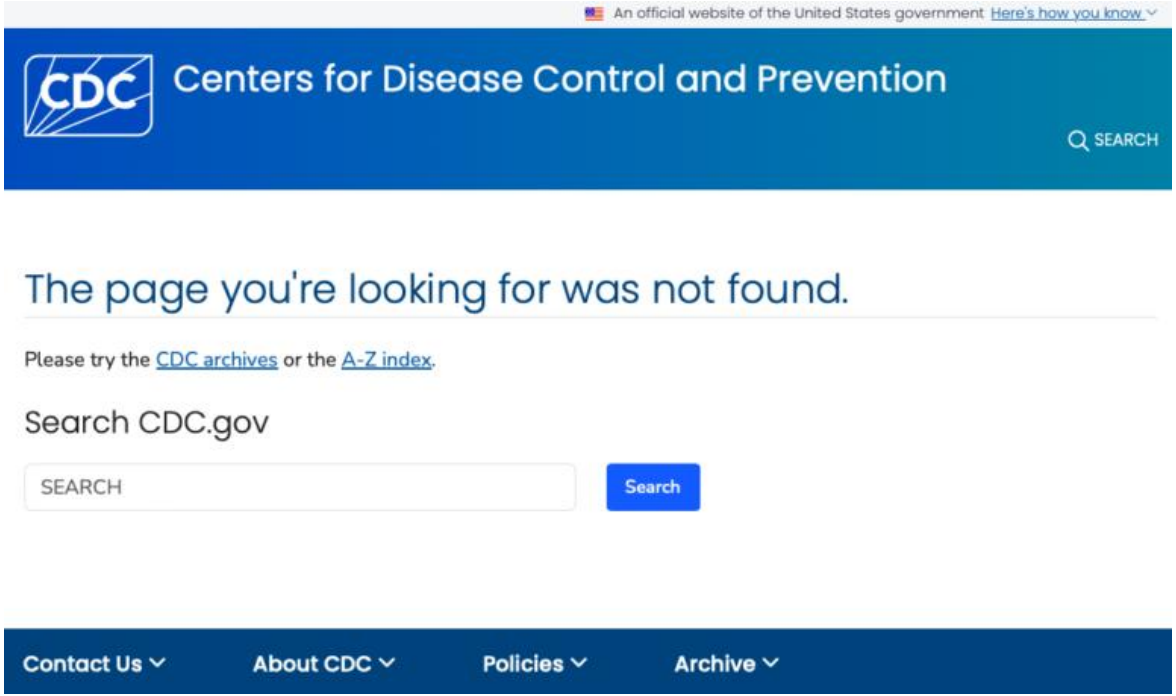


CDC's website is being modified to comply with President Trump's Executive Orders.

PRESIDENT DONALD J. TRUMP

The WHITE HOUSE

PRESIDENTIAL ACTIONS

PROTECTING CHILDREN FROM CHEMICAL AND SURGICAL MUTILATION

The White House | January 28, 2025

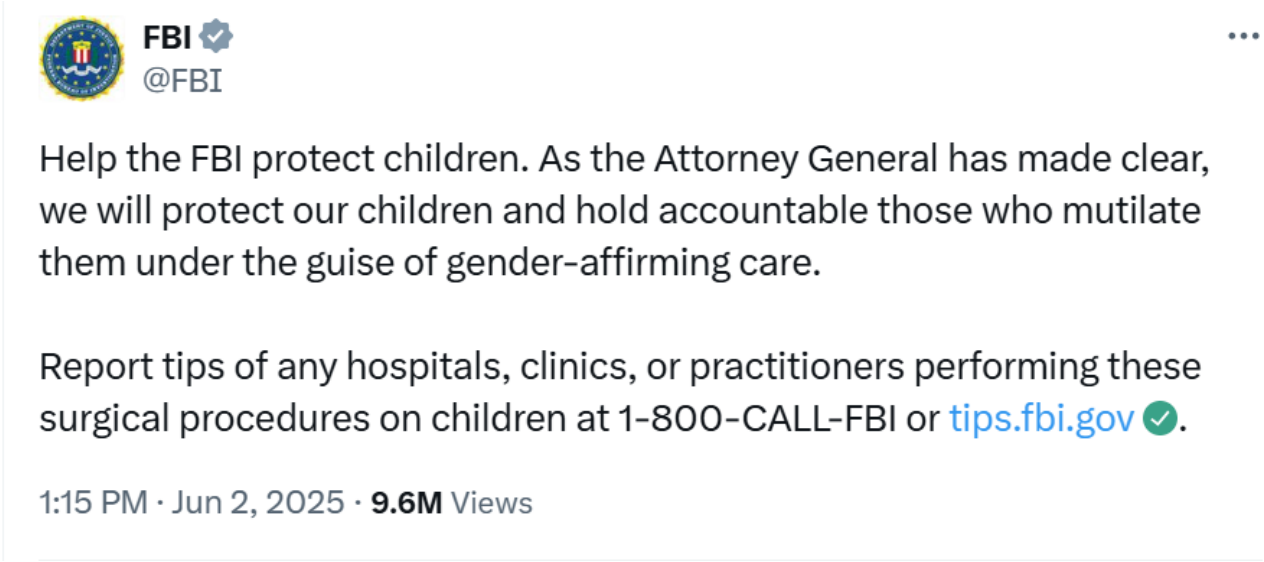
Executive Order 14187

- Framed gender-affirming care (including puberty blockers, hormones, surgery) as “mutilation”
- Stated WPATH lacks scientific integrity “junk science”
- Rescinded policies that rely on WPATH guidance
- Ended federal funding for gender-affirming care (including grants)
- Proposed rule revoking federal funding for hospitals providing gender-affirming care to youth

Threats to Hospitals

- Subpoenas - Hospitals required to turnover “documents sufficient to identify each patient (by name, date of birth, social security number, address, and parent/guardian information) who was prescribed puberty blockers or hormone therapy”
- 22 hospitals have closed their gender programs for youth

Threats to Providers



FBI
@FBI

Help the FBI protect children. As the Attorney General has made clear, we will protect our children and hold accountable those who mutilate them under the guise of gender-affirming care.

Report tips of any hospitals, clinics, or practitioners performing these surgical procedures on children at 1-800-CALL-FBI or tips.fbi.gov.

1:15 PM · Jun 2, 2025 · **9.6M** Views

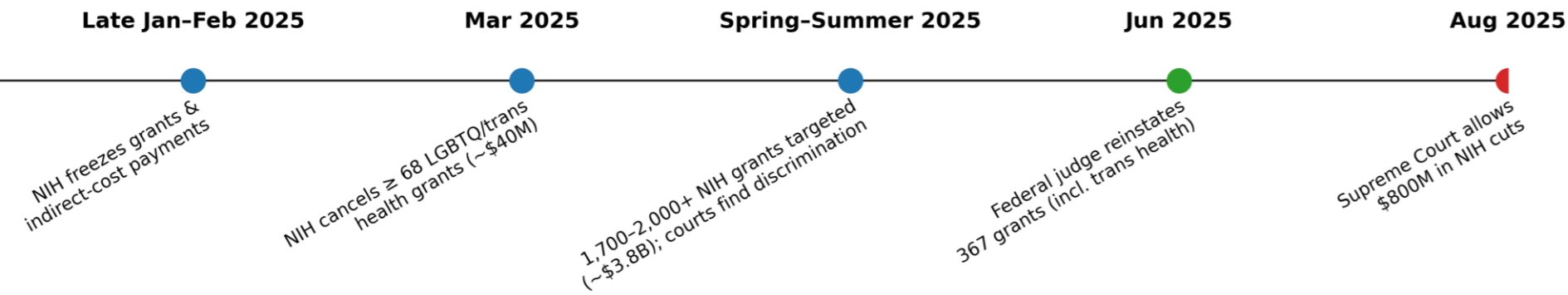
- **Stopped loan forgiveness for clinicians at institutions providing "child mutilation" and DEI**

U.S. NEWS

Trump administration tells states to remove references to ‘gender ideology’ from sex ed materials

Research Cuts

National Institutes of Health
Turning Discovery Into Health



$800 million cuts to research

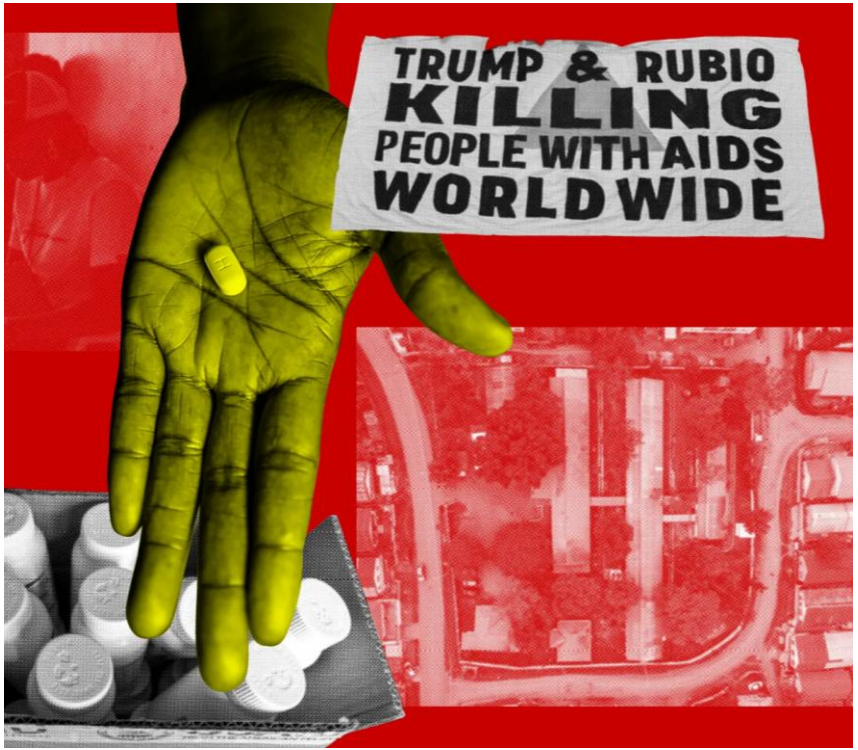
PRESIDENTIAL ACTIONS

REEVALUATING AND REALIGNING UNITED STATES FOREIGN AID

The White House | January 20, 2025

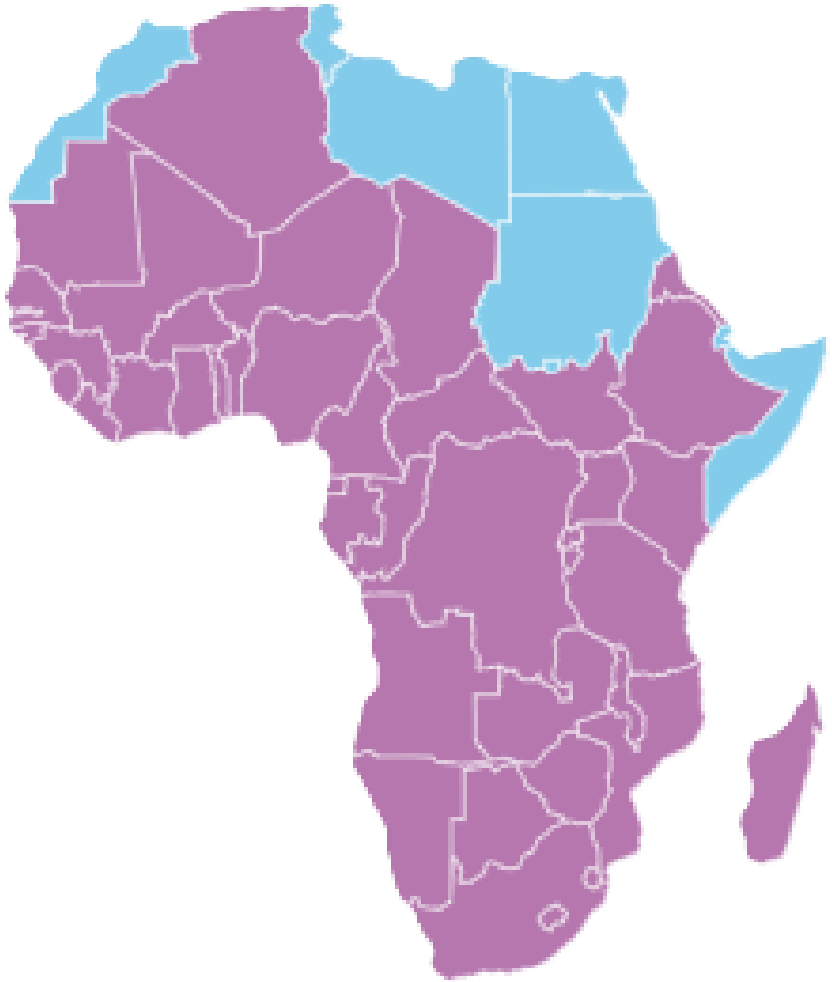
Executive Order 14169

- Ordered a 90-day pause on all existing and new U.S. foreign development assistance programs
- An international backlash resulted in exemptions for humanitarian programs but excluded **gender or DEI ideology programs, transgender surgeries, or other non-life saving assistance**




February 5, 2025 ·
tgeu
The PEPFAR freeze:
A dire threat to trans
communities and
the global HIV
response

African Region

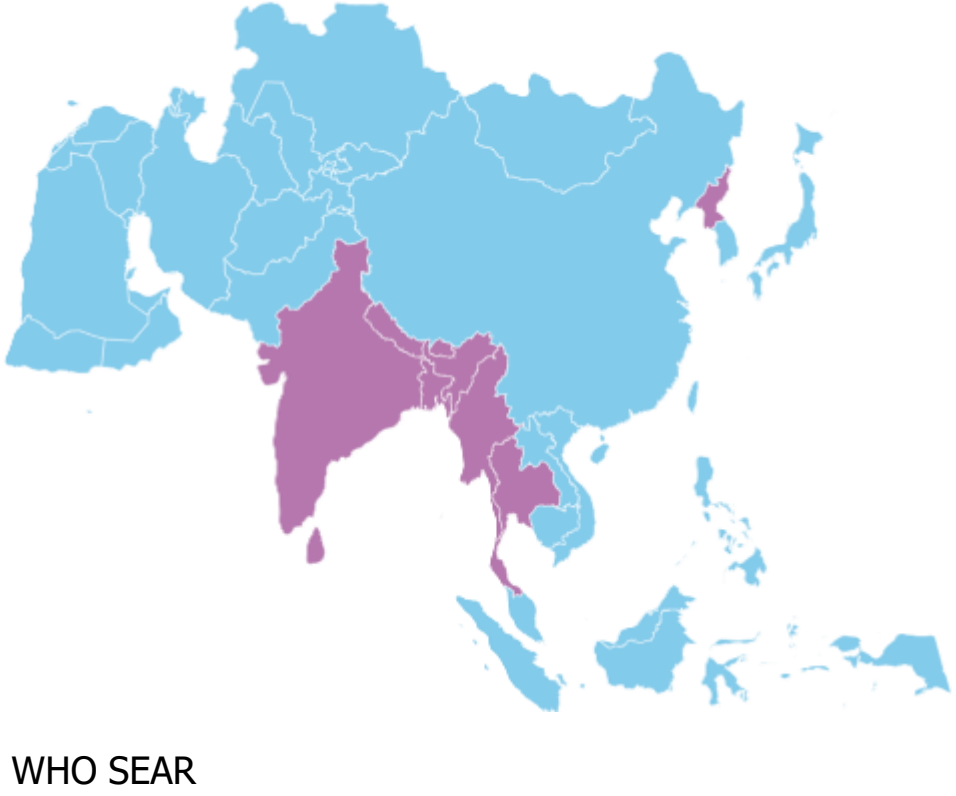


WHO AFRO

African Region

Legal Criminalization of same-sex conduct: 25/54 countries
Cameroon, Uganda & Eritrea prosecute trans women under laws
Decriminalized: South Africa, Angola, Mozambique, Cape Verde, São Tomé and Príncipe, Lesotho
Criminalization of trans identity: The Gambia, Malawi, Nigeria, South Sudan
Legal gender recognition: Botswana, South Africa, Namibia
Access to gender affirming care: South Africa - GAHT included on essential medicine list; clinical guidelines, surgery centers
Botswana & Namibia – challenges accessing GAC
Provision of GAHT through PEPFAR funding has ceased impacting access to GAC, HIV prevention & treatment

South-East Asian Region (SEAR)

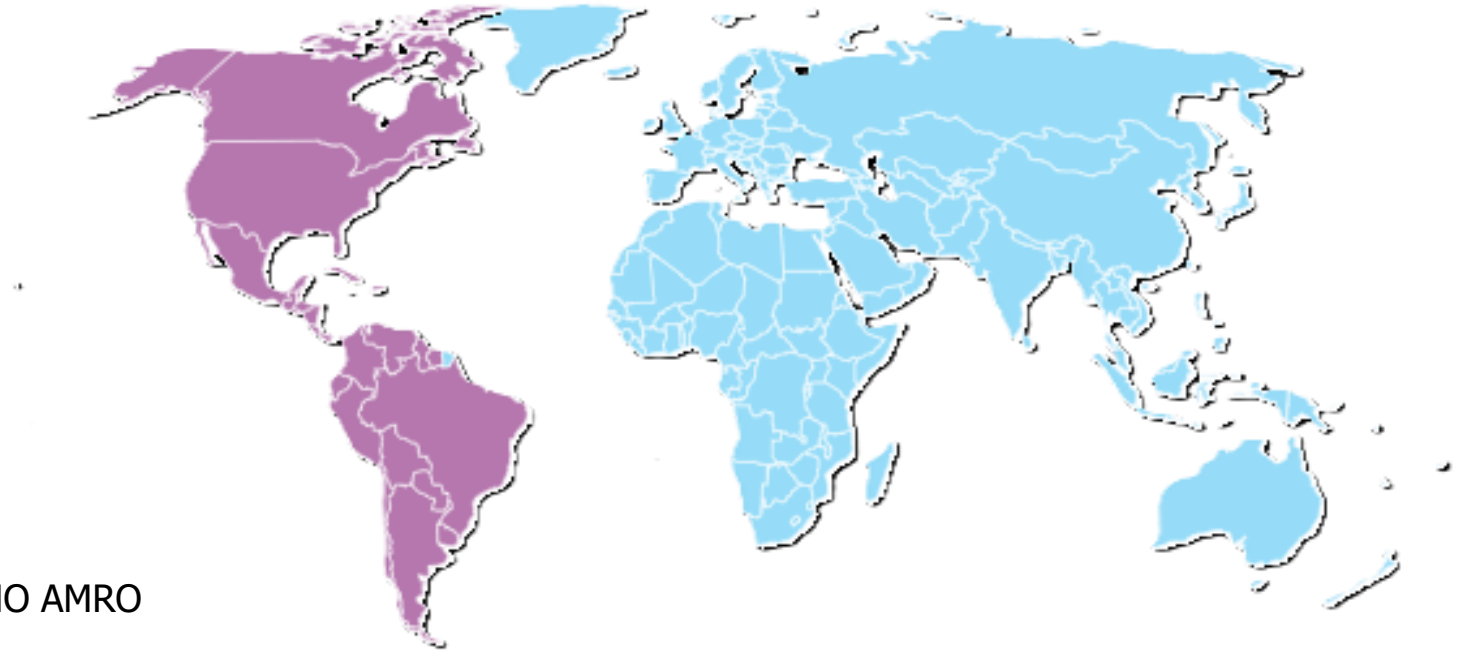


WHO SEAR

South-East Asian Region (SEAR)

- **Same-sex conduct criminalized**: Bangladesh, Maldives, Myanmar, Sri Lanka
- **Transgender criminalization:** Myanmar
- **Gender-affirming care:** Widely available in Thailand; Available in India, Myanmar, Nepal, Sri Lanka; very limited in Bangladesh, Bhutan, Maldives, Timor-Leste
- GAHT provided through PEPFAR program and now eliminated

Region of the Americas (AMR)

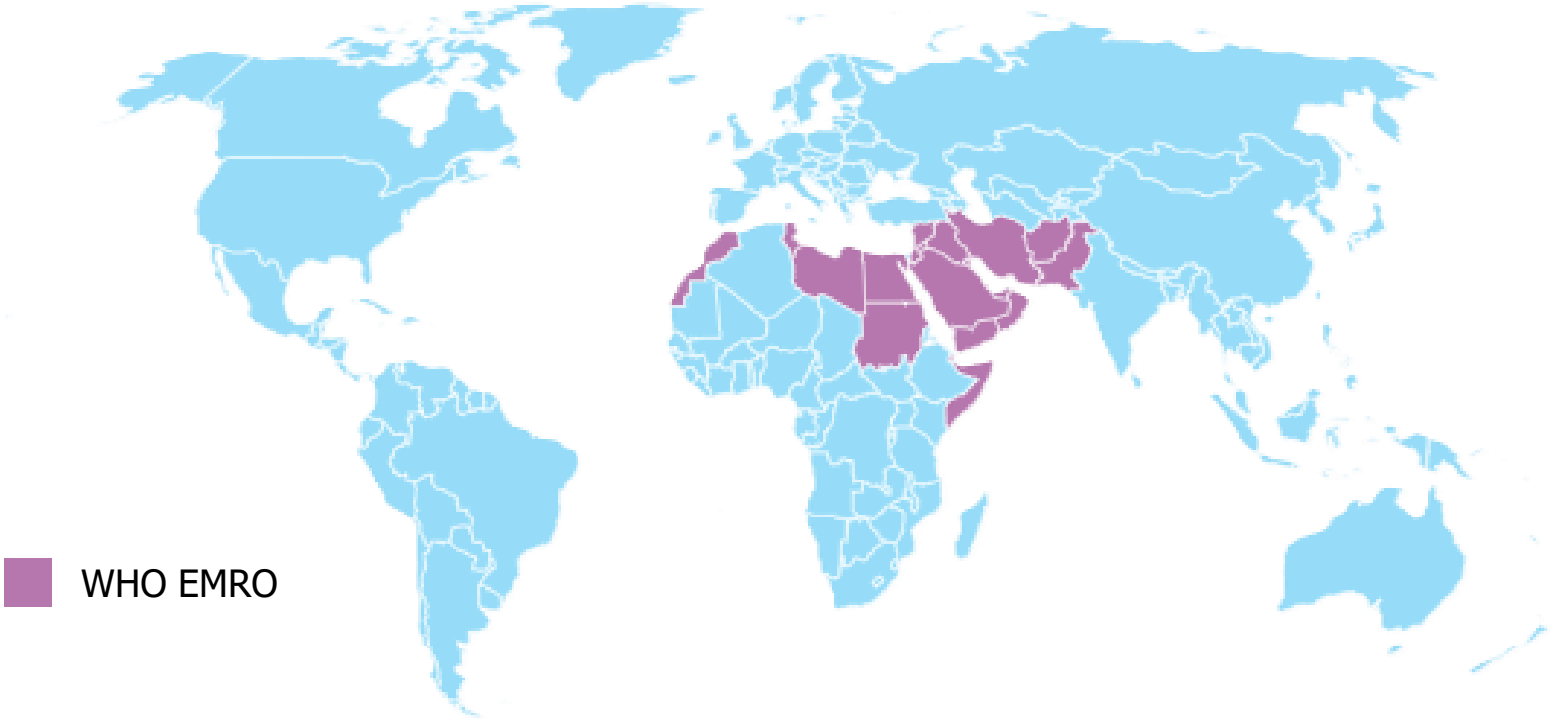


WHO AMRO

Region of the Americas

- **Same-sex conduct criminalized** in Guyana, Jamaica, Dominica, Grenada, St. Lucia, St. Vincent & the Grenadines (male same-sex acts)
- **Criminalization of trans identity**: None explicit, but trans people face routine policing and violence.
- **Access to GAC**: Strong regional leaders: Argentina, Uruguay, Chile, Brazil, Mexico, Canada offer public coverage of GAC. Others provide fragmented or private-only access.
- **Limited access to GAC in the Caribbean**
- **Legal Gender Recognition:** Canada, Argentina, Uruguay, Chile, Brazil, Mexico, Colombia, Costa Rica, Ecuador allow self-ID without surgery. Argentina's 2012 Gender Identity Law set a global benchmark. Most Caribbean countries do not allow legal gender changes.
- **Elimination of PEPFAR funding has impacted clinics and NGOs supporting trans people**

Eastern Mediterranean Region (EMR)



Eastern Mediterranean Region (EMR)

- **Same-sex conduct:** Criminalized in Afghanistan Bahrain Djibouti Egypt Iran Iraq Jordan Kuwait Lebanon Libya Morocco Oman Pakistan Qatar Saudi Arabia Somalia Sudan Syria Tunisia United Arab Emirates Yemen
- **Explicit cross-dressing bans:** Kuwait, Oman, Qatar, Saudi Arabia, UAE.
- **Morality / decency laws** used against trans people: Egypt, Lebanon, Jordan, Iraq, Libya, Morocco, Tunisia, Djibouti, Afghanistan, Iran, Somalia, Yemen, Sudan, Syria.
- **Legal Gender Recognition**: India, Nepal, Pakistan recognize a third gender. Nepal and India allow self-ID. Japan still requires sterilization or surgery.

International Restrictions

- Hungary amended its constitution in April 2025 to only recognize two sexes, male and female
- UK Supreme Court held in April 2025 in *For Women Scotland v Scottish Ministers* that the protected characteristic of “sex” means means “biological sex” and “woman” means “biological woman” for purposes of the UK’s Equality Act
- Peru passed the Law to Safeguard Children & Adolescents in May 2025 which requires public bathroom access based on sex assigned at birth

Puerto Rico Outlaws Trans Care for People Under 21

Law signed by Republican Gov. Jenniffer González-Colón imposes 15-year prison terms for doctors who assist minors in transitioning.

HEALTH

Britain indefinitely bans puberty blockers for children with gender dysphoria

Argentina's president bans gender-affirming care for people under age 18

US Supreme Court upholds Tennessee ban on transgender youth care; major blow to trans rights; paves way for similar laws in 26 states

Attacks on SOC8

Politicization of Trans Health, Broader Culture War on Trans People

• Opponents of transgender health have framed the SOC as a political document rather than a rigorously developed clinical guideline.

• Anti-trans legislators and activists argue that WPATH promotes “ideology” rather than medicine, despite SOC-8 being based on systematic reviews, expert consensus, and broad stakeholder engagement.

Misrepresentation of Evidence

• Critics claim there is insufficient evidence for gender-affirming care, ignoring the fact that SOC-8 follows established guideline methodology (similar to WHO or CDC).

• Some detractors cherry-pick studies or misrepresent uncertainty to argue the SOC is “unsafe” or “experimental.”

The Path Forward

- Consensus-based guidelines ſe g.. WPATH SOC. are essential, but vuinerable to poutical attack
- Stronger foundatiom rigorous, high-quality, peer-reviewed research policymakers cannot easily dismiss
- Expand research across disciplines, demonstrate GAHT benefits for physical. mental, and social health
- Foster collaboration actoss clinical, research, policy. and community frelds
- Build strategies to defend and sustain transgender health as a legitimate. evidence-based field

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