



# Gender-affirming care as a core component of an effective HIV response

## Webinar report

Trans and gender-diverse populations experience a disproportionate burden of HIV, driven by structural barriers, stigma, discrimination and limited access to person-centred HIV services.

On 2 June 2026, IAS – [the International AIDS Society](#) – in collaboration with the Social, Health and Empowerment Feminist Collective of Transgender Women of Africa, [Botswana-UPenn Partnership at Botswana University](#) and the School of Global Health at [Chulalongkorn University](#) convened a webinar to highlight the critical role of gender-affirming, person-centred care in HIV services, bringing together clinical, programmatic and policy perspectives.

The webinar explored why gender-affirming care is essential for improving HIV outcomes and strengthening HIV prevention and treatment programmes, examined how the evolving global political landscape affects access to gender-affirming HIV services, identified opportunities for advocacy and policy engagement, and explored ways to apply human rights principles in clinical practice and address stigma and discrimination, particularly for adolescents and young people.



## Why gender-affirming, person-centred care matters in HIV care



Asa Radix (he/they), from Callen-Lorde Community Health Center in the United States, drew on more than two decades of clinical experience with trans and gender-diverse communities to explain why gender-affirming care must be integrated into HIV services. The presentation highlighted the disproportionate burden of HIV among trans people and emphasized that biomedical interventions are essential, but insufficient on their own. The impact of these interventions is reduced when people avoid or disengage from services because they anticipate stigma, discrimination, misgendering, breaches of confidentiality or humiliation.

Asa positioned gender-affirming care as a core component of effective HIV programming because it builds trust, strengthens retention and improves treatment outcomes. Evidence has linked access to gender-affirming medical and surgical care with stronger HIV-related outcomes, including increased HIV testing, reduced HIV acquisition, improved linkage and retention in care, and higher rates of viral suppression.

The presentation highlighted that affirming care is not limited to hormones or surgical referrals. It also requires clinical environments where trans people feel respected, safe and able to discuss their health priorities openly. Practical features include inclusive language, correct names and pronouns, respectful communication, confidential records, appropriate intake forms, shared decision making and non-judgemental clinical encounters. Gender-affirming care is a system-wide responsibility, extending beyond individual clinicians to reception systems, pharmacy interactions, referral pathways and follow-up processes.

Persistent gaps in healthcare providers' knowledge, confidence and comfort underscore the need for health systems to invest in staff training, implement gender-affirmative models of care, and build routine systems that support respectful, competent and person-centred HIV services.

## Delivering rights-based, gender-affirming HIV care for adolescents



Nadvadee Aungkawattanapong (she/her), an adolescent medicine staff paediatrician and clinical instructor at Chulalongkorn University in Thailand, highlighted the specific vulnerabilities of trans and gender-diverse adolescents and young people seeking HIV and gender-affirming care. In Thailand, adolescents have been able to access sexual and reproductive health services since 2016 free of cost and without parental consent. However, hormone therapy involves costs, and medical or surgical interventions for people under 18 require parental consent. These barriers can lead to adolescents obtaining hormones online without clinical supervision or counselling.

A case study of a 15-year-old trans girl with gender dysphoria illustrated how stereotypes, stigma and discrimination from families, communities and health systems can restrict access to care even where legal protections exist. The case exposed how assumptions about sexual behaviour can be shaped by gender identity. The presentation identified several key considerations for clinicians when caring for trans and gender-diverse adolescents and young people, including respecting the

adolescent's autonomy, recognizing the right to appropriate care, assessing capacity to understand choices and consequences, and navigating legal requirements, such as parental consent.

The Buddy CU Clinic was presented as an example of a successful one-stop model for adolescents and young adults, offering HIV screening, prevention and treatment alongside mental healthcare, psychosocial support, financial support and sexual and reproductive health services. Its success was linked to convenience, fast and free services, Saturday opening hours, friendly and diverse staff, multidisciplinary teams and a respectful, non-judgemental environment. The clinic model showed how integrated, youth-friendly and gender-affirming services can reduce barriers, build trust and support better health outcomes for trans and gender-diverse adolescents.

## Politics and HIV care in a shifting global landscape



Kellan Baker (he/him), Senior Advisor for Health Policy at the Movement Advancement Project in the United States, examined the structural drivers of transgender health inequalities. The presentation emphasised that trans people are not inherently predisposed to poorer health outcomes; rather, they are disproportionately exposed to discrimination, stigma, violence and socioeconomic and political determinants that undermine health and well-being. The unique barriers faced by trans people when accessing health services result in significant disparities compared with the general population. These disparities are especially pronounced for trans people living at the

intersection of multiple marginalized identities, where poverty, unemployment, housing instability, racism, exclusion and limited access to gender-affirming and HIV-related care compound vulnerability.

The presentation used the gender minority stress model to explain how structural and interpersonal discrimination affect health. Distal stressors, such as discrimination, rejection, victimization and non-affirmation of gender identity, contribute to proximal stressors, including internalized transphobia, negative expectations and concealment. These pressures can affect mental and physical health, while resilience factors, such as community connectedness, pride and affirmation, can help protect well-being. Gender affirmation was described as multidimensional, including social, psychological, medical and legal recognition.

A key concern raised was the worsening global policy environment for trans people. Increasing restrictions on trans lives were noted, including bans on medically necessary gender-affirming care, criminalization of providers and families, restrictions on identity document changes, and legal definitions of sex that exclude trans people. These developments are often fuelled by disinformation, propaganda and misuse of scientific evidence.

The presentation called for structural interventions to promote transgender health, including comprehensive non-discrimination protections, investment in gender-affirming care as primary care and as an HIV and mental health intervention, inclusive institutional policies, workforce development, legal aid and medical-legal partnerships, and safe, responsible data collection on sexual orientation, gender identity and intersex status. Scientists, health professionals and advocates have a responsibility to engage publicly, address evidence gaps, challenge disinformation and ensure that science is used actively to protect the health and rights of trans people.

## Gender-affirming, person-centred care from an African perspective

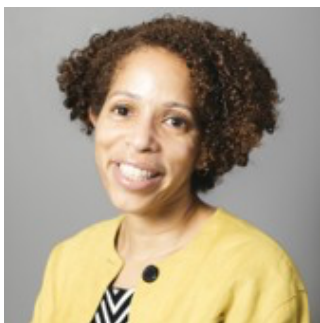


Leigh Ann van der Merwe (she/her), a South African trans woman, feminist activist and founder of the Social, Health and Empowerment Feminist Collective of Transgender Women of Africa, reflected on the African landscape of HIV and gender-affirming care. Drawing together contributions of previous presenters, she emphasized that gender-affirming care must be both evidence and rights based, and grounded in dignity, inclusion and person-centred practice. Effective HIV care should move beyond disease-centred models to recognize the whole person. This approach strengthens trust, retention, adherence and treatment outcomes.

Adolescents were identified as particularly vulnerable to HIV acquisition and poor health outcomes because of layered stigma, exclusion and fear of discrimination. Another key concern was the shifting geopolitical environment and the spread of anti-rights rhetoric, which were linked to increasingly restrictive policy and legal environments in parts of Africa. Criminalization, poverty, violence, limited access to gender-affirming services, reduced funding for key population programmes and inadequate provider training continue to undermine healthcare access for trans communities.

The presentation highlighted African resilience and leadership, noting the important role of trans-led organizations, peer navigation and community outreach in strengthening the HIV response. Advocacy priorities included integrating transgender healthcare into HIV and primary healthcare services, ensuring that national HIV strategies address transgender health needs, investing in continuous provider training, and supporting African-led research conducted with, by and for trans communities. Strong partnerships across health, policy and civil society are essential, and community participation must move beyond consultation to leadership in advancing bodily autonomy, healthcare justice and gender-affirming HIV care.

## Discussion



Facilitated by Renata Arrington Sanders, a Professor of Paediatrics and Medicine at The Children's Hospital of Philadelphia, and Wipaporn Natalie Songtaweasin, a Paediatric Infectious Diseases Physician and lecturer at the Chulalongkorn University School of Global Health in Bangkok, the discussion focused on how gender-affirming HIV care can be translated into practical, everyday service delivery.

A key issue was how providers should respond when trans people receive care and obtain hormones outside formal medical settings. A non-judgemental, harm-reduction approach that begins with understanding why the client is using informal sources was recommended.



The discussion addressed disengagement from care among trans adolescents and young people receiving HIV and gender-affirming care. Speakers emphasized that disengagement should be understood as a sign of barriers rather than a lack of interest in care and identified case management, strong rapport, welcoming clinic environments, and integrated one-stop services as strategies to support retention.



At the organizational level, speakers stressed that gender-affirming care must go beyond intake forms and pronoun fields. Health facilities need inclusive policies, trained staff, safe and appropriate facilities, inclusive data systems, and routine practices that recognize transgender healthcare as part of person-centred primary care. This is particularly important as HIV services are increasingly integrated into government primary healthcare systems.

The final discussion focused on contexts where religion, culture and criminalization are used to justify exclusion. Speakers emphasized the importance of working within and with communities, recognizing that trans people are part of families, cultural systems and local institutions. Engagement with community structures, including churches and schools, can help build acceptance and improve access.

### **Conclusion**

The discussions reinforced that gender-affirming, person-centred care is essential for effective HIV prevention, treatment and support for trans and gender-diverse people. Biomedical tools can achieve their full impact only when delivered in environments that are respectful, safe, confidential and free from stigma.

The discussions highlighted the need to integrate gender-affirming care into HIV and primary healthcare systems, strengthen provider training, address legal and policy barriers, and ensure that services are responsive to the needs of adolescents and communities facing intersecting forms of exclusion. The webinar also underscored the importance of community leadership, rights-based approaches, African-led research and sustained advocacy to protect health gains in an increasingly challenging political environment.