Joint Technical Brief

HIV, Sexually Transmitted Infections and Other Health Needs among Transgender People in Asia and the Pacific

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Joint Regional Technical Brief

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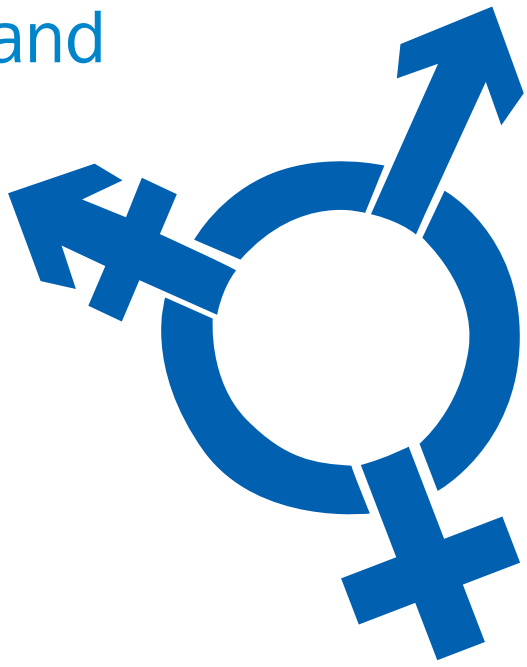

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For more information, please contact:
HIV/AIDS and Sexually Transmitted Infections (HSI) Unit
World Health Organization Regional Office for the Western Pacific
E-mail: hsi@wpro.who.int
Website: www.wpro.who.int/sites/hsi
United Nations Avenue corner Taft Avenue, Manila 1000, Philippines

INTRODUCTION

This technical brief is designed for people who are planning to respond to the needs of transgender people for the very first time. The audience may include transgender community members; staff of donor agencies; health workers; academics including researchers and staff of training schools for doctors, nurses, counsellors and other health workers; carers; policy-makers; nongovernmental organization (NGO) and community-based organization activists; lawyers; school teachers and administrators; and staff of police, military, immigration and other authorities.

The technical brief reviews the epidemiology of HIV and other sexually transmitted infections (STIs), and other health needs of transgender people in Asia and the Pacific. The determinants of risk behaviours, especially stigma and discrimination, are explored. The document also summarizes techniques for gender-affirming enhancement for transgender people.

SUMMARY

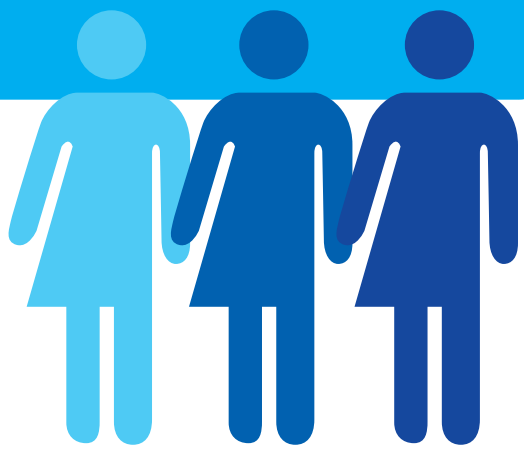
- Transgender people have special health needs that have been severely neglected in Asia and the Pacific.
- The self-perceived needs of transgender people are often different from those identified by public health experts.
- There are limited transgender-specific data to inform policy and programming.
- Appropriate regional guidance and training are required to ensure that health workers provide acceptable, appropriate and good quality care to transgender people.
- Governments need to ensure that data from HIV and STI studies routinely disaggregate gender-related data by male, female and transgender status.

SUMMARY OF PRIORITY ACTION POINTS

1.HUMAN RIGHTS

Strategic information about human rights violations including violence, stigma and discrimination experienced by transgender people should be systematically collected using existing tools (e.g. questionnaires used in behavioural surveillance – as per the two reports from Papua New Guinea cited in this document) to measure their prevalence and impact on the response to HIV and other STIs. Programmes to reduce stigma and discrimination against transgender people should be included in national strategic planning and programming activities.

Access to health services at the highest attainable standards is a basic human right for everyone. To ensure access for transgender people, health care workers should be provided with training on non-discrimination, and codes of conduct and oversight should be established for service providers. Planners should employ a range of approaches to prevent and reduce stigma and discrimination among different key groups (politicians, religious leaders, health authorities, welfare workers, and law enforcers). The establishment and enforcement of human rights-based legislation and implementation of programmes to increase access to justice for transgender people, such as legal literacy campaigns and legal services, are critical to addressing structural discrimination and empowering transgender people to know and claim their rights.



2. HEALTH NEEDS

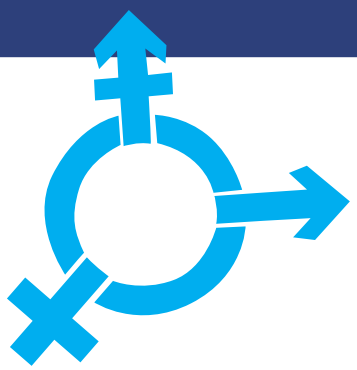
Training institutions for health workers, school teachers and administrators, and other stakeholders should ensure that basic content addressing the health needs of transgender people is covered in training curricula for medical, nursing, social work,and other relevant professions. Additional efforts should be implemented to reduce stigma and discrimination by health workers in pre- and post-service training.

It would be helpful if an appropriate agency or group of agencies were tasked with developing guidance adapted to resource-limited settings in this region on the following issues:

- the use of hormone treatment for transgender people
- the use of surgical treatment for transgender people
- the clinical management of young and older transgender people.

3. ADVOCACY AND AWARENESS-RAISING

This document should be used to promote discussion and raise awareness among the transgender community, as well as policy-makers, carers and service providers who are less familiar with the health and social issues affecting transgender people.




9-9.5m
estimate transgender
population
for Asia and the Pacific

1. BACKGROUND

Transgender health is a neglected issue, and transgender people are underserved and stigmatized. The size of the transgender population remains undetermined; however, an estimate for Asia and the Pacific is 9 to 9.5 million, according to a recent report of the United Nations Development Programme (UNDP).[1]

A consultation held in Manila[2] defined transgender people as, "persons who identify themselves in a different gender than that assigned to them at birth," and refined the definition for transgender people in Asia and the Pacific with an explanatory note.[3] Transgender people may identify as transgender women (also male-to-female or MTF) or transgender men (also female-to-male or FTM), who may engage in heterosexual or homosexual practices, or who may be polysexual or voluntarily asexual. Transgender people are often denied general medical care, mental health services, and HIV, STI and other sexual health services because of their gender identity.[4] Discrimination in access to health care on the grounds of sexual orientation or gender identity is a violation of human rights.[5] Young transgender people are particularly vulnerable to bullying during their school years.

Surveillance data on HIV prevalence among transgender people have not been systematically collected. According to some surveys, however, transgender populations are reported to have some of the highest HIV prevalence rates in the region, ranging from 8.7% in Phnom Penh (2005), to 22% in Jakarta (2002), 29% in Myanmar, and 31% in Bangkok (2007).[6] Likewise, where data on other STIs have been collected, very high rates of infection have been reported for rectal gonorrhoea and chlamydia (often higher than 10%–20%), and syphilis (sometimes affecting more than

[1] Winter S. *Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region*. Bangkok, United Nations Development Programme, 2012 (http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/lost-in-transition--transgender-people--rights-and-hiv-vulnerabi/).

[2] *Meeting Report: Consultation on HIV, STI and other Health Needs of Transgender People in Asia and the Pacific*, 11–13 September 2012. Manila, World Health Organization, United Nations Development Programme, Joint United Nations Programme on HIV/AIDS and Asia-Pacific Transgender Network, 2012.

[3] Transgender people may express theirFOOT identity differently than expected of the gender role assigned to them at birth. Transgender people in Asia and the Pacific often identify themselves in ways that are locally, socially, culturally, religiously or spiritually defined.

[4] Guadamuz TE et al. HIV prevention, risk behaviour, hormone use and surgical history among transgender persons in Thailand. *AIDS and Behavior*, 2011, 15(3):650–658.

[5] *Report of the United Nations High Commissioner for Human Rights on Discriminatory laws and practices and acts of violence against individuals based on their sexual orientation and gender identity*. Geneva, United Nations Human Rights Council, 2011 (http://www2.ohchr.org/english/bodies/hrcouncil/docs/19session/A.HRC.19.41_English.pdf, accessed 27 September 2012).

[6] Chemnasiri T et al. Inconsistent condom use among young men who have sex with men, male sex workers, and transgenders in Thailand. *AIDS Education and Prevention*, 2010, 22:100–109.

40%–50% of the transgender population).[7,8,9,10,11] Of note, data are not available on neovaginal STIs or STIs among transgender men in the region. It should also be noted that the high STI and HIV rates shown in studies available on transgender women are usually quite skewed by the proportion of transgender female sex workers in the study samples.

Despite the severity of the HIV and STI epidemics among transgender people, transgender-specific HIV or STI programming is virtually non-existent in the region. HIV programming for transgender people is usually included in programmes targeting men who have sex with men (MSM), and these programmes are generally considered less relevant for transgender people. With the exception of Hong Kong (China), Iran and parts of India, countries and areas in the region do not provide public sector services or support for gender reassignment surgery, and most transgender people must pay out-of-pocket expenses for gender-affirming physical enhancements.

The findings of a recent regional assessment report[12] revealed that the needs of transgender people are different from those of other groups at increased risk for HIV and other STIs such as sex workers and MSM. Since 1980, *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People*[13] has been available from the World Professional Association for Transgender Health (WPATH) and has been widely used in more affluent settings to guide the provision of care. Its standards are much less used in resource-poor settings, where huge gaps in services for transgender people remain, and where relevant, practical guidance is lacking. Transgender populations throughout Asia and the Pacific are still very much underserved and have limited access to transgender-specific HIV, STI and other sexual health services.

Recently, at the Trans People Global Consultation facilitated by the United Nations Joint Programme on HIV/AIDS (UNAIDS),[14] a request was made to United Nations agencies to address the unique needs and concerns of transgender people. These concerns include: HIV and other STIs, broad health issues (e.g. hormones), sex work among transgender people, violence, poverty and socioeconomic status, leadership and empowerment.

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[7] Joesoef MR et al. High rates of sexually transmitted diseases among male transvestites in Jakarta, Indonesia. *International Journal STD & AIDS*, 2003,14:609–613.

[8] Hawkes S et al. HIV and other sexually transmitted infections among men, transgenders and women selling sex in two cities in Pakistan: a cross-sectional prevalence survey. *Sexually Transmitted Infections,* 2009, 85:ii8–ii16.

[9] *National Study of Reproductive Tract and Sexually Transmitted Infections: Survey of High Risk Groups in Lahore and Karachi.* Family Health International Pakistan and National AIDS Control Program, Ministry of Health, Pakistan, 2005.

[10] Pisani E et al. HIV, syphilis infection, and sexual practices among transgenders, male sex workers, and other men who have sex with men in Jakarta, Indonesia. *Sexually Transmitted Infections*, 2004, 80:536–540.

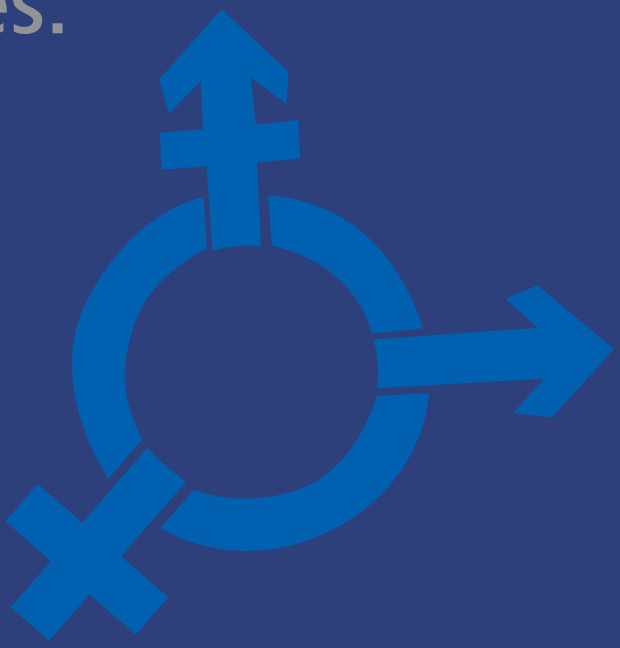
[11] Prabawanti C et al. HIV, sexually transmitted infections, and sexual risk behavior among transgenders in Indonesia. *AIDS and Behavior,* 2011, 15:663–673.

[12] *Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific.* Manila, World Health Organization and Asia-Pacific Transgender Network, 2012.

[13] *Standards of Care for the Health of Transsexual and Transgender, and Gender Nonconforming People (7th edition).* Minneapolis, World Professional Association for Transgender Health, 2012 (http://www.wpath.org/publications_standards.cfm).

[14] *Meeting Report: Trans People Global Consultation,* 15–17 November 2011. Geneva, Joint United Nations Programme on HIV/AIDS, 2011.

Transgender populations throughout Asia and the Pacific are still very much underserved and have limited access to transgender-specific HIV, STI and other sexual health services.



2. GUIDING PRINCIPLES[15]

2.1 Human rights framework

The development of this document was guided by the UNAIDS Action Framework: *Universal Access for Men who have Sex with Men and Transgender People,* which is grounded in an understanding of and commitment to human rights standards and principles recognized under international law.[16]

2.2 Inclusion and empowerment

The development of this technical brief followed a process recognizing the need for the right of transgender people to participate in formulating recommendations for improving their health and well-being. The document was finalized at a joint consultation with strong representation from transgender people from many countries across the region and the Middle East.

2.3 Public health priority

The public health approach to transgender health requires the systematic use of strategic information (including social and bio-behavioural epidemiological studies) and epidemic control to ensure a reduction in the spread of HIV and other STIs. It should be beneficial for the most affected groups and other members of the population. A public health approach is focused and provides responses according to the location, magnitude and trends of HIV and other STI epidemics. The agencies, actors and professionals who provide the health services for transgender people are many and varied. This document serves to highlight the most important health issues and responses for transgender people, which can be addressed at various individual, community and societal levels.

Research on transgender issues has been much neglected in Asia and the Pacific, and much more is required to inform responses that meet the needs of transgender people. Apart from research on health needs such as HIV and other STIs, more research is required to examine issues such as mental health needs including dealing with substance use, and social and economic issues such as stigma and discrimination, employment and poverty.

[15] Adapted from: *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.* Geneva, World Health Organization, 2011 (http://www.who.int/hiv/pub/populations/msm_guidance_2010/en/).

[16] *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People.* Geneva, Joint United Nations Programme on HIV/AIDS, 2009 (http://data.unaids.org/pub/report/ 2009/jc1720_action_framework_msm_en.pdf, accessed 7 September 2012).

2.3.1 Resource allocation

While there are some data describing resource allocation for HIV programming among MSM, no data is available for transgender-specific resource allocation. This is most likely because transgender HIV programming is subsumed in programmes for MSM – but even the allocations for MSM programming are miniscule, especially for prevention programming where coverage remains very low. As described elsewhere in this document, most other services for transgender people, including gender-affirming medical and surgical support, are self-funded. This situation clearly needs to be reversed to recognize the right of transgender people to access a much broader range of health services.

2.4 Comprehensive health care

To complement the 2011 WHO guidelines on the prevention and treatment of HIV and STIs, this technical brief describes a more comprehensive approach to health care that attempts to respond to the social exclusion of transgender people, for whom HIV and STI services are often the only available source of care, and then only in limited places. Transgender people remain largely excluded from access to other services, or access to such services is hampered by pervasive stigma, discrimination and criminalization.

The HIV epidemic has pushed health systems to recognize the existence of transgender people, and respond to their HIV and STI needs. However, a variety of other important health needs should be addressed by improving their access to primary health care, general hospital services as well as services that address mental health, substance use, gender-affirming treatments, psychosocial support and improve emotional and sexual well-being.

2.5 Sexual health

WHO defines sexual health as: "a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safer sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled."[17]

This technical brief describes a spectrum of approaches that will enhance the sexual health of transgender people in accordance with the above definition. It is highly desirable that actions points proposed in this brief are implemented with the participation of transgender people. Furthermore, it is critical that they be grounded in human rights, informed by evidence, and involve broader partnerships, including affected communities.

[17] *Defining Sexual Health: Report of a Technical Consultation on Sexual Health*, 28–31 January 2002. Geneva, World Health Organization, 2006.

Transgender people are particularly vulnerable to gender-based violence. After all, transgender people challenge conventional gender roles more than any other group and are, not infrequently, subject to hate crimes.

3. HUMAN RIGHTS ISSUES

3.1 Human rights – gender-based violence

Two recent United Nations reports summarized the global and regional status of the legal environments and human rights and HIV responses among MSM and transgender people.[18,19] The issues and recommendations put forth by the reports were strongly reinforced in *Lost in Transition*. Just a few of the related issues are mentioned below, and readers are recommended to review the two other reports for more details.

Transgender people are particularly vulnerable to gender-based violence. After all, transgender people challenge conventional gender roles more than any other group and are, not infrequently, subject to hate crimes. These incidents are highly traumatic to transgender people, as they compound the challenges faced in validating their sense of identity, and cause feelings of shame, guilt and self-blame leading to increased stress, depression and anxiety.[20] Young transgender people often experience bullying and harassment during their schooling – contributing significantly to anxiety and depression as well as physical harm. Such experiences reduce the likelihood that transgender people will seek the care that they need. The failure of law enforcement authorities to respond appropriately also has strong negative impact. Indeed, police officers are frequently the perpetrators of such attacks.

[18] Godwin J. *Legal Environments, Human Rights and HIV Responses among Men who have Sex with Men and Transgender People in Asia and the Pacific: An Agenda for Action*. Bangkok, United Nations Development Programme, 2010 (http://www.snap-undp.org/elibrary/Publication.aspx?ID=629, accessed 8 September 2012).

[19] *Born Free and Equal: Sexual Orientation and Gender Identity in International Human Rights Law.* Geneva, Office of the United Nations High Commissioner for Human Rights, 2012 (http://www.ohchr.org/Documents/Publications/BornFreeAndEqualLowRes.pdf, accessed 17 September 2012).

[20] Testa RJ et al. Effects of violence on transgender people. Professional Psychology: Research and Practice, 2012, 43(5):452–459.

Violence against transgender people is common, particularly against those who sell sexual services. In 2006, Jenkins found high rates of police violence against transgender sex workers including beatings and rape.[21] Two recent studies in Pakistan documented high rates of stigma and discrimination and very high rates of sexual violence against transgender sex workers in both Rawalpindi and Abbotabad.[8, 22] Much of this abuse was perpetrated by state actors such as police officers. In the Pacific, two recent behavioural surveillance studies of sex workers in Port Moresby documented extreme rates of sexual violence against female, male and transgender sex workers, much of which was perpetrated by regular partners, by police, and in gang rapes.[23, 24]

Few countries have taken measures to recognize the rights of transgender people to change their legal status on official documents such as passports, identity cards and birth certificates. There are anecdotal reports of transgender people being mismanaged at health facilities because their medical records have failed to capture their change in gender status.

3.2 Human rights – stigma and discrimination

Transgender people face high levels of stigma and discrimination. They are often refused education, employment, health care, housing and other social services. Stigma and discrimination in health care settings in particular have often been cited as major barriers in accessing essential services related to HIV and other STIs as well as specific transgender-specific support and basic health care. Discrimination is often institutionalized from the first contact with registration desks of health services, which insist on the use of only two genders, and the lack of trained, sensitive, non-judgmental staff. Transgender people living with HIV are doubly discriminated against and, in some settings, receive no care at all. Many transgender people also report they are stigmatized and discriminated against by MSM, and often request that targeted health services be separated to avoid such problems.

[21] Jenkins C et al. *Violence and Exposure to HIV Among Sex Workers in Phnom Penh, Cambodia*. Washington, DC, United States Agency for International Development/POLICY Project, 2006.

[22] Mayhew S et al. Protecting the unprotected: mixed-method research on drug use, sex work and rights in Pakistan's fight against HIV/AIDS. *Sexually Transmitted Infections*, 2009, 85, ii31–ii36.

[23] *Behaviors, Knowledge, and Exposure to Interventions: Report from a Behavioral Surveillance Survey, Port Moresby, Papua New Guinea.* United States Agency for International Development/FHI 360, 2011.

[24] Kelly A et al. Askim Na Save (Ask and Understand): *People Who Sell and Exchange Sex in Port Moresby.* Key Quantitative Findings. Papua New Guinea Institute of Medical Research and the University of New South Wales, 2011.

Prior to the United Nations General Assembly High-Level Meeting on AIDS in June 2011, one resolution of the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP resolution 67/9) identified transgender populations as being at particularly high risk for HIV infection and facing considerable challenges in accessing prevention, treatment, care and support services.[25]

In many countries, the only employment options other than sex work are stereotypically gendered jobs in the entertainment or beauty industries.

Few countries in the region have mounted effective responses against stigma and discrimination against transgender people either in their national HIV response or within the health care system. The health sector has a priority role in reversing stigma and discrimination against transgender people, providing accurate information for patients and the community alike, and advocating for relevant policy and programmatic changes within health facilities. The creation of an enabling environment with supportive laws, policies and law enforcement is essential for transgender people to have equitable access to a range of services and options including health care, employment, welfare and housing.

ACTION POINTS [26]

It is essential that strategic information about human rights violations including violence, stigma and discrimination experienced by transgender people be systematically collected using existing tools (e.g. questionnaires used in behavioural surveillance) to measure their prevalence and impact on the response to HIV and other STIs. Programmes to reduce stigma and discrimination against transgender people are vital and would be powerful additions to national strategic planning and programming activities.

Access to health services at the highest attainable standards is a basic human right for everyone. To ensure access for transgender people, health workers would be assisted greatly if they were provided with training on non-discrimination, and codes of conduct and oversight were established for service providers.

As planners scale up national responses to stigma and discrimination (and thus access to HIV prevention, treatment and care), they would be greatly assisted if they were to employ a range of approaches to prevent and reduce stigma and discrimination among different key groups (politicians, religious leaders, health authorities, welfare workers, law enforcers and so on). In this way, they can challenge stigma and discrimination in institutional settings and build capacity for recognizing human rights. The establishment and enforcement of human rights-based legislation and implementation of programmes to increase access to justice for transgender people, such as legal literacy campaigns and legal services, are also critical to addressing structural discrimination and empowering transgender people to know and claim their rights.

[25] *Resolution 67/9*. Asia-Pacific regional review of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS and the Political Declaration on HIV/AIDS. Bangkok, UN Economic and Social Commission in Asia and Pacific, 2011.

[26] These recommendations are adapted from: *Priority HIV and Sexual Health Interventions in the Health Sector for Men who have Sex with Men and Transgender People in the Asia-Pacific Region*. Geneva, World Health Organization, 2010.

Transgender people require access to general health services at primary, secondary and tertiary levels of the health care system. Much work is needed to reduce discrimination against transgender people by health care workers.

4. HEALTH NEEDS OF TRANSGENDER PEOPLE

Transgender people require access to general health services at primary, secondary and tertiary levels of the health care system. Much work is needed to reduce discrimination against transgender people by health care workers.[27] Apart from general health services, many transgender people require specialized support to respond adequately to their particular needs in terms of sexual health care, beyond prevention and care of HIV and other STIs. Specialized services are required for transgender-specific issues such as hormonal and surgical gender-affirming physical enhancement, as well as mental health services and psychosocial support for anxiety, depression, and drug and alcohol use. Meeting the different needs of young transgender people is particularly challenging. The needs of older transgender people, and those of transgender men are equally neglected.

4.1 HIV and STI clinical management

Many health workers and other providers lack training in the management of sexual health issues for transgender people, and undergraduate training is generally inadequate to prepare health workers to respond appropriately to the needs of transgender people. Additionally, few health workers have the necessary life experience to help them understand the unique needs of transgender people. As a result, most health care for transgender people is provided by a small number of health workers who have developed a special interest and are known within local networks for their supportive attitude and competence.

Apart from diagnosis and management of classical STIs, there is also a need to consider prevention with existing STI vaccines such as those available for hepatitis B virus (HBV), human papillomavirus (HPV) and, arguably, even hepatitis A virus (HAV). Both HBV and HPV are associated with types of cancers, notably cancer of the liver and ano-genital cancer, respectively.

Limited information is available on the possible interactions between antiretrovirals (ARVs) and cross-sex hormones. However, it is known that there are interactions between ARVs and hormones, and that a range of other commonly used medications can influence hormone treatment. A brief summary of such interactions is shown in Table 1 to give an indication of the potential complexity of clinical management of HIV among transgender people. For further information, readers are referred to other publications below.[28,29]

[27] Jenkins C et al. *Katoey in Thailand: HIV/AIDS and Life Opportunities*. United States Agency for International Development/POLICY Project, 2006.
[28] *Transgender HIV/AIDS Health Services Best Practices Guidelines*. San Francisco, Transgender HIV/AIDS Health Services, 2006 (http://www.sfhivcare.com/best_practices.htm).

[29] *Care of the HIV-Infected Transgender Patient.* New York State Department of Health AIDS Institute, 2012 (http://www.hivguidelines.org/clinical-guidelines/transgender/care-of-the-hiv-infected-transgender-patient/).

TABLE 1. INTERACTIONS BETWEEN HIV MEDICATIONS AND OESTROGENS

HIV medications that increase estradiol and ethinyl estradiol levels	HIV medications that decrease estradiol and ethinyl estradiol levels
amprenavir (Agenerase), atazanavir (Reyataz), delavirdine (Rescriptor), efavirenz (Sustiva), etravirine (Intelence), fosamprenavir (Lexiva), indinavir (Crixivan), saquinavir (Invirase)	darunavir (Prezista), lopinavir/ritonavir (Kaletra), nelfinavir (Viracept), nevirapine (Viramune), ritonavir (Norvir), tipranivir (Aptivus)
Other drugs commonly used by HIV-positive persons that increase estradiol and ethinyl estradiol levels	**Other drugs commonly used by HIV-positive persons that decrease estradiol and ethinyl estradiol levels**
cimetidine (Tagamet), clarithromycin (Biaxin), diltiazem (Cardiazem), erythromycin (E-mycin, Ery-Tab, Eryc), fluconazole (Diflucan), fluoxetine (Prozac, Sarafem), isoniazid (Lanizid, Nydrazid), itraconazole (Sporonox), ketoconazole (Nizoral), paroxetine (Paxil), sertraline (Zoloft), verapamil (Calan, Covera, Isoptin, Veralan)	dexamethasone (Decadron), phenobarbital (Luminal), phenylbutazone (Azolid, Butazolidin), phenytoin (Dilantin), progesterone (Crinone, Prochieve, Prometrium, Provera), rifampin (Rifadin, Rimactane)

Source: Keller K. Transgender Health and HIV. San Francisco, San Francisco AIDS Foundation, 2009.

4.2 HIV and STI prevention issues

In order for transgender people to protect themselves from HIV and other STIs, they must have access to the full spectrum of prevention services including information, sexuality counselling, HIV counselling and testing, as well as prevention commodities such as male and female condoms, lubricant and sterile injection equipment (to be used for hormone treatment or injection of other drugs). Existing communication materials and activities of HIV programmes (e.g. information, education and communication [IEC] and behaviour change communications [BCC] materials) fail to incorporate other health needs and the specific needs of the transgender community.

It is critical that substance-using transgender people be able to access support services if their drug or alcohol use becomes problematic and increases their risk for HIV transmission and acquisition.

It would be desirable for transgender people living with HIV to be encouraged to seek early treatment for HIV, given the recent developments supporting HIV treatment as prevention (TasP). A randomized clinical trial, known as HPTN 052, showed that early initiation of antiretroviral treatment by the HIV-partner of a discordant couple reduced the risk of transmission to the HIV-negative partner by 96%.[30] The benefits of TasP for anal-penile intercourse are highly plausible, but not certain. The impact of antiretroviral therapy on HIV transmission via anal intercourse requires further evaluation, and therefore careful evaluation of impact is recommended.[31]

Similarly, it is important that other vulnerable transgender groups such as migrants and sex workers also have access to services that are sensitive to their unique needs.

One of the consequences of stigma and discrimination in employment is that many transgender people have few options other than sex work to survive. This, in turn, has detrimental health consequences including the risks of HIV[32] and other STIs, as well as violence, drug and alcohol use, anxiety and depression. Condom use is usually lower among transgender sex workers than other sex workers.[33] Donor agencies, governments and NGOs supporting HIV and STI prevention and care have long recognized the need for targeted programmes with sex workers in national responses. Most programmes have focused on female sex workers with fewer working with male sex workers. While those working with male sex workers recognize that they are working with MSM, very few have specific programmes for transgender sex workers or collect disaggregated data on transgender sex workers.

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[30] Cohen MS et al. Prevention of HIV-1 infection with early antiretroviral therapy. *New England Journal of Medicine,* 2011, 365:493–505.

[31] Muessig KE et al. Does ART prevent HIV transmission among MSM? *AIDS*, 2012:26 (electronic publication ahead of print).

[32] Operario D et al. Sex work and HIV status among transgender women: systematic review and meta-analysis. *Journal of Acquired Immune Deficiency Syndromes,* 2008, 48:97–103.

[33] *HIV and AIDS Data Hub for Asia-Pacific: Evidence to Action*. Bangkok, UNAIDS Regional Support Team, Asia Pacific, 2013 (http://www.aidsdatahub.org/).

4.3 Guidance for clinicians and carers

There is limited regional guidance for health workers and other service providers in the provision of HIV, STI and other sexual health care for transgender people. Globally, however, WHO recently published guidelines for the prevention and management of HIV and other STIs among MSM and transgender people.[34] Some of the best sources of guidance come from the United States of America and include the *Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health*[35] and the *Primary Care Protocol for Transgender Patient Care*.[36] Pre-service training for health workers on transgender issues is very limited, while post-service training is essentially non-existent unless provided by an NGO with a particular interest in providing such training.

ACTION POINT

The quality of care for transgender people would be improved if training institutions for health workers, school teachers and administrators, and other stakeholders ensured that basic content addressing the health needs of transgender people were covered in training curricula for medical, nursing, social work, and other relevant professions. Additional efforts could also be implemented to reduce stigma and discrimination by health workers in pre-service and post-service training.

4.4 Hormone treatment

In this region, many transgender people treat themselves with a range of hormones without medical supervision.[37,38] This practice often begins at an early age and is informed by networks of friends, obliging pharmacists, and, increasingly, through use of the Internet. It almost goes without saying there are potentially serious side-effects in the anarchic use of such powerful medications, often in high doses, among transgender people across a wide age spectrum. Quality guidance is available from a number of sources, most notably, WPATH Standards of Care, the Center of Excellence for Transgender Health at the University of California in San Francisco, and a task force appointed by The Endocrine Society using the GRADE methodology (Grading of Recommendations, Assessment, Development, and Evaluation). GRADE is a system used by agencies such as WHO to describe the strength of recommendations and the quality of supporting evidence. Typical changes seen in the use of hormone therapy are described in Table 2.

[34] *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*. Geneva, World Health Organization, 2011 (http://www.who.int/hiv/pub/populations/msm_guidance_2010/en/).

[35] Makadon HJ et al, eds. *Fenway Guide to Lesbian, Gay, Bisexual and Transgender Health*. Philadelphia, American College of Physicians, 2008.

[36] *Primary Care Protocol for Transgender Patient Care*. San Francisco, Center of Excellence for Transgender Health, University of California, 2011 (http://transhealth.ucsf.edu/trans?page=protocol-00-00).

[37] Guadamuz TE et al. HIV prevalence, risk behavior, hormone use and surgical history among transgender persons in Thailand. *AIDS and Behavior* 2011,15:650–658.

[38] Winter S et al. Transpeople, hormones and health risks in Southeast Asia: a Lao study. *International Journal of Sexual Health*, 2009, 21:35-48.

TABLE 2. CHANGES EXPECTED IN TRANSGENDER WOMEN AND TRANSGENDER MEN AS A RESULT OF HORMONE THERAPY

Feminizing effects of hormones transgender women	Masculinizing effects of hormones in in transgender men
Redistribution of body fat	Skin oiliness/acne
Decrease in muscle mass and strength	Facial/body hair growth
Softening of skin/decreased oiliness	Scalp hair loss
Decreased libido	Increased muscle mass/strength
Decreased spontaneous erections	Fat redistribution
Male sexual dysfunction	Cessation of menses
Breast growth	Clitoral enlargement
Decreased testicular volume	Vaginal atrophy
Decreased sperm production	Deepening of voice
Decreased terminal hair growth	
Scalp hair	
Voice changes	

Source: Hembree WC et al. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. The Journal of Clinical Endocrinology and Metabolism, 2009, 94:3132–3154.

TABLE 3. SIDE-EFFECTS OF CROSS-SEX HORMONE THERAPY

Transgender women

Estrogen

Very high risk outcomes

- Thromboembolic disease (dangerous blood clots)

Moderate to high risk outcomes

- Macroprolactinoma (benign brain tumour)
- Severe liver dysfunction (transaminases – liver tests > 3x upper limit of normal)
- Breast cancer
- Coronary artery disease
- Cerebrovascular disease
- Severe migraine headaches

Transgender men

Testosterone

Very high risk outcomes

- Breast or uterine cancer
- Erythrocytosis (haematocrit >50% – high blood count)

Moderate to high risk outcomes

- Severe liver dysfunction (transaminases – liver tests > 3x upper limit of normal)

Source: Makadon HJ et al, eds. Fenway Guide to Lesbian, Gay, Bisexual & Transgender Health. American College of Physicians, 2008.

ACTION POINT

It is desirable that an appropriate agency be tasked with developing regional guidance on the use of hormone treatment for transgender people.

4.5 Sex reassignment surgery (gender-affirming surgical enhancement)

The current, so-called "Gatekeeper" model of clinic assessment and decision-making regarding sex reassignment surgery – or "gender-affirming surgical enhancement" –requires strong and persistent cross-gender identification associated with the psychological distress defined as "gender dysphoria." Related diagnoses have been actively contested as pathologising, and have been the source of intense debate as the American Psychiatric Association finalizes Diagnostic and Statistical Manual of Mental Disorders, Fifth Revision (DSM-5) for publication in 2013,[39] and as WHO works on ICD-11,[40] which is expected to be finalized by 2015. This approach is further defined by commonly applied requirements. For example, candidates for such surgery must pass 12 months of "real-life" experience living in their preferred gender and/or at least 6 to 12 months of continuous hormonal treatment. Surgery for male-to-female transgender people includes vaginoplasty, preferably by inversion of penile and scrotal skin flaps, clitoroplasty, and vulvoplasty.[41] This surgery is often performed in two steps.

Fewer operations are performed for female-to-male transgender people. Current techniques for creating a neophallus involve the use of sensate free forearm flaps. Other alternatives include less challenging techniques such as metoidioplasty but tend to be less successful in terms of general outcomes as well as with regard to complications. In this region, there are many sources of good surgical support, with multidisciplinary teams of reconstructive surgeons, urologists and gynaecologists supported by effective transgender patient advocates.

[39] *DSM-5 Development.* Arlington, American Psychiatric Association, 2012 (http://www.dsm5.org).

[40] WHO. *International Statistical Classification of Diseases and Related Health Problems 11th Revision.* Geneva, World Health Organization, (proposed).

[41] Sohn M, Bosinski HA. Gender identity disorders: diagnostic and surgical aspects. *The Journal of Sexual Medicine,* 2007, 4:1193–1207.

The main surgical procedures are summarized in Table 4.

TABLE 4. SURGICAL PROCEDURES USED IN SEX REASSIGNMENT SURGERY[a]

Transgender women	Transgender men
Penectomy Orchidectomy (removal of the testicles) Vaginoplasty Clitoroplasty Labiaplasty Other: Hair removal/electrolysis Body contouring Voice modification surgery Procedures to decrease areas of baldness Storage of gametes Breast augmentation Reduction thyroid chondroplasty (shaving of the Adam's apple) Blepharoplasty (surgery to reduce the eyelids) Facelift	Mastectomy Hysterectomy Vaginectomy Salpingo-oophorectomy Metoidioplasty or phalloplasty Urethroplasty Scrotoplasty and testicular prostheses

a See the glossary in Annex 1 for the meaning of the technical terms.

Source: Hembree WC et al. Endocrine Treatment of Transsexual Persons: An Endocrine Society Clinical Practice Guideline. The Journal of Clinical Endocrinology and Metabolism, 2009, 94:3132–3154.

ACTION POINT

It would be very helpful if an appropriate agency were tasked with developing regional guidance on the use of surgical treatment for transgender people.

4.6 Mental health and psychological support

Apart from the need for mental health and psychosocial support to cope with stigma and discrimination, transgender people also need access to psychiatric care to deal with and manage the complexities of coming to terms with their gender identity. Many transgender people depend on primary care doctors, other care providers and friends for support, but not all will be capable of detecting potentially serious mental health issues such as anxiety states, depression, suicidal thinking, serious dysfunctional substance use, and psychosis. In such cases, specialist attention from a psychiatrist is essential and may be life-saving. Few psychiatrists are competent or motivated to serve the needs of transgender people, and associations such as WPATH might be the only mechanism available to find an appropriate psychiatrist. Surgeons and transgender community groups may also serve as valuable sources of referral for such support.

4.7 Needs of young transgender people

Providing support and care to children and adolescents poses special challenges for parents and health workers alike. As they develop and mature, transgender and gender-variant children can experience significant trauma, as do their families in coming to terms with their situation. The support of psychiatrists and endocrinologists is often sought in more affluent settings, and these health workers are also often conflicted in suggesting the best way to care for such children.

Health workers understandably remain wary to offer suggestions that may interfere with prepubertal anatomical development that may lead to later conflicts between anatomical sexual characteristics and adult gender identity. Gender identity in children and young adults is often dynamic and flexible occurring at the same time that the young person is defining their own identity. This means that parents, health workers and other carers must exercise caution to avoid causing harm (e.g. avoiding irreversible procedures that may be later regretted) while doing their best to offer support and care to such patients. This can cause on-going tensions among young transgender people, their parents and health care providers.[42] This approach ensures that the interests of the child are best served.

ACTION POINT

It would be very helpful if an appropriate agency or group of agencies were tasked with developing regional guidance on the management of young transgender people.

[42] Houk CP, Lee PA. The diagnosis and care of transsexual children and adolescents: a pediatric endocrinologists' perspective. *Journal of Pediatric Endocrinology & Metabolism.* 2006, 19:103–109.

4.8 Needs of older transgender people

In Asia and the Pacific, older transgender people are barely visible, and most programmes and organizations seem more attentive to the needs of people aged 20–40 years. Many serious health issues that arise in later years might be misdiagnosed, especially where disclosure of gender identity is risky or impossible. Such health issues include cancers (e.g. prostate, cervix, ovaries, ano-rectum, and breast), risks associated with hormone treatment, as well as health risks associated with the aging process itself. Once again, stigma and discrimination are serious barriers to accessing necessary health care – and could possibly even be experienced from transgender community groups who might be less accepting of older transgender people.

ACTION POINT

It would be very helpful if an appropriate agency or group of agencies were tasked with developing regional guidance on the management of older transgender people.

5. ADVOCACY AND AWARENESS RAISING – GENERAL USE OF THIS DOCUMENT

It is beyond the scope of this document to provide specific technical guidance on the management of specific transgender health issues. Such guidance should be developed by regional or state agencies in the health sector and adapted from documents describing global best practice.

ACTION POINT

This document can be used to promote discussion and raise awareness among the transgender community, as well as policy-makers, carers and service providers who are less familiar with the health and social issues affecting transgender people. It can also serve as a valuable source of reference material summarizing the best available global and regional guidance on transgender health issues.

Annexes

Annex 1

Glossary of terms commonly used in discussions about transgender health [43,44]

Cisgender

A cisgendered person is an individual whose gender identity matches the gender assigned at birth.

Clitoroplasty

The surgical creation of a clitoris in sex reassignment surgery for a transgender woman. The usual technique involved using a remnant of the penile glans and erectile tissue to give the appearance of a cisgendered woman's clitoris. A modified technique preserves some erectile tissue to simulate the engorgement of the clitoris during sexual arousal and uses a small amount of foreskin to serve as a clitoral hood.

F2M/FTM (female-to-male)

Outmoded term. See transgender man.

Gender identity

Gender identity describes a person's private sense of being male, female or other genders.

Gender Identity Disorder

This term is defined in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision* (DSM-IV-TR) as the diagnosis to be used in the provision of transgender-related care. The term is also used in ICD-10, with "transsexualism" and "gender identity disorder of childhood" listed as two diagnoses under the category "gender identity disorders".[45] The transgender community commonly finds these terms controversial in that they pathologize their very existence and desire to live their lives as they wish.

Genderqueer

Someone who challenges the acceptance of stereotypical gender roles and lives differently to socially expected gender norms. Some genderqueers may also avoid hormonal or surgical treatment.

Gender transition

[43] Adapted from: *Care of the HIV-Infected Transgender Patient.* New York State Department of Health AIDS Institute, 2012 (http://www.hivguidelines.org/clinical-guidelines/transgender/care-of-the-hiv-infected-transgender-patient/).

[44] Adapted from: *Primary Care Protocol for Transgender Patient Care.* San Francisco, Center of Excellence for Transgender Health, University of California, 2011 (http://transhealth.ucsf.edu/trans?page=protocol-terminology).

[45] *International Statistical Classification of Diseases and Related Health Problems, 10th Revision.* Geneva, World Health Organization, 2010 (http://www.who.int/entity/classifications/icd/ ICD10Volume2_en_2010.pdf, accessed 29 October 2012).

Gender transition describes the process of altering the body in such a way as to correspond with a person's gender identity. Gender transition may include a range of approaches not limited to hormones or surgery. It may also include the development of new social, psychological and language skills and changing identity documents such as passports and driving licences. The term is controversial with some transgender people due to the fact that they perceive their gender identity as real, regardless of procedures that change how they physically present to others.

Metoidioplasty

A surgical technique to release clitoral tissue from its original position in a transgender man to move it closer to the position that the penis occupies in a cisgendered man. The technique is performed as the clitoris enlarges due to hormonal treatment and is less traumatic than phalloplasty.

M2F/MTF (male-to-female)

Outmoded term. See transgender woman.

Neophallus

The penile organ in a transgender man constructed through surgical phalloplasty.

Neovagina

The vaginal organ in a transgender woman constructed through surgical vaginoplasty.

Phalloplasty

The surgical construction of a neophallus (neopenis) in a transgender man.

Sex reassignment surgery

Sex reassignment surgery (also known as SRS, gender reassignment surgery, and gender affirmation surgery) refers to surgical procedures that alter a person's physical appearance and function so that they may live in their preferred gender identity.

Transgender persons[46]

Persons who identify themselves in a different gender than that assigned to them at birth. *Explanatory note:* They may express their identity differently than expected of the gender role assigned to them at birth. Transgender people in Asia and the Pacific often identify themselves in ways that are locally, socially, culturally, religiously or spiritually defined.

Transgender man

[46] This is the definition agreed at the Consultation on HIV, STI and Other Health Needs among Transgender People in Asia and the Pacific, 11–13 September 2012, Manila, Philippines, which was convened by WHO, UNDP, UNAIDS and APTN.

A person assigned to the female gender who identifies as male (also known as transgender male, FTM or F2M).

Transsexual

A person who desires to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex and who wishes to have hormonal treatment and surgery to make one's body as congruent as possible with the preferred sex.

Transvestite

A psychiatric term used to describe a person who dresses in the clothes of the opposite gender. When done for sexual pleasure, transvestism is currently defined in DSM-IV and IDC-10 as a paraphilia. Cross-dressing is performed by some ("drag queens" and "drag kings") as a form of entertainment.

Transgender woman

A person assigned to the male gender who identifies as female (also known as transgender female, male-to-female, MTF or M2F). Some transgender women choose to undergo breast augmentation but retain their male genitalia.

Vaginoplasty

The surgical construction of a neovagina in a transgender woman.

Vulvoplasty

The surgical construction of the external appearance of the vulva in a transgender woman.

Annex 2

Resource materials and contacts

1. Asia Pacific Transgender Network (APTN)
   Contact: Khartini Slamah, Founder and Board Member
   No. 276B, Batu 2 1/2 Jalan Ipoh
   51200 Kuala Lumpur, Malaysia
   Email: khartinislamahapnswkl@gmail.com
   Tel: +60-3-4041 8966 (Malaysia)
   Mobile: +60-19-603 1699 (Malaysia)

2. World Professional Association for Transgender Health (WPATH) (2012): S*tandards of Care for the Health of Transsexual and Transgender, and Gender Nonconforming People, 7th edition.*
   http://www.wpath.org/publications_standards.cfm

3. Center of Excellence for Transgender Health, University of California, San Francisco (2011): *Primary Care Protocol for Transgender Patient Care.*
   http://transhealth.ucsf.edu/trans?page=protocol-00-00

4. Transline, San Francisco
   http://project-health.org/transline/

5. Winter S (2012): Lost in Transition: *Transgender People, Rights and HIV Vulnerability in Asia-Pacific Region.* UNDP and APTN.
   http://www.undp.org/content/undp/en/home/librarypage/hiv-aids/lost-in-transition--transgender-people--rights-and-hiv-vulnerabi/

6. Transgender ASIA Research Centre, Hong Kong (China)
   http://www.transgenderasia.org/

7. Makadon HJ et al, eds (2008). *Fenway Guide to Lesbian, Gay, Bisexual & Transgender Health. American College of Physicians.* Download a range of resources, forms including medical history forms and patient instruction leaflets at: http://www.acponline.org/fenwayguide.

8. Sisters, Counselling Centre for Transgenders
   29/44 Moo 10, Soi Yensabai (Pattaya Sai 2, Soi 18),
   Tambon Nongpreu, Amphor Banglamung, Chonburi, Thailand 20260
   Tel: +66-38-423 382
   Fax: +66-38-420 513
   E-mail: sisters-pattaya@psiasia.org

9. Society of Transsexual Women of the Philippines (STRAP)
   http://www.tsphilippines.com/

10. Australian and New Zealand Professional Association for Transgender Health (ANZPATH)
    http://www.anzpath.org/ANZPATH_Inc/Welcome.html

11. Trans Health Australia
    http://www.transhealth.com.au/

This Joint Regional Technical Brief on HIV, Sexually Transmitted Infections and Other Essential Health Needs among Transgender People in Asia and the Pacific was designed by the WHO Regional Office for the Western Pacific, in collaboration with APTN, UNAIDS, UNDP and the WHO Regional Office for South-East Asia, in response to mounting demand from Member States and civil society organizations working with transgender people in the Region. It is intended to provide guidance and technical assistance.

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