Executive Summary

HIV, Sexually Transmitted Infections and Other Health Needs of Transgender People in Asia and the Pacific
Manila, Philippines
11–13 September 2012

Manila, 20 September 2012

Introduction

The WHO regional offices for the Western Pacific (WPRO), the South-East Asia (SEARO) and the Eastern Mediterranean Region (EMRO) held a Consultation on HIV, Sexually Transmitted Infections (STI) and other health needs of transgender people in Asia and the Pacific, 11–13 September 2012, Manila, Philippines. The three-day event was jointly organized by WHO in collaboration with the regional offices of the United Nations Development Programme, the Join United Nations Programme on HIV/AIDS, and Asia Pacific Transgender Network (APTN).

The WHO Regional Director for the Western Pacific Dr Shin Young-soo in his opening remarks supported the statement by United Nations Secretary-General Ban Ki-moon: "The time has come…to protect the rights of people who are lesbian, gay, bisexual and transgender."

As part of the United Nations family, WHO is committed to the vision of health for all and all for health. Everyone should have equal rights to access health services of the highest attainable standard, Dr Shin said.

Background

A 2012 WHO/APTN assessment on HIV, STI and other health needs of transgender populations (transwomen, transmen or other genders) in the Asia Pacific region reveals that data are very limited.\(^1\) Globally, the few existing epidemiological studies among transgender people have shown disproportionately high HIV prevalence ranging from 8% to 68%, and HIV incidence from 3.4 to 7.8 per 100 person-years\(^2\). In selected Asian cities and countries (such as Bangkok/Thailand, Jakarta/Indonesia, Phnom Penh/Cambodia, Lao People's Democratic Republic and Myanmar), HIV prevalence was reported to be highest among transgender women, ranging from 4% to 34%.\(^3,4\)

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\(^1\) WHO/APTN (2012): Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific.
\(^2\) Thomas Guadamuz, et al (2010): HIV prevalence, risk behavior, hormone use and surgical history among transgender persons in Thailand, AIDS Behav Published online: 20 November 2010
\(^4\) PSI (2010): First Round HIV/STI Prevalence and Behavioral Tracking Survey among Male-to-Female Transgenders in Vientiane Capital and Savannakhet, Lao PDR
Although the same basic HIV and STI prevention interventions may apply to two groups, public health professionals should avoid conflating the two groups and work towards a more nuanced understanding of each group’s needs. Moreover, transgender people have hardly any access to transgender-specific HIV, STI and other health services. Broader health needs of transgender people are often neglected, especially those related to mental health services. Stigma and discrimination have been major barriers in preventing access to health services by transgender people.

This consultation (see appendix 1) was the first of its kind across WHO regions to address the unmet and emerging health needs for transgender people, using HIV/STI as an entry point. The consultation aimed at reaching consensus among partners and stakeholders on the recommendations of the aforementioned regional assessment report, preparing a regional technical brief and identifying collaborative activities among key stakeholders.

**Proceedings**

Forty-one representatives from transgender communities, health professionals, researchers, United Nations agencies, Global AIDS Programme (Bangkok) of the United States Centers for Diseases Control and Prevention, FHI 360 (Bangkok), Global Fund Project Round 9 (Bangladesh), Health Department of Hong Kong (China) and international NGOs were present at the meeting (see appendix 2).

The participants of the meeting recognized the following:

- Transgender people engaged in discussions on equal terms with service providers, researchers, planners and development partners on transgender issues in Asia and the Pacific and the Middle East, with representation from different sectors comprising the transcommunity (transmen, transwomen and young transpersons).

- The meeting provided an enabling platform for the transgender people to:
  1. express their needs on:
     - protection from acquiring HIV and other STIs,
     - supervised hormonal therapy,
     - informed decision-making to undergo safe gender affirmation surgery, including understanding the advantages and disadvantages of the gender enhancement practices; and
     - protection against substandard quality of health services rendered; and
  2. identify other health needs beyond HIV, particularly access to primary health needs, including psychosocial well-being.

- The participants agreed on a working definition on transgender people in the context of Asia and the Pacific.

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8 WHO (2011): 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
Draft conclusions and recommendations

Conclusions

(1) A working definition of transgender people in the context of Asia and the Pacific was agreed at the consultation:

*People 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. Transgender people in the Asia Pacific region often identify themselves in ways that are locally, socially, culturally, religiously or spiritually defined.*

(2) Transgender health is a neglected issue. The size of the transgender population remains undetermined. A 2012 report by the United Nations Development Programme and partners estimated that the population size could be up to 9.5 million in the Asia Pacific region.

(3) Transgender people have specific needs that have been severely neglected in this Region. Transgender people's needs are often different from those identified by health experts.

(4) There are limited transgender-specific HIV/Sexually Transmitted Infections (STI) data to inform policy and programming. However, in some Asian cities and countries such as Bangkok/Thailand, Jakarta/Indonesia, Phnom Penh/Cambodia, Lao People's Democratic Republic and Myanmar, HIV prevalence was reported to be highest among transgender women, ranging from 4% to 34%.

(5) Stigma and discrimination (and ethnicity in some settings) have been major contributing barriers preventing access to health services by transgender people.

(6) Specific communication strategies and materials are generally lacking for transgender people. Existing information, education and communication/behaviour change communication materials in HIV programmes fail to incorporate transgender issues.

(7) With editing amendments, consensus was reached upon a set of recommendations made in the regional assessment report, as well as the draft joint regional technical brief.

(8) Valuable guidance materials on transgender health care are available from a number of professional agencies. However, most of these materials are not appropriate to be used directly in resource-poor settings and would need adaptation for use in the Region.

Recommendations

(1) Throughout the Region, transgender people (transmen, transwomen, or other genders) are still very much underserved and stigmatized, and have limited access to health care including transgender-specific care. Urgent mobilization is needed in order to create a safe, enabling, health care environment to achieve equal access to health and realize the goal of zero new HIV infections, zero discrimination and zero AIDS-related deaths among the transgender community.

(2) All efforts to address transgender specific issues should be guided by the human rights principles of equality and non-discrimination, meaningful participation, and aimed at community empowerment.

(3) Transgender people should be legally recognized as having equal rights and dignity, which are and should be protected under the law (passage of protective legislation to contribute
to a climate of acceptance and equality). Transgender people should have the right to legal recognition of their gender identity, and the recognition of gender status should not depend on medical treatment or surgical procedures.

(4) Transgender people should be involved meaningfully in all efforts aiming to address the health needs of transgender people at all levels: policy-making, programming and service delivery, designing, implementation, monitoring, and reporting. In order for this to happen, specific capacity-building should be conducted to strengthen and empower transgender community and civil society organizations, as well as support groups.

(5) Comprehensive standards of care for, and evidence-based guidelines on transgender health should be available, taking into account holistic needs of transgender people in Asia and the Pacific, including sexual health care, transition health care, hormone therapy, mental/psychosocial health care and general health care. An appropriate agency or group of agencies should be tasked with developing regional guidance:

(a) on the use of hormone treatment for transgender people;
(b) on the use of surgical treatment for transgender people; and
(c) on the management of the specific needs of transwomen, transmen, young and older transgender people.

(6) Collection of strategic information through transgender people-specific HIV/STI surveillance combined with more operational, psychosocial and mental health research (including population size estimate) should be conducted with transgender people specific to the context of Asia and the Pacific, to measure the levels of HIV and other STIs, risk behaviour, stigma and discrimination and impact on the response to HIV. Disaggregation of data between transgender people [transwomen (male to female), transmen (female to male), and other genders] and men who have sex with men was strongly recommended.

(7) Efforts to reduce stigma and discrimination against transgender people should be included in national health strategic planning and programming activities. Stigma and discrimination against transgender people by health care providers should be decreased in public and private settings by increasing knowledge, sensitivity, and empowerment to create an enabling environment.

(8) Health care providers and carers should be provided with training on non-discrimination, codes of conduct, quality of care and oversight for service providers to support transgender people.

(9) Training institutions for health care providers and other stakeholders should ensure that basic content addressing the health needs of transgender people is covered in medical, nursing, law enforcement, social service institutions and other relevant training curricula. Additional efforts should also be made to focus on content to reduce stigma and discrimination by health care providers in pre-service and post-service training.

(10) Efforts should be made to mobilize resources to undertake special surveys and mapping of existing services, and to enable and sustain good models of health services for transgender people which can be replicated across the Region.

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