Response to: “Inclusion as Illusion: Erasing Transgender Women in Research with MSM”

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We appreciate the letter in response to the recent JIAS supplement on engaging African men who have sex with men (MSM) and transgender women (TGW) who have sex with men in HIV research. The authors point out that no papers in the supplement focused solely on TGW and called for the publication of studies that explore issues affecting TGW independently from other key populations. We agree wholeheartedly with this call. In our guest editorial accompanying the supplement focused solely on TGW and called for the inclusion of both TGW and MSM concurrently in research to move the field in the right direction. Such studies also provide opportunities for comparative evaluations across key populations that underscore the unique features and needs of each population. We are excited, for example, by the planned phase III trial involving both MSM and TGW populations for an efficacy assessment of monthly long-acting islatravir (formerly MK-8591) for HIV prevention (IMPPOWER 24), which will enroll in Kenya and other global sites.

But, as we emphasized in our guest editorial, much more must be done. There are several actionable lessons from the supplement, including a need for training programs to sensitize healthcare providers, capacity building programs for sociobehavioral researchers, and administrative support programs to build capacities of community-based organizations representing TGW. We concur strongly that studies focused on TGW experiences in sub-Saharan Africa are worthy of publication to inform differentiated delivery of HIV prevention and care services to this unique and vulnerable population.

The JIAS supplement demonstrated that there has been progress in the engagement of African MSM and TGW. While more work involving TGW in their own right is overdue and much needed, we think that the inclusion of both TGW and MSM concurrently in research has moved the field in the right direction. Such studies also provide opportunities for comparative evaluations across key populations that underscore the unique features and needs of each population. We are excited, for example, by the planned phase III trial involving both MSM and TGW populations for an efficacy assessment of monthly long-acting islatravir (formerly MK-8591) for HIV prevention (IMPPOWER 24), which will enroll in Kenya and other global sites.

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COMPETING INTERESTS
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AUTHORS’ CONTRIBUTIONS
TAC, PEF, LGB and EJS conceptualized the manuscript. TAC and EJS authored the first draft of the manuscript, which was reviewed by PEF and LGB. All authors have read and approved the final manuscript for publication.

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