Complex support needs, adherence challenges and interest in long-acting HIV treatment among trans, non-binary, and gender-diverse people living with HIV: findings from the co-produced 'Ask Us Europe' survey

WEPE B122

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Plain Language Summary

- We know very little about the experiences and health outcomes of transgender, non-binary, and gender diverse people living with HIV.
- This research provides a closer look at this group within a larger European online survey.
- It explores experiences with HIV treatment, support needs, and interest in long-acting treatments (HIV treatments that do not have to be taken everyday) among transgender, non-binary and gender diverse people with HIV.
- Currently, the only long-acting treatment available in Europe is called cabotegravir and rilpivirine (CAB+RPV), which is given as two injections every 2 months. Other types of long-acting treatment are currently being developed such as a pill that is taken once a week.
- In this survey, transgender, non-binary and gender diverse people with HIV were more likely to be younger, Latinx ethnicity, from Italy and to have complex support needs compared to cisgender people. This included needing support with substance use, food or housing insecurity, domestic violence, claiming benefits, immigration or mental health in the past 12 months.
- Compared to cisgender people, more transgender people needed domestic violence and drug/alcohol services, more non-binary people needed peer support/social contact. More transgender and non-binary people needed food bank support and housing support. Transgender people's support needs were also the least likely to be met
- Transgender, non-binary and gender diverse people were more interested in trying CAB+RPV compared to cisgender people and were more likely to forget to take their HIV pills.
- This highlights the need for gender-sensitive, community-led approaches that also address broader social support needs.

Background

Experiences and clinical outcomes of transgender, non-binary, and gender-diverse (TGD) individuals are significantly under-researched. We report a descriptive sub-analysis of a large European study exploring treatment, support needs, and interest in long-acting treatment, cabotegravir + rilpivirine (CAB+RPV), and future long-acting modalities among transgender, non-binary and gender diverse people with HIV.

Methods

- Ask Us Europe is an **equity-focused, multi-country, cross-sectional online survey**, **co-produced** with 18 community members, in partnership with the European AIDS Treatment Group and the UK Community Advisory Board.
- Eligible participants: people living with HIV, aged ≥18, living in a European country where CAB+RPV treatment is currently licensed, available and reimbursed.
- Dissemination of the survey was via social media and community / clinical networks between July 22 2025- May 20 2026.
- We report a descriptive pre-specified sub-group analysis on transgender, non-binary and gender diverse people who took part in the survey.

Results

- Of 1935 participants, 162 (8.4%) were transgender, non-binary and gender diverse (43 transgender women and 9 transgender men, 77 non-binary and 33 gender diverse people)
- Compared to cisgender people, transgender, non-binary and gender diverse people were more likely to be Latinx (17% vs 8%), from Italy (28% vs 16%), recent immigrants (14% vs 10%), less likely to have higher education (40% vs 53%) and be financially stable (53% vs 74%). **(Table 1)**

Table 1. Demographic characteristics of participants by gender modality*

	Cisgender (N=1724)	Transgender (N=52)	Non-binary (N=77)	Gender diverse (N=33)
	Cis man (N=1369) Cis woman (N=355)	Transgender woman (N=43) Transgender man (N=9)	Assigned male (N=57) Assigned female (N=20)	Other gender identity (N=18) Non-conforming (N=15)
Age				
55+	679 (39%)	14 (27%)	31 (40%)	13 (39%)
Ethnicity				
White	1325 (77%)	14 (28%)	47 (63%)	21 (64%)
Black	103 (6.0%)	4 (7.8%)	15 (20%)	1 (3.0%)
Latinx	139 (8.1%)	22 (43%)	2 (2.7%)	4 (12%)
Higher education	805 (53%)	13 (33%)	25 (40%)	14 (52%)
Neurodivergence	117 (7.8%)	7 (18%)	8 (13%)	2 (8%)
Recent immigration (< 5 years)	146 (9.7%)	8 (19%)	7 (11%)	3 (11%)
Financial stability	1119 (74%)	18 (44%)	34 (53%)	19 (68%)
Shared/insecure housing	296 (17%)	20 (39%)	25 (33%)	8 (24%)
Ever on CAB+RPV	275 (16%)	7 (14%)	11 (14%)	5 (15%)
Interested in CAB+RPV* **	787 (56%)	29 (64%)	41 (65%)	17 (65%)

** Other/Missing data not indicated.*
*** Needing support with substance use, food or housing insecurity, domestic violence, claiming benefits, immigration or mental health.*
**** Different denominator (computed among those not on CAB+RPV)*

Figure 1. Complex support needs by gender modality

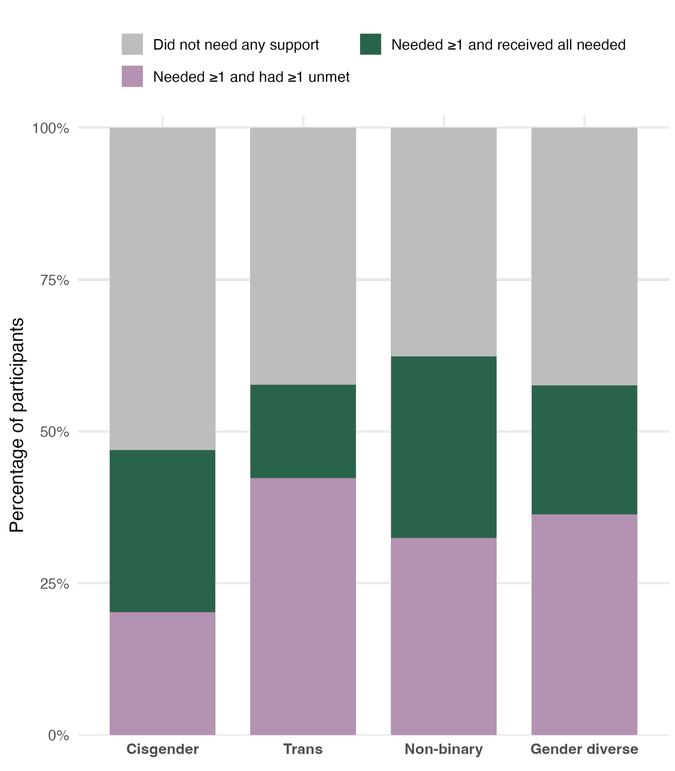
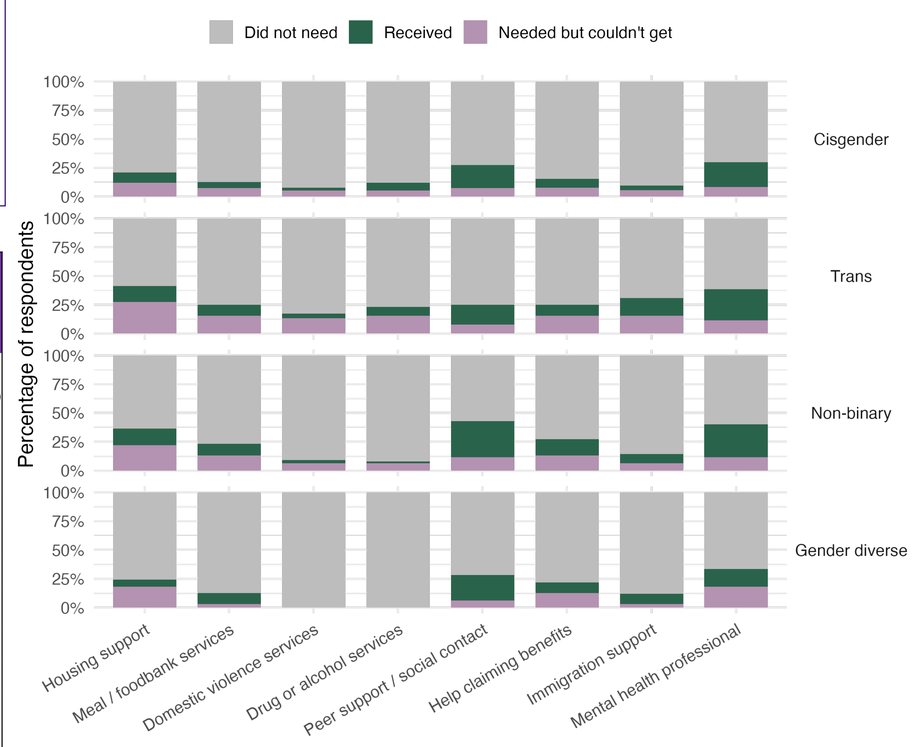


Figure 2. Complex support needs by gender modality and type of support



- Transgender non-binary and gender diverse people needed more complex support compared to cisgender people (60% vs 47%) **Figure 1.**
- More transgender people needed domestic violence (17% vs 8% cisgender) and drug/alcohol services (23% vs 12%)
- More non-binary people needed peer support / social contact than cisgender and transgender people (43% vs 27%, 25%).
- Transgender, non-binary and gender-diverse people needed more help claiming benefits than cisgender people (27%, 25%, 22% vs 15%).
- Transgender and non-binary people needed more meal/foodbank services (25%, 23% vs 13% cisgender) and housing support (41%, 36% vs 21%) **Figure 2.**
- Transgender people's complex support needs had the highest unmet-to-met needs ratio (number of people with unmet needs per respondent with met needs) of 1.1 vs 0.5 in cisgender people.

- 14% (23/162) transgender, non-binary, and gender-diverse people had ever been on CAB+RPV.
- Among those not on CAB+RPV, transgender, non-binary, and gender-diverse were more interested in it than cisgender people (65% vs 56%).
- Their interest was more driven by adherence concerns (70% vs 55%), inadvertent HIV disclosure (45% vs 30%), pill side effects (31% vs 17%) and polypharmacy (45% vs 28%).
- Transgender, non-binary, and gender-diverse participants were more likely to report missing a medication dose mistakenly (40% vs 22%) or not taking their pills for >=3 days (11% vs 5%) (**Figure 3**).

Figure 3 Percentage of TDG and cisgender participants that reported missing a dose mistakenly and not taking their pills for 3 days or more

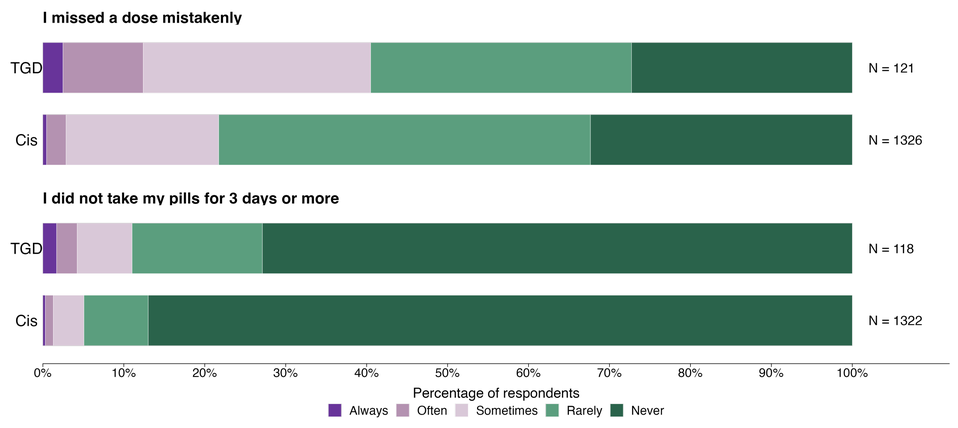
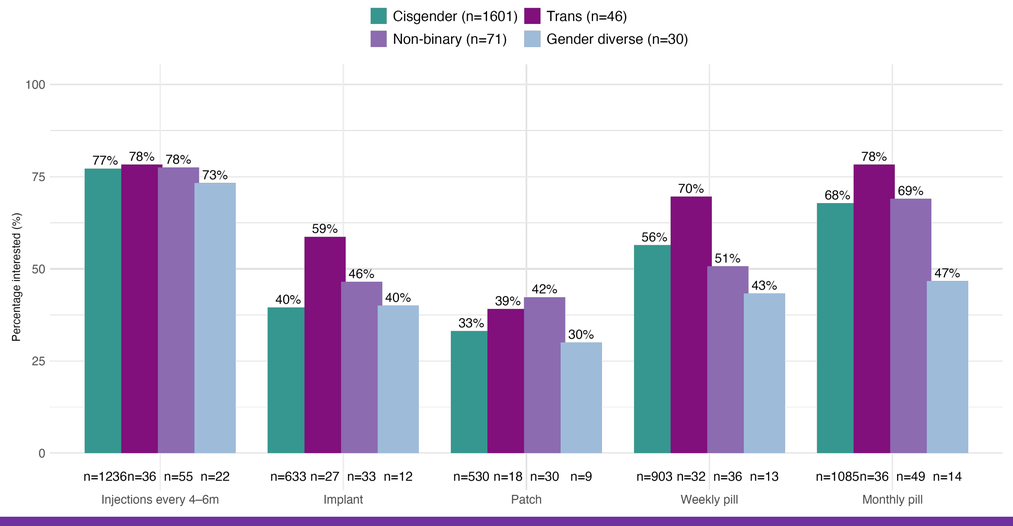


Figure 4. Percentage of TGD participants interested in future LA modalities



- Transgender, non-binary and gender diverse participants showed similar interest in future long-acting treatment modalities as cisgender people.
- They showed the highest interest in 4-6 monthly injections (77% vs 77%), monthly pills (67% vs 68%) and weekly pills (55% vs 56%). **Figure 4**.

Discussion and Conclusions

- Transgender, non-binary and gender diverse respondents reported greater social and medical complexity and more unmet support needs compared to cisgender respondents. Adherence, stigma and polypharmacy concerns drove interest in CAB+RPV and there was strong interest in future long-acting modalities.
- Findings support differentiated, gender-sensitive and community-led long-acting ART implementation that integrates HIV care with social support to improve adherence and wellbeing.

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