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Transgender health: an opportunity for global health equity

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“It takes courage to grow up and be who you really are.”

EE Cummings

The Lancet is publishing its first Series on transgender health.^{1–3} Transgender people live in all countries, but their acceptance by communities and freedom to live with their chosen gender identity or expression varies according to culture and society. This Series, led by Sam Winter of Curtin University and Kevin Wylie of the University of Sheffield, is the result of a committed effort by experts and members of the transgender community—some of whom contributed to a piece about community voices for the Series.⁴

The initial peer review meeting held in Beijing, in 2014, engaged members of the regional Asia-Pacific transgender community and international reviewers. When the authors began their work in 2011, they warned *The Lancet* that transgender health was largely a concern of specialist journals. Yet the challenges that face the transgender community are global, multifactorial, and extend across all medical specialties. These challenges—so eloquently described by Sari Reisner and colleagues³ in their Series paper as “situated vulnerabilities”—demand intersectoral responses. Access to general health care is among the least researched fields of transgender health, and reflects inadequate knowledge of transgender health needs by primary health care workers and health professionals in other specialties.

In the process of developing this Series the very word transgender initially evoked surprising and varied responses, ranging from curiosity to dismissal as a “mere” psychiatric disorder. Other concerns were raised: the invisibility of transgender people because of lack of legal recognition; the inability to account for health risks and disease burdens in transgender people because of inadequate population approaches; and stigma which keeps individuals out of health services. Why is the average primary care physician, population

researcher, or policy maker so uninformed about the needs of transgender individuals? The answers lie in insufficient awareness about transgender issues and a lack of acceptance of transgender people. This Series is an effort to further understand, and provide a framework to improve, the health and lives of transgender people globally.

The Lancet Counting Births and Deaths Series in 2015 reported that “to achieve universal health coverage and sustainable development for all, we need to know who the so-called ‘all’ are, and measure the risks to their health”.⁵ However, as Sam Winter and colleagues¹ point out in the first Series paper, exactly how many transgender people there are, or how many experience a need for health care, is largely unknown. One of the challenges is the diversity of the transgender community. Some people live with their gender incongruence, but decide not to transition. Some individuals make a social transition only, without accessing any gender-affirming health care. Yet stigma discourages many people from making their transgender status known to others or accessing health care at all.

Furthermore, as highlighted by Sari Reisner and colleagues,³ few population level data exist with which to monitor the health of transgender people worldwide, because routine national and international health surveillance in most countries does not assess gender identity as an equity stratifier. Studies restricted to people with gender identity disorder or gender dysphoria do not capture the full spectrum of transgender people, such as those with non-binary transgender identities.

Meeting the diverse health needs of transgender people is possible as Kevan Wylie and colleagues² show in the second Series paper. They provide a review of the various types of clinical services and models of care that the transgender community can use.² But accessing this care remains a problem because of wider factors that affect the lives of transgender people.

Learning to accept ourselves (and others) is the universal challenge for every individual. So many factors feed into the journey—social status, family and peer support, religion, poverty, education, cultural norms, and personalities. For transgender people, that journey is challenged in many places by the external forces of stigma, punitive laws, and misunderstanding. Transgender people face many challenges that deprive them of opportunities and dignity, edging them towards the margins of societies, and damaging mental and physical health.

Legal recognition is crucial for transgender people to achieve several of the Sustainable Development Goals, such as healthy lives and gender equality. For example, Argentina has recently enacted its first laws that provide a declaration for gender recognition and access to health care.⁶ The United Nations High Commissioner for Human Rights has emphasised that states through international human rights law have an obligation to protect all people from discrimination on the grounds of gender identity.⁷ Unfortunately, in many countries violence and criminalisation against the transgender community are common and should be abolished. The ban on 22 LGBTI-oriented service and advocacy organisations at the upcoming high-level meeting on HIV at the UN by 54 countries is a case in point—limiting inclusion of some of the most disproportionately affected populations in future HIV strategies⁸—and each month stories of violence against transgender individuals continue to rise globally.⁹

There are also barriers that make it difficult for transgender people to access health care, including lack of access to caring and competent professionals, difficulty in identifying sources of information about gender dysphoria and hormone therapies, and inadequate access to safe prescribing and monitoring of hormone therapy.

A first step in overcoming these challenges is for the health community to accept that the health of transgender people is our responsibility. The Series call to action Comment by Sam Winter and colleagues¹⁰ identifies areas in health policy, legal frameworks, and research that must be addressed synergistically to allow transgender people to access their full rights to health.

Achieving health equity for the global transgender community will require the type of determination and systematic approach towards access to health care that the AIDS response evoked. It requires medical and political leadership, community mobilisation, and newly



Erika: despite challenges, I've been working at a hospital for 8 years

enacted legal protections in parallel with the best science to deliver gender-affirmative health care—as shown in the Series infographic. The global health community must deliver this agenda. Not to do so will neglect individuals with valuable contributions to a world where diversity is a core determinant of sustainable development.

In *L'Usage du Monde*, Nicolas Bouvier wrote “a journey does not need reasons—it proves to be reason enough in itself”. Whether this journey is that of an individual deciding to express themselves in their current identity or expression (or not), or take surgery or hormones (or not), is simply that—a journey towards themselves. We must respect, support, and protect individual choice. In the era of sustainable development and universal health coverage, the global health community must take the opportunity to understand better the transgender community, assume responsibility for their wellbeing, and expand research to reduce overall global health inequities. This process would allow the messages of this new Series to be realised.

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For the Series infographic see www.thelancet.com/infographics/transgender-health

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Synergies in health and human rights: a call to action to improve transgender health

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“Transphobia is a health issue.”

J V R Prasada Rao, *UN Secretary-General's Special Envoy for AIDS in Asia and the Pacific*¹

2015 was an unprecedented year in the recognition of transgender rights in some high-income countries. However, this recognition in the public domain has yet to translate to a concerted effort to support the right to health of transgender people around the world. Transgender people continue to face a range of challenges that deprive them of respect, opportunities, and dignity and have damaging effects on their mental and physical health and wellbeing, as shown in the *Lancet* Series on transgender health.^{2–4} These “situated vulnerabilities”, as they are called in the Series paper by Sari Reisner and colleagues,⁴ can prompt or aggravate depression, anxiety, self-harm, and suicidal behaviour among transgender people, which are exacerbated by biological risks, and social and sexual network-level risks, for HIV and other sexually transmitted infections.² In their *Lancet* Series paper, Sam Winter and colleagues² write of a “slope leading from stigma to sickness”. Moving forward, these health needs and vulnerabilities can be better addressed through improved understanding of the legal and social policies that promote harms and diminish the potential impact of health programmes. There is also a need for increased knowledge of the optimal content and models of clinical service provision, as highlighted

by Kevan Wylie and colleagues’ Series paper,³ and of the epidemiology of communicable and non-communicable diseases in transgender people globally. Ultimately, action is needed at and across multiple levels and sectors to optimise the provision and uptake of health services for transgender people (panel).

Health policies must change to improve the health of transgender people. Transgender people worldwide report problems in accessing appropriate and equitable health care—whether related to gender affirmation, sexual and reproductive health, or more general health. Steps need to be taken to ensure that national health policies are as inclusive as possible with regard to transgender health care. Such health care, including access to feminising and masculinising hormones, should be funded on the same basis as other health care. Publicly funded health care should be extended to transgender people, including gender-affirming health care that can change, or indeed extend, the lives of the people concerned. Health care for transgender people should both affirm their human rights and be evidence-based.^{5–9} Governments should endeavour to eliminate gender reparative therapies for children, adolescents, or adults in their jurisdiction. Mainstream professional opinion judges these therapies unethical.⁵

Primary health care is the most common point of contact that transgender people have with the health system. Effective training for primary care providers,