Integrating gender-affirming care into HIV services for transgender women in three Asian countries: An implementation opportunity using Rogers' Diffusion of Innovation theory

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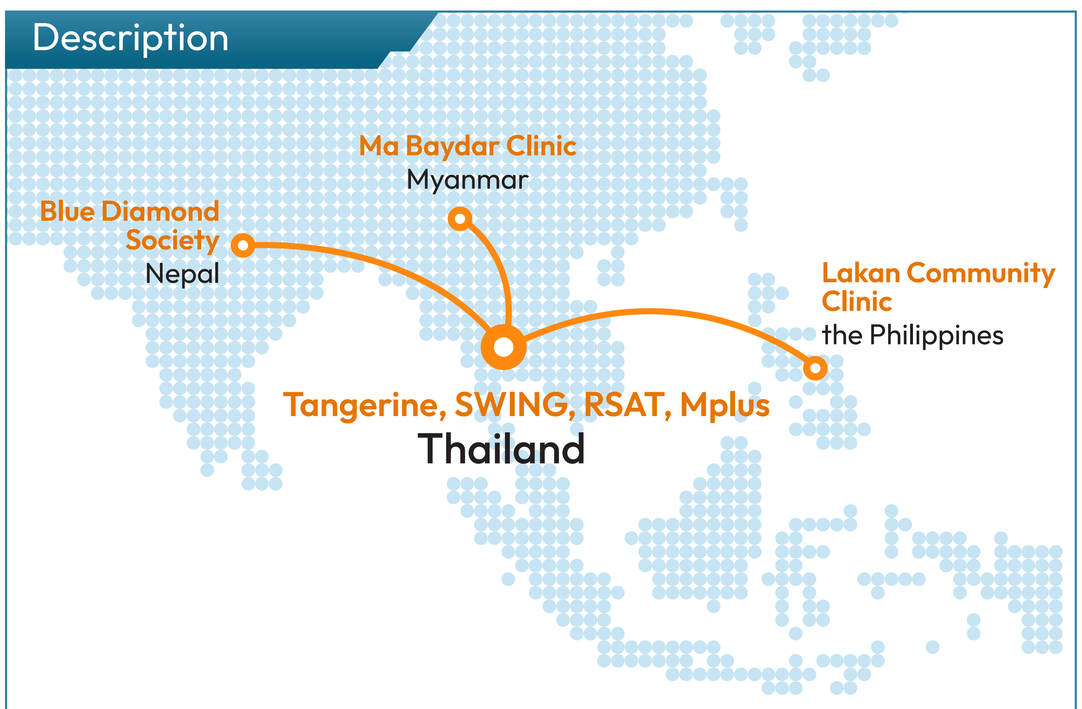
Background

The Tangerine Clinic in Thailand has successfully implemented the "integrated gender-affirming and sexual health service model" (the Integrated Trans Model) to serve more than 4,000 transgender women since 2015. We documented how the model was expanded to other Asian countries.

Description



The Tangerine Academy, the technical assistance platform supported by the USAID-funded EpiC project, worked with FHI 360 to provide South-South capacity strengthening on transgender health to HIV community-based organizations (CBOs) in Asia. Using Rogers' Diffusion of Innovation theory as the process of adopting new innovations, we documented how the Integrated Trans Model—an innovative intervention—was disseminated and adopted among CBOs in Myanmar, Nepal, and the Philippines during 2019–2021.

Lessons Learned

We demonstrated to CBO leaders and staff in Myanmar, Nepal, and the Philippines the "relative advantage" of the Integrated Trans Model for increasing transgender women's access to sexual health services. This involved creating a learning collaborative in which CBO participants made on-site and virtual visits to the Tangerine Clinic. Early adopters from the CBOs, along with local transgender opinion leaders, then explored the model's "compatibility" with serving the specific needs of the transgender community using Tangerine Clinic client service data.

We trained health care providers and transgender community health workers on transgender-competent health care, supported them to develop guidelines, and discussed the "complexity" of the Integrated Trans Model. Each CBO identified which levels of complexity they felt comfortable implementing: (1) providing counseling on gender-affirming hormone treatment, (2) conducting hormone-level measurement, and (3) prescribing gender-affirming hormone medications.

Through a series of ongoing consultations and case conferences, Ma Baydar Clinic in Myanmar, Cruiseaids Clinic in Nepal, and LoveYourself and Lakan Clinics in the Philippines began implementing the Integrated Trans Model to test its "trialability." Direct "observability" from all clinics was reflected in increased accessing of HIV testing and pre-exposure prophylaxis (PrEP) services among transgender women. HIV case-finding rates ranged from 2% to 15%. PrEP linkage ranged from 20% to 27%.

Conclusions

The Integrated Trans Model was successfully diffused and disseminated from Thailand to three other Asian countries using implementation strategies informed by community and CBO leaders and tailored to cultural context.

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