

Transgender People in the South American Context

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HIV Prevalence and Incidence among Transgender Women in South America

Location	Sampling Method	Sample Size	Prevalence, % n (Incidence)
Lima, Peru	Snowball	207	16.9 2.3/100 p-y
Multicity, Brazil	Gender clinic	284	25.0 (n=71)
Multicity, Argentina	TSW	273	34.1 (n=93)
Multicity, Peru	Convenience	709	14.4 (n=102)
Lima, Peru	Mobile testing	208	30.8 (n=64)
Multicity, Paraguay	Not specified	311	27
Fortaleza, Brazil	RDS	304	12
Lima, Peru	RDS	420	29.6

Poteat T et al. Global epidemiology of HIV infection and related syndemics affecting transgender people. *J Acquir Immune Defic Syndr* 2016; 72;S210-2019.

HIV Prevalence and Incidence among Transgender Women in South America

Locatinon	Sampling Method	Sample Size	Prevalence, % n (Incidence)
San Salvador, El Salvador	RDS	67	19
Bogota, Colombia	RDS	58	13.8 (n=8)
Guayaquil, Ecuador	iPrEx screen	131	16.8
Fortaleza, Brazil	RDS	208 ever tested	12
Campo Grande, Brazil	Purposive	152	24.4 (n=37)
Multicity, Argentina	Snowball, quota	452	27.4 (n=104)

Poteat T et al. Global epidemiology of HIV infection and related syndemics affecting transgender people. J Acquir Immune Defic Syndr 2016; 72;S210-2019.

Importance of assessing HIV vulnerabilities among transgender women

- Extreme health disparity
 - High HIV prevalence and incidence rates
 - Limited access to health insurance
 - 89% of transgender women in Lima, Peru
- Reduced citizenship
 - No access to healthcare, government services or vote
 - >10% of transgender women in Lima, Peru do not have their Peruvian identity document

Perez-Brumer AG et al. HIV vulnerabilities, gender affirmation, and social resilience among transgender women in Lima, Peru. A community-based approach to HIV prevention, care and treatment. IAS 2016.

Costa AB et al. HIV-related healthcare needs and Access barriers for Brazilian transgender and gender diverse people. AIDS Behav 2018.

Importance of assessing HIV vulnerabilities among transgender women

- Economic and social marginalization
 - Pervasive discrimination limiting opportunities of economic advancement irrelevant of other qualifications such as educational attainment
- Limited engagement with existing HIV prevention, treatment, and care services
 - Layered and intersecting stigmas including, sex worker-based stigma, transphobic attitudes, and HIV-related stigma

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Unveiling of HIV dynamics among transgender women in Rio de Janeiro

- Transwomen bear the largest burden of HIV among any population at risk in Brazil.
 - n=345 TW (Aug 2015,- Jan 2016)
 - 29.1% had no previous HIV testing
 - HIV prevalence: 31.2%
 - 7.0% were newly diagnosed
 - Black race (OR: 22.8; p=0.003)
 - Travesti (OR: 34.1; p=0.0001)
 - Transsexual woman (OR: 41.3; p=0.0001)
 - Sex work (OR: 30.7; p=0.002)
 - Cocaine consumption (OR: 4.4; p=0.01).
 - Syphilis prevalence: 28.9%; Rectal chlamydia: 14.6%; Rectal gonorrhoea: 13.5%

Successful implementation of PrEP Brasil for MSM and TW: 48 week results

- Demonstration Project of oral TDF/FTC at three referral centers for HIV prevention in Rio de Janeiro and Sao Paulo
- n = 450 participants initiated PrEP (Apr 2014 – July 2016)
- 83% (n=375) retained at week 48
 - 74% had protective drug concentrations consistent with at least four doses per week
 - Sao Paulo (82%) vs. Rio de Janeiro (63%) aOR: 1.88
 - Sex with HIV+ (80%) vs. no (70%) aOR: 1.78
 - Use of stimulants (87%) vs. no (71%) aOR: 2.23
 - Protective concentrations at week 4 (80%) vs. no (54%) aOR: 3.28

Grinsztejn B et al. Retention, engagement, and adherence to pre-exposure prophylaxis for men who have sex with men and transgender women in PrEP Brasil. 48 week result of a demonstration study. *Lancet HIV* 2018; 5: e136–46.

Successful implementation of PrEP Brasil for MSM and TW: 48 week results

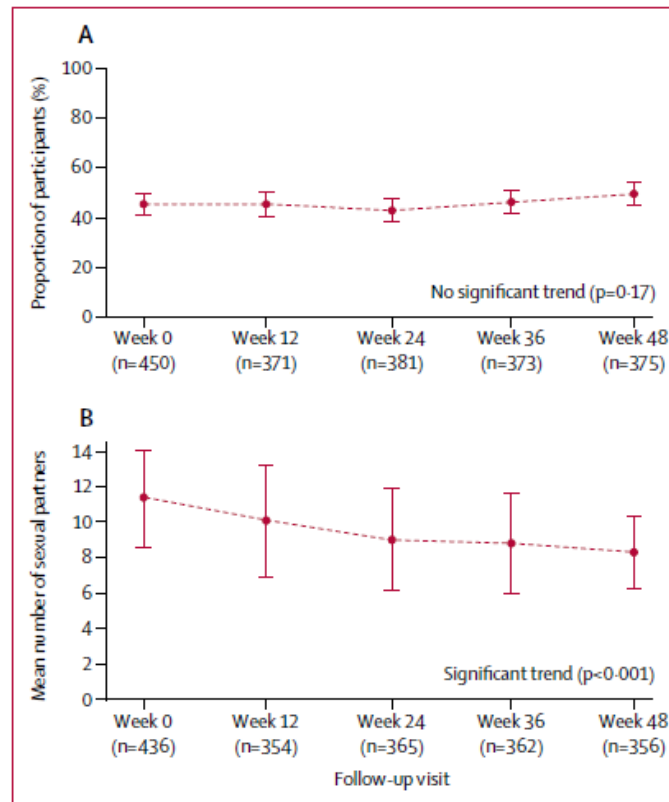


Figure 2: Sexual behaviours among study participants

(A) Percentage of participants reporting condomless receptive anal sex and
(B) mean number of partners in the previous 3 months.

Grinsztejn B et al. Retention, engagement, and adherence to pre-exposure prophylaxis for men who have sex with men and transgender women in PrEP Brasil. 48 week result of a demonstration study. *Lancet HIV* 2018; 5: e136–46.

High willingness to use HIV pre-exposure prophylaxis among transgender women in Argentina

- TW face a disproportionately high prevalence of HIV infection (34%)
- Nationwide cross-sectional survey conducted among transgender women in 2013
 - n= 337 (278 VIH negative; 59 unknown HIV status)
 - Willingness to use PrEP: 89.3%
 - Casual sexual partners AOR=4.26
 - Discrimination by healthcare workers AOR=0.33
- High perception of HIV risk in this population
- Multilevel interventions that address gender-based stigma in healthcare settings will be critical for the success of PrEP

Peru: Critical role of medical and research mistrust in acceptability of PrEP

- Medical and research mistrust emerged as key, multidimensional and interrelated barriers to PrEP acceptability including:
 - Mistrust of health care systems and providers
 - Wariness of research focused on TW
 - Suspicions of PrEP efficacy, and
 - Fear of potential adverse effects.
- Disillusionment with
 - Experimental trial designs (blinded allocation to placebo versus study drug)
 - Perceived drug effects (questions of Truvada efficacy), and
 - Study staff (mistrust of reported results, lack of information on side effects or potential interactions with hormone therapy)

Perez-Brumer A. et al. "Como conejillo de indias": critical role of medical and research mistrust in acceptability of PrEP among transgender women in Lima, Peru. IAS 2016.

Peru: Critical role of medical and research mistrust in acceptability of PrEP

- Participants voiced suspicion of research and apprehension regarding the current public health emphasis on TW as a “key population” for HIV prevention efforts.
- Participants' discussion regarding transphobia among medical providers further emphasized the perceived focus on TW as disingenuous. These narratives also questioned the scientific community's labeling of TW as “high-risk” (especially compared to their cisgender male sexual partners).



TransPrEP: Social Network-Based PrEP Adherence for Transgender Women in Peru

UCLA



 THE FENWAY INSTITUTE

Social Framework

- Social marginalization, with limited support from family or neighborhood communities
- Communities are frequently connected through dense social and geographic networks
 - Social and economic support outside of traditional community systems
 - Disseminate new information and ideas
 - Define and maintain social norms of behavior
 - Provide a critical framework for the introduction and dissemination of new prevention interventions
- Networks have not previously been studied as a part of HIV prevention research

1 R34 MH104072-01

Principal Investigators: Clark (UCLA), Mimiaga and Reisner (The Fenway Institute).

Local Investigator: Lama (IMPACTA)

TransPrEP: A social network-based intervention to promote PrEP adherence

- Phase 1: To optimize content for an adherence intervention
- Phase 2: To conduct a six-month open evaluation of the adherence intervention
- Phase 3: To conduct a six-month pilot RCT
 - Six social network-based clusters
 - Three clusters per arm
 - Recruited from 2 seeds matched from each of 3 geographical areas
 - Randomized to
 - Network-based PrEP adherence intervention, or
 - Standardized adherence counseling
 - Primary outcome: Adherence to PrEP
 - Wisepill monitoring
 - Blood drug levels
 - Self-report

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Gender-Affirmative Transgender Care to Improve the HIV Treatment Cascade

- **Objective:** To implement and culturally adapt The Fenway Institute model of transgender medicine, to improve the HIV treatment cascade among transgender women, via an innovative service delivery model that integrates:
 - HIV prevention and treatment services, with
 - Gender-affirming transgender medical care, supported by
 - Peer health navigation.





Continuum of HIV Care

- Due to stigma and discrimination, TW are frequently discouraged from accessing HIV care
- Absence of clinically and culturally competent medical care
- They constitute a target population for the evaluation of innovative interventions that address the continuum of HIV care



Gender Affirmation

- Absence of standard protocols to implement
 - Cross-sex hormone therapy, or
 - Gender enhancement/transition procedures
- It is usually informal and peer-delivered
 - Use of female contraceptives
 - No appropriate dosing, blood monitoring, or medical and psychological follow-up
 - Enhancement procedures conducted at no medical settings
 - No services for sex re-assignment surgery



Implementation

- Phase 1: Formative
 - Community engagement and education
 - Mixed-methods formative research
 - Training and interventional protocol writing
- Phase 2: Intervention
- Phase 3: Dissemination of intervention and study results
 - “Best Practices” document
 - Search political involvement for scaling-up



Mixed-Methods Formative Research: Key Findings

ORIGINAL PAPER

Perceived Barriers and Facilitators to Integrating HIV Prevention and Treatment with Cross-Sex Hormone Therapy for Transgender Women in Lima, Peru

Sari L. Reisner^{1,2,3} · Amaya G. Perez-Brumer⁴ · Sarah A. McLean¹ · Javier R. Lama^{5,6} · Alfonso Silva-Santisteban⁷ · Leyla Huerta⁸ · Jorge Sanchez^{6,7} · Jesse L. Clark⁹ · Matthew J. Mimiaga^{1,3,10} · Kenneth H. Mayer^{1,11,12}

Perez-Brumer AG et al. *Journal of the International AIDS Society* 2017, 20:21462
<http://www.jiasociety.org/index.php/jias/article/view/21462> | <http://dx.doi.org/10.7448/JIAS.20.1.21462>



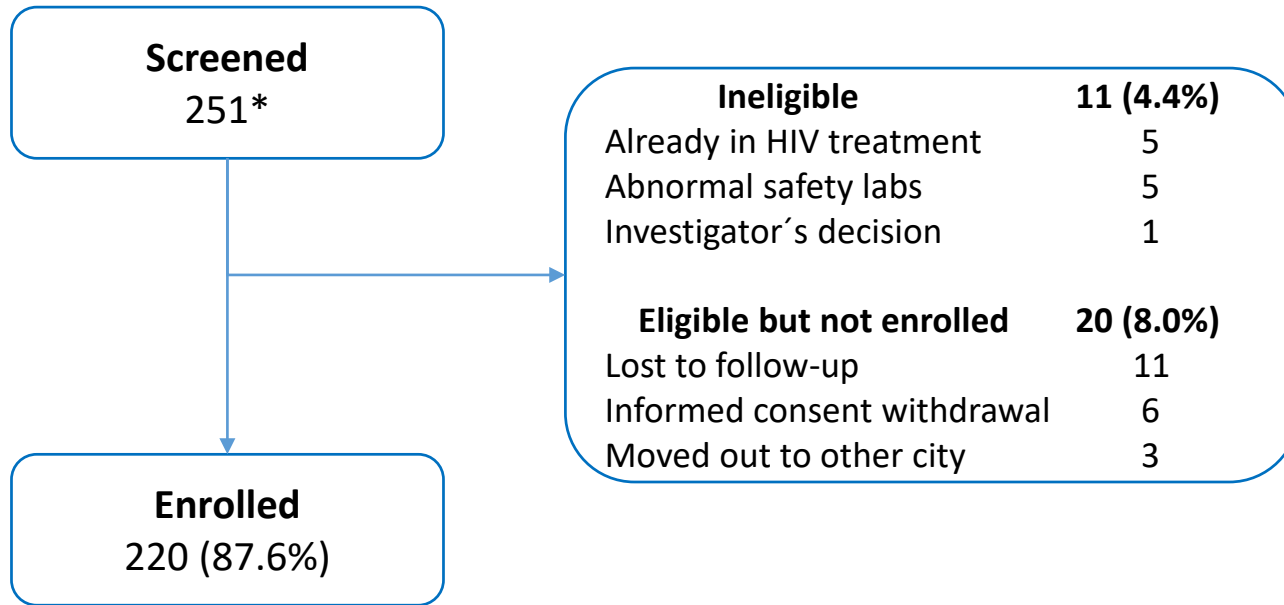
Research article

Leveraging social capital: multilevel stigma, associated HIV vulnerabilities, and social resilience strategies among transgender women in Lima, Peru

Amaya G. Perez-Brumer¹⁸, Sari L. Reisner^{2,3,4}, Sarah A. McLean², Alfonso Silva-Santisteban⁵, Leyla Huerta⁶, Kenneth H. Mayer², Jorge Sanchez^{7,8,9}, Jesse L. Clark¹⁰, Matthew J. Mimiaga^{2,11} and Javier R. Lama^{7,8}

- Integrated care model: High perceived acceptability
- Barriers
 - Stigma, lack of provider training or Peruvian guidelines regarding optimal transgender care, and service delivery obstacles
- Facilitators
 - Engagement and involvement of transgender women in healthcare service provision, delivery, and linkages
- Leveraging social capital
 - Peer trust and cooperative relationships facilitates routine access to needed healthcare services

Intervention: Baseline Data



Age, years

Median [IQR]	26 [23 - 32]
Range	18 - 58

Cross-sex hormone therapy ever

	150	68.8%
Injection	87	58.0%
Pill	42	28.0%
Patch	2	1.3%
Multiple methods	19	12.7%

HIV test ever

	169	77.5%
Time since most recent test		
During the past month	35	20.7%
During the past 3 months	41	24.3%
During the past 6 months	31	18.3%
During the past year	9	5.3%
More than a year ago	47	27.8%
No response	6	3.6%

Result most recent test

Negative	151	89.3%
Positive	11	6.5%
Never received result	1	0.6%
No response	6	3.6%

Baseline HIV & Syphilis Diagnosis

HIV infection	44	20.0%
Reactive syphilis serology	47	21.4%
Early syphilis	10	4.5%

