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Regional Mapping Report on Trans Health, Rights and Development in Asia

Based on data collected for the regional conference:

***From Barriers to Bridges: Increasing access to HIV and other health services for trans people in Asia**
Bangkok, Thailand, September 2017.*

ACKNOWLEDGEMENTS

The **Asia Pacific Transgender Network** (APTN) is grateful to the member country delegates who participated in the preparatory work for this regional conference including completing a country questionnaire *such collaboration and multi-stakeholder dialogue is critical to the quality of the conference paving the way forward to progressing trans rights to health.*

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This report was produced in collaboration with the Thai Red Cross AIDS Research Centre, USAID, PEPFAR, and the LINKAGES Project managed by FHI 360.

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Background

This Mapping Report highlights recent steps taken at a regional level to improve trans people's access to comprehensive health care, including gender-affirming health services. It also outlines the purpose of the *From Bridges to Barriers* conference and how this report would be used in health and policy discussions.

TERMINOLOGY

At a regional consultation in Manila in September 2012, the Asia Pacific Transgender Network (APTN) adopted the following definition of trans / transgender:

Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined. ^[1]

This Mapping Report uses this definition, and the shorter term 'trans', as its umbrella term to convey the diversity of gender identities and expressions in Asia and the Pacific. When it is appropriate to be more specific, local cultural terms are used, including those that describe a third gender identity. In parts of the region, the term non-binary is used increasingly by those who do not identify as exclusively female or male.

The term trans masculine is used to refer to anyone whose gender identity does not exclusively align with the female sex they were assigned at birth. Similarly, the term trans feminine refers to those whose gender identity does not exclusively align with having been assigned male at birth.

These distinctions are used in the tables in Section D.

REGIONAL WORK ON TRANS HEALTH

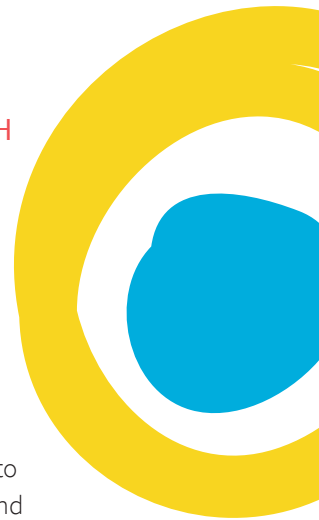
The above-referenced 2012 regional consultation was hosted by APTN, the United National Development Programme (UNDP), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the World Health Organization (WHO). Its focus was HIV, sexually transmitted infection (STI), and other trans-related health issues.

A recommendation of the consultation was to develop comprehensive standards of care and guidelines to address holistic evidence-based needs of trans people in Asia and the Pacific. In the following five years, there was significant work undertaken, some of which is outlined below.

THE ASIA PACIFIC TRANS HEALTH BLUEPRINT

In 2014/15, APTN, the USAID-funded Health Policy Project, and UNDP's Bangkok Regional Hub jointly coordinated the development and publication of the Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific, referred to as the Asia Pacific Trans Health Blueprint.^[2] It compiles evidence of the health and human rights needs of trans people in Asia and the Pacific, with clinical advice and suggested legal and policy steps to improve trans people's lives.

The Asia Pacific Trans Health Blueprint built on the model of two Blueprints developed for Latin America^[3] and the Caribbean^[4]. Like these other regional documents, the Asia Pacific Trans Health Blueprint details trans-competent care for trans people accessing either general healthcare (including HIV-related guidance) or gender-affirming procedures. More broadly, it is a resource to guide and inform the actions of communities, governments, health providers, and others to advance the health and human rights of trans people. It is not prescriptive and can be adapted and translated to local contexts.^[5]



APTN's South-to-South learning programme

APTN has used the Asia Pacific Trans Health Blueprint as a key resource for South to South learning symposia for delegations from three countries: Laos, Cambodia, and Pakistan. Delegates have included trans community activists, health providers, policy makers, and UNAIDS country office staff. Through this joint project with UNAIDS and Thai Red Cross AIDS Research Centre, participants visited Bangkok and Pattaya for five days of interactive instructional workshops, and site visits to clinics and street outreach programmes that provide human rights-based healthcare to trans people.

Subsequently, health professionals in Cambodia have used the Blueprint to develop plans to address trans health needs. Healthcare providers have conveyed how useful the Blueprint is, given the very limited training on trans-specific health needs within medical schools in this region.



▲ *Expanding the Circle: A multi-country workshop series on comprehensive trans healthcare. The Singapore participants map out their ideal and comprehensive healthcare.*

In addition, APTN hosted a three-day knowledge exchange to Bangkok for representatives from the Vietnamese Ministries of Justice and Health and iSee, a community-based organisation based in Ha Noi. The study tour involved conversations with members of the trans community, Thai government ministries, and health professionals providing gender affirming health services and other care to trans people. It was a timely exchange as Viet Nam's Ministry of Health is mandated with implementing the legalisation of access to gender affirming health services and legal gender recognition in Viet Nam.

In late 2016, APTN hosted a regional training in Fiji for 22 trans people from six Pacific countries (Papua New Guinea, Vanuatu, Samoa, Tonga, Fiji, and Kiribati), on using the Trans Health Blueprint to meet their local community needs. Two national trainings are planned in Samoa and Tonga in 2017. They focus on building the capacity of activists to engage with medical providers so they can advocate for trans-inclusive general health services, as well as access to medically supervised, gender affirming care.

Starting in 2017, APTN and its country partners rolled out a series of workshops called *Expanding the Circle: A multi-country workshop series on comprehensive trans healthcare* in five countries, Thailand, Indonesia, Singapore, Malaysia, and Timor-Leste. In these workshops, trans people and healthcare providers discussed trans health needs and developed national action plans on access to trans-inclusive health care, including for gender affirming procedures. In addition, each workshop provided trans people with an overview of potential changes to the trans-specific diagnoses in the WHO's review of the International Classification of Diseases (ICD).^[6] Beyond coordinating the workshops, APTN used this opportunity to collect information for a needs assessment about a potential regional Centre of Excellence in trans health.



▲ All delegates of the FB2B conference gather from throughout the region in Bangkok for the three-day trans health and rights conference.

In 2016, the Asia Pacific Trans Health Blueprint was translated into Chinese, Japanese, and Bahasa Indonesia; translations into Thai, Vietnamese, and Bahasa Malayu were planned or underway in 2017.* After a formal meeting with the Chinese government, UNDP translated into Chinese the Blueprint that looked at the HIV epidemic among trans people. The Blueprint is an important resource to address information gaps and provides specific guidance on how to reduce the multiple vulnerabilities of trans people in China and improve their equitable access to health and HIV services.^[6]

APTN has developed illustrated community factsheets, based on the Blueprint, that are used widely in workshops across the region.^[7] These have been translated into Nepali and plans to translate into Tongan.

TRANSGENDER IMPLEMENTATION TOOL (TRANSIT)

Trans people (specifically trans women and trans sex workers) are at elevated risk of HIV infection but face multiple barriers to accessing necessary prevention, care, and treatment services. A 2013

meta-analysis of studies conducted in 15 countries found that a trans woman in one of those countries was 49 times more likely to be living with HIV than her non-transgender (cisgender or cis) adult counterparts.^[9]

Trans men who have sex with men (trans MSM) have been identified as a group facing stigma, and potentially increased vulnerability to HIV.^[10] However, the scant research evidence about trans MSM's HIV prevalence and risk is almost entirely limited to small convenience samples in North America.^[9, 11, 12]

In 2011, WHO developed technical recommendations on what types of interventions prevent and treat HIV and other sexually transmitted infections (STIs) among transgender people.^[13] Similarly, WHO's 2014 Key Populations Consolidated Guidelines contain guidance on effective, evidence-based interventions that are needed for trans people.^[10] Both documents were supplemented in 2016, with the Transgender Implementation Tool (TransIT). It details practical advice on how to implement HIV and STI programmes for trans people, particularly for transgender women.^[14]

* With support from the UNDP Being LGBTI in Asia programme

FROM BARRIERS TO BRIDGES CONFERENCE

APTN and the Thai Red Cross AIDS Research Centre (TRCARC) co-hosted the From Barriers to Bridges: Increasing access to HIV and other health services for trans people regional conference in Bangkok in September 2017. The Conference showcased effective and innovative work led by communities and driven by healthcare providers to advance trans health, including strategies to reach the UNAIDS Fast Track targets needed to bring the AIDS epidemic under control.*

The UNAIDS 90-90-90 targets are to ensure that, by 2020, 90 per cent of all people living with HIV will know their HIV status, 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy, and 90 per cent of all people receiving antiretroviral therapy will have viral suppression.^[15]

MAPPING REPORT

This mapping report has been prepared to provide baseline understanding for conference participants about the extent to which current health models and interventions are meeting the health needs of trans people in Asia. This background material is followed by three sections summarising:

- *The international context: key international human rights standards, and the concepts of depathologisation, bodily autonomy, informed consent, and trans-competent care*
- *A regional overview: of health and other human rights issues for trans people in Asia*
- *Country details: tables comparing each delegation's responses to the questionnaire circulated prior to the conference*

The tables provide a comparative analysis of short questionnaires completed by 13 of the 15 country delegations prior to the From Barriers to Bridge conference. Those countries are Pakistan, India, Nepal, Sri Lanka, Myanmar, Thailand, Singapore, Laos, Viet Nam, Cambodia, the Philippines, Malaysia, Indonesia, and Papua New Guinea.*

The conference delegations then corrected and edited the material during country-specific workshops. The other country attending, Timor-Leste, provided details during the conference. Details from China were also collected and are included in the report, though a Chinese delegation did not attend the conference.

Collectively, trans activists, health professionals, government officials, representatives from national human rights institutions, development partners, and academics pooled their knowledge of baseline data about trans people's experiences accessing health and human rights in their country. This report is a resource for these and other stakeholders across the region committed to meeting the 90-90-90 treatment targets for trans population, to rolling out comprehensive trans health care, and to establishing enabling legal environments that uphold the human rights of trans people.

* *The conference is supported by the United States President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID), the LINKAGES Project implemented by FHI 360, and by UNDP and UNAIDS.*

** *The questionnaire can be found at <http://goo.gl/E7eDXZ>*

International Context Overview

This section summarises key human rights standards and conceptual frameworks underpinning international good practice for improving health outcomes for trans people.

INTERNATIONAL HUMAN RIGHTS STANDARDS

The provisions of international human rights law extend in full to all people, including transgender people. This is the unanimous view of international human rights experts, expressed by human rights treaty monitoring bodies in their jurisprudence, general comments and concluding observations, in the reports of UN special procedures, and resolutions of the Human Rights Council.^[16]

Trans people have the same rights as others to the highest attainable standard of health. This requires that health systems and services are available, accessible, acceptable, and of good quality.^[17]

In this region, there are significant gaps in the availability of trans-inclusive general health services and gender affirming services. Where services exist, often they are not accessible because of limited information, high costs, or the distance people must travel to obtain such health services. Too often, existing services fall short of acceptability requirements because they are not inclusive of trans people, and do not respect trans people's dignity, equality, privacy, or bodily autonomy.^[2, 18] Quality services require health professionals who are trained to meet trans health needs, using evidence-based practices, and with access to scientifically approved and unexpired drugs.^[17]

In June 2017, 12 United Nations entities released an unprecedented Joint United Nations Statement on Ending Discrimination in Health Care Settings.^[19] It explicitly addresses discrimination against trans people because of their gender identity or expression, including through criminalisation of gender expression. The signatory United Nations entities committed to work together to support Member States to provide health-care services free from stigma and discrimination:

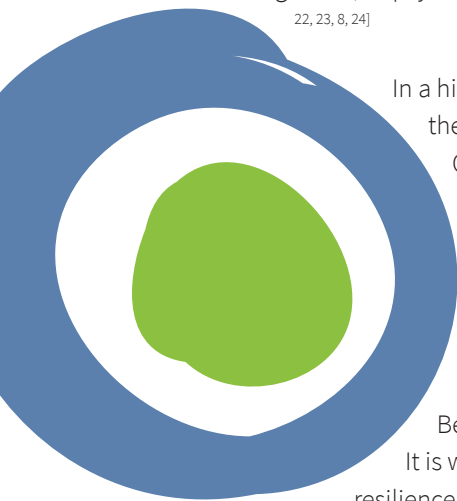
“Laws and policies must respect the principles of autonomy in health care decision-making; guarantee free and informed consent, privacy and confidentiality; prohibit mandatory HIV testing; prohibit screening procedures that are not of benefit to the individual or the public; and ban involuntary treatment and mandatory third-party authorization and notification requirements.

“Pathologizing trans and gender diverse people – branding them as ill based on their gender identity and expression – has historically been, and continues to be, one of the root causes behind the human rights violations against them.” Statement by UN and regional human rights mechanisms, May 2017^[20]*

* UN Committee on the Rights of the Child, UN Committee Against Torture, Special Rapporteur on extreme poverty and human rights, Special Rapporteur on the right to education, Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Special Rapporteur on the right to health, Special Rapporteur on violence against women, its causes and consequences, and the Working Group on the issue of discrimination against women in law and in practice, Inter-American Commission on Human Rights (IACHR), African Commission on Human and Peoples' Rights (ACHPR), Chairperson of the Committee for the Prevention of Torture in Africa, and Council of Europe's Commissioner for Human Rights.

PATHOLOGISATION AND BODILY AUTONOMY

An extensive and growing list of international human rights experts, trans civil society groups, and health professional organisations are advocating for depathologisation, that is, that gender diversity should not be considered a sign of illness (depathologisation). Specifically, this encompasses the demand that trans health needs should no longer be defined by a mental health diagnosis (de-psycho-pathologisation). [18, 20, 21, 22, 23, 8, 24]



In a historic ruling June 2018, the World Health Organisation (WHO) released the official version of the ICD-11 in which all trans-related categories were removed from the chapter of Mental and Behavioral Disorders.

It is with much dedication and resilience that trans communities globally have worked to remove trans-related topics from the chapter on mental and behavioral disorders. The continued use of sensitisation, education and consulting with trans communities is essential to continue to reduce stigma and still ensure accessibility to necessary gender affirming care and upholding the dignity, protection, and autonomy of trans individuals. Furthermore, the implementation and acceptance of the ICD-11 by countries will require continued advocacy and education, this marks a historic shift in the treatment and social acceptance of diverse gender identities. [2, 4, 25, 26, 27, 28]

Trans and other international human rights experts continue to advocate for the specific removal of diagnostic classifications that pathologise gender diversity in children and young people. [20, 24, 27]



▲ Vietnamese delegate speaks about his involvement with legal gender recognition and the government.

APTN has developed a regional resource: Understanding the ICD: Its History, Organization, and Engaging Asia and the Pacific in the Revision Process. [8] APTN has played a specific role in critiquing the ICD's proposed gender incongruence of childhood diagnostic category, both in coordinating a regional statement [31] and co-authoring a response to Lancet, along with Global Action for Trans* Equality (GATE) and other regional trans organisations. [32]



▲ Participants at the FB2B conference.

Pathologisation not only creates stigma and discrimination, including in healthcare settings [8, 33, 34], but has also been used as a rationale for requiring trans people to undergo gender affirming surgeries or sterilisation as a prerequisite for legal gender recognition. Such provisions have been challenged and overturned by the European Court of Human Rights [35] and several Constitutional Courts [36, 37] and are increasingly condemned by human rights bodies. [38]

INFORMED CONSENT

Informed consent is an integral part of respecting, protecting, and fulfilling the enjoyment of the right to health. It protects a person’s right to participate in personal medical decisions, with sufficient information to make voluntary decisions about potential medical interventions. Guaranteeing informed consent is a fundamental component of respecting a person’s autonomy, self-determination, human dignity, bodily integrity and well-being,

freedom from discrimination and from non-consensual medical experimentation, recognition before the law, and freedom of thought and expression.

[39, 40]

The Yogyakarta Principles emphasise that international human rights standards require ensuring that all person are informed and

empowered to make their own decisions regarding medical treatment and care, based on genuinely informed consent, without discrimination based on their gender identity. Full, free, and informed consent is equally necessary to protect trans people from medical abuses. [41]

In the context of rights-based advocacy for trans health, informed consent has been defined as “a model of providing transition-related care that supplies each individual with the information necessary to choose how to navigate transition, rather than requiring adherence to a single standard approach”. [42]

An informed consent approach and protocols are consistent with the advice of the World Professional Association for Transgender Health (WPATH) in its Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People. [43] Currently in its seventh version, SOC7 are flexible clinical guidelines that can be tailored to an individual trans person’s needs and the setting in which those services are being provided. Informed consent is one of the guiding principles for a current project in New Zealand, where public hospitals in one region are developing Pathways to Care for transgender people. [44]

Some community health centres in the United States have developed protocols for providing hormone therapy based on the Informed Consent Model. This is part of a broader commitment to gender-affirmative health care that is sensitive, responsive, and affirming to trans people's gender identities and/or expressions, and perceives gender diversity as a strength rather than as a disorder. ^[45]

TRANS-COMPETENT CARE

Trans-competent care requires both trans cultural competency and technical, clinical competency. ^[14]

^{42]} Both these sets of skills and knowledge are important in all models of trans-inclusive care. The Asia Pacific Trans Health Blueprint and TransIT each include resources, such as sample forms, checklists, and policy considerations, that health care providers can use to strengthen the trans competency of their care.

Trans cultural competency refers to the ability to understand, communicate with, and effectively interact with trans people, ^[2] in a respectful, non-judgemental, compassionate manner, in settings free of stigma and discrimination. ^[14]

This includes, but is much broader than, basic etiquette such as respecting each trans person's self-defined gender identity and pronouns, and recognising the diversity of identities and health needs within any specific trans community. ^[14]

Trans cultural competency requires health care providers to address the discrimination and barriers that trans people frequently experience when attempting to access health care services. ^[42]

Such work can also be supported by government actions. For example, in August 2017, Mexico's Ministry of Health announced a new code of conduct that aims to end stigma and discrimination based on gender identity and

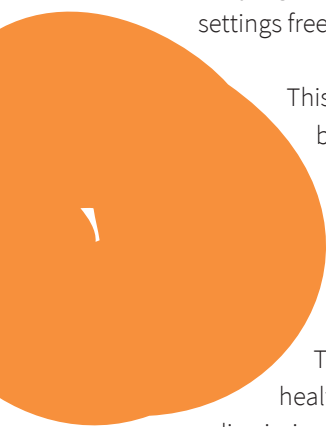
sexual orientation. Public health providers and personnel will be trained to avoid discriminatory language, to respect confidentiality, and to avoid any so-called treatments, such as conversion therapies, designed to "cure" trans people's gender identities. ^[47]

Trans clinical competency is closely related to cultural competency. It encompasses both training in the specific medical needs of trans people and helping providers understand that many aspects of medical care for trans people (including hormone treatment and basic primary and preventative care) are similar to the services they offer to cisgender patients. ^[42]

As the Asia Pacific Trans Health Blueprint notes, even in places with limited resources and training opportunities, health professionals in this region can apply the many core principles that underpin the WPATH SOC7. ^[2, p. 70] These incorporate elements of both trans cultural and trans clinical competency.

HEALTH DISPARITIES AND SOCIAL DETERMINANTS OF HEALTH

Health disparities are avoidable differences in health status that are linked to persistent socioeconomic disadvantages such as poverty, transphobia, racism, and other forms of discrimination and inequality. The social and economic circumstances in which people are born, live, work, and age strongly affect who stays healthy and who gets sick or injured. These are referred to as social determinants of health. ^[42] For example, TransIT includes a graphic illustration of how lack of legal gender recognition, inadequate health care, violence and criminalisation lead to high rates of HIV infection and low retention in care. ^[14, p. 38] For trans people, access to gender affirmation (through social, psychological, medical or legal steps) is a social determinant of health. ^[45]



Regional Overview

The following overview is based on extensive sources cited in the Asia Pacific Trans Health Blueprint, particularly in Chapter 3. Some recent reports and articles are cited as further evidence.

DATA

First let it be said that there is a lack of data in this region about health outcomes for trans people. That which exists is limited primarily information and data about trans women in relation to HIV and sexually transmitted infections (STIs).

There are growing attempts to collect data on transgender populations. These demonstrate the importance of proactive, meaningful consultation with local trans populations about questions asked and how data are collected so that people feel safe to have their trans status recorded. ^[48, 49] This requires recognising the co-existence of long established cultural identities alongside evolving identities, across all parts of the region. In South-east and East Asia, emerging identities include trans people who identify as non-binary or gender-queer. In South Asia, trans women and trans men are increasingly visible alongside traditional third gender identities.

VIOLENCE

Trans people in Asia face high rates of stigma, discrimination, and gender-based violence both within private spaces, including from family members and intimate partners, and in areas of public life. The Commission on Human Rights of the Philippines has acknowledged the need to address the level of murders and hate crimes against transgender people, especially transgender women, in a signed Memorandum of Understanding with the community. The global Trans Murder



▲ Participants at the FB2B conference.

Monitoring project has noted particularly high rates of violence in cases reported from Asia. In some countries, action on gender-based violence is extending to encompass transgender people, including in the proposed Kyber Pakhtunkhwa Domestic Violence (Prevention and Response) Bill 2017 in Pakistan. ^[50]

GENERAL HEALTH SERVICES

Many trans people face discrimination in general healthcare settings, and often do not have the protection of laws that explicitly encompass gender identity and expression. This is compounded when a trans person's gender identity or expression does not match their gender marker or their bodily diversity.

HIV

As the tables in Section D illustrate, too many countries still obscure data about trans women by including it under the erroneous category men who have sex with men. The consequences of that invisibility have been the failure to address the disproportionate impact of HIV on the health and wellbeing of trans women, including those who identify with a culturally specific third gender identity. Trans women in Asia are up to 200 times more likely to be living with HIV than the general adult population,^[9] typically with higher prevalence rates than MSM^[2, p. 37].

There is no data in Asia on HIV amongst trans men who have sex with other men. However, the first research into access to HIV services for trans MSM globally found that most reported inadequate access to basic prevention services and were less likely than cisgender MSM to have access to HIV testing and lubricants.^[51] It is important that data is collected on trans masculine people too, including to identify the extent of overlap with other groups at higher risk of HIV, such as drug users and sex workers.

MENTAL HEALTH AND WELLBEING

The Minority Stress Model describes how stigma affects minority groups.^[52] For trans people, being in a hostile, transphobic environment in which their behaviour, values, appearance, and actions are different from the dominant majority is likely to cause stress. Such minority stress has significantly negative health impacts on marginalised communities, including trans and non-binary people.^[53] Yet trans people typically lack access to mental health and counselling support. Reparative or 'conversion' therapies that attempt to change a trans person's gender identity or expression are still practised in the region, despite no longer being considered ethical by the World Professional Association for Transgender Health.^[43] Regional data on mental health experiences of trans people

focus predominantly on youth. These show higher rates of depression, anxiety disorders, alcohol and other drug use, and suicide or suicide ideation than the general youth population. A recent 2017 Australian nationwide study of 859 trans and gender diverse young people found that they also experienced mental ill-health at rates higher than older trans people.^[54]

GENDER-AFFIRMING HEALTH SERVICES

In this region, apart from Hong Kong SAR, China and some targeted assistance in parts of India, the costs of most gender-affirming health services are not covered by public health systems or social insurance. Most trans people purchase hormones outside the formal medical sector, with no monitoring before or after starting hormone therapy. In some countries, the only hormones available for trans people are oral contraceptive pills, which are not the recommended form of estrogen for trans women.^[2, p. 137] In these countries, trans masculine people typically have no access to testosterone.

There is a wide range of gender-affirming surgeries that are medically necessary for many trans people, including breast augmentation, chest reconstruction, and genital reconstruction. In a few countries, including Myanmar, such surgeries are illegal. In China, regulations exclude many trans people from such procedures, including if they are married, under the age of 20, or have any criminal record. In countries where surgeries are available, the lack of insurance coverage means such procedures are not an option for most trans people. In addition, the absence of regulations, protocols, or health professionals with the required trans cultural or clinical competence, mean some trans people may consider their only options are unregulated, non-qualified practitioners. This includes resorting to silicon and other soft tissue fillers, despite the negative and sometimes fatal consequences of this form of body modification.



A Delegates join a panel on increasing access to healthcare.

OTHER HUMAN RIGHTS ISSUES

Other key human rights issues for trans people in the region have direct and indirect impacts on their health and wellbeing. Direct impacts include being denied access to health services or the health impacts of gender-based violence. Social and economic exclusion indirectly impacts on trans people's health outcomes. Trans people's exclusion from education and work, or segregation into a few poorly paid industries or occupations, have health consequences. As does criminalisation of gender expression and the punitive use of public indecency, immorality, vagrancy and loitering provisions against transgender people.

Most transgender people in Asia struggle to obtain any official identification documents that reflect their gender identity. For many, it is not possible to amend the gender marker on identification documents. Where it may be a legal possibility, either the eligibility criteria and/or the steps that need to be taken to make an application exclude most transgender people. Typically, such requirements undermine the rights to privacy, recognition before the law, autonomy and self-determination. Yet, legal gender recognition can be a pivotal factor affecting whether transgender people have equal access to education, and employment, and can lead a life with dignity, free from stigma and discrimination. Without legal gender recognition, it is also harder for transgender people to access general and transition-related health services.

Analysis of country delegation questionnaires

INTRODUCTION

This section presents country snapshots with specific examples from the information that country delegations provided on questionnaires circulated prior to the From Barriers to Bridges regional conference, and then includes tables to summarise this material. Country snapshots are presented in alphabetical order; countries are grouped into sub-regions (South Asia, Southeast Asia, and Islands of Southeast Asia and the Pacific) in the summary tables. It is an indicative snapshot of material collated by the trans people, government officials, health professionals, representatives from national human rights institutions, academics, and development partners attending this conference. In some instances, country delegations met to complete the questionnaire together.

In the country snapshots that follow, if the data indicate that a service exists anywhere in the identified country, it will be included in the affirmative. If there is no evidence of service, then the item listed will be muted to grey with a strikethrough.

The country delegations used their completed questionnaires to inform their discussions at the Bangkok conference. These comparative tables give a sense of the range of experiences across the countries attending. The symbols ♀, ♂ and ③ are used where there was information provided about specific trans populations.

The symbol ♀ describes trans feminine people. For the purpose of this document, this includes anyone who identifies as trans, non-binary or as a third gender identity who was assigned male at birth. Similarly, the symbol ♂ describes trans masculine people, assigned female at birth. Where countries mentioned the particular experiences of third gender identities, such as hijra and khwaja sira, this is denoted by the symbol ③. There were no details provided about health experiences and outcomes for non-binary people in this region.

In some cases, gaps in the questionnaire responses were supplemented using other sources, such as the AIDS Data Hub fact sheets. At the end of the table section, some country-specific details have been added to augment the material in the tables.

This is a working document. The conference and subsequent information gathering sessions will serve to address initial gaps, errors, or details needing further clarification. APTN welcomes the opportunity to work with trans communities and all other stakeholders attending the conference to further clarify trans people's access to trans-competent health services in the countries reviewed.

The tables list countries in broad sub-regional groupings, moving from South Asia, across to East Asia, then down through South-East Asia to the sole delegation from the Pacific.

Country-by-country status on Trans Health, Rights and Development

We've reviewed 22 indicators ranging from health care access to human rights. This is the first-ever snapshot of trans health, rights and development the region.

Yellow icon means that the country has the indicator. A **grey icon** means that they do not.



Some services are universal, but some are provided only to trans men or trans women. Yellow indicates who receives the service.



Population 15.7 million (2016)

Major cities Phnom Penh

Demographics 97.6% Khmer, 1.2% Chams

Local language Khmer

Words for trans people *None provided*

■ With support of the Cambodian Centre for Human Rights (CCHR), TPO Cambodia (a leading mental health non-governmental organization (NGO)) has been contracted to offer psycho-social counselling to transgender people. This service is operated in small scale and service uptake is very limited. There is also a healthcare provider in Siem Reap province offering mental health and wellness counselling for trans people and community-based organizations (CBOs). This includes counselling and information on using hormone therapy and accessing legally operated services.

■ Gender affirming healthcare services are not available and there are no documents stating whether such services are legal or illegal. They are unregulated.

■ There are national plans to strengthen outreach programming for trans people to promote positive behaviour using social and behavioural change, partner notification, tracing and testing, sexual and gender-based violence response including from the health sector (including PEP provision for gender-based violence survivors).

■ Gender affirming healthcare is not discussed in Cambodian law; it is neither legal nor illegal.



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



No quality concerns for surgeries



Surgeries covered by insurance



Counselling available



Youth mental health available



Access to PrEP for trans people



Inclusion in National HIV Strategy



Trans-specific HIV programmes



Trans-specific HIV data



Trans-competency trainings for healthcare practitioners



Trans health research



Population	1.4 billion (2016)
Major cities	Shanghai, Beijing, Tianjin, Guangzhou, Shenzhen, Dongguan, Chengdu, Nanjing, Wuhan, Shenyang, Hangzhou, Chongqing
Demographics	-
Local language	Mandarin (spoken by 70% of the population), and Yue (including Cantonese and Taishanese), Wu (including Shanghainese and Suzhounese), Min (including Fuzhounese, Hokkien and Teochew), Xiang, Gan, and Hakka
Words for trans people	<i>kua xing bie</i> (跨性别, <i>transgender</i>), <i>xiong di</i> (兄弟, <i>trans men</i> , means “brothers”), <i>jie mei</i> (姐妹, <i>trans women</i> , means “sisters”)

■ Hormone prescriptions and formal monitoring are very difficult to obtain and typically require someone to meet the restrictive eligibility criteria for surgeries, including age restrictions. There is also widespread sale of counterfeit hormones in the underground market.

■ The minimum age for gender affirming health services, including hormones, is 20. There are extensive additional eligibility criteria for surgeries including being unmarried, having no criminal record, having proof of family notification, and having more than 1 year of psychiatric treatment. There is a wait period of at least 5 years between requesting and receiving surgery.

■ A few community groups in Shenyang and Shanghai have small programmes for trans sex workers, supported primarily with international funding.



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



No quality concerns for surgeries



Surgeries covered by insurance



Counselling available



Youth mental health available



Access to PrEP for trans people



Inclusion in National HIV Strategy



Trans-specific HIV programmes



Trans-specific HIV data



Trans-competency trainings for healthcare practitioners



Trans health research



Population	1.3 billion; between 70,000 (NACO, 2014) & 19 million trans people (UNDP, 2012)
Major cities	New Delhi, Mumbai, Calcutta, Bangalore, Maharashtra, Hyderabad, Chennai, Ahmadabad
Demographics	83% Hindu, more than 2500 ethnic groups
Local language	Hindi, English, Bengali, Telugu, Marathi, Tamil, Urdu, Gujarati, Kannada, Malayalam, Odia, Punjabi
Words for trans people	<i>Hijra, kinnar, jogti, maitya, mogha, aravani, mangalmukhi, jogappa, shivashakti</i>

■ Lack of national guidelines is considered one barrier reducing health professionals' willingness to provide hormone therapy to trans people. In 2015, a task force was established by the Indian Council of Medical Research to prepare guidelines on providing health services for trans people and for intersex people. Those guidelines are yet to be released. In their absence, some health care providers follow the WPATH Standards of Care, and typically require a diagnosis using the Diagnostic and Statistical Manual of Mental Disorders (DSM) and/or the International Classification of Diseases (ICD).

■ A diagnosis under the DSM or ICD is required before prescribing hormones.

■ The minimum age for gender affirming health services, including hormones, is 18.

■ PrEP studies underway.



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INDIA



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



No quality concerns for surgeries



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Counselling available



Youth mental health available



Access to PrEP for trans people



Inclusion in National HIV Strategy



Trans-specific HIV programmes



Trans-specific HIV data



Trans-competency trainings for healthcare practitioners



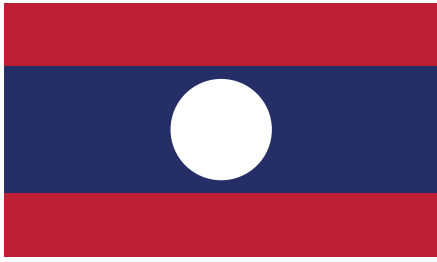
Trans health research



Population	261 million (2016)
Major cities	Jakarta, Bandung, Yogyakarta, Surabaya, Medan
Demographics	40% Javanese, 87% Moslem, 30% graduated elementary school
Local language	Bahasa Indonesia
Words for trans people	<i>banci, bencong, waria, wandu, calalai, calabai, wadam, priawan, bissu, transpuan (transgender women)</i>

- Estrogen is affordable but anti-androgens are not.
- For trans women, diagnosis not always required for hormone treatment.
- There are gaps in terms of age breakdowns of HIV/AIDS prevalence data.

- General healthcare
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- Counselling available
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- Inclusion in National HIV Strategy
- Trans-specific HIV programmes
- Trans-specific HIV data
- Trans-competency trainings for healthcare practitioners
- Trans health research



Population	6.8 million (2016)
Major cities	Vientiane
Demographics	53% Lao, 11% Khmu, 9.2% Hmong; 64.7% Buddhist, 31.4% Laotian folk religion, 1.7% Christian
Local language	Lao, Hmong, Khmu
Words for trans people	<i>None provided</i>

■ Gender affirming healthcare is not discussed in law in Lao PDR; it is neither legal nor illegal.



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



No quality concerns for surgeries



Surgeries covered by insurance



Counselling available



Youth mental health available



Access to PrEP for trans people



HIV ✓ Inclusion in National HIV Strategy



Trans-specific HIV programmes



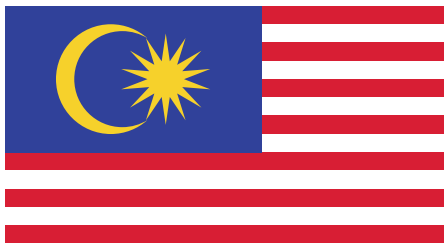
Trans-specific HIV data



Trans-competency trainings for healthcare practitioners



Trans health research



Population	31.7 million (2017)
Major cities	Kuala Lumpur
Demographics	50.1% Malay, 22.6% Chinese, 6.7% Indian, 11.8% Indigenous; 61.3% Muslim, 19.8% Buddhist, 9.2% Christian, 6.3% Hindu
Local language	Malay, English
Words for trans people	<i>transwanita/mak nyah (trans women), thirunangai - trans women (Indian), thiruthambi - trans man (Indian)</i>

■ Cheap hormones are available in the underground economy. Few people can afford the more expensive, legal hormones, including testosterone for trans men.

■ In 1989, gender affirming surgery was declared *as haram* (forbidden) by the National Fatwa Committee. Despite this declaration having no binding power in law, the university hospital ceased providing such surgeries for trans women. This remains the position today and there is no system in place for gender affirming healthcare. Additional source: APTN and SEED's Malaysia country report for the regional legal gender recognition report.

■ Some endocrinologists request a diagnosis from a mental health professional to prescribe hormones. Surgeons do not ask trans men for a diagnosis for chest reconstruction or hysterectomies.

General healthcare

Gender affirming healthcare is legal

Gender affirming healthcare is regulated

No mental disorder diagnosis required for gender affirming healthcare

Sexual and reproductive healthcare available

HIV services in CBOs

Hormones available

Hormones covered by insurance

Hormones prescribed

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No quality concerns for surgeries

Surgeries covered by insurance

Counselling available

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Access to PrEP for trans people

HIV ✓ Inclusion in National HIV Strategy

Trans-specific HIV programmes

Trans-specific HIV data

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Trans health research



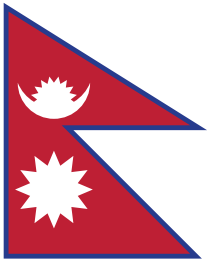
Population	53.9 million (UNFPA, 2014)
Major cities	Nay Pyi Taw (capital), Yangon, Mandalay
Demographics	68% Bamar, 9% Shan, 7% Kayin, 4% Rakhine, 3% Chinese, 2% Indian, 2% Mon
Local language	Burmese, Kachin, Kayah, Kayin, Chin, Mon, Rakhine, Shan
Words for trans people	<i>Sant Kyin Phet Lain Ket Tho Pyu Hmu Nay Htaing Thu</i> (ဆန်ကျင်ဖက်လိင်ကွဲသို့ပြုမူနေထိုင်သူ); <i>Main Ma Sha</i> (Transwoman - derogatory usage but widely acceptable by the trans women community) မိန်းမလျာ; <i>Tomboy</i> (preferable usage by trans men community) တွမ်

- Hormones are affordable because non-registered medicines are relatively cheap. They are not prescribed and there is no medical oversight. Instead, they are purchased online or through informal networks.
- “It is arbitrarily against the Penal Code (10, 312 b, c, d) to undergo gender affirming surgeries,” because it is considered to involve unnecessary removing or altering body parts.
- Currently transgender women are included in the national AIDS Strategic Plan under the umbrella of Men who have Sex with Men, as one of the priority populations.
- The interventions focus only on HIV-related health services, not gender affirming health services.
- Formative research is planned for 2018 that will begin to disaggregate client data between MSM and transgender people. As the new IBBS is developed, all efforts will be made to ensure that MSM and transgender women are separated into two distinct categories.



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- Trans-specific HIV programmes
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- Trans health research

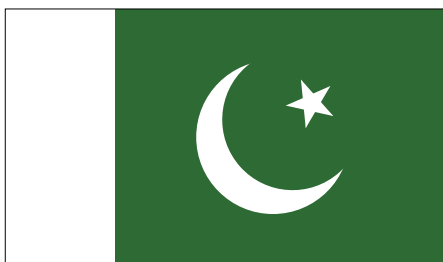


Population	28.51 million (2017)
Major cities	Kathmandu
Demographics	over 150 ethnic groups; 81.3% Hindu, 9% Buddhist, 4.4% Muslim, 3% Kirant
Local language	Nepali
Words for trans people	<i>meti, kothi, singaru, maruni, fulumulu, natuwa, maugiya, dhuranji, nechani</i>

- For trans women, the only hormones available are birth control pills from the pharmacy, which are affordable. Testosterone for trans men is not available in Nepal, so it is expensive and unaffordable. A few doctors provide bloodwork, but only in Kathmandu.
- Some private clinics offer so-called “cosmetic surgeries”, not genital reconstruction.
- As there are no explicit gender affirming healthy services, there are no eligibility requirements or regulations, such as the need for a diagnosis. Some surgeries are available through private plastic surgery clinics.
- No information was provided about young people’s access to GAH services. From the age of 16, a young person in Nepal can consent to HIV counselling and apply for a citizenship card.
- National Guideline has prioritised PrEP intervention among trans people.
- The NHRI’s UPR reports, action plans, and investigates and monitors human rights violations.

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NEPAL



Population	202 million (2014)
Major cities	Islamabad (capital), Karachi, Peshwar, Srinagar
Demographics	96.4% Muslim, 3.6% other religions
Local language	Punjabi, Sindhi, Pashtu, Balochi
Words for trans people	<i>Khawaja Sara, Morat, Zanan, Khusra, Hijra</i>

■ There are no formal GAH services or specialists in Pakistan. Gender affirming surgeries are illegal and unregulated. This creates risks for those individuals who go through the courts to seek permission to have gender affirming procedures, or who look for unregulated providers for such interventions. A few individuals have gone through lengthy court procedures to obtain permission for ‘treatment’, based on a diagnosis of Gender Identity Disorder.

■ No data to distinguish between trans women, khwaja sira / hijra and trans men.

■ A funding request has been submitted by the country under the Gloval Fund, aiming to have community-led programming which will ultimately reach out to more of the transgender community for improving testing and treatment.

■ In May 2018, Pakistan’s paliament passed a landmark bill that gives trans citizens fundamental rights. A wide range of stakeholders— from trans communities, academics, and medical and health professionals— participated in its draft.

General healthcare

Gender affirming healthcare is legal

Gender affirming healthcare is regulated

No mental disorder diagnosis required for gender affirming healthcare

Sexual and reproductive healthcare available

HIV services in CBOs

Hormones available

Hormones covered by insurance

Hormones prescribed

Hormones monitored by doctor

Hormones available via CBOs

Surgeries available

No quality concerns for surgeries

Surgeries covered by insurance

Counselling available

Youth mental health available

Access to PrEP for trans people

HIV ✓ Inclusion in National HIV Strategy

Trans-specific HIV programmes

Trans-specific HIV data

Trans-competency trainings for healthcare practitioners

Trans health research



Population 8 million (2015)

Major cities Port Moresby

Demographics Majority Christian

Local language English, Tok Pisin, Hiri Motu; more than 800 local languages

Words for trans people *palopa*

- Gender affirming healthcare is not discussed in law in Papua New Guinea; it is neither legal nor illegal.
- For trans women, diagnosis not always required for hormone treatment.
- Hormones are illegal. Some are brought in from overseas and can be purchased in the informal economy.
- Papua New Guinea has received Australian DFAT funding.



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



No quality concerns for surgeries



Surgeries covered by insurance



Counselling available



Youth mental health available



Access to PrEP for trans people



Inclusion in National HIV Strategy



Trans-specific HIV programmes



Trans-specific HIV data



Trans-competency trainings for healthcare practitioners



Trans health research



PAPUA NEW GUINEA



- Population** 103 million (2016)
- Major cities** Manila, Quezon
- Demographics** Majority Roman Catholic (92%), Islam (5.57%)
- Local language** English, Tagalog
- Words for trans people** *transpinoy/transpinay, FTM/MTF*

■ The ISEAN-HIVOS Program is implementing a trans health module for health care workers. The government does not provide gender affirming health (GAH) services. Legal provisions supporting reproductive health services require parental consent for HIV services. This becomes a barrier for youth.

■ Government clinics have estrogen available. Hormones are freely available without prescription for trans women. Trans men require a prescription for testosterone. An NGO, Love Yourself, runs the Victoria Clinic, which was established to meet the gap and provide trans-specific services including hormone support.

■ A PrEP demonstration study is underway to evaluate the feasibility and acceptability of a community-based delivery of HIV PrEP services for both MSM and trans women.

■ ISEAN-HIVOS is developing a trans health module to roll out to different health care workers about being trans inclusive and also catering to trans community needs.

■ In its capacity as the Gender Ombud, the NHRI has jurisdiction over cases of violation of the rights of transgender people. It provides legislative recommendations to advance these rights and, in partnership with other stakeholders, conducts activities concerning the reproductive health of trans and LGBTI people.



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available 



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



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Counselling available



Youth mental health available



Access to PrEP for trans people



HIV ✓ Inclusion in National HIV Strategy 



Trans-specific HIV programmes 




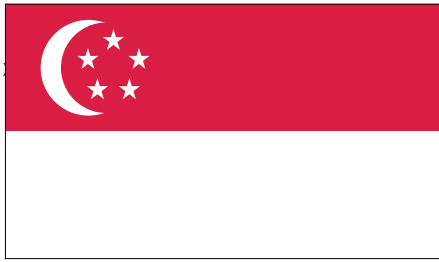
Trans-specific HIV data 



Trans-competency trainings for healthcare practitioners



Trans health research 



Population 5.6 million (2017)

Major cities Singapore

Demographics Buddhism (31%), Christianity (21.1%), no religion (18.5%)

Local language English, Malay, Mandarin

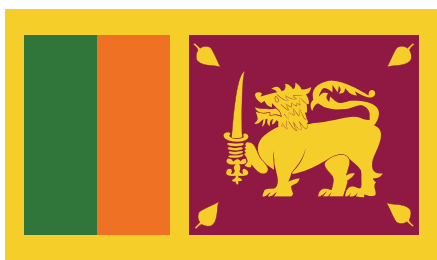
None provided

Words for trans people

- There is no public policy or protocol surrounding trans individuals. There is stigma within the highly hierarchal medical community to treat trans patients. Hence to get trans healthcare needs recognised, it often has to ride on larger health issues.
- Most trans-related procedures are not claimable by insurance or national healthcare.
- There is very little flexibility for health practitioners for services costing. Private doctors are much more expensive, but may allow you to start hormone therapy (HRT) on the very first visit. General hospitals require a longer process that may take months, but is much more affordable both for consultation and medication.
- The Institute of Mental Health (IMH) has a pilot gender clinic for transgender individuals to access psychiatric assessment and assistance.

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-  Trans health research

SINGAPORE



Population 21 million (2017)

Major cities Colombo

Demographics Buddhism (70.2%), Hinduism (12.6%), Islam (9.7%), Christianity (7.4%)

Local language Sinhala, Tamil, English

Words for trans people *None provided*

-  General healthcare 
-  Gender affirming healthcare is legal
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Population	68.8 million (2017)
Major cities	Bangkok
Demographics	Buddhism (93.2%), Islam (5.5%)
Local language	Thai
Words for trans people	<i>None provided</i>

■ There are many hormones available to buy. Cheaper ones are affordable, but some are not recommended.

■ The Blueprint notes hormonal therapy is mentioned briefly in a 2009 Medical Council Regulation. The Thailand legal gender recognition report notes there is no formal legal recognition or certification of gender affirming surgeries in Thailand. There are some guidelines developed for surgeries available in Thailand for trans people from overseas.

■ The reference to hormonal therapy in the 2009 Medical Council Regulation does not require a diagnosis to prescribe hormones. Surgeons in Bangkok require 1 or 2 letters from different mental health professionals for overseas trans people seeking gender affirming surgeries.

■ The Gen-V clinic works with adolescents aged from 10-24.

■ NHRI focuses on anti-discrimination complaints and involvement in a legal gender recognition project.



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



No quality concerns for surgeries



Surgeries covered by insurance



Counselling available



Youth mental health available



Access to PrEP for trans people



Inclusion in National HIV Strategy



Trans-specific HIV programmes



Trans-specific HIV data
























Trans-competency trainings for healthcare practitioners



Trans health research



Population	1.26 million (2017)
Major cities	Dili
Demographics	Roman Catholic (96.6%)
Local language	Bahasa Indonesian, Tetum
Words for trans people	<i>None provided</i>

-  General healthcare
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-  Trans health research

TIMOR-LESTE



Population 92.7 million (2017)

Major cities Hanoi, Ho Chi Minh

Demographics Buddhism, Confucianism Taoism, Christian, Folk Religions

Local language Vietnamese

Words for trans people *None provided*

■ In 2015, the National Assembly of Viet Nam passed the new Civil Code which allows trans people to change the gender marker on their ID cards but only following 'gender reassignment surgery'. The Ministry of Health is preparing a law to guide this.

■ Hormones are available through private pharmacies, online, or by purchasing from overseas. The types cited were contraceptive pills for trans women and injections (presumably testosterone for trans men and possibly estrogen for trans women). There is very limited access to doctors for prescriptions, bloodwork or monitoring of hormone use.

■ There is a small-scale PrEP pilot project underway.

■ Trans-specific HIV project planned for 2018 in 3 cities/provinces to address stigma, discrimination and violence, PrEP, and harm reduction. It is planned to reach 7,375 trans people between 2018 and 2020.

■ Several CBOs in Ha Noi and Ho Chi Minh City provide counselling on hormone use.



General healthcare



Gender affirming healthcare is legal



Gender affirming healthcare is regulated



No mental disorder diagnosis required for gender affirming healthcare



Sexual and reproductive healthcare available



HIV services in CBOs



Hormones available



Hormones covered by insurance



Hormones prescribed



Hormones monitored by doctor



Hormones available via CBOs



Surgeries available



No quality concerns for surgeries



Surgeries covered by insurance



Counselling available



Youth mental health available



Access to PrEP for trans people



Inclusion in National HIV Strategy



Trans-specific HIV programmes



Trans-specific HIV data



Trans-competency trainings for healthcare practitioners



Trans health research



Table A: Trans-competent general healthcare, including mental health and HIV services

COUNTRY	GENERAL HEALTHCARE	SEXUAL AND REPRODUCTIVE HEALTHCARE	HIV SERVICES IN CBOS	COUNSELLING	YOUTH MENTAL HEALTH	COMMENTS
Pakistan	⊖	⊖	✓	⊖	✗	Counselling sometimes provided through CBOs for khwaja sira Ⓔ and ♀
India	⊖	⊖	✓	✓	✓	Mostly in large cities
Nepal	✗	⊖	⊖ ♀	✗	✗	Limited to HIV
Sri Lanka	⊖	✓	✓	✓	—	
China	✗	✗	⊖	⊖	✗	Limited focus on trans women by HIV services
Myanmar	✗	✗	✓ ♀	✗	—	Limited to HIV CBOs
Thailand	✗	⊖	✓	⊖	⊖	Counselling is available in only one clinic
Laos	✓	✗	✓ ♀	✗	✗	Very limited locations
Singapore	⊖ ♀♂	⊖	✓ ♀♂	✓ ♀♂	✓ ♀♂	Trans-competent provider information is passed by word-of-mouth only
Viet Nam	✗	⊖ ♀	⊖ ♀	✗	✗	No trans-specific HIV services
Cambodia	✓ ♀	✓ ♀	✓ ♀	✓	—	Mental health services available on a very small scale
Philippines	⊖	⊖	✓	⊖	⊖	Services are available in major cities only
Malaysia	✓	✓ ♀ ✗ Ⓜ♂	✓	✓	✗	
Indonesia	✓	✓	✓	✓	⊖	Counselling often biased, not comprehensive
Timor-Leste	—	—	✓	—	—	
Papua New Guinea	⊖	⊖	⊖	⊖	✗	Limited to sexual health settings. Few would write a female name on a record for a transgender woman. Major city only.

LEGEND

✓ Yes

♀ Trans feminine people

Ⓜ Third gender identities

✗ No

♂ Trans masculine people

⚧ Non-binary people

⊖ Sometimes

— No answer / Do not know

N/A Not applicable

Table B: Gender-Affirming Healthcare (GAH): Hormones

COUNTRY	AVAILABLE	TYPES	SOURCES	COST	PUBLIC INSURANCE	PRESCRIBED	DOCTOR MONITOR	VIA CBOs
Pakistan	✓ ♀ ♂	♀ ♂ 1, 2 ♂ 3	2	3	✗	✗	✗	✗
India	✓ ♀ ♂	♀ ♂ 1, 2 ♂ 3	1, 2, 4	—	✗	✓	⊖	✗
Nepal	⊖ ♀ ✗ ♂	♀ 4	♀ 2	♀ 1 ♂ 3	✗	✓ ♀ ✗ ♂	⊖	✗
Sri Lanka	✓ ♀ ♂	♀ 1, 2, 4 ♂ 3	1	♀ 3 ♂ 1	✗	⊖	⊖	✗
China	✓ ♀ ♂	♀ 1, 2 ♂ 3	♀ 1, 2, 3, 5 ♂ 3, 5	2	✗	⊖	⊖	—
Myanmar	✓ ♀ ♂	♀ 1, 4 ♂ 3	3, 4	1	✗	✗	✗	✗
Thailand	✓ ♀ ⊖ ♂	♀ 1, 2 ♂ 3	1, 2, 4, 7	2	✗	⊖	⊖	✗
Laos	✓ ♀	✓ ♀	1, 2	2	✗	✗	✗	✗
Singapore	✓ ♀ ♂	♀ — ♂ 3	1, 2, 3, 4, 5	2	⊖	⊖	⊖	✗
Viet Nam	✓ ♀ ♂	♀ 4 ♂ 3	♀ 2, 4, 5 ♂ 2, 4, 5	2	✗	⊖	⊖	✗
Cambodia	⊖ ♀ ✗ ♂	♀ 4	♀ 2	2	✗	✗	✗	✓ ♀ ✗ ♂
Philippines	✓	♀ 1, 2, ♂ 3	1, 2, 3, 4, 5	2	✗	⊖	⊖	✓
Malaysia	✓ ♀ ♂	♀ ♂ 1, 2, 4 ♂ 3	♀ ♂ 2, 4, 5 ♂ 2, 4, 5	♀ ♂ 1 ♂ 2	✗	⊖	⊖	✗
Indonesia	✓	♀ 1, 2 ♂ 3	♀ 2, 3, 4, 6 ♂ 1, 4	2	✗	✓	✓	✓
Timor-Leste	✗	N/A	N/A	N/A	✗	✗	✗	✗
Papua New Guinea	✗	—	3, 5	—	✗	✗	⊖	✗

LEGEND

✓	Yes	✗	No	⊖	Sometimes
♀	Trans feminine people	♂	Trans masculine people	—	No answer / Do not know
⊕	Third gender identities	⚧	Non-binary people	N/A	Not applicable

NOTES FROM TABLE B

Types of hormones: 1 = estrogen 2 = anti-androgens 3 = testosterone 4 = oral contraceptives

Sources of hormones: 1 = doctors, or hormone specialists; 2 = local pharmacies; 3 = informal economy; 4 = online steroid sellers; 5 = from overseas 6 = Midwives 7 = Beauticians

Affordability: 1 = most can afford 2 = some can afford 3 = most cannot afford

Table C: Gender-Affirming Healthcare (GAH): Surgeries

COUNTRY	SURGERIES AVAILABLE	TYPES OF SURGERIES	QUALITY CONCERNS	FUNDED BY NATIONAL INSURANCE?	COMMENTS
Pakistan	✗	N/A	✓	✗	Are illegal, not formally available, any informal options have risks
India	✓♀③✓♂	—	—	✗	Some private company insurance coverage; surgeries available only in some cities
Nepal	⊖♀⊖♂	4,5	—	✗	Very limited access to some surgeries. Does not include genital reconstruction surgeries
Sri Lanka	✓♀✓♂	4,5	⊖	⊖	Genital surgeries not available; chest and breast surgery, hysterectomy and orchiectomy covered by insurance
China	✓♀✓♂	1	✓	✗	Very restrictive eligibility requirements
Myanmar	✗	N/A	N/A	✗	Surgeries are illegal
Thailand	✓♀✓♂	1	⊖	✗	Large diversity in quality and cost
Laos	✗	N/A	N/A	✗	
Singapore	✓♀✓♂	1	✗	✗	Surgeries are very expensive
Viet Nam	✗	N/A	N/A	✗	Process underway to legalise and regulate
Cambodia	✗	N/A	N/A	✗	No services in Cambodia
Philippines	⊖♀⊖♂	4,5	✗	✗	No genital reconstruction surgeries
Malaysia	✓♀③✓♂	5	—	✗	Chest reconstruction, hysterectomy, oophorectomy only; very expensive; considered plastic surgery, not GAH
Indonesia	✓♀✓♂	—	✓	✗	Both legal and illegal / unregulated providers
Timor-Leste	✗	N/A	N/A	✗	
Papua New Guinea	✗	N/A	N/A	N/A	

LEGEND

✓	Yes	✗	No	⊖	Sometimes
♀	Trans feminine people	♂	Trans masculine people	—	No answer / Do not know
③	Third gender identities	⚧	Non-binary people	N/A	Not applicable

NOTES FROM TABLE C

Types of Surgeries: 1 = all gender affirming (GA) surgeries; 2= all GA surgeries for ♀; 3 = all surgeries for ♂; 4 = some surgeries for ♀; 5 = some surgeries for ♂; no surgeries

**Table D: Gender-Affirming Healthcare (GAH):
Diagnosis, Other Restrictions and Regulations**

COUNTRY	Gender affirming health care is:		Mental disorder diagnosis / diagnoses required to access gender-affirming health care				Minimum age for a child to access gender-affirming health care		
	LEGAL	REGULATED	IS DIAGNOSIS REQUIRED?	WHICH ONE?	WHO DOES IT?	NUMBER	WITH PARENTAL CONSENT	WITHOUT PARENTAL CONSENT	OTHER LIMITS
Pakistan	✗	✗	⊖	1	1	—	N/A	N/A	✗
India	✓	✗	✓	1 or 2	1	2	N/A	18	✓
Nepal	✓	✗	⊖♀	N/A	N/A	N/A	—	—	✗
Sri Lanka	✓	✓	✓	—	1	1	N/A	18	✗
China	✓	✓	✓	3	1,3	1	N/A	N/A	✓
Myanmar	✗	✗	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Thailand	✓	✗	⊖	3	1,3	1	✗	✗	✗
Laos	•	✗	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Singapore	✓	✓	✓	2	1,4	1 or 2	16	21	✓
Viet Nam	✗*	✗	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Cambodia	•	✗	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Philippines	✓	✗	✗	N/A	N/A	N/A	N/A	N/A	N/A
Malaysia	⊖	✗	⊖	1,2	1	—	✗	—	✗
Indonesia	✓	✗	⊖♀✗♂	1	1	2	—	18	✗
Timor-Leste	—	—	—	—	—	—	—	—	—
Papua New Guinea	•	✗	N/A	N/A	N/A	N/A	N/A	N/A	N/A

LEGEND

✓	Yes	✗	No	⊖	Sometimes
♀	Trans feminine people	♂	Trans masculine people	—	No answer / Do not know
③	Third gender identities	⚧	Non-binary people	N/A	Not applicable
•	No law exists			*	A law is currently being drafted to legalise

NOTES FROM TABLE D

Which diagnosis: 1 = Gender Identity Disorder (ICD); 2 = Gender Dysphoria (DSM); 3 = Transsexualism; 4 = Other

Who does the diagnosis: 1 = Psychiatrist / Mental Health Professional 2 = Clinical Board approval; 3 = Surgeon

Other limits refers to qualifications, requirements, or restrictions placed on access to gender-affirming care in addition to a psychiatric diagnosis.

Table E: Trans People and HIV

COUNTRY	ACCESS TO PrEP	TRANS PEOPLE IN AIDS STRATEGY	TRANS HIV PROGRAMS	FUNDERS MENTIONED	TRANS HIV DATA
Pakistan	✓	✓ ♀ ③	✓ ♀ ③	1, 4	✓ ♀ ③
India	✗	✓ ♀ ③	✓ ♀ ③	4, 9, 10	✓ ♀ ③
Nepal	⊖ ♀	✓ ♀	✓ ♀	1, 2, 4	✓ ♀
Sri Lanka	✗	✓ ♀	✓ ♀	4	⊖
China	✗	✗	✓ ♀	4, 8	✗
Myanmar	✗	✗	✗	—	✗
Thailand	✓ ♀	✓ ♀	✓ ♀	1, 2, 4	✓ ♀
Laos	✗	✓ ♀	✓ ♀	1, 2	✗
Singapore	✓	✗	⊖	4	⊖
Viet Nam	⊖	✗	⊖ ♀	1, 2	⊖ ♀
Cambodia	✗	✓ ♀	✓ ♀	1, 2	✓ ♀
Philippines	⊖ ♀	✓ ♀	✓ ♀	1, 5, 6, 7	✓ ♀
Malaysia	✗	✓ ♀	✓ ♀	1, 10, 11	✓ ♀
Indonesia	✗	✓ ♀	✓ ♀	1, 2, 3, 4	✓ ♀
Timor-Leste	—	—	—	—	—
Papua New Guinea	✗	✓ ♀	✓ ♀	1, 2	⊖

LEGEND

✓	Yes	✗	No	⊖	Sometimes
♀	Trans feminine people	♂	Trans masculine people	—	No answer / Do not know
③	Third gender identities	⌘	Non-binary people	N/A	Not applicable

NOTES FROM TABLE E

Funders mentioned: This was an open question, and these are the funders specifically mentioned:

1 = Global Fund ATM; 2 = USAID / PEPFAR / FHI LINKAGES; 3 = The Netherlands government;

4 = national or state government funds; 5 = Hivos Inc; 6 = Pilipinas Shell Foundation

7 = Research Institute for Tropical Medicine; 8 = international funding generally, 9 = World Bank;

10 = other private foundations; 11 = embassies' development grants

Table F: HIV Programming

COUNTRY	Barriers to trans HIV programming				Gaps in responses to HIV prevalence				
	NOT TRANS SPECIFIC (1)	STIGMA (2)	MSM LABEL (3)	OTHER	TRANS SERVICES	GAH	SCALE	OTHER	PLANS FOR GAPS
Pakistan	✓							4	✓ ♀ ③
India		✓					✓		—
Nepal	✓			11				5	—
Sri Lanka		✓		4,5	✓			9	✓ ♀
China				7	✓				—
Myanmar			✓	4,6				9	✓ ♀
Thailand	✓	✓	✓	6	✓	✓	✓		—
Laos	✓		✓	3,12	✓		✓		—
Singapore	✓		✓	3,5,6					—
Viet Nam	✓		✓		✓	✓			✓ ♀
Cambodia	✓	✓	✓	4,8	✓	✓	✓	6,7,8	✓ ♀
Philippines				4,9,10			✓	4	✓ ♀
Malaysia	✓	✓		4,5,8			✓	10	—
Indonesia		✓	✓	5,12	✓	✓			—
Timor-Leste			✓			✓	✓		—
Papua New Guinea	✓	✓	✓	4,7	✓	✓			—

LEGEND

✓	Yes	✗	No	⊖	Sometimes
♀	Trans feminine people	♂	Trans masculine people	—	No answer / Do not know
③	Third gender identities	⚧	Non-binary people	N/A	Not applicable

NOTES FROM TABLE F

Barriers to trans HIV programming: 1 = Services are trans-inclusive but not trans-specific; 2 = Stigma and discrimination; 3 = MSM term includes trans-women; 4= Service providers' lack of education about trans people; 5 = No needs assessments for trans-people or limited capacity for this technical work; 6= Needs meaningful engagement with CSOs; 7 = Criminalisation; 8 = Law enforcers lack trans knowledge; 9= No law requiring such services; 10 = No public education about trans needs; 11 = Needs interventions to address structural barriers; 12 = Trans people's high mobility.

Gaps in responses: 1 = Limited trans HIV services; 2 = Lack of access to gender affirming healthcare; 3 = Gaps in scale and/or coverage; 4 = No legal requirements; 5 = Urban-based study has been generalised to national data; 6 = Condom use of partners; 7 = Sexual and gender-based violence; 8 = Access to PEP; 9 = Insufficient research; 10 = Limited data or outreach to trans women who are not sex workers.

Note: These were all open questions. People were not given a list of options, and hence answered in a variety of different ways. The question about possible plans was included as part of a question about current gaps. When people chose to answer it separately, this is noted, with any further details provided on the next page.

Table G: Training, Research, and Advocacy

COUNTRY HEALTH CARE	Trans competency training for health professionals:		Community-based organisations receive: TRANS COMPETENCY TRAINING	Trans health advocacy by:		
	GENERAL HEALTH CARE	GENDER-AFFIRMING		ACADEMICS	NHRI	TRANS HEALTH RESEARCH
Pakistan	X	X	X	✓	✓	—
India	X	X	X	✓	✓	⊖
Nepal	X	X	—	✓	✓	✓
Sri Lanka	✓	✓	⊖	X	X	✓
China	X	X	X	✓	N/A	—
Myanmar	X	X	—	—	—	—
Thailand	X	X	⊖	✓	✓	✓
Laos	⊖	X	✓ ♀	X	N/A	X
Singapore	X	X	✓	X	X	X
Viet Nam	X	X	—	✓	N/A	⊖
Cambodia	X	X	X	X	N/A	X
Philippines	✓	✓	✓	✓	✓	✓ ♀
Malaysia	X	X	X	X	✓	✓ ♀
Indonesia	⊖	⊖ X	—	—	⊖	⊖
Timor-Leste	X	X	—	—	—	—
Papua New Guinea	X	N/A	X	✓ ♀	N/A	✓ ♀

LEGEND

✓ Yes

♀ Trans feminine people

⊕ Third gender identities

X No

♂ Trans masculine people

⚧ Non-binary people

⊖ Sometimes

— No answer / Do not know

N/A Not applicable

Summary

Information from the countries represented at this conference confirms the gaps in information and services highlighted in the regional overview, and provides additional information for consideration.

Typically, **HIV services** exist for trans feminine people but, even then, there are concerns about levels of trans competent care. It is rare for the countries reviewed to have trans competent general health care services.

Access to hormones takes place almost entirely outside the formal healthcare system, and is typically neither regulated nor monitored. For trans feminine people, this may mean access to oral contraceptives only. Trans masculine people in at least two countries have no access to testosterone and, in others, testosterone is unaffordable for many, as are anti-androgens for trans women.

Surgeries are not funded under national insurance programmes in any of the countries reviewed. There appears to be some suggestion that in countries where genital reconstruction surgery is illegal, it may still be possible to access other gender affirming surgeries. In other places, the law is silent about gender affirming surgeries, with no regulatory oversight. This can leave trans people vulnerable to low quality procedures undertaken outside the formal health care system, with no means of redress if there are complications. Conversely, tight regulations and eligibility criteria for gender affirming surgeries in China are discriminatory, excluding many trans people.

With many **gender affirming health services** taking place outside the formal health care system, diagnoses of gender dysphoria or gender identity disorder do not appear to be that commonly required. This may be true for children and young people too, however there is little indication that they are able to formally access gender affirming health services before they reach the age of majority, even with parental consent. The lack of formal provision of gender affirming health care for children and adolescents is concerning, given anecdotal evidence of unregulated use of hormones from a young age in many parts of Asia.

Trans feminine people appear to be mentioned in many of the **national AIDS strategies**. However, some questionnaire responses focused more on the level of consultation with trans communities, so it was unclear to what extent trans women are visible in available data and targets. In a few countries, PrEP was available for trans women, and others had research or demonstration projects underway. One country, Pakistan, noted the absence of data on trans MSM.

When asked about the main barriers to the implementation of **targeted HIV programming for trans people**, the most common volunteered responses were that programmes were trans-inclusive but not trans-specific, trans people were subsumed under the label of MSM, and were deterred from being involved because of stigma and discrimination. The main gaps suggested were limited access to trans HIV services or to gender affirming health care through such programmes, and gaps in scale or coverage.

Finally, there is a huge unmet need for **trans cultural and clinical competency amongst health providers and CBOs** in this region. Currently, CBO work appears to be narrowly focused on HIV, without links to integrated gender affirming health care services. However, there is potential for collaborative multi-stakeholder approaches, with academics and national human rights institutions actively advocating on trans health issues in a sizeable proportion of the countries reviewed.

References

- [1] World Health Organization - Western Pacific Regional Office, "Report of the consultation on HIV, STI and other health needs of transgender people in Asia and the Pacific, 11-13 September 2012, Manila, Philippines," Manila, 2012.
- [2] Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme, "Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific," Futures Group, Health Policy Project, Washington, DC, 2015.
- [3] W. Bocking and J. Keatley, "Por la Salud de las Personas Trans: elementos para el desarrollo de la atención integral de personas trans y sus comunidades en Latinoamérica y el Caribe," Pan American Health Organization (PAHO), 2013.
- [4] Pan American Health Organization (PAHO), John Snow I, World Professional Association for Transgender Health, "Blueprint for the provision of comprehensive care for trans persons and their communities in the Caribbean and other Anglophone Countries," John Snow, Inc, Arlington, VA, 2014.
- [5] R. C. Wolf, D. Adams, R. Dayton, A. Verster, J. Wong, M. Romero, R. Mazin, E. S. T. Settle and J. Keatley, "Putting the t in tools: a roadmap for implementation," *Journal of the International AIDS Society* 2016, 19(Suppl 2):20801, vol. 19, no. Suppl 2, pp. 85-89, 2016.
- [6] P. Haverman, "Remarks: Launch of the Asia Pacific Transgender Health Blueprint, 2 May 2016," Beijing, 2016.
- [7] Asia Pacific Transgender Network, "APTAN Fact Sheets: Being Trans in Asia and the Pacific," APTN, Bangkok, 2016.
- [8] Asia Pacific Transgender Network (APTAN), "Understanding the ICD: Its History, Organization, and Engaging Asia and the Pacific in the Revision Process. APTN discussion paper," APTN, Bangkok, 2016.
- [9] S. Baral, T. Poteat, S. Ströhm Dahl, A. Wirtz, T. Guadamuz and C. Beyrer, "Worldwide burden of HIV in transgender women: a systematic review and meta-analysis," *The Lancet*, vol. 13, no. 3, p. 214-222., 2013.
- [10] World Health Organization, "Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.," World Health Organization (WHO), Geneva, 2014.
- [11] World Health Organization., "Policy Brief: Transgender people and HIV," WHO, Geneva, 2015.
- [12] "Transgender and MSM: Trans masculine people who have sex with men claiming our place in the global HIV response," 2015.
- [13] World Health Organization, "Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: Recommendations for a public health approach.," Geneva, World Health Organization, 2011.
- [14] UNDP, IRGT: A Global Network of Transgender Women and HIV, UNPF, UCSF Center of Excellence for Transgender Health, Johns Hopkins Bloomberg School of Public Health, WHO, UNAIDS, and USAID, "Implementing comprehensive HIV and STI programmes with transgender people: practical guidance for collaborative interventions," United Nations Development Programme, New York (NY), 2016.
- [15] Joint United Nations Programme on HIV/AIDS, "UNAIDS 2016-2021 Strategy. On the fast track to end AIDS.," Joint United Nations Programme on HIV/AIDS, Geneva, 2015.
- [16] Asia Pacific Forum of National Human Rights Institutions [APF] and UNDP, "Promoting and Protecting Human Rights in relation to Sexual Orientation, Gender Identity and Sex Characteristics: A Manual for National Human Rights Institutions," APF and UNDP, Sydney and Bangkok, 2016.
- [17] Committee on Economic, Social and Cultural Rights, "General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 August 2000, E/C.12/2000/4.," 2000.
- [18] Human Rights Council, "Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 28 March 2017, A/HRC/35/21," 2017.

- [19] WHO, UNAIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, UN Women, ILO, UNESCO, OHCHR and IOM, “Joint United Nations Statement on Ending Discrimination in Health Care Settings,” WHO / UN, 2017.
- [20] OHCHR, IACHR, ACHPR and Council of Europe, “Embrace diversity and protect trans and gender diverse children and adolescents. Media statement on International Day against Homophobia, Transphobia and Biphobia,” 2017.
- [21] World Professional Association for Transgender Health (WPATH), “De-psychopathologisation statement,” 2010.
- [22] Global Action for Trans* Equality, “Depathologization,” 2017.
- [23] Stop Trans Pathologization International Campaign, “Manifesto,” 2012.
- [24] General Assembly, “Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, 19 July 2017, A/72/172,” 2017.
- [25] Council of Europe: Parliamentary Assembly, “Resolution 2048: Discrimination Against Transgender People in Europe,” 2015.
- [26] European Parliament, “Report on the situation of fundamental rights in the European Union 2013–2014,” European Parliament, 2015.
- [27] Global Action for Trans* Equality, “Critique and alternative proposal to the “Gender Incongruence of Childhood” Category in ICD-11. Position developed by the GATE Civil Society Expert Working Group, Buenos Aires,” Buenos Aires, 2013.
- [28] Spanish Network for Depathologization of Trans Identities, “Best Practices Guide to Trans Health Care in the National Health System.,” 2010.
- [29] World Health Organization, “CD-11 Beta Version,” 2015.
- [30] Amnesty International, “Denmark takes key step towards destigmatizing transgender people,” 2016.
- [31] The ILGA Asia Trans* Pre-conference, “Statement on Gender Incongruence in Childhood,” Taipei, 2015.
- [32] M. Cabral, A. Suess, J. Ehrt, T. J. Seehole and J. Wong, “Correspondence: Removal of gender incongruence of Childhood diagnostic category: a human rights perspective.,” *Lancet Psychiatry*, vol. 3, no. 5, pp. 405-406, May 2016.
- [33] R. Robles, A. Fresán, H. Vega-Ramírez and e. al., “Removing transgender identity from the classification of mental disorders: a Mexican field study for ICD-11.,” *Lancet Psychiatry*, vol. 3, no. 9, pp. 850-859, 2016.
- [34] J. Drescher, “Controversies in Gender Diagnoses,” *LGBT Health*, vol. 1, no. 1, pp. 10-14, 2014.
- [35] *Affaire A.P., Garçon et Nicot v. France* (79885/12, 52471/13 and 52596/13), 6 April 2017., 2017.
- [36] BVerfG, [Federal Constitutional Court of Germany], 1 BvR 3295/07 (11 January 2011);, 2011.
- [37] VfGH [Constitutional Court Austria] B 1973/08-13 (3 December 2009), 2009.
- [38] United Nations Development Programme, “Legal Gender Recognition: A Multi-country Legal and Policy Review in Asia,” UNDP, Bangkok, 2017.
- [39] General Assembly, “Right of everyone to the enjoyment of the highest attainable standard of physical and mental health: note / by the Secretary-General, 10 August 2009, A/64/272,” 2009.
- [40] J. W. Berg, P. S. Appelbaum, C. W. Lidz and L. P. Parker, *Informed consent: legal theory and clinical practice*, New York: Oxford University Press, 2001.
- [41] International Commission of Jurists (ICJ), “Yogyakarta Principles - Principles on the application of international human rights law in relation to sexual orientation and gender identity, March 2007,” 2007.
- [42] Open Society Foundations, “Transforming Health: International Rights-Based Advocacy for Trans Health,” 2013.
- [43] E. Coleman, W. Bockting, M. Botzer, P. Cohen-Kettenis, G. DeCuypere, J. Feldman and K. Zucker, *Standards of care for the health of transsexual, transgender, and gender nonconforming people*, 7th version., 2011.

[44] Auckland District Health Board, “Transgender health services for the Northern region: Update February 2017,” Auckland District Health Board, Auckland, New Zealand, 2017.

[45] S. L. Reisner, A. Radix and M. B. Deutsch, “Integrated and Gender-Affirming Transgender Clinical Care and Research,” *J Acquir Immune Defic Syndr*, vol. 72, no. Suppl 3, pp. S235-S242, 15 August 2016.

[46] W. Wilkinson, “Cultural Competency,” *TSQ, Transgender Studies Quarterly*, vol. 1, no. 1-2, pp. 68-73, 2014.

[47] UNAIDS, “Ending Stigma and Discrimination in Herlath Centres in Mexico,” 2017.

[48] F. Pega, S. L. Reisner, R. L. Sell and, J. F. Veale, “Transgender Health: New Zealand’s Innovative Statistical Standard for Gender Identity,” *American Journal of Public Health*, vol. 107, no. 2, pp. 217-221, 2017.

[49] Aljazeera, “Transgender people targeted in fatal Karachi attack,” 2017.

[50] Pakistan Observer, “New Bill to address violence against transgender,” 2017.

[51] A. I. Scheim, G.-M. Santos, S. Arreola, Makofane, T. D. Do, P. Herbert and M. a. A. G. Thomann, “Inequities in access to HIV prevention services for transgender men: results of a global survey of men who have sex with men,” *Journal of the International AIDS Society* 2016, , vol. 19, no. Suppl 2, p. 20779, 2016.

[52] I. H. Meyer, “Minority stress and mental health in gay men,” in *Psychological perspectives on lesbian, gay and bisexual experiences*, 2nd ed., L. D. Garnets and D. C. Kimmel, Eds., New York, Columbia University Press, 2003, pp. 699-731.

[53] M. L. Hendricks and R. J. and Testa, “A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model,” *Professional Psychology: Research and Practice*, vol. 43, p. 460–467., 2012.

[54] P. Strauss, A. Cook, S. Winter, V. Watson, D. Wright Toussaint and A. Lin, “Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results.” Telethon Kids Institute, Perth, Australia, 2017.

Please note, this document is intended to be a working document and may be periodically updated in order to ensure the most current access and practices regarding trans health care is accurate. The conference and subsequent information gather sessions served to address initial gaps, errors, or details needing further clarification.

For updates to be included in the next mapping report exercise, write to hello@weareaptn.org