UNITED NATIONS
HUMAN RIGHTS
SPECIAL PROCEDURES
SPECIAL RAPPORTEURS, INDEPENDENT EXPERTS & WORKING GROUPS

Mandate of the Special Rapporteur on violence against women and girls

4 January 2024

Dear Dr. Ghebreyesus

I have the honor to address you in my capacity as UN Special Rapporteur on violence against women and girls, its causes and consequences.

In this regard, I wish to bring to your attention my concerns regarding the World Health Organization (WHO)'s recent announcement of its intention to develop a guideline on the health of trans and gender diverse people, as well as organize an upcoming meeting in Geneva on February 18-21, 2024, to develop gender-affirmative treatment guidelines and policy recommendations.[1]

Composition of the Guideline Development Group (GDG)

My first concern is that the composition of the development group ((GDG) for the guidelines[2], as currently announced, has significant unmanaged conflicts of interest. According to Chapter 6 of the Handbook for guideline development, conflicts of interest (COI) management, including intellectual COIs, is key to producing a credible and unbiased guideline. The majority of the GDG clearly have strong, one-sided views in favor of promoting hormonal gender transition and legal recognition of self-asserted gender. Of the 21 announced GDG members, ***not one*** appears to represent a voice of caution for medicalizing youth with gender dysphoria or the protection of female only spaces.

It appears that the process for this guideline development began in 2021, yet the first official WHO announcement of this is dated the end of June 2023.[3] By then, the GDG was already 75% formed, and the public was given a mere 2 weeks to comment (once again falling over a typical holiday period). The current WHO announcement acknowledges that GDG recruitment was handled through private invitations: "*members of the GDG for this guideline were chosen by WHO technical staff among researchers with relevant technical expertise, among end-users (program managers and health workers) and among representatives of trans and gender diverse community organizations."* It is clear that several transgender advocacy organizations were directly solicited. Global Action for Trans Equality (GATE) for example, had announced in its 2022 annual report[4] they participated in the "kick-off" call with WHO.

[1] https://www.who.int/news/item/18-12-2023-who-announces-the-development-of-a-guideline-on-the-health-of- trans-and-gender-diverse-people.
[2] https://cdn.who.int/media/docs/default-source/hq-hiv-hepatitis-and-stis-library/biographies_tgd-gdg_proposed_members_2024.pdf?sfvrsn=5b1e7491_3.
[3] https://www.who.int/news/item/28-06-2023-who-announces-the-development-of-the-guideline-on-the-health- of-trans-and-gender-diverse-people.
[4] https://gate.ngo/2022-annual-report/

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At the same time, stakeholders whose views differ from those held by transgender activist organizations do not appear to have been invited. Such stakeholders include experts from European public health authorities who have taken the lead on developing an evidence-based, and consequently, cautious, approach to youth gender transitions (e.g., England, Sweden, and Finland); experts in adolescent development and autism; gays and lesbian organizations. The GDG also lacks other vital stakeholders' voices, such as those of patients harmed by the expanded access to hormones (including trans-identified individuals and detransitioners) as well as parents of youth with post-pubertal onset of gender dysphoria.

These omissions are significant, as today, the vast majority of individuals contacting gender- related services worldwide are now adolescents and young adults who had no prior history of gender-related distress, and whose gender dysphoria appeared only after puberty in the context of complex mental illness and neurodiverse diagnoses. Many are also same-sex attracted. While experts worldwide have not developed a consensus regarding this phenomenon, which began to emerge only around 2015, a growing number of public health authorities are deeply concerned with the proven harms of medical "gender-inclusive care" for those persons that wish to acquire identity or expression that is different from the gender and sex that they were observed with at birth.

Serious and widespread concerns regarding the composition of the GDG have already been shared with WHO. In this respect, the official response that WHO provided to The Times[5] in response to these concerns seem to suggest that it customary for WHO to make the public responsible for identifying the GDG COIs. Such an approach to resolving conflict of interest does not however seem to be in line with WHO's handbook.[6] According to the afore-mentioned handbook, the responsibility for the GDG COI management, from disclosures to assessment of the severity of the conflicts, to final decisions regarding the group composition, resides within the WHO, as clearly outlined in the WHO handbook for guideline development. Members of the public are not well positioned to identify COIs for the following reasons: They do not have access to the COI disclosure forms completed by the potential GDG members. They are also not experts in what constitutes a COI.

In view of the above, I would recommend that the GDG meeting, which was originally announced for February 2024 be postponed, until all constituents' concerns regarding the GDG and the process are appropriately solicited, evaluated, and addressed.

Short time frame for the consultations

My second concern is that members of public were given only three (3) weeks over the Christmas and New Year's holidays to respond to the announcement of the final GDG composition, potentially undermining consultation process and resulting in them not being ineffective, genuine nor meaningful. The end of the year is traditionally a period where most members of the public in many countries around the World are on vacation. Politicians, experts, medical practitioners, and

[5] https://www.thetimes.co.uk/article/who-trans-bias-self-id-gender-rights-jhn53vz57.
[6] https://www.who.int/publications/i/item/9789241548960

officials working with health institutions will not be able to send their input in a timely manner. The window for consultations should therefore be extended to at least the end of February 2024 for it to be meaningful. The planned meeting of the GDG will therefore also need to be postponed to another date, and not in February as originally intended.

WHO's approach to self-identification of gender identity

I am furthermore very concerned that the important societal questions of the benefits and harms of allowing legal recognition of self-determined gender identity have been intermingled with the question of medical treatments. It appears that WHO has commissioned the same transgender activist group GATE, which was at the private WHO "kick-off" call in 2022, to also conduct the important "values and preferences" research[7], GATE's research concluded that "improved access to legal gender recognition" is a "required intervention.[8]"

Even if one assumes that GATE's research was unbiased and properly conducted (which is questionable given the group's strong COI) and that legal recognition of self-determined gender has a therapeutic effect for trans-identified people, this is not sufficient to assert that this is a "required intervention" without considering the human rights- related impacts of legal recognition of self-identified gender identity on wider affected groups, such as women and children, including girls, including the legitimate need in some circumstances to maintain access to female only spaces, and to ensure the right of all women and children, including girls to a life in dignity, safety and security that is free from violence.

As I stated in my letter on the reform bill of Scotland's Gender Recognition Act (GRA), and elsewhere "I acknowledge that according to human rights standards, States have a core obligation to facilitate the legal recognition of gender diverse people, in a manner consistent with the rights to freedom from discrimination, equal protection before the law, privacy, identity and freedom from discrimination. However, a right to legal gender recognition does not imply a right to unregulated self-identification of gender identity without appropriate safeguarding and risk assessment"[9]. It does not demonstrate "an international consensus that there is an inherent human right to self-identification of gender identity. In addition, and crucially, where self-identification processes are in place, international human rights standards recognize the right for States to include restrictive measures as long as they pursue a legitimate aim and are proportionate response to their aim"[10].

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[7] Virginia Mcdonald et. Al, Journal of International Aids Society, The World Health Organization's work and recommendations for improving the health of trans and gender diverse people, https://onlinelibrary.wiley.com/doi/10.1002/jia2.26004.
[8] GATE, Trans and Gender Diverse Values and Preferences Report, https://gate.ngo/trans-values-and-preferences- hiv-services/

[9] See Statement by Ms. Reem Alsalem, Special Rapporteur on violence against women and girls, https://www.ohchr.org/sites/default/files/documents/issues/women/sr/activities/SR-VAWG-statement-response- SRI.pdf.
[10] Ibid.

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The question of legal recognition of self-identified gender must be evaluated with a different set of stakeholders—inviting both trans advocates as well as representatives of women's and children's rights. These two sets of questions—the question of the provision of hormones and the question of legal recognition of self-identification of gender identity—are entirely different and they should not be conflated into a single process. The two must be untangled before the process proceeds further.

I appreciate your due consideration to these concerns and look forward to your response.

Finally, please note that I may refer to the concerns that I have raised int this letter publicly in the near future.

Please accept, Dr. Gebreyesus, the assurances of my highest consideration.

Reem Alsalem

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