

**UNITE!**

**ADVOCATE!**

**THRIVE!**

✧ **Global Trans Conference**

# Health

## Thematic Report



**GATE**



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**Author:** GATE

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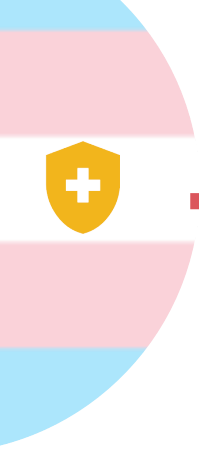
## Acknowledgments

With gratitude to Brent Allan for their diligent work in attending the health track during the Conference, collecting crucial data on the needs, challenges, and priorities of the movement, and drafting this comprehensive report. With thanks to Gabriel de Larch for proofreading, design and layout. With appreciation to all GATE staff, conference partners and donors who supported the Conference development and implementation.

## About GATE

GATE is an international advocacy organization working towards justice and equality for trans, gender diverse, and intersex communities. Rooted in our movements, we work collaboratively with strategic partners at the global level to provide knowledge, resources, and access to international institutions and processes. Our vision is a world free from human rights violations based on gender identity, gender expression, and sex characteristics. Our strategy is to transform the landscape of global advocacy, knowledge creation and resource distribution through critical inclusion of trans, gender diverse, and intersex movements at all levels of political, legal, and socio-economic processes.

Find out more about GATE by visiting [www.gate.ngo](http://www.gate.ngo)



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# Introduction

The Unite! Advocate! Thrive! Global Trans Conference was held on 20—21 July 2024 in Munich. Throughout the course of the two days, discussions centered on what it means to be trans and gender diverse in a world that seems increasingly hostile and aggressive towards us. We were also a witness to an incredible gathering of the most talented, celebrated, and passionate advocates from around the world. These two days deserve to be celebrated as an amazing display of where our strengths have carried us forward, and the challenges we still must face.

The words of GATE's Executive Director, Erika Castellanos, at the opening of the Conference capture the core purpose of the gathering:

*“The fight for human rights is not just a struggle for the present. It is a commitment to a future where every person can live authentically, freely, and with dignity. This Conference [is] a beacon of that commitment, bringing together voices from across the globe to address the critical issues faced by trans and gender diverse individuals worldwide.”*



GATE's Executive Director, Erika Castellanos delivers the opening remarks at the opening of the Conference, with Anwar Ogrm (to her left), and Larkin Callaghan (to her right)



# Executive Summary

The Conference territory was covered in three separate tracks: human rights, health, and movement building. This **Thematic Health Report** reflects upon and summarizes the four concurrent sessions under the health track that occurred over the two days, and considers the health-related content from the various plenary sessions that took place.

**The aim for the health track was to reflect upon what has worked with regard to improving the health outcomes of trans and gender diverse communities, to identify and consider the key health issues and key populations that we need to prioritize, as well as the practical actions we must take to ensure that the global trans and gender diverse community thrives into the future.**

**What emerged clearly from the sessions is that the commitment to resource mobilization and inclusion needs to be strengthened, and that more strategic focus upon building coalitions, cross movement collaborations, and united fronts are desperately needed if we are to ensure that future advocacy activities are closely linked with the health needs and objectives of our community and trans and gender diverse individuals worldwide.**

As was mentioned in the opening plenary by a participant,

*“It is when our existence and the vibrancy of our lived experiences are brought into greater proximity to the hearts and minds of others that deep cultural change can occur.”*



The summary conclusions of the health track sessions, included at the end of this Report, were reported back to the Conference delegates in a final rapporteur session at the closing of the two-day conference. These conclusions identified the following for priority attention:

- Key health issues
- Key communities
- Key populations.

The rapporteur session also summarized and expanded upon the four key themes arising from the health track at the Conference:

1. Access and equity
2. Community led research, analysis, dissemination, and monitoring
3. Differentiated service delivery options
4. Participatory and inclusive co-design.

As mentioned in the opening plenary, **our collective task was to ensure that these two days spent in discussion identified actionable strategies and built the networks that will not only inform GATE's Strategic Planning processes but ensure that our agenda — the trans and gender diverse agenda — thrives well into the future.**



*Group photo of some of the delegates from the Global Trans Conference*

# Session 1: Breaking Barriers – Inclusive HIV Services for All Trans Communities

*“Oppression is layered, contextual and generational and thrives in the context of fear and the absence of trust.” — Conference participant*


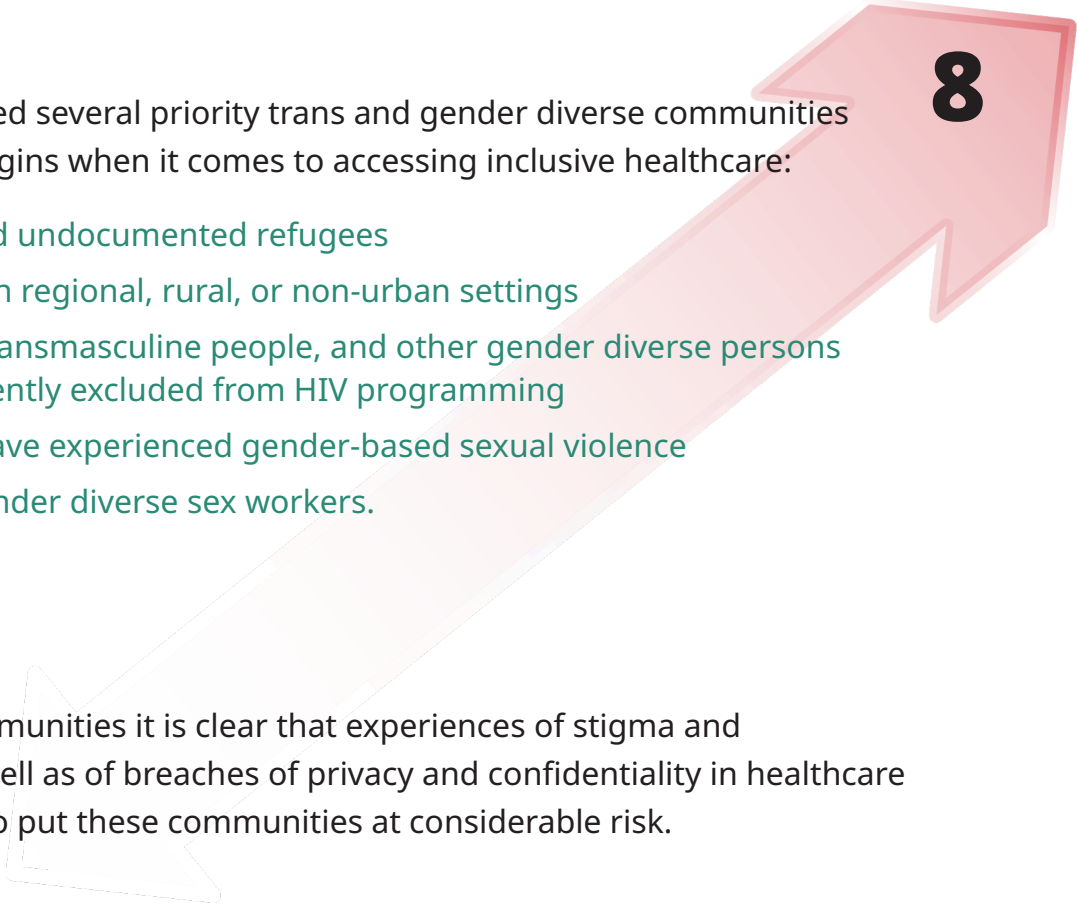
The first of the health track sessions saw speakers address the unique vulnerabilities of different populations within the diverse global trans and gender diverse community.

The speakers were **Thomars Shamuyarira** from The Fruit Basket (TFB) in Zimbabwe, **Abhi Muchtar** from Transmen Indonesia and Youth Voices Count, and **Amanita Calderón-Cifuéntes**, a Colombian activist from Transgender Europe (TGEU). The session was moderated by GATE’s Health Lead, Anil Padavatan.



**Panelists from top left to top right:** Thomars Shamuyarira, Abhi Muchtar, and Amanita Calderón-Cifuéntes.

**Bottom right:** Moderator, Anil Padavatan



The session identified several priority trans and gender diverse communities who are on the margins when it comes to accessing inclusive healthcare:


- Displaced and undocumented refugees
- Those living in regional, rural, or non-urban settings
- Trans men, transmasculine people, and other gender diverse persons who are currently excluded from HIV programming
- Those who have experienced gender-based sexual violence
- Trans and gender diverse sex workers.

## Challenges

For all of these communities it is clear that experiences of stigma and discrimination, as well as of breaches of privacy and confidentiality in healthcare settings, continue to put these communities at considerable risk.

## Recommendations to Healthcare Workers

The discussion identified a number of community priorities for healthcare services and systems:

- Integration of tailored gender-affirming care (GAC) and health services including PrEP and anti-retroviral therapy (ART) to ensure that services are both accessible and affordable.
  - Mandatory awareness and sensitivity training for healthcare professionals, as well as training and awareness-building for communities to strengthen capacity to advocate for trans and gender diverse health rights.
  - Preventative healthcare and social support services that prioritize the mental health and well-being of trans and gender diverse people.
  - Improved understanding of hormone replacement therapy (HRT) interactions with new PrEP and anti-retroviral therapy (ART) treatment options, including long-acting treatment and prevention regimes.
  - Increase access to more sustainable resources for community care systems to work in tandem with healthcare systems and services.
  - Better understand how individuals age successfully in a socio-ecological model, which includes body, mind, spirit, culture, and context.
  - Challenge colonizing healthcare funding that promotes homogeneity and denies trans and gender diverse diversity, experience, and priorities.
  - Establish effective healthcare violation reporting mechanisms and/or build awareness of existing structures that capture trans and gender diverse experiences.
- 



## Session 2: Empowering Change – Community-Led Research in Gender-Affirming Care

*“Our greatest challenge and our greatest need is to ensure that we organize, coordinate and integrate care around people, not just disease.”* — Conference participant

This second session on the first day of the Conference highlighted examples of community-led research on gender-affirming care as well research looking into mapping and monitoring of trans and gender diverse related violence at a global level.

The session was moderated by GATE’s Anil Padavatan, and featured the following speakers: **Rena Janamnuaysook**, from the Institute of HIV Research and Innovation (IHRI) and co-founder of Thai Transgender Alliance, **Amanita Calderón-Cifuéntes**, HIV Research and Advocacy Officer at Transgender Europe (TGEU), and **Dr. Asa Radix** from New York University and Callen-Lorde Community Health Center in New York. **Jemma Samitpol** from the Tangerine Clinic in Thailand led an interactive group discussion examining the current research landscape and gaps that need addressing.



**Above, from left to right:** Plenary speakers Rena Janamnuaysook, Amanita Calderón-Cifuéntes, Dr. Asa Radix, and group discussion leader, Jemma Samitpol

**Bottom right:** Moderator, Anil Padavatan



## Challenges

The presentation by Amanita shared work done by Transgender Europe (TGEU) on the [Trans Rights Index and Map 2024](#), which revealed a polarization in trans and gender diverse rights in Europe and Central Asia. This work examines the legal protections by country and monitors the levels of violence experienced by the trans and gender diverse community. There are clear connections between levels of violence experienced by trans and gender diverse community members and the existence of non-discriminatory laws and policies.



**What is abundantly clear, and perhaps one of the clearest themes from this track across all the discussions, is the lack of available data about trans and gender diverse communities in relation to healthcare, human services, and human rights protections.**

## Best Practices

Rena presented on The Tangerine Clinic in Thailand, which provides an outstanding example of community-led research that has led to significant positive outcomes for the trans and gender diverse community with respect to high levels of trans-competent care. The Clinic has been able to demonstrate that trans-led and trans-owned programming has been key to addressing the HIV response and that their community-led research has been used as a vehicle to guide implementation strategies, develop innovation, and promote sustainability.

Of their 5,939 trans women patients, 98% have an undetectable viral load, and of the 91% tested for HIV, 91% of them tested negative. There has also been a 46% increase in those taking PrEP. Within the population of the 302 trans men patients, of the 91% tested for HIV, 91% tested negative. These outcomes speak not only to successful service delivery, but set an example of what comprehensive wrap around care looks like as well as the outcomes that can be achieved when it is implemented.



*Tangerine staff with Ms. Blossom, a transgender celebrity*  
Image source: [AmfAR](#)



## Recommendations to Healthcare Researchers

### Carry out evidence-based analysis

Including longitudinal cohort data on trans and gender diverse healthcare seekers and their experiences of healthcare systems.

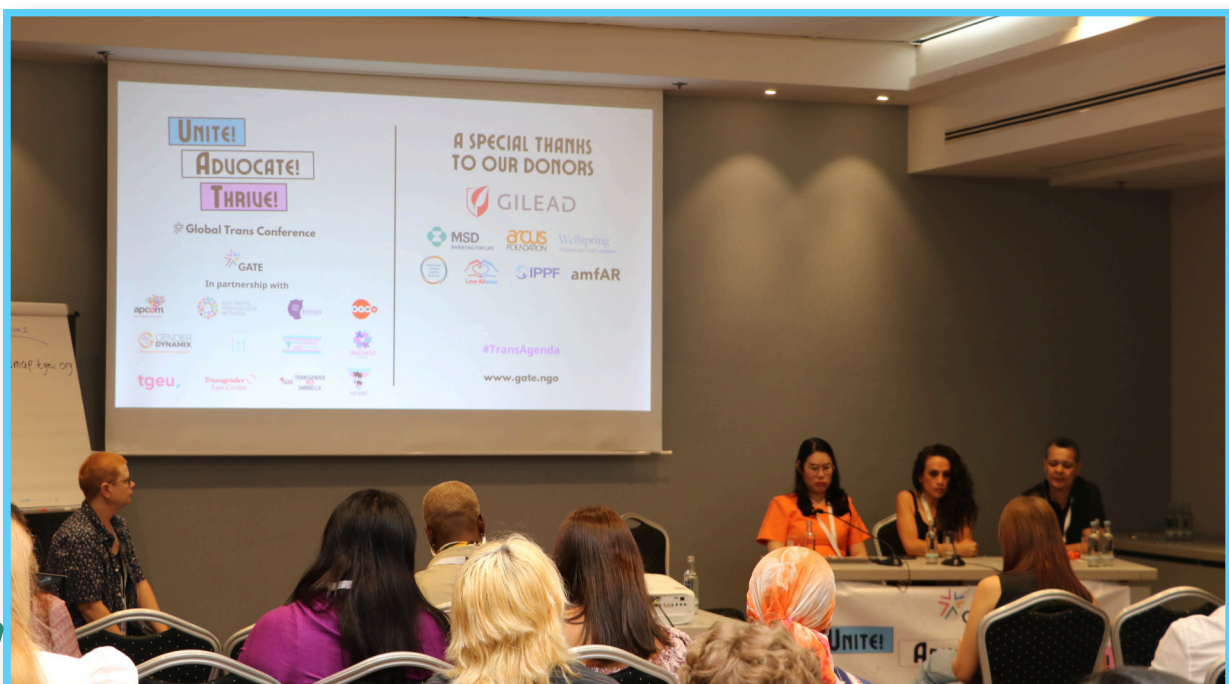
### Implement action-oriented and community-based research

Community-based research needs to be genuine, appropriate, and meaningfully involve the trans and gender diverse community. Including trans and gender diverse researchers would also be a step in the right direction, as one of the participants stated,

*“We are the best placed as researchers of ourselves.”*

### Challenge cis-exclusivity in all forms of research at the research design stage

Rather than asking, *“Does it apply and in what quantum?”*, a more important question that needs to be addressed is, *“Who is missing?”*



**Panelists from left to right:** Rena Janamnuaysook, Amanita Calderón-Cifuéntes, and Dr. Asa Radix

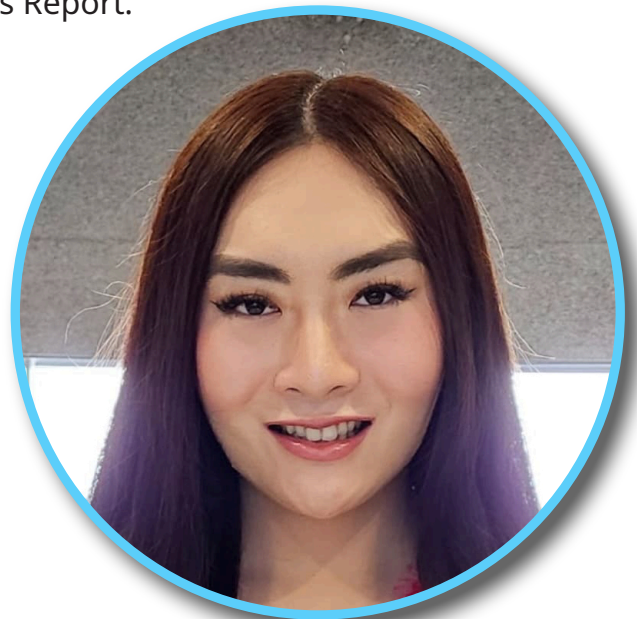
# Session 3: Setting the Agenda – Identifying Health Community Priorities for Strategic Planning

The first session on the second day of the Conference explored the high-level and broad health issues and how these apply to the forthcoming strategic planning process for GATE.

The session was facilitated by **Dr. Alegra Wolter** from the Kirby Institute, who is on the advisory board of Suara Kita, an organization that advocates for LGBTQI rights in Indonesia. Alegra positioned the focus of the discussions on the identified health priorities that have been established to date, all of which have been further supported in this Report.

These priorities included, among others,

- HIV/STIs
- The need for gender-affirming care
- Mental health
- General well-being
- Violence
- Structural stigma, and discrimination
- Universal health coverage (UHC)
- Conversion therapy
- Self-identification and bodily autonomy.



*Facilitator, Dr. Alegra Wolter*



One of the broad topics covered under trans and gender diverse health was the **disproportionate HIV-infection rate among trans and gender diverse people**, with a [2021 study](#) indicating that, compared to the cisgender population, trans women are 66 times more likely to be infected, and trans men 7 times more likely.

Following the presentation, the audience members were invited to consider five key questions, which this Report summarizes.

## Health Priorities for the Trans and Gender Diverse Community

1. **What are the health priorities for the trans and gender diverse community?**
  - Problematic alcohol and other drug use as an issue that needs to be addressed.
  - Non-communicable diseases, especially as they relate to older and aging people in our community.
  - Ensuring that the term 'violence' is seen as a spectrum of issues that range from inappropriate use of language, coercive control, sexual violence, and more.
  - Self-medication (DIY) of hormone replacement therapy (HRT).
  - Acknowledgement of the need for localized, context dependent healthcare, which differs country to country.

## Crucial Social Determinants of Mental and Physical Health

2. **What are the crucial social determinants of mental and physical health that need to be addressed?**
  - Exclusion, isolation, and loneliness are significant social determinants.
  - Applying a life-course analysis to ensure that the most vulnerable (e.g. the young and elderly) have the support they need to flourish.



## Analysis of GATE's Health Programmatic Area

The final three questions focused on asking participants to analyse GATE's health programmatic area.

### Best practices

3. **What do you think GATE should continue doing in its health programmatic area?**
  - Provide more assistance to ensure that trans and gender diverse communities in different regions are better supported in their priority concerns.
  - Address lack of resources to tackle all health issues equally.
  - Lead the sector in determining research data and evidence priorities

### Areas for improvement

4. **What is GATE currently not doing, and what should GATE consider doing?**
  - Establish or identify regional hubs of excellence that can act as conduits to counties and local areas in different regions of the world.
  - GATE could act as a clearing house for information, including research, resources developed by community-led organizations, databases of training courses for healthcare providers, etc. GATE is seen as uniquely placed to provide trans- and gender diverse-led organizations with information resources to support advocacy and to provide platforms for knowledge-sharing.

### Areas to drop from the programmatic area

5. **Is there anything that you think GATE should stop doing in regard to the health program?**
  - This question revealed that delegates were keen for GATE's current health projects and programs to continue. GATE's high-level health advocacy work was seen as very valuable to the movement.



# Session 4: Lessons from the Opposition – Human Rights and HIV Funding Strategies Inspired by Anti-Gender Mobilization

The second session on the second day focused on the nuances behind the structures of non-governmental organizations, philanthropic organizations and groups, and governments that highlight different and imperfect funding models that support human rights-based health programs, especially in comparison to the way funding works within the anti-gender movement.

Moderated by GATE's Anil Padavatan, this session featured **Masen Davis** from Funders Concerned About AIDS, **Addison Smith** from Wellspring Philanthropic Fund, and **Javid Syed** of the American Jewish World Service.



*Panelists, from left to right:  
Masen Davis, Addison Smith, and Javid Syed  
Bottom left: Moderator, Anil Padavatan*

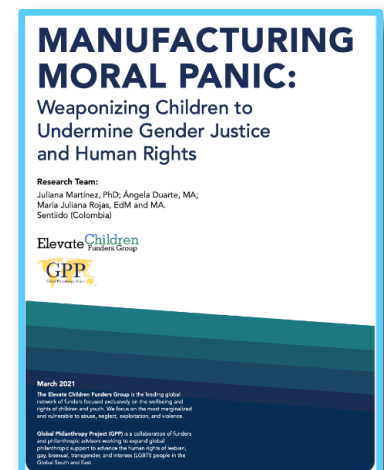


Masen elucidated the **concerns about funding levels and distribution patterns that see anti-rights funding dwarfing human rights-based programs**. He highlighted points that should be seen as essential background knowledge for all trans, gender diverse and LGBTQI activists and advocates in their fight to counter the anti-gender movement. He presented information from the Global Philanthropy Project (GPP)'s report, [“Sea Change: Current Progressive Grantmaking Trends Responding to the Global ‘Anti-Gender’ Movement”](#), showing that the **US-based anti-gender movement reported 6.2 billion US dollars in revenue from 2008—2017, which is three times the funding granted to LGBTQI organizations worldwide**.



*Panelists, from left to right: Masen Davis, Javid Syed, and Addison Smith*

Citing the report by the Elevate Children Funders Group and Global Philanthropy Project, [“Manufacturing Moral Panic: Weaponizing Children to Undermine Gender Justice and Human Rights”](#), Masen shared the differences between how anti-gender organizations fund in comparison to human rights and HIV donors.







# Funding Differences Between Anti-Gender Organizations, and Human Rights and HIV Donors

## Timeframe

Anti-gender organizations fund for the long-term (40—50 years), while human rights and HIV donors fund short-term projects (1—5 years).

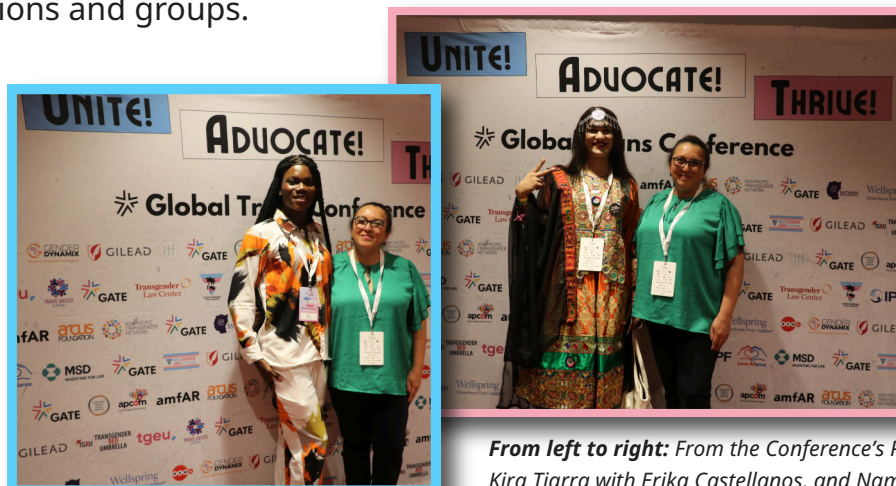
## Funding mechanisms

Anti-gender organizations provide block grants, endowments, and trust funds. Human rights and HIV donors give out project-based grants, and grants for capacity building and service procurement.

## Distribution of funds

Anti-gender organizations use duplication as a worldmaking strategy. This allows several organizations to work on the same area at the same time, which reinforces key messages in different contexts and through different media, and contributes to the long-term development of the anti-gender organizational eco-system.

By contrast, the human rights and HIV donor organizations see duplication as wasteful. In order to be funded, organizations have to differentiate themselves from others, which spreads money thinly, narrowing the scope and diminishing the impact of the work. This requirement of differentiation also tends to promote competition instead of collaboration between trans and gender diverse organizations and groups.



*From left to right: From the Conference's Photo Wall – Kira Tierra with Erika Castellanos, and Namkeen Peshawri with Erika*



## Funding constraints

Anti-gender organizations have very few constraints. They have the freedom to decide how money is spent, which encourages risk-taking and provides rapid response capabilities, flexibility, and adaptability.

In comparison, human rights and HIV donor organizations are constrained by the fact that funding is project based, deliverable driven, and impact-evaluation contingent. They impose cumbersome and time-consuming reporting procedures on organizations and groups they fund, which allows little flexibility and stymies creativity, as there is little room for failure.

## Use of funds

Anti-gender organizations employ funds from a worldmaking strategy focused on career development, and funds are funneled to cohorts of policymakers and analysts, media organizations, and scholars who are paid to conceptualize and frame key issues.

The human rights and HIV donor organizations use reactive strategies. Funding is aimed at organizational expenses and personnel tied to specific projects and service provision programs that have a narrow set of deliverables.

## Issues funded

The issues funded by anti-gender organizations are interconnected, worldmaking issues. They use broad campaigns and slogans, for example “gender ideology”, that simultaneously engage with all or several of the issues they focus on, including women’s, children’s and LGBTQI rights, as well as anti-democracy efforts, and environmental deregulation.

By contrast, human rights and HIV donor organizations employ specialized and targeted funding that result in funded organizations and groups working in silos and makes cross-issue, cross-sectoral, transnational, and intersectional collaboration difficult.



In conclusion, discussions amongst participants, with input from the panelists, highlighted **efforts by some funders to develop more flexible funding models, particularly with regards to providing core support for community-led organizations.**

Participants brought forward stories of **frustration with funders and funding paradigms that are not aligned to realities of conducting advocacy and service-provision work in hostile environments with shrinking space for civil society engagement and limited access to resources.**

Participants also highlighted **the watch-dog role of community-led organizations in documenting the growing impact of anti-rights actors, and called on donors to take these reports seriously, as the anti-rights surge continues to undermine public health initiatives around the world.**

Funders raised the possibility of addressing divisions and increasing solidarity between movements by providing spaces for open and frank discussions to clear misconceptions and build common ground.

**What is abundantly clear is that the work done by communities on the ground needs to be supported without the onerous and restrictive funding paradigms that continue to impede innovative and necessary health and human rights advocacy work.**



*Images from the Conference networking space*



# Conclusions from the Conference Health Rapporteur

The Conference's health rapporteur, Brent Allan, presented a summary of conclusions based on the discussions from across the entirety of the Conference's discussions within the health, human rights, and movement building sessions and plenaries.

This section of the Report outlines the closing statements from the rapporteur and is broken down into:

- 1. Key health issues** — Those issues which were highlighted across the entirety of the Conference and cut across all the themes and vulnerable populations.
- 2. Key populations** — Populations that are under-served, under-recognized, and who face significant structural barriers which negatively impact upon their health and well-being.
- 3. Key health themes** — The significant issues raised in the health track of the Conference specifically.



*Health Rapporteur, Brent Allan*



*From left to right: Erika Castellanos, Brent Allan, Jemma Samitpol, and Best Chitsanupong Nithiwana*



## Key Health Issues

### Gender-affirming care

Throughout the course of the Conference, it became clear that there are several key health issues that need to be prioritized. The first, and probably the most obvious, and certainly the most critical, is the provision of gender-affirming care (GAC).

As a participant stated,

*“Gender-affirming care is lifesaving care. If I don’t get access to gender-affirming care I might not survive till tomorrow — I might not be able to get out of bed.”*

The **trans and gender diverse movement must challenge the assumption and the bias that exists, often perpetrated by the media, that the only gender-affirming care is surgical care.** The trans and gender diverse movement needs to get better at promoting the truth that gender-affirming care is a broad spectrum of care options that includes a vast array of choices such as hormone replacement therapy (HRT), counselling, puberty blockers, and a number of other critical components of individuals’ health and well-being.

### Self-identification and bodily autonomy

Of huge concern within the trans and gender diverse community is the issue of self-identification and bodily autonomy. Within the context of healthcare, this means having **policies and practices in place across the health service system that ensure that both are seen not as optional, but as human rights issues that should be a priority consideration in the provision of quality healthcare.**



## Conversion therapy and trans- and gender diverse-competent healthcare

An additional health issue that crosses over with human rights is the advocacy that is required to counter conversion therapy, which continues unchallenged in many parts of the world. Not only do **these practices run counter to gender-affirming care, but they are also antithetical to quality healthcare, and undermine the mental health and well-being of trans and gender diverse communities worldwide.** Our communities need to advocate for the policies that put into practice trans- and gender diverse-led and trans- and gender diverse-competent healthcare.

Unfortunately, the data and evidence clearly show that trans and gender diverse communities experience **higher rates of STIs, lower levels of sexual health and well-being, and an increased risk of HIV/AIDS.** The risks to our sexual health often overlap with **gender-based sexual violence, mental health challenges, and higher rates of alcohol and other drug use.** However, as one panelist put it, in combating the lacks within the healthcare system regarding trans and gender diverse sexual health,

*“As trans and gender diverse people we celebrate our sexual lives because it is intimately connected to our gender expression. Denying the importance of our sexual lives denies our humanity.”*



*Brent Allan*



## Recommendations

- Promote greater education and awareness of what constitutes gender-affirming care to the wider public.
- Work with local, regional, and national health service systems to ensure that best practice in self-identification exists across health service delivery systems, both in relation to policy development as well as practice guidelines.
- Work with partners to challenge conversion therapy practices where they exist.
- Establish best practice guidelines and principles on trans- and gender diverse-competent healthcare.
- Create background briefing papers for healthcare providers on sexual health, mental health, and the use of any form of alcohol and drugs within trans and gender diverse communities. These papers need to focus on sexual rights, including pleasure.

## Key Populations



The trans and gender diverse community is rich in its diversity and as one participant remarked,

*“Our diversity is our greatest strength.”*

This is why **it is necessary to consider the members of our community who have significant structural barriers that impede their greater health and well-being.**



From the Breaking Barriers session



**The following key populations within the trans and gender diverse community were explicitly mentioned across the entirety of the Conference, especially during the health track:**

- Displaced and undocumented migrants, refugees, and people in detention camps.
- People who have experienced gender-based sexual violence.
- Young people, especially those requiring parental/guardian consent with regard to gender-affirming care.
- Older people, especially those with multiple co-morbidities and those who face numerous structural barriers.
- People living in rural/regional/non-urban based settings where travel and service options are limited.
- Trans men and gender diverse persons who are excluded from HIV and other health programming, as well as from research and health data collection.
- Sex workers.
- Incarcerated individuals.

**These key populations require greater investigation in relation to research and evidence, greater resource mobilization, and targeted approaches that consider differing geographic contexts and cultures.**

## Recommendations

The following recommendations were put forward by the health rapporteur:

- Programs and services operating in different locations need to consider and determine which key populations require greater resource mobilization depending upon the evidence at hand.
- Involve key populations in the work. Working with any vulnerable population requires a commitment to co-design.





## Key Health Themes

The following four themes were highlighted by the health rapporteur and are framed very much as a call to action.

### Access and equity

Perhaps the most prevalent key health theme cutting across the Conference was that of access and equity. Structural barriers such as poverty, housing, and food security for example, all constitute significant and important social determinants of health. Trans and gender diverse populations cannot be expected to thrive if their healthcare access and equity are compromised by structural barriers. Concerning areas within the access and equity conversation were legal, financial and insurance barriers, universal health coverage (UHC), and stigma and discrimination.

### Legal barriers

The other considerable issue negatively affecting health access and equity are those of legal barriers. **Changes need to be made that reduce the legal barriers that continue to affect the healthcare rights of trans and gender diverse communities.** Legal change requires that policy and practice guidelines are in place to ensure greater access and equity, and are critical to underpinning trans- and gender diverse-competent healthcare.

### Financial and insurance barriers

There was considerable discussion about the financial and insurance barriers that prevent trans and gender diverse communities from accessing quality healthcare. Often these barriers are not based on evidence and appear to be particularly punitive towards our community. **Without changes to the insurance industry, we will continue to expect to see ongoing health-related harms, specifically related to sub-standard healthcare, which puts trans and gender diverse people at risk.**



## Universal health coverage (UHC)

The advocacy required for universal health coverage (UHC) is a parallel issue. **We must support advocacy with regards to ensuring universal health coverage that would safely enable trans and gender diverse community members to seek trusted and competent healthcare professionals.**

## Stigma and discrimination

Stigma and discrimination, including heteronormative and cisnormative assumptions, continue to profoundly and negatively affect our communities worldwide, leading to poor health outcomes. **Internalized, structural and social stigmas within healthcare settings and systems must change.** As community members we must be prepared to stand up and fight for what is right.

This means being openly critical of the willful, biased and exclusionary interpretations of research data that trans and gender diverse communities have seen play out in relation to [“The Cass Review”](#), for example, which lacks comprehensive data, is biased in evidence interpretation, ignores expert consensus, recommends harmful policies in relation to puberty blockers, for example, and actively excludes experts and community organizations working on trans and gender diverse health.

As one delegate put it,

*“We must be prepared to call out and challenge the exclusionary and often unsafe language used in healthcare settings.”*



## Community-led research, analysis, dissemination, and monitoring

The following issues were raised in relation to research:

### Near impossible to create or sustain programs and services without the evidence and data required to determine their need and effectiveness

This was repeated over and over again at the Conference. **There are numerous unfunded, underfunded and under-answered critical topics affecting the lives of trans and gender diverse communities** including, but not limited to, trans men and the trans masculine experience (especially regarding sexual health), and the experiences of gender diverse persons.

### Urgent need for more diverse data sets from which to draw an evidence base and interpretation

Longitudinal studies, periodic studies, community- and peer-based action-oriented research, as well as quality of life research were all identified as research styles and methods that are critically underfunded. There was much discussion about **the need to deploy socio-economic and returns-on-investment analysis, including the costs of the impact of exclusion and isolation on health outcomes.**

### Applying a knowledge-translation lens

Along with building a more robust research structure and evidence base is the challenge and the necessity of applying a knowledge-translation lens **to ensure that results in interpretations are done by and for trans and gender diverse communities in a way that works for these communities.**

An outstanding example of quality assurance monitoring and reporting by a community-led organization is Transgender Europe (TGEU)'s [Trans Rights Index and Map 2024](#) project.





## Differentiated service delivery options

The third theme arising from the health track was that of differentiated service delivery options. **We need to ensure that healthcare options are provided in relation to healthcare that meet the needs of community members receiving care.** This theme related to two areas: community-based clinic care, and workforce development strategies.

### Community-based clinic care

It is clear that community-led care, community-based care, clinic-based care, hybrids, and integrated service models all have a place within the landscape of quality health care service and systems. In one session of the health track at the Conference, the **lack of trans-inclusive and appropriate clinical guidelines that exist in both clinical and community-based care** was highlighted, **particularly with regard to the screening and diagnosis** for example of cancers, non-cancers, non-communicable diseases and, most critically, mental health and well-being guidelines that take into consideration the lived experience of trans and gender diverse communities.

### Workforce development strategies

A critical need identified during the health sessions was the need to focus on workforce development strategies. **Two separate but interlinked strategies to develop a trans and gender diverse competent workforce in the healthcare sector emerged:**

1. Recruitment training and supporting trans and gender diverse individuals to go into healthcare practice through the provision of scholarships and bursaries.
2. Alongside this strategy, mandating trans- and gender diverse-competent training for all healthcare professionals, and to ensure that this happens both at the undergraduate training level of future healthcare providers, and also as in-service training for existing healthcare providers.



As was exemplified by the fantastic work being done by The Tangerine Clinic in Bangkok, Thailand, **there is a real need to differentiate between healthcare delivery that is trans- and gender diverse-aware, trans- and gender diverse-sensitive, and trans- and gender diverse-competent.** As one participant so clearly articulated,

*“Trans people deserve safe, affordable, affirming care, no matter where they are.”*

### Participatory and inclusive co-design

- **Greater success of research and program co-design:** One of the most common themes that we heard across the Conference could be summed up in the statement,

*“Nothing about us without us.”*

Participatory and inclusive research and program co-design would ensure that work done to improve the lives of trans and gender diverse communities worldwide is done in such a way that it ensures a greater degree of success and builds the capacity of the community members it engages with.

- **Research and the development of research questions:** We have to ask:

*“Are we here? In what quantity? Is this information reliable?”*

- **Knowledge development and translation:** We need to ensure that clearinghouse structures are set up to assist both professionals and the community alike to articulate the lived experience of trans and gender diverse community members. The resources in these clearinghouses should be vetted by trans- and gender diverse-competent healthcare providers and community experts.

- **Enable “citizen power”:** Perhaps one of the most important aspects of participatory co-design is enabling “citizen power” with the skills, knowledge and attitudes to effect change, as opposed to the often tokenistic inclusion or objectification of the trans and gender diverse community. As one participant stated:

*“You have to involve us to find us and we are best placed to locate interview understand and provide care through lived experience. It's us being at the forefront leading with compassion in partnership for all.”*

- **Identify the right partners:** Create a database of healthcare decision-making bodies within our recognition and reach that have the potential to have a profound impact upon trans and gender diverse lives for the better. We need to get ourselves onto these bodies and support our siblings for these bodies to be successful.

In conclusion, these opportunities as outlined by the rapporteur provide a platform where we can demand that our voices are heard, our experiences are valued, our lives are acknowledged and, ultimately, that our needs are met. **This is our trans agenda.**

**UNITE!**  
**ADVOCATE!**  
**THRIVE!**

*GATE's Erika Castellanos sharing a joke with the audience at the opening session of the Conference*



*This*

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# Health

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