



HPTN

HIV Prevention
Trials Network

Transgender Prevention Research

**HPTN Sub Regional Meeting
Lima, March 27th 2018**

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ASOCIACION TRAVESTIS TRANSEXUALES
TRANSGENEROS ARGENTINA

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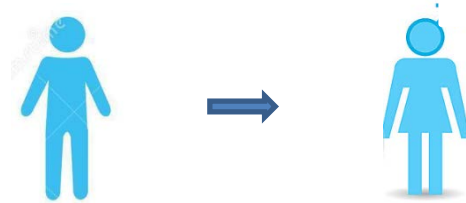
FUNDACIÓN HUÉSPED
PREVENCIÓN . CIENCIA . DERECHOS

Objective

- To identify research gaps that should be addressed within or outside the HPTN network.

What means transgender?

- Transgender is an umbrella term.
- “Transgender women” refers to people who were assigned male at birth and have a feminine or female gender identity.



- “Transgender men” refers to people assigned female at birth who have a masculine or male gender identity.
- **Some people identify outside the male-female binary.**

Prevalence depends on the definition used

Gender affirmation therapy Sex reassignment surgery

Transgender related diagnoses

By self report:

0,1 a 0,7%

355 per 100,000 individuals

dysphoria,

By registry:

0,6 per 100,000 individuals

“Transsexual” diagnosis

Diagnostic Interview Survey

Transgender identity, self-reported

Gender nonconformity

Self-reported gender dysphoria

What we already know about TGW

- **Extremely high social vulnerability**
- **High risky sexual behaviors**
- **High burden of STIs**

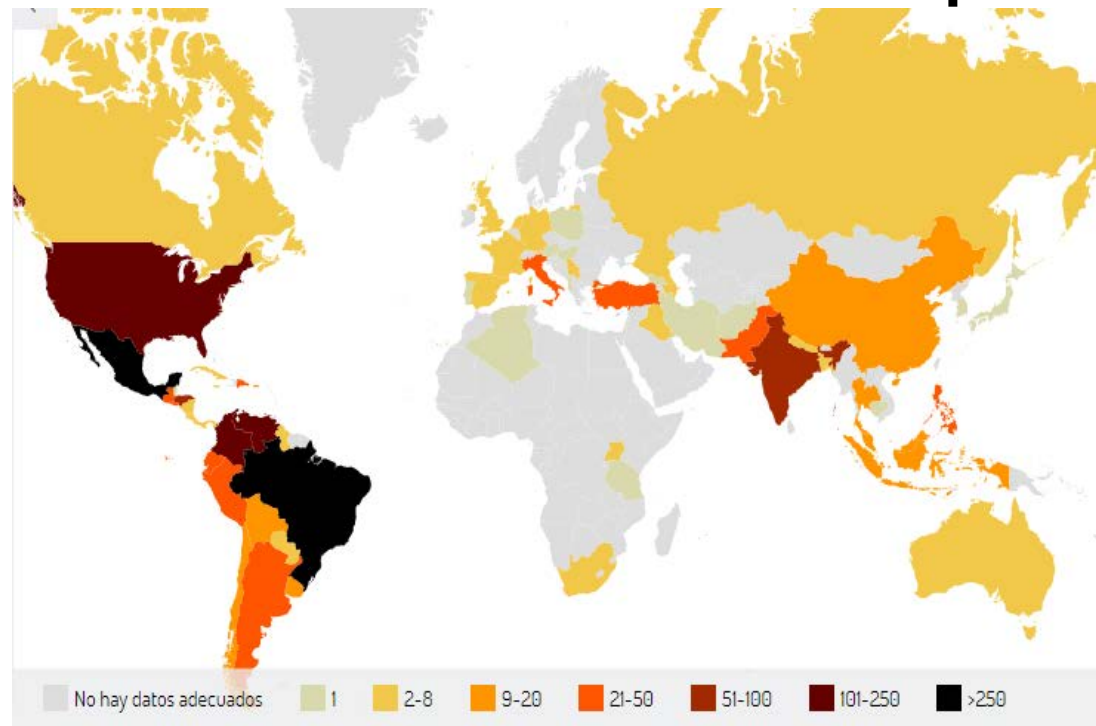


**Violence, HIV, TB
and other health
problems**



Premature death

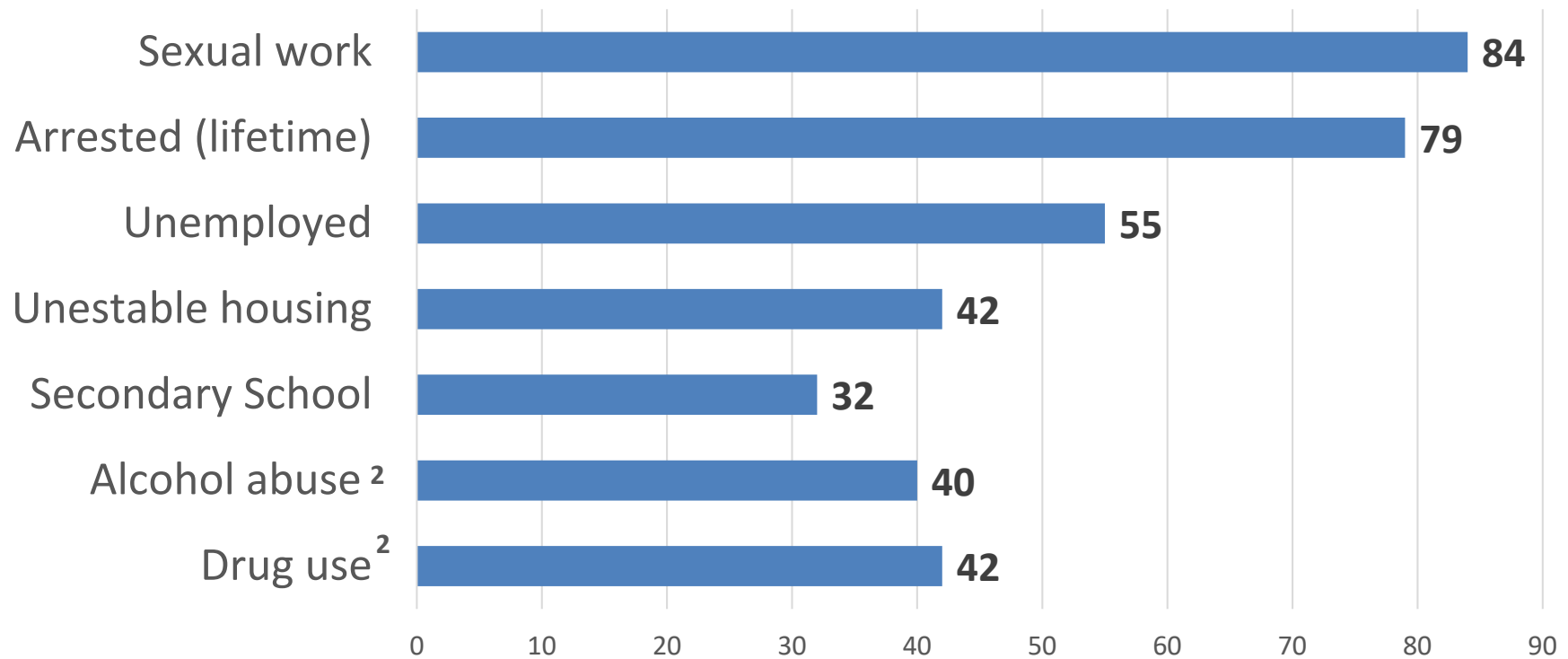
World Trans Hate Crime Map



In Argentina TGW life expectancy is estimated in 35 years vs. 83 in CGW

Extremely high social vulnerability

Survey among 452 TGW & 46 TGM¹



1. Aristegui I et al. National Survey to evaluate living conditions of TG individuals in Argentina. www.huesped.org.ar

2. Toibaro J et al Medicine 2009

Higher risky sexual behaviours

Survey among 452 TGW & 46 TGM¹

- Age of sexual initiation: 14 years
 - 40% before 13 years²
 - 6% suffered sexual abuse during the first intercourse²
 - 26% suffered sexual abuse during the lifetime²
- High number of sexual partners per month: 80 (40-144)
- 84% has occasional partners, with 31% condom use
- 37% has stable partner, with 60% consistent condom use

1. Aristegui I et al. National Survey to evaluate living conditions of TG individuals in Argentina. www.huesped.org.ar

2. Avila M, Aids and Behavior, 2017

High burden of STIs

Disease	Frequency
HPV	97%
Syphilis	50%
HBV	40%
Chlamydia	5%
HCV	4.5%
HTLV	1.8%

**HIV prevalence
in Argentina
34%**

**HIV incidence
10/100 people/y**

- 72% of a sample of 350 surveyed TGW had at least one STI

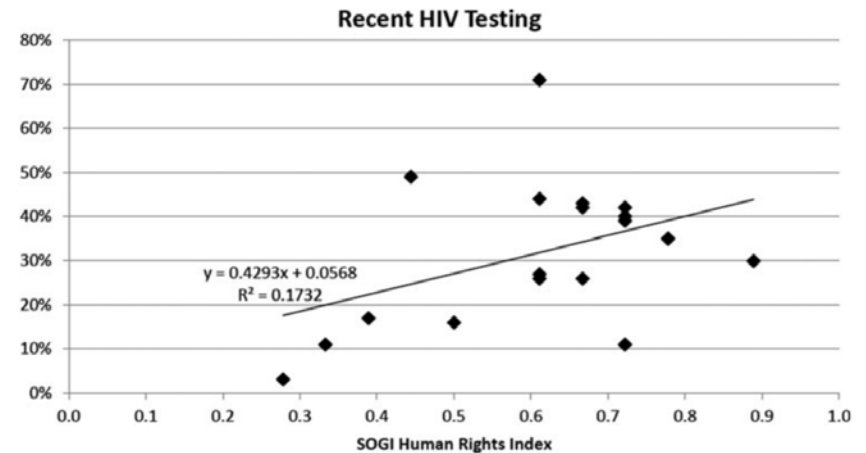
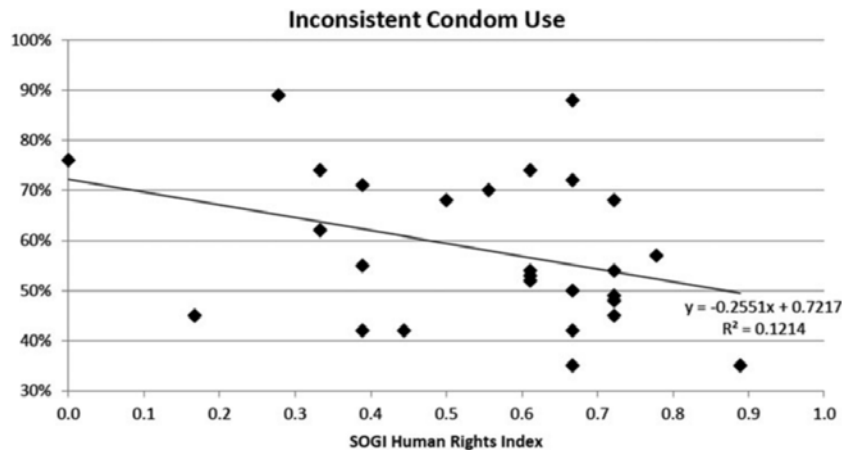
Gap for addressing prevention and care among TG people

Syndemic risks

- Human Rights Situation and Impact
- Stigma

Human Rights and HIV prevention

Lack of Sexual Minorities' Rights as a Barrier to HIV Prevention Among Men Who Have Sex with Men and Transgender Women in Asia: A Systematic Review



237 epidemiological and behavioral studies
from 22 Asian countries & SOGI index

James Anderson, and Steve KanTERS
LGBT Health Volume 2, Number 1, 2015

ORIGINAL ARTICLE

Open Access

High Willingness to Use HIV Pre-Exposure Prophylaxis Among Transgender Women in Argentina

Virginia Zalazar,¹ Inés Arístegui,^{1,2} Thomas Kerr,^{3,4} Brandon D.L. Marshall,⁵ Marcela Romero,⁶ Omar Sued,¹ and M. Eugenia Socías^{1,3,4,*}

90% WILLINGNESS TO USE PREP

Table 2. Multivariable Logistic Regression Analysis of Factors Associated with Willingness to Use PrEP Among Transgender Women in Argentina

Variable	Adjusted odds ratio	95% Confidence interval	<i>p</i>
Highest level of educational level (≥high school vs. less than high school)	0.48	(0.21–1.05)	0.069
Place of residency (Buenos Aires city vs. other)	2.07	(0.92–4.66)	0.076
Sex work ^a (yes vs. no)	1.73	(0.71–4.23)	0.227
Discrimination by healthcare workers ^a (yes vs. no)	0.33	(0.12–0.88)	0.027
Casual partners ^b (yes vs. no)	4.26	(1.73–10.51)	0.002

^aDenotes lifetime experience.

^bDenotes current behavior or activity.

Factors associated with healthcare avoidance among transgender women in Argentina

María Eugenia Socias^{1*}, Brandon DL Marshall², Inés Arístegui^{1,3}, Marcela Romero⁴, Pedro Cahn¹, Thomas Kerr^{5,6} and Omar Sued¹

41% OF TGW AVOIDED SEEKING HEALTHCARE

Factors associated were:

- **Discrimination by healthcare workers (aOR = 3.36)**
- Discrimination by other patients (aOR = 2.57)
- Currently living in Buenos Aires metropolitan area (aOR = 2.32)
- Been exposed to police violence (aOR = 2.20)
- Internalized stigma (aOR = 1.60)

GAPS

- PrEP in the era of the ***test and treat***
- Gender affirmative therapies and health
- Other issues

PrEP in the era of the *Test & Treat*

- Size of the population interested? Definition?
- Best recruitment strategies? (RDS, Online or in the community)
- Testing preferences? (method, venue, Selftesting)
- PrEP PK and intermittent dosing
- Cabotegravir LA in TGW with silicone
- Best adherence measurement?
- PrEP for STIs?
- Management of depression, alcohol and drug abuse

Gender affirmative therapies

- Can be an incentive for retention & adherence?
- Interaction with ARVs?
- PK drugs in neovagina tissues?
- Differences of microbioma in neovagina tissues?
- Role of silicone as HIV reservoir or inducer of inflammation?

Other research gaps

- Resilience and protective factors
- Practices to Support young and adolescents LGBTQ
- Fertility preservation, parental advice
- Prevention and impact of childhood abuse
- Mental health and suicidal risk
- Chemsex, substance abuse

- Multi-level, biobehavioral interventions
- Multi-level structural interventions

What ideas we might propose?

- There is a need of specific studies on TG in South America? If yes, in what?
 - Size of population at risk, HIV incidence? PrEP?
- What might be needed to ensure recruitment and retention?
- What package of interventions might be tested vs. the standard of care to increase efficacy of interventions?
 - Social support, alcohol or drug abuse, legal advice, hormones, home visits, champions, mental health support, motivational interview, problem solving training, access to school or work, etc?