**Written submission in response to the questionnaire of the United Nations’ Independent Expert on Sexual Orientation and Gender Identity for the Report on the realisation of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3**

By Asia Pacific Transgender Network[[1]](#footnote-0)

7 February 2022, Bangkok, Thailand

Gaps in research and data related to the health of transgender people in Asia and the pacific.

There is limited research and availability of disaggregated data on the health outcome of trans people conducted by the states in Asia and the Pacific.[[2]](#footnote-1) Most of the data that exists has been through research conducted by non-governmental and community based organisations. In Asia, there have been a number of pivotal reports on the health status of trans people, predominantly trans women. As well in the Pacific, there is still very little information about the status of trans people, and for that is available, it is also trans women specific. Meanwhile, the data on trans men is far more limited compared to the trans women’s.[[3]](#footnote-2)

There is also a lack of the data on the sexual and reproductive Health of trans people, and most of the data available on trans women are specific to HIV and STI. Further, much of the data about trans women are drawn from HIV and STI research initially conducted amongst men who have sex with men (MSM). This has had significant impacts on the types of health indicators measured and the population groups and countries. Many countries in this region inappropriately combine trans women within the MSM category. This makes invisible not only trans women’s identity, but also the extent to which they bear the disease burden of HIV.[[4]](#footnote-3)

For trans men’s data, there has been only the community knowledge that the size of trans men communities in the number of Asian countries where they have become visible are growing fast .[[5]](#footnote-4) Meanwhile, in Fiji, the DIVA for Equality conducted a research initiative in 2019 gathering the information of the lived experiences of LBT women and gender non-conforming people in many aspects including the health, wellbeing and access to justice. The disaggregated data of trans men is also available in the research report.[[6]](#footnote-5)

Furthermore, the data on the mental health of trans people is minimal. In Asia and Pacific, the regional data on mental health experiences of trans people focus predominantly on youth. These data show higher rates of depression, anxiety disorders, alcohol and other drug use, and suicide or suicide ideation than the general youth population.[[7]](#footnote-6) Meanwhile, APTN has documented an effort at the domestic level that the Malaysian human rights institution, SUHAKAM[[8]](#footnote-7), published a study involving 100 transgender respondents between the age of 18 - 70 years old based in Kuala Lumpur and Selangor where the experiences of anxiety, stress, suicidal ideation, attempted suicide of trans people are recorded. [[9]](#footnote-8)

APTN has developed the Trans COMP Community Based Monitoring Tool to measure health outcomes and monitor progress of health service provision for transgender communities. The tool also provides a benchmark to track trans-competent and gender affirming health care within countries in the Asia-Pacific region, including access to, availability and affordability of hormones, sexual and reproductive health services, as well as barriers to health care.[[10]](#footnote-9)

This community based monitoring has immense value in that it not only can provide insight into the kinds of information important to the community itself aside that of externally applied indicators, but also ensure community ownership over the data collected and processes involved. Throughout each stage of the pilot study, trans people helped develop and review the research tools, leads on the research and data collection, as well as were involved in ensuring accuracy and analysis of the collected data.[[11]](#footnote-10) APTN also translated the tools in 8 languages of our project countries for making it more accessible as there has been the lack of access to such resources in vernaculars for the diverse local communities.

Lack of representation of trans people in the decision making processes for health policies and services

It is mainly state actors in Asia and the Pacific who have been in charge of Country Coordinating Mechanism (CCM) which is the committee responsible for submitting funding applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and oversee implementation of the grants on behalf of their countries. The Global Fund has mandated the inclusion of trans people in the CCM. As a result, several trans people in different countries, such as Malaysia, were selected to be CCM members. However, there is no other evidence of trans people’s representation in the law and policy decision making processes. Such participation is mandatory for addressing the gaps in the legal and policy frameworks while there are remaining laws and policies preventing trans people from accessing their right to health as follows.

Most of the countries in Asia Pacific do not recognise the right of legal gender recognition thereby[[12]](#footnote-11) which is a significant barrier in providing trans-competent healthcare services and enabling trans people to access the same without discrimination or stigma.[[13]](#footnote-12) Even countries where there is some legal recognition of trans identities these fall short in various ways. For example, in Nepal, trans people are allowed to change their gender markers from ‘male’ or ‘female’ to ‘third gender’ or ‘others’ in their official documents. However, trans women are still not able to change their gender markers from male to female, and trans men cannot change their gender markers to male.[[14]](#footnote-13) In Japan, the current law has 5 strict requirements including being unmarried, childless, and permanently sterilised. [[15]](#footnote-14) In Singapore, trans people must undergo gender affirming surgery and unwanted sterilization , before being able to change their gender markers.[[16]](#footnote-15)

In addition, the Trans­gender Persons Act 2018, which provides legal protection and ability to change the gender marker for trans people in Pakistan, has been at stake. The Fede­ral Shariat Court (FSC) recently sought assistance of Attorney General for Pakistan (AGP) Khalid Jawed Khan on a set of petitions challenging the act, for being repugnant to Islamic injunctions.[[17]](#footnote-16)

Moreover, anti-sodomy laws– a remnant of European colonisation–are still in force in many countries in Asia and the Pacific and are often used to prosecute trans people.[[18]](#footnote-17) Trans communities in many countries in the Pacific are also suffering because of legal provisions that prohibit a person from dressing or presenting as the “opposite” of their biological sex.[[19]](#footnote-18) Within such a hostile environment, trans people are less likely to be able and/or willing to seek help from the healthcare sector.[[20]](#footnote-19)

Trainings for the healthcare professionals and service providers in Asia and the Pacific

From APTN’s Health Mapping Report, gender sensitisation training for healthcare professionals and service providers is available in many countries across Asia and the Pacific.[[21]](#footnote-20) However, most of the training is conducted by the non-governmental sectors, namely trans activists and organisations, and few are presently funded by the governments.

Meanwhile, APTN has introduced the Toward Transformative Healthcare Module (TTHM) aiming to increase healthcare providers’ knowledge, attitudes, and skills on providing trans people culturally competent clinical care. The course is self-paced and interactive, and covers 12 topics–from gender diversity across the region to tips on how to create an affirming and welcoming environment for trans patients as well as specific healthcare considerations for trans individuals related to mental health, sexual and reproductive health, gender-affirming care and more. After completing this module, the participants are expected to have knowledge of current standards of care for trans patients and be able to confidently provide healthcare services aligned with global best practices and be able to make your trans patients feel welcomed and affirmed in your clinic.[[22]](#footnote-21)

Access to health services of trans people

Across Asia and Pacific, trans people have experienced discrimination in the healthcare setting and hospital, and this is compounded when a trans person’s gender identity or expression does not match their gender marker or their bodily diversity or identification documents.[[23]](#footnote-22) Through the Trans COMP Community Based Monitoring Tool Pilot Research, misgendering was recorded across all study sites[[24]](#footnote-23), and the request to be addressed by a preferred pronoun at times were ignored or proactively dismissed. Across all the countries,15% (24 individuals) of the sample stated their gender identity and or expression affected how they were treated in accessing public health care.[[25]](#footnote-24) From the Peer-led Study on the Rights and Social Experiences of Trans and Gender Diverse People in Fiji, Samoa and Papua New Guinea , fourteen participants from PNG, 9 from Fiji and one from Samoa stated they felt their gender identity negatively affected their access to services, with 15 people in the total sample being refused treatment, the majority, 12 individuals were from PNG.[[26]](#footnote-25)

The gender affirming care for trans and gender diverse people are extremely limited, and there is a lack of services for trans men in the regions.[[27]](#footnote-26) In a few countries, including Myanmar, gender affirming surgery such as breast augmentation, chest reconstruction, and genital reconstruction are illegal. In countries where gender affirming services are available[[28]](#footnote-27), there are restrictions preventing trans people from accessing the services. For example, 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.[[29]](#footnote-28)

Moreover, there are the cost barriers preventing trans people from accessing the care. Only in Hong Kong SAR, China and some targeted assistance in parts of India, the costs of gender-affirming health services are covered by the public health care system and social coverage.[[30]](#footnote-29) In certain countries, for example Thailand, these services are often available only in private hospitals or clinics which are prohibitively expensive for most trans people.[[31]](#footnote-30) In Fiji, hormone replacement therapy is available through private practitioners for trans women. However it is under prescription which is often costly, as well as testosterone is not available for trans men.[[32]](#footnote-31)

The lack of affordable gender affirming care and public universal health coverage or social and private insurance means such procedures are not an option for most trans people.

From APTN’s study on the Rights and Social Experiences of Trans and Gender Diverse People in Fiji, Samoa and Papua New Guinea, eighty three percent (129 individuals) of the sample has never sought transition related services from a health care professional. The reasons vary with the majority stating that such services are not available (26%, 41 individuals), followed by 38 individuals (25%) stating they do not want or need these services.[[33]](#footnote-32)

Fear, affordability and a lack of knowledge as to where to seek such services also feature in the responses including not trusting health care providers, not having funds to see a health care professional and preferring the safety of NGO/CBOs for information on gender affirming support. 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.[[34]](#footnote-33)

From APTN’s Conversion Therapy Research Initiative, we have substantial evidence that conversion therapy continues to be practiced in several Asian countries such as India, Sri Lanka, Indonesia and Malaysia. The harmful practices are perpetrated by wide-ranging entities, including states, religious leaders, and health professionals, school, parents and family members of trans individuals.

[[35]](#footnote-34)

Being in a hostile, transphobic environment in which their behaviour, values, appearance, and actions are different from the dominant majority, trans people are more likely to experience mental health issues while there is a lack of access to trans-friendly mental health and counselling support in the regions.[[36]](#footnote-35) Moreover, the experiences of violence and conversion therapy practices of trans people committed by mental health professionals have been recorded.[[37]](#footnote-36)

Positively, there are the good example of the health services for trans people as following;

* Tangerine Clinic is the community based organisation provideing health services to both trans men and trans women, so they can access responsible gender affirming care under the guidance of trained and supportive medical and other professionals, as well as sexual and reproductive and mental health services. [[38]](#footnote-37)
* Implementing the Transgender Protection Act 2018, the Ministry of Human Rights (MoHR) of Pakisatan has established the Transgender Protection Center. The center is meant for the protection and rehabilitation of transgender persons in need. The center will also provide legal, medical, and psychological care facilities and referral services to trans persons. It will carry out activities to generate awareness among general masses and relevant stakeholders.[[39]](#footnote-38)

In addition, from our study in Fiji, Samoa, and Paupua New Guinea, trans women in PNG were more likely to have access to sexual health screening such as rectal and prostate examination, than Fijian and Samoan respondents. Few trans men survey participants reported accessing pap smears or breast exams, nor did trans women report having breast exams, Access to condoms and lubricants, SRHR education, information and communication were the services most likely accessed. Overwhelmingly, 52% of the total sample indicated community led organisations and non-government organisations as preferred service providers. This was highest in PNG where 39 individuals (75%) indicated this preference, followed by Samoa with 21 individuals and then Fiji with 20 individuals.[[40]](#footnote-39)

Trans Health in COVID-19 context

The impacts of long-term poor public healthcare programmes affect marginalised populations more severely during the pandemic, including trans and gender diverse people. Already, these populations are not able to access routine medical health care due to discrimination, lack of legal identification documents, violations of patients’ rights in healthcare settings, lack of sensitised medical staff, and high out-of-pocket healthcare expenditures. In the contexts where most state-run outreach, testing, and treatment services require legal identification documents, the health needs of trans and gender diverse people could be easily overlooked and they could experience increased accessibility issues. Further, healthcare provider’s discriminatory attitudes could deter trans and gender diverse people from seeking timely COVID-19 treatment and care, compounding their health risks.[[41]](#footnote-40)

From APTN’s community-based monitoring as part of our COVID-19 Community Support Fund, t, beneficiaries of the fund reported a lack of access to HIV and Gender Affirming health services such as hormonal therapy due to the travel restriction. Further, gender affirming care is often relegated as a non-essential medical procedure by the government resulting in the services delayed by the providers. In addition, the 10% of the respondents to the research survey reported experiences of depression and/or anxiety during/ or as a result of COVID-19 while mental health counselling supports are also less accessible.[[42]](#footnote-41)

Lack of the engagement of trans community in the VNR process

In the 2017 Voluntary National Review (VNR), it was suggested that “moving forward”, the government would be partnering with private sectors, NGOs and CSOs to reach out to the needy.[[43]](#footnote-42) However, the VNR processes in many countries are not participatory and inclusive for CSOs. For example, as consulted with trans rights organizations in Malaysia, there seems to be no attempt of contact from the government in relation to VNR processes.[[44]](#footnote-43)

Moreover, the national alliances have been formed for the SDG-focused NGO and CSO in relation to SDGs, such as the National SDG-CSO Alliance and the All-Party Parliamentary Group (‘APPG’), but the membership and activities of both these groups lack transparency, are unclear and therefore its progress hard to assess. Moreover, having consulted with local trans-led organisations and trans individuals, it is revealed that there has been no consultation regarding trans issues by the APPG nor the National SDG-CSO Alliance.[[45]](#footnote-44)

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