Increasing Access to HIV and other Health Services for Trans People in Asia
BUSINESS AS USUAL WON’T GET US THERE

“This is a meaningful time for trans- and gender-diverse people. We have a critical role in shaping our future. I want to acknowledge the efforts of trans communities, who are working tirelessly to ensure that our voices are heard.”
— Joe Wong, Programme Manager, APTN

There are 5.1 million people living with HIV in the Asia and the Pacific region and 270,000 new HIV infections per year. India accounts for 30 percent of that, China, 22 percent, and Indonesia, 18 percent. While new infections dropped in India, Indonesia, Myanmar, Thailand, and Vietnam between 2010 and 2016 (there is no data on new infections from China), they jumped 39 percent in Pakistan and 141 percent in the Philippines. Transgender women are one of the most vulnerable populations in this evolving epidemic, with a global HIV prevalence of 19 percent and a risk of HIV infection 49 times that compared to the general population.

Transgender people* identify themselves in a different gender than that assigned to them at birth, and they encounter tremendous obstacles trying to access health services. They face humiliation by healthcare providers, who may tell them explicitly that the changes they feel are “wrong.” Gender-affirming medical care and surgery are simply not available or are out of reach for most, and due to social stigma, depression or thoughts of suicide are common, exacerbated for some with a diagnosis of HIV. The paucity of disaggregated data only serves to isolate trans people further from claiming their right to health. There is very little research on trans men in public health and HIV research.

*Note: We use the term transgender (or simply “trans”) as an adjective describing persons who identify in a gender other than the one that matches the sex they have been assigned (usually at birth).
Trans women face another kind of obstacle. “They are invisible, conflated with men who have sex with men,” says Professor Emeritus, Dr. Praphan Phanuphak, of Thai Red Cross AIDS Research Centre (TRCARC). Dr. Phanuphak was speaking at a conference in Bangkok that would be very difficult to stage in many countries, From Barriers to Bridges (FB2B): Increasing access to HIV and other health services for trans people in Asia. The event was supported by the United States Agency for International Development (USAID), the United States President’s Emergency Plan for AIDS Relief (PEPFAR) through the USAID LINKAGES Project, implemented by FHI 360, UNAIDS and UNDP. FB2B brought 150 participants from 17 countries on the region to Bangkok to talk about trans-sensitive community health and HIV service delivery models. Trans people converged in Bangkok to discuss HIV epidemiology, human rights, and how to identify the technical assistance that their communities and governments need to deliver on the promise of the right to health for all.

TRANSGENDER PEOPLE STRUGGLE FOR RECOGNITION

Dominating the discussion on Day 1 was the urgent need to recognize transgender people, trans men, and trans women as unique groups with different needs and ways to address HIV and health. HIV data has for too long conflated gender identity and anatomy, making it difficult to identify HIV risks among transgender people, and it should be separated. This is essential for meeting the first 90 of the UNAIDS Fast-Track Targets, that 90 percent of all people living with HIV know their status by 2020.

There are immense variations in legal gender recognition laws, and in some cases growing discrimination and social exclusion that affect access to social benefits and healthcare for trans people. In some countries, transgender people have to undergo legally-prescribed, state-enforced sterilization, or obtain a diagnosis of mental disorder to receive documents that reflect their gender identity. This is a violation of their human dignity and right to self-determination. Legal gender recognition for transgender people is therefore as much a human rights issue as it is a public health priority.

Nepal is one country ordering constitutional protection for trans identity, with the goal of ending all forms of discrimination against gender and sexual minorities. Bharat Sharma works for the Nepal Ministry of Women and Child Welfare there.

In his presentation, Mr. Sharma spoke about the 2007 Nepal Supreme Court decision that ordered the government to recognize a third gender. This ruling gave activists an opportunity to fight for a third-gender category on voter rolls, in the federal census for 2011, citizenship documents, and passports.

Despite this progress, Bharat Sharma emphasized that the transgender communities in Nepal continue to face limited awareness in society about sexual and gender minorities. This lack of inclusion and awareness is evident in the limited data and statistics, stigma, discrimination, and exclusion from governance processes such as Parliament and national planning commissions.
Thailand too, while more tolerant of sexual and gender minorities, does not confer legal gender recognition on transgender people. A Thai trans person, no matter their gender identity and transition process, may not legally change the sex on their identity card or other official documents.

This lingering paradigm of strictly binary gender divisions serves only to limit access to services for transgender people, leaving them vulnerable to HIV. These formal rulings are only the first step in changing entrenched societal attitudes of stigma and activists need to continue fighting battles for their human rights.

SERVICES NEED TO BE BUNDLED

The UNAIDS Fast-Track Targets call for a reduction in new HIV infections to 90,000 by 2020. “At the current trajectory of decline, with a business-as-usual response, countries would fall short of that target by 151,000,” said Eamonn Murphy, Regional Director, UNAIDS Asia and the Pacific. He cited the Pakistan and Philippines examples, and reiterated the persistent lack of data.

“This, coupled with the low levels of prevention and testing, will make it very difficult for countries to achieve the targets. Unless they address the public health needs and social justice and human rights of transgender communities.”

In the complex interplay of trans identity, stigma, legal recognition, and vulnerability to HIV, syndemic psychosocial issues such as depression, anxiety, substance use, suicidal ideation, bullying, and violence, not to mention parental rejection, internalized transphobia, and systemic and societal transphobia, all increase risk of HIV infection. But a “bundled” response, which integrates psychosocial services that recognize the trans identity, would bring into the Continuum of Prevention, Care and Treatment (CoPCT) more of the exact target population needed to achieve the Fast-Track Targets.

There is a precedent for this. In 2015, with support from USAID and FHI 360, TRCARC separated trans services from MSM and set up the Tangerine Community Health Center, the first-ever clinic in the region for, and by, transgender people.
“Tangerine” delivers stigma-free, high-quality health services for transgender women, and for transgender men, although on a somewhat smaller scale, and has technically supported its model replicated at Sisters Foundation in Pattaya, MPLUS Foundation in Chiang Mai, and Rainbow Sky Association of Thailand in Bangkok and Hatyai. All of these are examples of how to link transgender persons who come to receive actual trans-specific health services to HIV programming, and they are providing much-needed evidence for how to improve transgender health outcomes globally.

Rena Janamnuaysook, a transgender woman and program coordinator at TRCARC, guides clients through the Tangerine Clinic. She reflected on her transition and the difficulties she faced in accepting her own identity and accessing gender-affirming health services.

“It is important to have access to comprehensive and affordable health services provided by gender-sensitive healthcare staff,” she said.

“There is very little information available on mental health, sexual risk-taking behaviors, and HIV for us.”

She urged participants, especially government, healthcare providers, and donors, to support transgender communities and ensure their greater participation in delivery of services and in research. Her experience at Tangerine, and with the data associated with HIV prevention, treatment and care, show how it is a successful model of integrated services for transgender people.

YES, NO, SOMETIMES: MAPPING FINDS GAPS, AND SURPRISES, IN TRANS HEALTH SERVICES IN ASIA

FB2B organizers conducted preliminary mapping of trans health, rights, and development in Asia, to provide baseline understanding of current health models and interventions for trans people in the region. The country notes contain findings that both confirm an inadequate package of trans services, and that suggest that the environment is at least opening somewhat. In Sri Lanka, there are only two government clinics that provide hormones and counseling, and hormones can be expensive. And based on current government policy, access to gender-affirming care through government clinics requires a “gender recognition certificate” issued by a psychiatrist.

In the Philippines, CBOs are rolling out a trans health module for healthcare workers, but the government still does not provide gender-affirming health services, and legal provisions supporting reproductive health services still require parental consent for HIV/AIDS services. Timor Leste has no gender-affirming healthcare services and there are no laws stating whether such services are legal or illegal. Yet in Singapore, hormones are covered by insurance and doctors monitor the clients using them. There is also PrEP for trans people and there is trans-specific HIV data collection. Gender-affirming surgery is available and there are no quality concerns. Pakistan and Nepal also offer surgeries, and Indonesia offers surgery and counseling.
WE ARE NOT RESEARCH!

When transgender people seek HIV testing, or even basic health services, they confront a health system that doesn’t have a place for them as themselves. It is difficult to find gender-affirming providers, and just walking into a clinic feels similar to being “outed”. Dr. Venkatesan Chakrapani, from the Post-Graduate Institute of Medical Education and Research in Chandigarh, India, says that adverse health for transgender persons is not necessarily from their risk behaviors, “but also from the negative attitudes of a majority of healthcare providers and lack of non-discriminatory policies at the health care settings.”

Transgender people are often better informed about the services that they need than are their healthcare providers, who may treat them as objects of curiosity rather than as paying clients. They are then forced to get health information through their own networks.

Welcoming transgender people into the HIV CoPCT requires specific approaches and modalities of outreach for linking them to HIV services. But this already hits a stumbling block too, with the lack of clear indicators to distinguish them as their own group. Thirty years after the beginning of the AIDS epidemic, information on transgender women is still very limited, and is largely absent for transgender men. In 2014, transgender specific indicators were introduced as part of the UNAIDS global reporting mechanisms, but only for transgender sex workers. In 2017, UNAIDS recommended collection of specific indicators on prevention and treatment coverage, hepatitis B and C, and stigma and discrimination for transgender people, but the decision to collect this information is up to each country and few have collected it.

Laos may furnish one example of the difficulty in targeting interventions to high-risk transgender women. Bounpheng Philavong, a speaker from the Laos Ministry of Health’s Center for HIV/AIDS and STIs, told of how use of language and absence of the very definitions that differentiate transgender women from the MSM/gay community hamper programming. Even while there is an agreed upon definition among global bodies: “persons who identify themselves in a different gender than that assigned to them at birth.”

There are other difficulties in designing interventions, including self-identity, hormone knowledge, accessibility of locations for services, mobility of trans persons, and mapping of communities. For testing, the issues are confidentiality of test results, self-stigma, costs of services, lack of pre-test and post-test counseling services, and poor knowledge among service providers in discussing gender issues.

There are particularly vexing obstacles to retention too, including stigma and discrimination in facilities, lack of knowledge on HIV treatment side-effects, and lack of knowledge on treatment interaction with hormones.
Phylesha Brown-Acton, a transgender activist with APTN and member of its regional steering committee, says she’s dismayed at how the community is still viewed as the “subject” of research and she is very vocal about one solution: involving transgender people at every stage of design, implementation, and evaluation of research and programmatic interventions.

In Laos, the LINKAGES project is working to close the data gap and afford transgender people trans-friendly services by supporting health services to separate transgender programming from MSM. Transgender people are taking leadership roles too, such as in APTN’s Asia-Pacific Trans Health Blueprint, a comprehensive, accessible trans health reference document for improving health and human rights for trans people and trans communities. Or with the document, Comprehensive HIV and STI Programs with Transgender People: Practical Guidance for Collaborative Interventions, also known as the “TRANSIT”. Designed for use by public health officials and managers of HIV and STI programs, this tool covers the implementation of interventions across the CoPCT, including prevention, diagnosis, treatment, and care.

From there, programs on the ground for transgender people in the region can develop online platforms that share information on where to go for hormones and surgery, especially rating medical practitioners who provide these services. For transgender PLHIV and those at higher risk, programs will develop peer-to-peer networks across countries to share information on interactions between hormones and ART and on PrEP and its side-effects.

This process relies on mapping, and prior to the conference APTN sent out questionnaires on the state of current health services for transgender people.
By country, trans CBOs in Cambodia need to identify service providers who are currently providing, or willing to provide, gender-affirming care, and need to coordinate with the Ministry of Health on developing guidelines and standard operating procedures for gender-affirming care. India wants to introduce hormone monitoring for transgender people and CBOs there want to advocate for creating a regulatory system on gender-affirming surgeries. Indonesia needs to expand anti-stigma trainings for healthcare providers to include key populations, Laos needs to introduce measures to collect disaggregated data for transgender people, and Pakistan needs to advocate for the removal of legal and diagnostic barriers to gender-affirming care.

APTN will release its mapping report on the state of trans health services later this year.

“FUNDRAISING IS A DAUNTING PROCESS”

Trans groups globally are operating with little or no resources and more than half of the 67 groups in the Asia-Pacific region who are receiving funding operate on less than USD 10,000 per year. This finding comes from The State of Trans and Intersex Organizing, a report prepared by the American Jewish World Service (AJWS) and Global Action for Trans Equality (GATE).

“In 2014, trans-specific funding accounted for only 11% of all global LGBTI funding,” said David Scamell, from AJWS. “Whilst there was an increase in the percentage of trans groups receiving funding from private foundations between 2013-16, many trans groups across the world, including in Asia and the Pacific, continue to be significantly under-resourced.”

The funding landscape improved somewhat in 2016 with the launch of the International Trans Fund (ITF), a small-grants funding mechanism for transgender-led CBOs. The mission of ITF is to create sustainable resources for strong, trans-led movements and collective action, and to ultimately eliminate funding gaps for trans groups across the globe. In its first call for proposals, ITF received applications from 280 groups, but was only able to fund 23 of them. Total funds disbursed were USD 500,000.
But more donors are listening, and in the Asia-Pacific region bilateral donors are more likely to support transgender organizations now. Although their tendency is to support well-established, larger groups. The French government is the second largest contributor to the Global Fund and has set up the “5 Percent Initiative”, which supports activities that cannot be directly funded by the Global Fund, such as governance and capacity building.

“For the 5% Initiative, only a few countries are eligible,” said Eric Fleutelot, of the Embassy of France in Thailand, “They are Cambodia, Laos, Myanmar, Thailand, Vietnam, and Vanuatu in the Pacific.” The last calls for the 5 percent Initiative was launched in February 2018, and Fleutelot encourages organizations to request support for up to three years (https://www.initiative5pour100.fr/en/)

“In addition, don’t hesitate to reach out some foreign embassies in your countries. There is usually one person responsible for human rights and sexual and gender minorities, who holds some discretionary funding.”

USAID/PEPFAR, one of the largest funders globally on transgender health, makes its decisions based on data and metrics. Its Country Operational Plans, the mechanism by which USAID operates at national levels, are based on the size of the population at risk and the burden of HIV. It is therefore crucial that policymakers, health providers, NGOs, and governments advocate for the importance of collecting separate data on trans women and trans men.

R. Cameron Wolf, PhD, M.Sc., Senior HIV/AIDS Advisor for Key Populations, USAID says that transgender groups need to advocate for countries to collect this data especially as part of routine monitoring systems.

“Donors make funding decisions based on evidence, and meetings like this are critical for understanding transgender issues.”

But for much of this money the application process is beyond the technical capacity of the community-based organizations that have the knowledge and experience on the ground, in Asia-Pacific countries, to put it to work. Participants unanimously agreed that fundraising is a daunting process, especially when they are not taken seriously and are largely invited to meetings as the token transgender people only. They don’t know how to access evidence to support their claims and have no voice in country-level decision making, including on Global Fund proposals.

Global Fund, knows this and, through its Community Rights and Gender Special Initiative, has set up processes to support and build capacity of CBOs. Through the “Being LGBTQI in Asia”project, UNDP and the Swedish Government are also supporting a multi-country legal gender recognition study. APTN and Curtin University in Perth, Australia, are carrying out multi-country trans employment studies as well as a regional project on building the capacity of national
human rights institutions and civil society groups with the Asia Pacific Fund. Through Being LGBTQI in Asia, the Swedish Government is also supporting UNDP to build capacity for two regional civil society organizations, including APTN.

Local governments have also started to explore social contracting models to support local trans groups in providing HIV prevention services. India and the Philippines are two examples where local governments have been providing funds to trans groups to implement HIV prevention services.

TRANS RIGHTS ARE HUMAN RIGHTS
How do communities acknowledge transgender people, shed their stigmatizing behaviors, and welcome trans men and women into the health system? Participants agreed that this begins with ensuring that UN agencies, including UNAIDS, and national governments agree on a definition for transgender people. This will then allow them to simplify, translate, and distribute guidance on transgender health to develop standard operating procedures for trans healthcare providers. That in turn would lead to developing a regulatory framework for hormone use and gender-affirming healthcare, probably the two preeminent health needs in the life of a transgender person.

“The meeting of the 90-90-90 targets, successful linkages across the HIV Cascade, and the minimum loss to follow-up, and ending AIDS all depend on an empowered community,” says Phylesha Brown-Acton

“Otherwise, the HIV response will not be sustainable. Nothing about us, without us.”

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