The Impact of the Anti-Gender Movement on HIV Responses

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Declaration of Privilege

• I am a white non-binary trans masculine activist from South Africa. The trans and gender diverse (TGD) community is not homogenous & I cannot speak on behalf of community members who experience multiple, intersecting forms of discrimination.

• But I can use my presentation to centre the voices of TGD community members most impacted by the issues we are discussing.

• I would like to thank FEM Alliance Uganda and the Ugandan TGD community members who have contributed to this presentation.
Evidence on HIV, discrimination & inequality is clear

- Discrimination & inequality are drivers of HIV (and other public health threats)
- Key populations in countries with criminalization & legal frameworks that don’t provide legal protection are more at risk of HIV
- Stigma and discrimination in health care systems remains a major barrier to access to care for TGD persons
- To control HIV, responses need to reach most marginalized populations (e.g. trans sex workers, trans migrants and refugees, trans men & gender diverse persons who are currently excluded from many HIV responses)
- In many countries across the world, the gains made in previous years in terms of inclusion of key populations are now being lost
Case Study: Uganda during the introduction of the Anti-Homosexuality Act 2023

• “I am a trans man; I was arrested in the early stages of the introduction of the Bill and later was released on bail. Since then, my life has not been the same. I have mental health challenges and on top of that I am living with HIV. I fear to approach public health facilities to receive any service because of my gender expression and the current Bill. I am not working and don’t have even basic needs including food now. This Bill has really affected my access to medication because even the organization where I used to get medicine has closed due the Bill” – anonymous TGD community member, Uganda

• Between March and June 2023, FEM Alliance Uganda documented 69 cases of human rights violations, including harassment, assault, rape, evictions and unlawful arrest.

• These human rights violations increase the risk of contracting HIV, while barriers to accessing health services also increase.

• “My pronouns are he/they and I am living with HIV. I used to get my treatment from private clinics, but I have not been on medication for 2 months now. I was fired from my job in early May, my boss said I am a homosexual, and his company will not be closed because of me. After that I was physically assaulted by a group of men and ever since then I have failed to make ends meet. I used all my saving and currently at zero, I can’t afford my medication and I fear to go to public hospital because of my past experiences.” – anonymous TGD community member, Uganda
Recommendations

- Funding for community-led responses, including:
  - HIV service provision to most marginalized groups
  - Advocacy for decriminalization (including decriminalization of TGD identities, sex work, sexual orientation & gender affirming health care) & legal recognition
  - Documenting and responding to human rights violations
  - Safety and security for organizations operating in hostile environments

- Evidence-based advocacy for inclusion in health responses, decriminalization and legal recognition:
  - Research to generate evidence
  - Effective science communication to ensure that policy-makers understand the evidence
  - Traditional public education & information strategies are no longer effective – we need innovation approaches to counter very organized and well-funded disinformation campaigns
Resources


• *Law, criminalisation and HIV in the world*: [https://gh.bmj.com/content/6/8/e006315](https://gh.bmj.com/content/6/8/e006315)