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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)	
First Name	Jim
Last Name	Eigo
Affiliation	ACT UP/NY
Email Address	jimeigo@aol.com
Q2: Title of your recommendation	HIV Epidemiology for Transgender Populations

## Q3: Please provide a description of your proposed recommendation

The AIDS Epidemic in New York State will not have ended until it has ended for every sub-population. It will not have ended until AIDS mortality has been drastically reduced in every sub-population. It will not have ended until forward HIV transmission has been drastically reduced in every sub-population.

Although we suspect that the number of transgender women who are living with HIV and the number of new HIV infections among transgender women are both very high, very partial and sketchy HIV prevalence and incidence data for transgender women in New York State raise almost as many questions as they answer. In part this is the legacy of a blinkered research tradition which allows the Centers for Disease Control to continue to group transgender women with Men who have Sex with Men. Reliable HIV prevalence and incidence figures for transgender men are even harder to come by.

Gathering reliable prevalence and incidence data for transgender populations faces challenges. Transgender populations are comparatively small, and the lack of a standard by which people and providers measure gender complicates research. None of this absolves New York State from gathering extensive and reliable HIV data for transgender populations. A good starting point would be for researchers to recognize transgender people for who they are: they are who they say they are.

The effective targeting of HIV testing and care and prevention efforts depends on understanding the shape of the transgender HIV epidemics. There will be no end to the HIV epidemic in New York State until reliable incidence and prevalence data allow us to declare an end of the epidemic among transgender populations as well.

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Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply) Identifying persons with HIV who remain undiagnosed and linking them to health care

Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Facilitating access to Pre-Exposure Prophylaxis (PrEP) for high-risk persons to keep them HIV negative

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply) Prevention Committee: Develop recommendations for ensuring the effective implementation of biomedical advances in the prevention of HIV, (such as the use of Truvada as pre-exposure prophylaxis (PrEP)); for ensuring access for those most in need to keep them negative; and for expansion of syringe exchange, expanded partner services, and streamlined HIV testing by further implementing the universal offer of HIV testing in primary care, among others. The Committee will focus on continuing innovative and comprehensive prevention and harm reduction services targeted at key high risk populations, as well as grantfunded services that engage in both secondary and primary prevention.

Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.

Data Committee: Develop recommendations for metrics and identify data sources to assess the comprehensive statewide HIV strategy. The Committee will determine metrics that will measure effective community engagement/ ownership, political leadership, and supportive services. It will also determine metrics that will measure quality of care, impact of interventions and outcomes across all populations, particularly identified sub populations such as transgender men and women, women of color, men who have sex with men and youth. In addition, the Committee will evaluate to determine optimal strategies for using data to identify infected persons who have not achieved viral suppression and address their support service, behavioral health, and adherence needs.

Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program? Unknown

Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Permitted under current law	
Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?	Within the next year	
Q9: What are the perceived benefits of implementing this recommendation?		
<ol> <li>Enhancing the ability for healthcare departments to target HIV testing and care and prevention efforts effectively to transgender populations.</li> <li>The acquisition of necessary metrics by which to declare an end to the HIV epidemic for transgender populations.</li> </ol>		
Q10: Are there any concerns with implementing this recommendation that should be considered?	Respondent skipped this question	
Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?	Respondent skipped this question	
Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?	Respondent skipped this question	
Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?		
Transgender New Yorkers and their partners and families		
Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?	Respondent skipped this question	
Q15: This recommendation was submitted by one of the following	Ending the Epidemic Task Force member	