

HIV AND GENDER

Demands and needs of the transgender people in regards
to HIV prevention in the Republic of North Macedonia





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The term TRANSGENDER PEOPLE refers to individuals whose gender identity and expression differ from the social expectations for their biological sex upon birth. They often view themselves as gender non-conformists with various sexual orientations and behaviors.

Transgender people are often socially, economically, politically and legally marginalized. The discrimination against transgender people could originate from numerous forms of stigma related to gender identity, gender expression and sexual orientation.

There are approximately 25 million transgender people throughout the world. Globally, only 39% of countries have reported that they address transgender people in their national HIV/AIDS strategies, however, they fail to separate research on HIV data in accordance with gender identity or the sample sizes are too small, therefore the data cannot be extensively reliable.

In the RN Macedonia the exact number of transgender people is unknown, but in recent years members of this community have become increasingly loud about the problems they face and demanded answers and solutions from institutions,

decision-makers and the wider community. Even though attitudes have begun to change, in our country there is still no legal protection that would ensure equal access to healthcare services, employment, education and/or social welfare services for this group.

In the RN Macedonia, transgender people are not granted legal gender recognition due to a vaguely framed legislative. Some transgender people do not wish to undergo surgical procedures for medical gender confirmation, i.e., they do not wish to alter their bodies. On the other hand, for those who do want to undergo these interventions, the healthcare insurance (both government and private) does not cover for these surgical procedures. These surgical interventions are also very expensive and there are no highly trained surgeons to perform them on top of that.

Not having suitable gender identification documentation substantially restricts the access to a multitude of services, such as healthcare services or education, including employment and voting rights.

The Person X example.

Even though the trans Person X was granted permission by the Ministry of Interior to change his name and surname in his documents back in 2011, the Registry Book Department denied his Request to alter the sex and the ID number in the documents. Ever since 2011, the case has been brought to the Administrative Court three times, thereafter the Administrative Court ruled to adopt the plaintiff's plea and urged the Registry Book Department to find a legal solution aligned with the local legislature and The European Court for Human Rights, i.e. the "X versus North Macedonia" ruling.

In January 2019, The European Court for Human Rights ruled against the Republic of North Macedonia by which a clear violation of private life was established, and The Registry Book Department at the Ministry of Justice was found accountable for this violation due to its arbitrary decisions pertaining to the documentation data change request.

In June 2019, the Government delegated the Department to proceed in accordance with the ECHR ruling. Despite all of this, the Department has not responded to this request accordingly yet and continues to claim that it has no legal competence for such proceeding.

WHAT IS IT THAT MAKES TRANSGENDER PEOPLE EXPOSED TO A HIGHER RISK OF CONTRACTING HIV IN THE RN MACEDONIA?

Unfortunately, the experiences have shown that transgender people are exposed to stigma and discrimination by healthcare institution in the RN Macedonia. Whenever they seek healthcare services, they are frequently subjected to verbal abuse, ridicule; they are even denied the service they ask for. This contributes to them not having access to services, which in turn negatively impacts their health and well-being and exposes them to HIV risk.

For many transgender people, the first point of entry to the healthcare system is the sexual and reproductive health ser-

vices offered by civil society organizations, even though the access to such services is rather limited for transgender people even in these cases. Namely, none of these services includes a urologist and endocrinologist who are of vital importance for transgender individuals' health.

There are few healthcare service providers who have obtained proper training in terms of transgender people's health needs, which is why they are unprepared to cater for their health needs. The negative attitudes that healthcare service providers have, limits the quality of healthcare services even further.

Despite the fact that the HIV burden is exponentially high in transgender women, transgender people do have a whole spectrum of other health and social issues, HIV being only one of them. For many transgender people, the process of transition, by which they align their bodies with their identity, holds higher priority compared against the HIV prevention and treatment services. The stigma and discrimination eventually lead to depression and other mental health issues in

transgender people. Transphobia is closely related to substance use, as well as an increased behavioral risk of HIV exposure and transmission. Healthcare service providers must be trained in terms of cultural and medical competence when they offer services to transgender patients, as well as consider and assess the local transgender people's needs in terms of providing more accessible healthcare services, which would be acceptable and available for transgender people.

FOR THE REASONS STATED ABOVE, WE DEMAND THE FOLLOWING:

The State should be working in the direction of legal gender recognition for transgender individuals. The access to legal recognition of gender and name, issuing identification documents consistent with the chosen gender and banning discrimination based on gender identity or expression, would pave the way for an easier participation of transgender people in the workplace, better access to healthcare services and protection against transphobic violence.

The State should be working in the direction of implementation and enforcement of anti-discrimination laws.

The Prevention and Protection against Discrimination Law was passed in 2019 and was enforced until May 14th 2020, when the Constitutional Court on its 14th session abolished it. This Constitutional Court's ruling came in the wake of the initiative put forward by the previous Prevention and Protection against Discrimination Commission (PPDC) to assess the constitutionality and legality of the Law, in which it was stated that the disputed law was passed in conflict with Article 75 of the Constitution of the Republic of North Macedonia, i.e. a two-third Parliamentary majority was not provided for this particular law to be passed and enacted

Having discovered numerous flaws in the proceedings pertaining to PPDC members elections, the Parliament alongside with civil organizations submitted a Proposal for a transparent and inclusive proceeding for the Commission members' election in September 2020, which the Government denied. In response to all of this, the Protection against Discrimination Network reminded all MPs in the Parliament of the RN Macedonia that the independence of the Prevention and Protection against Discrimination Commission is a vital pre-condition and an international standard in the process of building an efficient and effective non-discriminatory system

and called for support for the Article 18 Amendment in relation to Commission members' election. Furthermore, they demanded from the Parliament to pass the Prevention and Protection against Discrimination Law as soon as possible, without any further delays and conduct a transparent and inclusive election of members of the Prevention and Protection against Discrimination Commission.

The policy-makers, MPs and leaders in the public healthcare sector should work alongside with civil society organizations and make efforts to monitor the stigma, and confront the discrimination against key populations, part of which includes transgender people. Trans people are entitled to an appropriate, high-quality healthcare which should be discrimination-free. Healthcare service providers and healthcare institutions should serve transgender people based on the medical ethics principles and the right to health entitlements, and healthcare services should be accessible to all transgender people.

It is vital to emphasize the adequate supply of condoms and lubricants for transgender women and transgender men who have sex with men within the frames of civil organizations. It is rather important for condoms and lubricants to be available for transgender people who engage in penetrative sexual conduct, irrespective of their gender identity or their sexual partners. The sexual behavior and identity do vary amongst transgender people, the same way they do amongst the non-transgender population. For some transgender people condoms could have a triple protection: HIV prevention, other sexually transmitted infections (STIs) protection, as well as contraception.

THE COMPREHENSIVE HIV PREVENTION, DIAGNOSIS, TREATMENT AND CARE SERVICES PACKAGE SHOULD BE COMBINED WITH SUITABLE GENDER AFFIRMING SERVICES

Transgender people who use drugs (with or without injecting) should have equal access to harm reduction services the same way non-transgender people do. The needle and syringe programs (NSP) and opiates substitution therapy (OST) should be accessible and acceptable for transgender people. The insufficient

data available shows that the likelihood for psychoactive substances use is higher among transgender people compared to non-transgender people. Substance use is directly related to discrimination and HIV transmission. **NSP and OST service providers should be trained in a manner that would enable them to provide competent and non-judgmental care for transgender people.**

Transgender people who inject gender affirmation substances should be granted easier access to sterile equipment for injecting as well as information on safe injection practices in order to reduce the risk of infection by blood pathogens, the likes of which include HIV and the viral Hepatitis B and C. Apart from injecting psychoactive substances, it is highly likely that transgender people might inject hormones as well. It is possible that they share needles and syringes for injection if they have limited or no access to them. Needles and syringes used for hormonal injections differ in size, form and cubic volume from those used to inject opiates. **Harm reduction services must be fully well aware of this and meet these needs.**

Easy access to PrEP as an additional intervention in the comprehensive HIV prevention package for transgender women, especially for transgender people who have sex with male partners and those in a relation with a partner who has a different status. When HIV transmission occurs among transgender women who have sex with men, additional HIV preventative measures are necessary, such as the daily oral intake of PrEP (specifically a combination between tenophovir and emtricitabine), which can be considered as a possible additional intervention.

The voluntary HIV testing and Counseling (HTC) must be routinely offered to transgender people in clinical settings,

as well as within the civil organizations and amongst the community. These services should be acceptable and accessible for transgender people. HIV testing counselors should be trained and sensitized pertaining to the healthcare needs of transgender people in order to be able to deliver relevant and specific services and messages for them. The staff that conducts the testing and can provide information or refer to gender affirmation care is of great assistance in the process of utilizing HIV testing services by the transgender community. Transgender people should be involved in the process of creating and implementation of services. Services led by transgender people can potentially prove to be more acceptable for the community. бидат поприфатливи за заедницата.

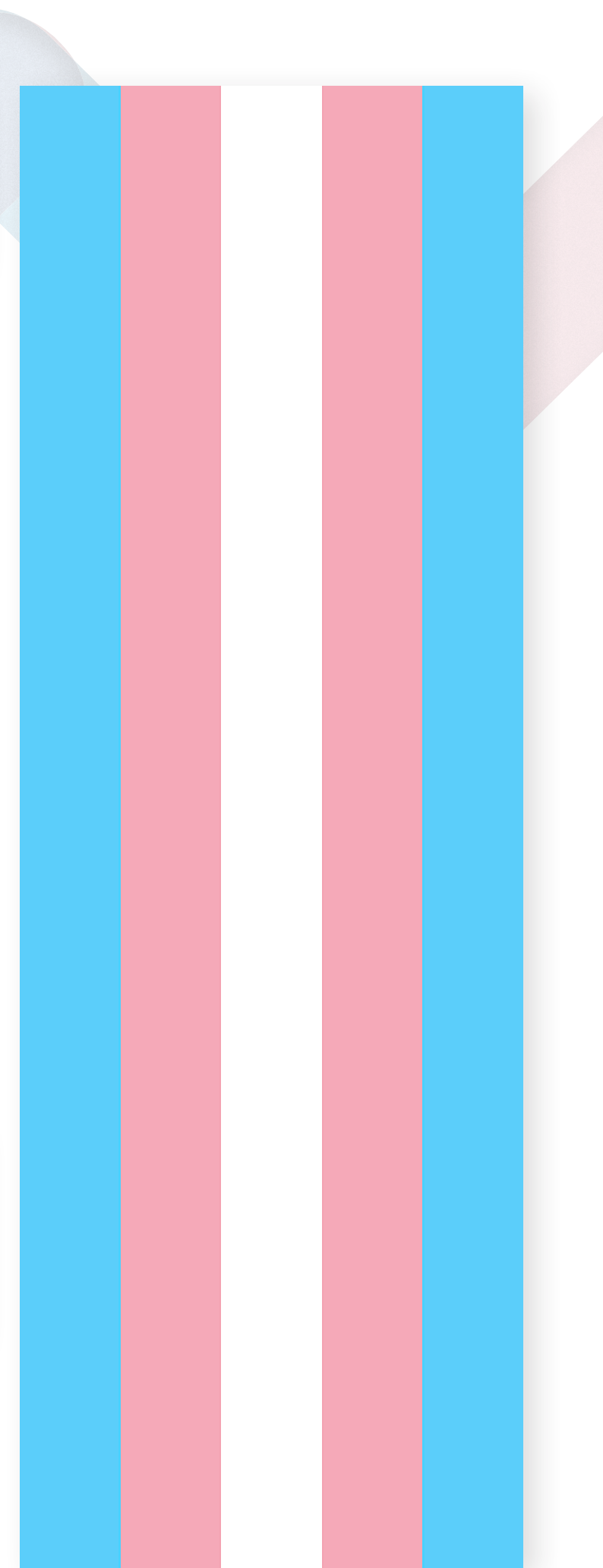
Transgender people should have equal access to HIV treatment and care services the same way other populations do. Consistent use of hormonal therapy is directly related to the consistent use of the HIV therapy. Many transgender people use or would like to have access to feminizing and masculinizing hormones so that they can align their physical appearance with their gender identity. Non-discriminatory ART services that include trans people, by which transgender people's needs for ART and hormonal therapy are met, could significantly contribute to the consistent use of ART amongst transgender people. These services should be competent and accept transgender people and they should be offered by competent healthcare service providers that do have detailed knowledge pertaining to transgender people's medical issues. The medical institution ought to supply and integrate hormonal therapy and HIV care, by means of having clinical staff that is respectful and sensitized towards transgender people.

HEALTHCARE WORKERS SHOULD BE SENSITIZED AND FAMILIARIZED WITH SPECIFIC HEALTHCARE NEEDS OF TRANSGENDER PEOPLE

Both civil society and state sexual and reproductive healthcare services should offer a broad spectrum of services which are easily accessible for transgender people. Services in the medical fields of urology and endocrinology are exceptionally important for transgender people's sexual and reproductive health; therefore, they should be an integral part of these services. If we are to offer full-rounded and comprehensive care for transgender people, it is vital that we are fully familiarized with their healthcare needs.

Service providers should be sensitized and knowledgeable regarding the specific needs in terms of sexual and reproductive health, as well as transgender people's concerns and wishes. The routine STI screening, diagnosis and treatment are immensely important aspects of the comprehensive HIV prevention and care among transgender people.

OUR REALITY IS SPECIFIC, WHICH IS WHY WE ARE IN NEED OF PROGRAMS THAT ARE TRANS-SPECIFIC, TRANS-INCLUSIVE AND LED BY TRANSGENDER PEOPLE



Summary and key points

The consolidated guidelines for HIV prevention, diagnosis, treatment and care in key populations, do recognize that “the high degree of vulnerability and the transgender people’s specific healthcare needs inevitably require a distinctive and independent status in the global HIV response” and that transgender people are considered to be a separate key population. The access to comprehensive, integrated, and high-quality healthcare services, including HIV services, adapted to transgender people’s needs must be further improved. Services must be adapted to transgender people’s specific needs, including integrated delivery of counseling for safer treatments and medical gender affirmation services, mental health and substance use. The specific needs of transgender people in terms of HIV prevention, diagnostic testing, treatment and care must be met, and the transgender community must be involved in the process of service delivery. Efficient outreach prevention programs are urgently necessary, which are to be related to HIV testing and treatment services in transgender people. The governments and donors should be cooperating together with the transgender communities in order to develop and appropriately fund national HIV plans based on evidence and data, which would address transgender people’s specific needs.

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