

HIV/AIDS, human rights, and transgender people in Latin America

Recently, Annick Bórquez and colleagues¹ did a sophisticated simulation of the effect on HIV transmission of different interventions targeting transgender women sex workers in Lima, Peru. The study is highly relevant and could inform similar efforts in other Latin American and Caribbean (LAC) countries where the HIV epidemic remains concentrated among transgender and gender non-conforming people, female sex workers, and men who have sex with men.² However, the results might overestimate true effects, given the many challenges faced by transgender and gender non-conforming people, particularly sex workers, that affect their access to health interventions and the quality of those interventions.

Transgender and gender non-conforming people from the LAC region face high rates of violence; the region accounts for 78.8% of all murders reported in this population worldwide from 2008–18.³ Those who are engaged in sex work also face heightened risks of physical and sexual violence, including rape and coerced sex, with these experiences contributing to increased HIV exposure risks.⁴

Gender-based violence and transphobia are also frequently experienced by transgender and gender non-conforming people at health-care units in the LAC region, jeopardising their access to care, including HIV-related prevention and treatment strategies.⁵ Gender-based violence, transphobia, and a lack of legal protections and services tailored to the needs of transgender and gender non-conforming people are serious barriers to adequate HIV treatment and prevention.

Health-care providers themselves contribute to stigma, discrimination,

and violence toward transgender and gender non-conforming people, often denying or delaying basic treatment or providing substandard care.⁵ Stigma fosters and maintains vulnerabilities and health inequality—yet this inequality in access to care is not fully reflected in the simulation by Bórquez and colleagues.¹

In many Latin American countries, human rights advances that had been made for transgender and gender non-conforming people are being reversed, with stigma on the rise.⁶ In this context, the possibility to implement evidence-based strategies for vulnerable groups is questionable; the political climate will probably reduce the availability of funds for scientifically sound interventions such as the ones modelled by Bórquez and colleagues.¹ Thus, the optimistic estimates of HIV intervention benefits that have been reported¹ seem unlikely in the current political scenario of many LAC countries. Strategies to reduce inequality in health outcomes among transgender and gender non-conforming people need to address a broad range of cultural, social, political, and interpersonal aspects that contribute to intersecting forms of stigma, prejudice, discrimination, and gender-based violence.

We declare no competing interests.

**Monica Malta, Angelica Baptista Silva, Sara LeGrand, Kathryn Whetten, Samantha Wells*

monica.malta@camh.ca

Department of Psychiatry, Faculty of Medicine, University of Toronto, Toronto, ON, Canada (MM); Institute for Mental Health Policy Research, Centre for Addiction and Mental Health, Toronto, ON M5S 2S1, Canada (MM, SW); Department of Social Science, National School of Public Health, Oswaldo Cruz Foundation (ENSP/FIOCRUZ), Rio de Janeiro, Brazil (MM, ABS); Center for Health Policy and Inequalities Research, Duke Global Health Institute, Duke University, Durham, NC, USA (SL, KW); Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada (SW); and Department of Epidemiology and Biostatistics, Western University, London, ON, Canada (SW)

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