Consultation on HIV, STI and other Health Needs of Transgender People in Asia and the Pacific

Manila, Philippines
11–13 September 2012
REPORT OF THE CONSULTATION ON HIV, STI AND OTHER HEALTH NEEDS OF TRANSGENDER PEOPLE IN ASIA AND THE PACIFIC

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Manila, Philippines

Convened by

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Joint United Nations Programme on HIV/AIDS
Asia-Pacific Transgender Network

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NOTE

The views expressed in this report are those of the participants who attended the Consultation on HIV, STI and Other Health Needs of the Transgender People in Asia and the Pacific and do not necessarily reflect the policies of Organization.

This report has been prepared by the cosponsors of the Consultation for Governments of Member States in the Region and for those who participated in the Consultation on HIV, STI and Other Health Needs of the Transgender People in Asia and the Pacific, held 11–13 September 2012 in Manila, Philippines.
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## Keywords:

- Transgendered persons
- Health services for transgendered persons
- Gender identity
- HIV Infections – prevention and control
- Sexually transmitted diseases - prevention and control
# ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>APTN</td>
<td>Asia-Pacific Transgender Network</td>
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<tr>
<td>ARV</td>
<td>Antiretroviral</td>
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<td>ATFOA</td>
<td>ASEAN Task Force on AIDS</td>
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<td>BCC</td>
<td>Behaviour change communication</td>
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<tr>
<td>CGHT</td>
<td>Cross-gender hormonal therapy</td>
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<td>CSO</td>
<td>Civil society organizations</td>
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<td>ESCAP</td>
<td>(United Nations) Economic and Social Commission for Asia and the Pacific</td>
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<tr>
<td>FTM</td>
<td>Female-to-Male</td>
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<tr>
<td>GID</td>
<td>Gender identity disorder</td>
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<tr>
<td>GRADE</td>
<td>Grades of Recommendation Assessment, Development and Evaluation</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
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<tr>
<td>IEC</td>
<td>Information, education and communication</td>
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<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
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<tr>
<td>MTF</td>
<td>Male-to-Female</td>
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<tr>
<td>Pap</td>
<td>Papanicolaou smear</td>
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<tr>
<td>PhilHealth</td>
<td>Philippine Health Insurance Corporation</td>
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<tr>
<td>PR</td>
<td>Principal Recipient (Global Fund to Fight AIDS, Tuberculosis and Malaria)</td>
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<tr>
<td>SGS</td>
<td>Second-generation surveillance (on HIV)</td>
</tr>
<tr>
<td>SOGI</td>
<td>Sexual orientation and gender identification</td>
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<tr>
<td>SRS</td>
<td>Sex reassignment surgery</td>
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<tr>
<td>STI</td>
<td>Sexually transmitted infection</td>
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<tr>
<td>TG</td>
<td>Transgender</td>
</tr>
<tr>
<td>TGWB</td>
<td>Transgender Welfare Board</td>
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<tr>
<td>TOT</td>
<td>Training-of-trainers</td>
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<td>UNAIDS</td>
<td>United Nations Joint Programme on AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WPATH</td>
<td>World Professional Association for Transgender Health</td>
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SUMMARY

The WHO Regional Office for the Western Pacific and the Asia-Pacific Transgender Network (APTN) conducted a regional assessment on HIV, STI and other sexual health needs. The assessment showed there were very limited data on transgender people throughout the Asia-Pacific region. In 2012, the United Nations Development Programme (UNDP) and partners estimated there were 9 million–9.5 million transgender people in the Asia-Pacific region. Globally, the few existing epidemiological studies among transgender people showed a disproportionately high HIV prevalence ranging from 8% to 68%, and HIV incidence from 3.4 to 7.8 per 100 person-years. In some Asian cities and countries (e.g. Bangkok, Thailand; Jakarta, Indonesia; Phnom Penh, Cambodia; the Lao People’s Democratic Republic; and Myanmar), HIV prevalence was reported to be highest among transgender women, ranging from 4% to 34%.

HIV and STI (sexually transmitted infection) risk, as well as specific sexual health needs of transgender people (transgender women, transgender men or other genders), are distinct from those of men who have sex with men (MSM). As a result, public health professionals should avoid conflating the two populations and work towards a more nuanced understanding of each population’s needs. Transgender people have hardly any access to transgender-specific HIV, STI and other sexual health services, and broader health needs of transgender people are completely neglected, especially those related to mental health and support services. Stigma and discrimination remain major barriers preventing access to health services by transgender people. To effectively address the unmet and emerging health needs of transgender people, promoting meaningful involvement of transgender representatives and key transgender network partners is crucial.

The WHO Regional Offices for the Eastern Mediterranean, South-East Asia and the Western Pacific held a Consultation on HIV, STI and Other Health Needs of Transgender People in Asia and the Pacific from 11 to 13 September 2012 in Manila, Philippines (see Annex 1: Programme Agenda). The event was co-organized by the Regional Offices of UNDP, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and APTN. Forty-one participants attended including transgender activists, health providers and researchers, and representatives from United Nations agencies, international nongovernmental organizations and Global Fund to Fight AIDS, Tuberculosis and Malaria.

This consultation was the first of its kind in these WHO regions to address the unmet and emerging health needs of transgender people, using HIV and STI as an entry point. It was the

1 WHO/APTN (2012): Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific.
2 Winter S (2012): Lost in Transition: Transgender people, rights and HIV vulnerability in the Asia-Pacific Region. UNDP/APTN.
first time that transgender people engaged in discussions on equal terms with all other stakeholders developing policies and programmes on transgender issues in the Asia Pacific region and in the Middle East. It was also the first time a meeting included representation from different sectors of the transgender community (transgender men, transgender women, transgender youth, etc.) The consultation paved the way for the agreement on a working definition of transgender people in the Asian and Pacific context. This is essential in ensuring that no individual or sector of the transgender community will be missed out in programming; specifically, in identifying critical health programmes. The working definition was “Persons who identify themselves in a different gender rather than that assigned to them at birth”. It included an explanatory note: “They may express their identity differently to that expected of the gender role assigned to them at birth. Transgender persons in Asia and the Pacific often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.”

The meeting provided a platform for transgender people to voice their concerns. They expressed their specific sexual health concerns and other general health concerns. Barriers in accessing treatment stem from stigma and discrimination and lack of transgender-specific information materials. All transgender community members shared their every day life challenges and expressed the lack of platforms to advocate against stigma and discrimination based on their sexual orientation and gender identification. The meeting allowed the trans-community to advocate for more transparency on investments allotted for transgender-specific programming.

The meeting had three broad objectives: 1) to reach an agreement on the recommendations of the Regional Assessment Report on HIV, STI and Other Health Needs of Transgender People in Asia and the Pacific; 2) to draft the regional technical brief to inform policy and guide programmes on HIV, STI and other essential health needs among transgender people in Asia and the Pacific; and 3) to identify the priority next steps and collaborative activities to advocate and implement the technical brief to enhance transgender health in the regions. All objectives were achieved.

The meeting concluded that transgender health and transgender people have been neglected and underserved. Stigma and discrimination have been major contributing barriers preventing access to health services by transgender people. HIV programmes do not adequately address transgender health issues, and specific communication strategies and materials are generally lacking for transgender people. Valuable guidance materials on transgender health care are available from a number of professional agencies, but most of these materials are not applicable to resource-poor settings and need adaptation for use in these regions.

The meeting recommended the following:

(1) Urgent advocacy is needed in order to create a safe, enabling, health-care environment to achieve equal access to the health of transgender people and realize the goal of zero new HIV infections, zero discrimination and zero AIDS-related deaths in this community.

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

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

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

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

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

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

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

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

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

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

1.1 Background

A 2012 WHO/Asia-Pacific Transgender Network (APTN) Assessment on HIV, STI and Other Health Needs of Transgender Populations (transgender women, transgender men or other genders) in the Asia Pacific region reveals that there are very little data. Globally, the few existing epidemiological studies among transgender people have shown disproportionately high HIV prevalence ranging from 8% to 68%, and HIV incidence from 3.4 to 7.8 per 100 person-years. In selected Asian cities and countries (e.g. Bangkok, Thailand; Jakarta, Indonesia; Phnom Penh, Cambodia; the Lao People’s Democratic Republic; and Myanmar), HIV prevalence was reported to be highest among transgender women, ranging from 4% to 34%.

Although the same basic HIV and STI prevention interventions may apply to MSM and transgender people, public health professionals should avoid conflating the two groups and work towards a more nuanced understanding of each group’s needs. Moreover, transgender people have hardly any access to transgender-specific HIV, STI and other health services. Broader health needs of transgender people are completely neglected, especially those related to mental health services. Stigma and discrimination have been major barriers in preventing access to health services by transgender people.

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

1.2 Objectives

At the end of the consultation, the temporary advisers will have:

(1) reached consensus on the recommendations of the Regional Assessment Report on HIV, STI and Other Health Needs of Transgender People in Asia and the Pacific; and based on this;

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7 WHO/APTN (2012): Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific.
(2) developed regional technical briefs to inform policy and guide programmes on HIV, STI and other essential health needs among transgender people in Asia and the Pacific; and

(3) identified priority next steps and collaborative activities to advocate and implement the technical brief to enhance transgender health in the regions.

1.3 Meeting participants

Forty-one representatives from transgender communities, health-service professionals, researchers, United Nations agencies, the Global AIDS Programme (Bangkok) of the United States Centers for Diseases Control and Prevention, FHI 360 (Bangkok), the Global Fund to Fight AIDS, Tuberculosis and Malaria Project Round 9 (DIVA, Bangladesh), the Department of Health of Hong Kong (China), China, and International Civil Society Organizations (CSOs) participated in the meeting (See annex 2: List of Participants).

1.4 Opening session

The consultation started with a video presentation from the United Nations Secretary-General Ban Ki Moon.

The overriding theme of the Secretary General's message was: “The time has come to protect the rights of people who are lesbian, gay, bisexual and transgender.”

This was followed by opening remarks from the WHO Regional Director for the Western Pacific Region, Dr Shin Young-soo, which were delivered on his behalf by Dr John Ehrenberg, Director, Combating Communicable Diseases, WHO Regional Office for the Western Pacific. “We all agree with United Nations Secretary-General Ban Ki-moon that ‘the time has come to protect the rights of people who are lesbian, gay, bisexual and transgender’ Dr Shin said. “As part of the United Nations family, WHO is committed to the vision of 'health for all' and 'all for health'. Everyone should have equal rights to access health services of the highest attainable standard.”
Dr Ying-Ru Lo, Team Leader of the HIV, AIDS and STI (HSI) unit at the WHO Regional Office for the Western Pacific welcomed the participants to this meeting; messages from other partners included Clifton Cortez, the HIV, Health and Development Practice Leader of the United Nations Development Programme (UNDP) Asia-Pacific Regional Centre; Khartini Slamah, the Coordinator of the Asia Pacific Transgender Network (APTN); and Geoff Manthey, the Regional Programme Adviser of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The three-day meeting was divided into three broad categories, and further subdivided into different thematic areas for more structured discussions. Day 1 was about understanding the needs and health of transgender people. Day 2 focused on addressing the unmet and emerging health needs of transgender people. Day 3 focused on the ways to move forward.

2. PROCEEDINGS

DAY 1

2.1 Global guidance on HIV and key populations

2.1.1 Overview of Public Health Recommendations on Prevention and Treatment of HIV and STI among Men Having Sex with Men, Transgender People and Sex Workers

The plenary presentation was divided into two segments, the discussion on the WHO guideline development process known as Grades of Recommendation Assessment, Development and Evaluation (GRADE) and the recently released guidelines on Key Populations at Higher Risk for HIV.

The WHO guideline development process was presented in plenary in order to help participants understand the approach that WHO takes in guidelines or recommendations that it brings to Member States.

The process is aimed at emphasizing the evidence-based recommendations that support WHO guidelines. The GRADE approach is an emerging consensus on rating the quality of evidence and strength of recommendations. GRADE also allows the inclusion of so-called “good practice” recommendations. These are based on common sense and do not require a systematic review. They should be used with caution. WHO is engaging GRADE methodologists in all guideline development processes.
Below outlines the WHO Guideline Development Process:

Using this approach, WHO has released several guidelines at the global level. The most recent included those for MSM and transgender people and the targeted 2012 release of guidance for sex workers. These guidelines focus on the prevention of sexual transmission of HIV, HIV counseling and testing, and diagnosis and management of STIs among MSM, transgender people and sex workers.

2.2 Understanding the health needs

2.2.1 Overview of gender issues

In the era where rights-based programming is advocated as guiding principles, it is imperative to ensure that both the service providers (duty-bearers) and the key populations at higher risk (claim-holders) jointly discuss, plan, develop, implement, and monitor and evaluate programmes and interventions. Key stakeholders who understand the needs, concerns and problems affecting transgender people are transgender people themselves.

The meeting provided an opportunity to examine the health needs of transgender people from two angles and perspectives, from the researcher’s perspective and the transgender community perspective.

2.2.1.1 Researcher’s perspective

Participants listened to a presentation based on the recent UNDP–APTN review of research on transgender people, their rights and HIV vulnerabilities in the Asia Pacific region. The researcher, Dr Sam Winter, presented evidence indicating a stigma-sickness slope that affects many transgender people region-wide. The daily experience of stigma and prejudice, and associated discrimination, harassment, abuse and sometimes violence, often results in poor emotional and physical well-being for transgender people, as well as involvement in risky situations and risky behaviours, which in turn put transgender people at risk of infections (including HIV) and illnesses (including HIV-related illnesses), and, for an unknown number of people, lead to the possibility of death. Additional stigma arising out of poverty, sex work and HIV infection, as well as problems arising out of inadequate health care and poor uptake of whatever health-care services exist, all exacerbate the challenges facing transgender people with regard to their HIV, STI and other health needs.

Winter S (2012): Lost in Transition: Transgender people, rights and HIV vulnerability in the Asia-Pacific Region. UNDP/APTN
Common challenges such as access to school, work, and safe places; legitimate recognition through issuance of identification cards; and legal gender recognition are the practical, day-to-day factors evident in the stigma-sickness slope. All these serve as barriers in accessing health services, and they certainly affect the way transgender people rank health as a priority concern in their lives.

The UNDP-APTN study makes a number of recommendations for future research, including ending the invisibility of transgender people, especially the rural, elderly and transgender men; avoiding “cisgenderist” perspectives that identify transgender people as having a “mental disorder”; and involving transgender people as research partners. Other recommendations focus on the need for research to provide better population estimates for transgender people and subgroups; for multidisciplinary research to identify HIV risk factors, as well as factors conferring resilience against the efforts of stigma and consequently reducing HIV risk; and for research aimed at helping community-based organizations become more effective in their work to reduce transgender stigma, to promote transgender rights, to disseminate health information through transgender communities, and to enhance health care services for transgender people.

In view of the contribution psycho-pathologization makes to the problem of stigma, the researcher also presented on current draft proposals made by the relevant WHO Working Group to revise the current classification of transsexualism and the related International Classification of Diseases-10 (ICD-10) diagnoses—soon to be public.

Discussion points

(1) The discussion on ICD-11 revision raised diverse issues, including concerns about the whole revision process itself, from the membership of the Working Group to the participation of the transgender community in the ICD revision process.

- WHO has taken—and will continue to take—steps to ensure transgender community input.

- The transgender community was encouraged to advocate more strongly on the issues they would like to be included in discussion of the revision under ICD-11.

(2) The lack of clear understanding of the implications of classifying gender differences under the International Classification of Diseases (ICD) can pose a barrier to accessing health services.
- However classified, as one diagnosis, as a stand-alone diagnosis, as gender difference or incongruence, transgender people are still classified as having a disease.

- Another major issue that must be resolved is the argument on non-insurance coverage if not classified under ICD versus advocacy to remove conditions in providing specific services covered under the insurance system.

- "I need to be covered by my insurance" versus "I don't want to be labelled as someone with a disease and will therefore not seek services anymore" are two differing concerns that need to be considered in the final classification of gender incongruence under the ICD-11.

- This issue on "transpathologization" has to be further discussed.

(3) It is important to fully understand the global and regional parameters, standards and guidance that impact access to services for transgender people.

2.2.1.2 Transgender community perspective

The meeting provided a platform for a transgender man and a transgender woman to openly share their living experiences. They discussed how they lived the different stages of their lives, as well as the pressing stigma and discrimination that they faced everyday whether in the family, in school, in the workplace and the community and how it shaped the way they view themselves and how they situate themselves within the society in general. The sharing from the transgender man and the transgender woman both described real life-changing events they went through.

From the transgender woman's experience:

In the plenary the transgender woman shared stories of life's day-to-day struggles and challenges. One strong message was that of empowering transgender women to become advocates for their community. There are examples among advocates who went through specific challenges in their lives, but were able to spring back and move on, and were the same people who are now working as advocates for other transgender women, including transgender women living with HIV.

From the transgender man's experience:

"Who am I?" The question was the opening statement of the transgender man who shared his life experiences. The transgender man shared how he was stigmatized and discriminated by the people he thought will and can serve as his support groups: the school and the workplace. He was denied acceptance in school due to his resistance to conform to what was prescribed. His right to keep disclosure of gender identity only among selected people was violated. Confidentiality in the workplace was not respected.

Discussions on barriers to access services were affected by internal factors (oneself) and external factors (service providers). Internal factors are affected or influenced by how transgender men perceive themselves, for example lack of self-esteem, depression and the lack of psychosocial support translates to not seeking health services. External factors affecting the decision of transgender people to seek services comprise the lack of capacity of service providers to handle transgender people, as well as the stigma and discrimination brought about by cultural norms, beliefs and standards.
Discussion points

(1) There is limited availability of transgender-specific Information, Education and Communication (IEC) and Behaviour Change Communication (BCC) materials. Transgender people do not know where to go to seek consultation.

(2) There is lack of information about health as a basic human right

   Understanding fully that “I can claim and I am claiming my right to health.”

(3) Lack of information on what services to seek (“I have the right to know what are the primary health services available to the general public.” “I have the right to benefit from them.” “Where do I go to access these services?” “How much will it cost?”).

   - Experiences such as being refused a rectal examination? Papanicolaou (Pap) smear simply because the thinking of the health provider was that the person is a man and therefore does not need a Pap smear.

   - Transgender people who want to take hormones, but cannot get information from a credible source, will ask their friends for advice. Most of the time, this information is relayed or handed down by other transgender people with no guarantee of credibility or accuracy.

   - If a transgender person wants to undergo sex affirmation surgery, it is difficult to find clear information, such as where it is provided, how much should it cost, and who can provide quality and safe surgery.

(4) Another experience of the transgender people is the discrimination in the workplace, where one transgender woman was refused a job even though she was qualified for the post.

(5) One of the attending transgender men raised the thought: “How many people are deterred from health-care services because of inadequate knowledge, stigma and discrimination towards treating transgender people?”

2.3 Assessing the unmet and emerging health needs

2.3.1 Findings and recommendations of regional assessment on transgender health

A recent WHO/APTN-led Regional Assessment on HIV, STI and Other Sexual Health Needs reveals that there are very little data on transgender populations throughout the Asia Pacific region. UNDP estimated in 2011 that the size of the transgender population in the Asia Pacific region could be about 9 million–9.5 million. The few existing epidemiological studies among transgender people have shown disproportionately high HIV prevalence ranging from 8% to 68%. Transgender people have limited access to HIV, STI and other sexual health services. Addressing the broader health needs of transgender people was not visible in any health

13 WPRO/APTN (2012): Regional assessment of HIV, STI and other health needs of transgender people in Asia and the Pacific.

14 Winter S (2012): Lost in Transition: Transgender people, rights and HIV vulnerability in the Asia-Pacific Region. UNDP, APTN.

programme agenda. Stigma and discrimination have been major barriers preventing access to health services by transgender people.

The study was conducted to:

(1) understand the current knowledge on HIV, STI and sexual health of transgender people in the Asia Pacific region; and

(2) examine the current needs and concerns of the transgender community in the Asia Pacific region.

The transgender community was engaged since the inception of the study. The first consultation was during the APTN Board Meeting in December 2011. This was followed by several consultations with APTN, the Asia Pacific Coalition on Male Sexual Health (APCOM), and national and local transgender networks.

The methodologies employed to generate information were through desk reviews, self-administered questionnaires sent via e-mail and focus group discussions (FGD).

The findings of the study were structured and summarized according to:

- effects of hormone use (both positive and negative effects);
- use of implants (almost all respondents have one);
- sexual behaviours (anal sex insertees versus inserters);
- HIV and STI risks (condom use not consistent);
- Health-care access (transgender-friendly services non-existent);
- the Internet channel (central role in finding sexual and romantic partners, as well as partners); and
- other concerns (ageing, social support).

The study findings generated five key sets of recommendations, which include:

(1) Recommendation 1: Transgender people should be accepted and recognized as having equal rights and dignity, which are protected under the law.

(2) Recommendation 2: Stigma and discrimination of transgender people by healthcare personnel should be decreased in public- and private-care settings by increasing knowledge and sensitivity.

(3) Recommendation 3: A comprehensive standard of care for and guidelines on transgender health should be available.

(4) Recommendation 4: Affordable and convenient access to health care specific for transgender people should be provided.

(5) Recommendation 5: Collection of strategic information through transgender-specific surveillance combined with more operational and social research should be conducted on transgender health specific to the Asian and Pacific contexts.
Discussion points

(1) The overarching issue of stigma and discrimination based on Sexual Orientation and Gender Identification (SOGI) is compounded by limited available information about transgender people.

(2) Surveillance data usually capture aggregated data both from MSM and transgender people.

(3) No available studies on transgender people below 18 years old, including on sexuality.

(4) No available data on the different sectors comprising the transgender community.

(5) Emphasized the need to identify priority research to generate more information about transgender people:

- understanding better the profiles (demographic profiles, the risks and vulnerabilities in acquiring HIV and other STIs, and other needs beyond health);

- knowing what services are needed and acceptable models to deliver these services; and

- conducting second-generation surveillance (SGS) on HIV, including STIs, that includes transgender people.

2.3.2 Defining essential health needs of transgender people

This was a participatory session conducted in four groups (Breakout Session 1). Each group selected the facilitator and rapporteur to report back key discussion points in plenary.

The key issues for discussion include:

(a) defining essential health needs of transgender people;

(b) identifying challenges or gaps in services; and

(c) suggesting possible solutions, trying to draw one to three conclusions or recommendations.
The outputs of Breakout Session 1 are summarized below:

<table>
<thead>
<tr>
<th>Essential Health Needs</th>
<th>Challenges and Gaps in Services</th>
<th>Suggested Solutions</th>
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<tbody>
<tr>
<td>Access to services</td>
<td>- Easy access (perhaps different open and closing times)</td>
<td>- Identification of friendly health centre/doctors/service providers to help train other providers</td>
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<td></td>
<td>- Non-judgmental</td>
<td>- Community to identify how to make health services more accessible</td>
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<td></td>
<td>- Safe space</td>
<td>- Rights-based, culturally competent and stigma-reduction training on transgender issues should be included as part of the initial training for all health professionals</td>
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<td></td>
<td>- Culturally competent and transgender-affirmative primary care services</td>
<td>- National system of legal gender status recognition</td>
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<td></td>
<td>- Offers choice in terms of health interventions (e.g. wanting hormone but not sterilization, etc.)</td>
<td>- Include transgender community in decision-making processes</td>
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<td></td>
<td>- Recognition by individual health workers and health services of a person’s identity</td>
<td>- Increase number of transgender-identified health-care workers</td>
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<td>- Create transgender-inclusive environments, including clinic registration accommodations</td>
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<td>- Advocacy for funding</td>
</tr>
<tr>
<td>Psychological well-being</td>
<td>- Health-care providers not sensitive to other health needs of transgender people</td>
<td>- Proper counseling by specialists</td>
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<td></td>
<td>- Not enough trained health-care providers to give counselling</td>
<td>- Training of medical specialist to familiar with transgender issues</td>
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<tr>
<td></td>
<td></td>
<td>- Sensitivity training (psychiatry)</td>
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<tr>
<td></td>
<td></td>
<td>- Train transgender opinion leader/Trainers-of-Trainers</td>
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<tr>
<td></td>
<td></td>
<td>- Advocacy</td>
</tr>
<tr>
<td>Sexual health services</td>
<td>- Transgender issues are often left out of donor strategies and national plans</td>
<td>- Transgender voices in decision-making processes and provision of services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Making WHO toolbox available</td>
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<tr>
<td></td>
<td></td>
<td>- More comprehensive HIV services</td>
</tr>
<tr>
<td>Safe Hormonal Therapy</td>
<td>- Safe and proven information not widely available at the community level (especially in the local languages)</td>
<td>- Create Internet site in local language by partners (WHO or partners create standard) and localized content</td>
</tr>
<tr>
<td></td>
<td>- Information on hormonal use usually passed from one transgender person to another by word of mouth or through web sites from personal experiences which may not be</td>
<td>- Guidance on hormonal use and regular monitoring</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Research should be done on ARV/hormonal therapy interaction</td>
</tr>
<tr>
<td>Transition to Process to initiate hormonal therapy/sex reassignment surgery (SRS)</td>
<td>Providers do not have adequate information or guidelines on hormone use</td>
<td>Community WHO/ partners to make sure international guidelines is implemented properly</td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td>There is a lack of research on the interactions between ARV and hormonal therapy</td>
<td>Create Internet site in local language by partners (WHO or partners create standard) and localized content</td>
</tr>
<tr>
<td></td>
<td>Providers lack competence and experience</td>
<td>Guidance on hormonal use and regular monitoring</td>
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<tr>
<td></td>
<td></td>
<td>Research should be done on ARV hormonal therapy interaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Training components</td>
</tr>
<tr>
<td>Multi-component health services: proper use of hormones, SRS, screening for cancers, mental health, HIV/STI</td>
<td>Co-occurring conditions interact and reinforce each other (syndemic theory), and there is not enough attention, interest and knowledge in the medical community</td>
<td>Practice guidelines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transgender involvement in advisory committees</td>
</tr>
<tr>
<td>Health literacy by transgender community on SRS, drug interactions of hormonal and ART</td>
<td>Insufficient funding for human rights and HIV work (especially community-based)</td>
<td>Research into health needs of transgender left out in previous studies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Development of transgender-specific patient education materials</td>
</tr>
</tbody>
</table>

**Discussion points**

1. Emphasized the importance of identifying priority health needs that could be provided through specialty clinics or through integration with existing services.

2. Suggested exploring opportunities to integrate capacity development activities (existing services; pre-service training while in school).

**DAY 2**

2.4 **Experiences and challenges in provision of health services**

2.4.1 **HIV and STI risks and epidemic among transgender people in Asia and the Pacific**

Available data generated on HIV and other STIs in selected cities in the regions from 2000 to 2011 were presented. The information ranged from HIV and STI prevalence; programme coverage; HIV counselling and testing; and funding allocations for specific prevention programmes.
Key findings were:

- data on transgender people were often either not available or aggregated with MSM data;
- where data were available, there were high rates of HIV and STIs;
- there were no data on neovaginal STIs or STIs among transgender men;
- there were high rates of risk behaviour as well as sexual violence against transgender people;
- there was poor coverage of prevention programmes;
- there were low rates of HIV counselling and testing and knowledge of HIV status; and
- there is seldom specific funding for transgender programming.

Discussion points:

(1) The participants cautioned the use of data (from small study/sampling methodology) to be generalized as national data.

(2) The challenge posed was that agencies or organizations can only report or quote the data officially reported by the country.

(3) Participants emphasized the need to collect disaggregated data to show coverage of services—making data available as to how many transgender men, transgender women, young transgender men, young transgender women and transgender sex workers accessed or benefitted from the existing (specific) services.

(4) There was a desire to have more transparency on how much investment went to transgender HIV programming.

(5) Participants further stressed the need to explore more potential funding sources to sustain the programmes for the transgender people.

2.4.2 Hormonal use

The discussion on this topic was aimed at understanding the effects, benefits and risks of cross-gender hormone therapy, as well as understanding the administration of the most commonly used cross-gender hormone therapy regimens.

In prescribing Cross-Gender Hormonal Therapy (CGHT), it must be ensured that it is prescribed in effective and safe doses. But in reality, because of the discrimination in health-care settings and the lack of transgender-specific health services, transgender people are accessing hormones through the Internet, the “black market”, and their friends (23%–76%).


17 Xavier RM. Virginia needs assessment 2007. The health, health related needs, and lifecourse experiences of transgender Virginians
Transgender people use cross-sex hormones (masculinizing and feminizing regimens) because they induce the physical characteristics of the sex that matches the patient's gender identity. Part of the process, prior to securing informed consent for CGHT, is history taking, physical examination, and baseline laboratory work-up, as described in the diagram below:

Few studies have investigated the long-term effects of cross-gender hormone therapy, however current hormone regimens appear to be effective and safe. Early studies suggested an increase in venous thromboembolism that was attributed to use of ethinyl estradiol. Conjugated estrogens have been linked to an increased in thromboembolism in post-menopausal women. Due to the possible increase in venous thromboembolism, and the inability to monitor estradiol levels with conjugated estrogens, the Endocrine Society advises against the use of synthetic estrogen. The use of transdermal estrogen in one study of post-menopausal women was found to result in a lower rate of thromboembolic events compared to oral estrogen. Due to these data, several centres have recommended transdermal estrogen patches for transgender women at high risk for venous thrombosis, for example older individuals, smokers or those having other significant cardiovascular risk factors. In addition, aspirin should be considered as a significant cardiovascular risk factor. Some experts in transgender health advocate aspirin for MTF over 40 years old. If the transgender person is living with HIV and currently on ARV drugs, providers should avoid co-administration of estrogens with amprenavir and fosamprenavir, due to a possible reduction in amprenavir levels.

Currently, there are still unanswered concerns such as the following:

- long-term effects of hormonal use;
- lack of data on interactions between the estrogen doses commonly used for cross-gender hormone therapy and ARV medications; and
- when to decrease or stop hormone use (e.g. at age 50, 60 or 70 years).

22 Rebecca Allison, MD, past president GLMA. Presentation made at the Second International Congress on Sex and Gender Issues, 1997.
2.4.3 Japan’s approach to health and other issues among transgender people

The Ambulatory Service of Japan offers services beyond HIV and STI testing, counselling, treatment and care. It has specialty care services for infectious diseases, plastic surgery and dermatology, psychiatry and counselling, obstetrics and ophthalmology. It also provides psychosocial support and diagnosis of gender identity disorder (GID) and hormonal therapy for MTF and FTM. Most of the clinic’s clients are MSM, where HIV prevalence was also highest at 36.9%. Very small numbers of transgender people were accessing this clinic.

Japan addresses transgender health concerns through:

- coverage of health insurance only under GID, but not for hormonal replacement therapy and sexual reassignment surgery (SRS);
- issuance by the Ministry of Education to focus on transgender youth in 2012; and
- Special Exemption Law on the birth registry change in 2004 if below conditions are all met:
  
- 20 years old or above
- Not married
- Do not have children below 20 years old
- Fertile function is lost
- Sex reassignment surgery has been completed.

In summary:

- only limited numbers of transgender people can be reached under GID framework;
- limited attention to physical enhancement therapy for transgender by health authority;
- limited study on the magnitude of HIV and other STIs among transgender people; and
- mental health is one of the key issues among young transgender people.

2.4.4 Sex reassignment surgery and other gender enhancement practices

A Thai surgeon shared his 33 years of experience in performing sex reassignment surgery (SRS) and other gender enhancement practices. The presentation showed all the specific clinical steps and surgical procedures a transgender person goes through for SRS.

Discussion points

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23 Ishiro Itoh, Director, Shirakaba Clinic, 2F B-STEP Bldg, 8-28 Sumiyoshi-cho, Shinjuku-ku, Tokyo, Japan 1620065, Tel. No.: (813) 5919 3127. Fax No.: (813) 5919 3137. E-mail: itoda@shirakaba-clinic.jp.
(1) The main concerns in undergoing SRS are the cost and potential adverse consequences of the surgery, including an unsatisfactory life after surgery, unrealistic expectations from surgery, and complications from surgeries undertaken by unqualified surgeons or those with limited experience.

(2) There was rarely information available on where to go for safe SRS. Usually, information about the availability of this service is spread through word of mouth to the “networks”.

(3) There is no protection from substandard surgical outcomes, and there is limited information on what constitutes quality SRS.

(4) There is very limited information on the advantages and disadvantages of undergoing SRS.

2.4.5 Mental Health and Psychosocial Support

This session aimed to highlight some of the mental health issues affecting transgender people, especially those who are HIV-positive, who face additional issues due to the infection. These ranged from substance-use disorders, depressive and anxiety disorders to post-traumatic stress syndrome and psychosis. Potential solutions to combating stigma and consequent mental health issues included amending legislation to allow same-sex sexual activity and legal gender change and enacting and enforcing anti-discrimination measures. Social change must occur through targeting of multiple groups, including parental education and support, school programmes, liaison services between transgender people and their service providers, academics of medical and other health-education schools, and social support and education groups.

Discussion points

(1) Mental health issues should be fostered in a holistic, general health setting involving primary health-care providers, especially in resource-poor settings, through a “Collaborative Model”.

(2) Primary care providers should be trained in psychological assessments, as well as in providing hormone therapy. However, in most settings, it is likely that most transgender-specific mental health care will be provided by a small network of motivated mental health-care providers and some primary health-care providers.

(3) Transgender community meeting participants were very clear about the high priority for quality mental health services for transgender people, largely to provide support in dealing with stigma and its effects.

(4) In providing care to transgender people, a public health approach focused on reducing stigma from health-care providers must be prioritized in WHO guidance and governmental strategies.

2.4.6 Transgender, Social Protection and Rights

A case study was conducted in Tamil Nadu, India, to provide action points for other Indian states to introduce similar state-level initiatives for transgender people. The methodologies included qualitative methods, a synthesis of inferences and a review of documents. The process of forming the Transgender Welfare Board (TGWB), including the leadership and governance structure, schemes and activities, were shared. The structure allows interaction among various government departments resulting in access to existing government schemes. This type of
arrangement enables board members to have different perspectives of the issues and formulate effective schemes—reflecting a true participative democracy in action.

Some of the challenges that surfaced included:

- selection process of transgender representatives to the TGWB;
- lack of zonal/regional representativeness of the transgender members in the TGWB;
- lack of consensus definition of aravanis (MTF transgender people);
- limited use of the expertise of the transgender board members in decision-making process;
- lack of written terms of reference for non-official board members and limited frequency of board meetings and discussion times;
- limited number of transgender-specific schemes funded directly by the TGWB;
- operations of TGWB make it look more like a mere “coordinating body” as opposed to an “autonomous body”;
- ambiguous official status of the aravani identity card issued by the TGWB;
- lack of communication from the TGWB to relevant government departments and other institutions that TGWB identity card can be used as a legally valid card for identity or address proof; and
- lack of adequate linkages of TGWB with other relevant government bodies.

2.4.7 Video Presentation from Cambodia

A video depicting the life of an elder transgender female, who also sells sexual services, gave another opportunity for the participants to understand the different life stages that a transgender person may go through, including the fact that the persistence of exposure to risks of acquiring HIV and other STIs does not necessarily decrease with age.

Poverty is a socioeconomic factor that increases the risk of acquiring HIV and other STIs and serves as a barrier to access services. The elder transgender woman will sell sexual services despite her age in order to earn a living. She needs to use her earnings to pay bills and buy food and other necessities. Based on her current earnings, she could not afford to spare a portion of her money for health concerns.

Discussion points

(1) How aware are the development partners, including WHO, that this kind of situation—not being able to access health services—exists and persists?

(2) WHO exerts effort to find early warning signals on the changing HIV epidemic picture. Each country will need to plan their response based on the epidemic scenario.

(3) In countries such as the Philippines, support was provided by WHO in order to determine the cause of the current situation in one site with a high burden of HIV.

(4) Questions were raised about whether services are free. ARVs are free and covered either by the Global Fund to Fight AIDS, Tuberculosis and Malaria or the national government’s core funds, several people reported. In the Philippines, some of the services were covered under the Philippine Health Insurance Corporation (PhilHealth).
2.4.8 Panel Discussion with Experts: Transgender Life Experiences and Skills

A panel discussion led by APTN attempted to highlight some of the challenges associated with living as a transgender person. The discussion began with a consideration of stigma in context of the transgender men, transgender woman and transgender youth experience. All groups centred on stigma in everyday situations—at work, in school and with their families. The panellists suggested that comprehensive sex education and transgender-specific support networks were lacking in some of their countries, leading to greater discrimination towards transgender people. The panel also discussed areas where the members perceive a lack of research. Some of the panellists suggested that there was a need for more information on how transgender are treated by local government authorities. The panellists also discussed the implications of not having transgender-specific HIV prevention services and education. They also stressed the importance of having transgender health-care personnel servicing the transgender community.

Discussion points

(1) Suggested to assess capacity needs to deliver quality transgender-sensitive services.

(2) Emphasized the importance of supporting organizational capacity-building of the transgender community, specifically on leadership and programme management.

2.5 Consensus on Definition of Transgender

2.5.1 Discussion on the Definition of Transgender (Outcome of work by the Core Group)

There was an initial attempt to draft a working definition on transgender people based on a series of consultations with the community and other relevant stakeholders at the meeting. The result of this group work was presented in the plenary session. The working draft was as follows:

*Those people who identify themselves in a different gender than that assigned to them at birth and/or those people who feel they have to, prefer to or choose to present themselves differently to the expectations associated with the gender role assigned to them at birth—whether by clothing, accessories, cosmetics or body modification. This includes, among many others, people who identify as transsexual and transgender, transvestite, hijra, cross-dresser, fa'afafine, two-spirit, no gender, third sex and genderqueer people. The term should be understood as a political umbrella term, which encompasses many different and culturally specific experiences of embodiment, identity and expression.*
There followed a discussion of the proposed definition.

Discussion points

(1) It was challenging to obtain consensus on defining transgender people in the regions.

(2) There is a need to pursue in-country discussions and consultations within the community in a more participatory and inclusive manner in order to come up with appropriate definitions that will capture the experiences of the transgender community across the regions.

(3) It has to be emphasized that the reason in coming up with a working definition is not to label the transgender community. Rather, it is to ensure that no person or sector of the transgender community will be missed out in programming, specifically in identifying critical health programmes.

(4) Earlier in the discussion, there was a desire to generate disaggregated data. This can only be achieved if there are definitions on transgender men, transgender women and others as distinguished from the men having sex with men (MSM). Research sampling methods depend on a clear definition of the respondents.

(5) Definition is important in setting targets and reporting coverage of interventions.

(6) Agreement on a working definition would help sharpen the focus on who are the beneficiaries of programming (transgender men, transgender women, transgender youth and transgender sex workers), provide a basis for setting targets to assess coverage of programmes (determine who benefited or accessed services), facilitate the identification of needs, and evaluate whether the current programmes are appropriate and able to respond to these needs.

(7) Participants requested WHO to convene a small working group that would continue to work on the definition and present a revised draft the next day.

Note: Participants agreed that there were limitations of any working definition:

- There will be diverse assumptions in every country.

- The definition of transgender as described in the document refers to something collectively developed by the participants in the meeting and may not applicable in all countries.

- The definition will be a “living document”, updated once further studies and consultations are done at the country level.

In the end, participants agreed on Day 3 to accept this working definition of transgender people:

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

2.6.1 Introduction of the draft regional technical brief

The draft *Joint Regional Technical Brief on HIV, STI and Other Essential Health Needs Among Transgender People in Asia and the Pacific* was designed to assist people who might be planning to respond to the needs of transgender people for the very first time, whether they be donor agencies; health workers; academics, including researchers and staff of training schools for doctors, nurses, counsellors and other health workers; policy-makers, activists from community-based organizations and nongovernmental organizations; and staff of police, immigration and other government departments. Transgender people have unique needs that have been severely neglected in these regions, and their self-perceived needs are often different from those identified by public health experts. Additionally, there are limited transgender-specific data to inform and guide policy and programming. As such, governments must ensure that HIV and STI studies routinely disaggregate gender-related data by male, female and transgender status. Appropriate regional guidance and training is required to meet the needs of health workers in the provision of care to transgender people.

2.6.2 Feedback on the Draft Document

In order to have more focused discussion on the outline and contents of the draft *Joint Regional Technical Brief on HIV, STI and Other Essential Health Needs Among Transgender People in Asia and the Pacific*, the participants were divided into four groups (Breakout Session 2) and were tasked to comment on five specific areas. The group discussions on these five areas were presented in the plenary session, and they will be incorporated into the final document.

Discussion points

(1) Suggested to develop Policy Recommendations, Technical and Advocacy Briefs that will help countries:

- address issues and barriers to equitable access to health services;
- claim the rights to other basic needs for transgender people; and
- facilitate the participation of transgender people in all stages of programme planning, development, implementation, monitoring and evaluation.

Note: Use easily understandable terms so that the transgender people would know what they are advocating for.

(2) Emphasized the need to make available essential prevention commodities, such as condoms, lubricants and clean needles and syringes.

(3) Emphasized the need to explore mechanisms for sustainable financing of transgender programmes and bring more transparency on the investments allotted for transgender programming, as separate from the MSM programming.
2.7 Follow up actions

2.7.1 Identifying the Next Steps

The participants were divided into three groups: community professionals, health professionals and key partners (Breakout Session 3). They were tasked to identify the next steps supporting or contributing to the implementation of the Joint Regional Technical Brief. The discussion was structured according to the following:

(a) mapping/assessing of the existing health services for transgender people in Asia and the Pacific, recommendations of facilities/sites for further analysis and documentation;

(b) how to implement/integrate sexual health services for transgender people into existing health services, with a focus on HIV and STI prevention; and

(c) listing of ongoing initiatives focusing on transgender health, by attending partners.

Output of the breakout session is summarized below:

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Partners for Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop guidelines and policies on a comprehensive health package for transgender people.</td>
<td>WHO, in collaboration with the community</td>
</tr>
<tr>
<td>2. Improve research capacity to understand transgender community. The research should include socio-demographic conditions and health, especially in context of transgender men, as well as other topics. Research should be undertaken both at country and regional levels, and community participation should be ensured from planning and designing to implementation.</td>
<td>United Nations Population Fund in collaboration with the community</td>
</tr>
<tr>
<td>3. Support transgender networks and formation of new networks, both national and regional. This support should include resources and technical assistance (organizational development). Transgender networks should be strengthened, young leaders should be mentored, and networks should be more inclusive.</td>
<td>International nongovernmental organizations and other support organizations, APTN, local transgender organizations.</td>
</tr>
<tr>
<td>4. Support empowerment through lobbying for more in-country government support.</td>
<td>International nongovernmental organizations, government agencies</td>
</tr>
<tr>
<td>5. Initiate discussions with other international nongovernmental organizations, support organizations and government agencies on transgender health and rights and mobilize resources.</td>
<td>WHO, UNDP other United Nations agencies</td>
</tr>
<tr>
<td>6. Place transgender health in the agenda of the next programme manager’s meeting.</td>
<td>WHO (Regional Offices for South-East and the Western Pacific)</td>
</tr>
<tr>
<td>Activities</td>
<td>Key Partners for Implementation</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>7. Advocate to including HIV and transgender health in the agenda of future sessions of the WHO Regional Committees.</td>
<td>All cosponsors of the consultation</td>
</tr>
<tr>
<td>8. Document existing good practice models and services for transgender health for possible replication to other countries.</td>
<td>All cosponsors of the consultation</td>
</tr>
<tr>
<td>9. Do a session on transgender health in the next International Congress on AIDS in Asia and the Pacific (ICAAP).</td>
<td>All cosponsors of the consultation</td>
</tr>
<tr>
<td>10. Support strategic information on transgender people based upon the recommendations of this meeting.</td>
<td>All cosponsors of the consultation</td>
</tr>
<tr>
<td>11. Establish projects in the regions based on the outcomes of this meeting.</td>
<td>All cosponsors of the consultation</td>
</tr>
<tr>
<td>12. Advocate and outreach to ASEAN Task Force on AIDS Secretariat.</td>
<td>UNAIDS and UNDP</td>
</tr>
<tr>
<td>13. Work with ESCAP to ensure transgender issues will be included in the follow up to the Resolution 67/9.</td>
<td>UNAIDS and UNDP</td>
</tr>
<tr>
<td>14. Advocate to identify centre of excellence on transgender health and explore opportunity to designate as a WHO Collaborating Centre on Transgender Health.</td>
<td>APTN</td>
</tr>
<tr>
<td>Co-sponsor to work with Principal Recipients of the ISEAN-Hivos (the Insular Southeast Asian Network and Humanist Institute for Cooperation in full, Dutch: Humanistisch Instituut voor Ontwikkelingssamenwerking) and Project DIVA (Diversity in Action, Supporting communities, Reducing vulnerabilities)</td>
<td>UNDP</td>
</tr>
<tr>
<td>15. South Asia Multi Country Global Fund Programme on HIV among MSM and Transgender Populations) for collaboration</td>
<td>UNDP</td>
</tr>
<tr>
<td>16. Create context-specific services that are accessible by the community.</td>
<td>Community groups that are currently accessing services and integrate/expand to comprehensively look at the needs of the community</td>
</tr>
<tr>
<td>17. Create a Centre of Excellence.</td>
<td>Donors, WHO and other United Nations agencies, community groups, health sector, and governments</td>
</tr>
<tr>
<td>18. Partner with community organizations, such as drop-in centres.</td>
<td>Health sector and community groups</td>
</tr>
<tr>
<td>19. Establish networking opportunities for knowledge sharing.</td>
<td>All cosponsors of the consultation</td>
</tr>
<tr>
<td>20. Create guidelines on hormone therapy in local languages.</td>
<td>All cosponsors of the consultation</td>
</tr>
</tbody>
</table>
Discussion points

(1) Participants requested WHO, UNAIDS, UNDP and other United Nations agencies to explore other advocacy avenues to ensure that different decision-makers and country planners address issues of concern to transgender people:

- advocate for the possible inclusion on the agenda of 2013 sessions of the WHO Regional Committees (High-level participation from Member States);
- inclusion on the agenda of Regional HIV and STI Programme Managers Meeting among managers from the WHO Eastern Mediterranean, South-East Asia and the Western Pacific regions 2013 (Technical-level discussion among planners and implementers); and
- inclusion in the agenda of other regional programme meetings.

(2) Participants noted the absence of transgender-specific communication materials on behaviour change; advantages and disadvantages of hormonal therapy and SRS.

3. CONCLUSIONS AND RECOMMENDATIONS

After the three-day meeting, the participants agreed on the following conclusions and recommendations:

3.1 Conclusions

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

*Persons who identify themselves in a different gender rather than that assigned to them at birth.*

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

(2) The size of the transgender population remains undetermined. A 2012 report by UNDP and partners estimated that the population size could be up to 9 million–9.5 million in Asia and the Pacific.

(3) Transgender health is a neglected issue. Throughout the regions, transgender people are still very much underserved and stigmatized and have limited access to health care, including transgender-specific care.

(4) Transgender people have specific needs that have been severely neglected in these regions, as elsewhere, and their perceived needs are often different in terms of types and priorities from those perceived by health experts.
(5) There are limited transgender-specific HIV/STI data to inform policy and programming. However, in some Asian cities and countries (e.g. Bangkok, Thailand; Jakarta, Indonesia; Phnom Penh, Cambodia; the Lao People’s Democratic Republic; and Myanmar), HIV prevalence was reported to be highest among transgender women, ranging from 4% to 34%.

(6) Stigma and discrimination (and ethnicity in some settings), especially by health-care providers, have been major contributing barriers preventing access to health services by transgender people.

(7) Specific communication strategies and materials are generally lacking for transgender people. Existing IEC/BCC materials in HIV programmes fail to incorporate other health needs and issues of transgender people.

(8) Consensus was reached on a set of recommendations made in the Asia Pacific assessment report, as well as the draft Joint Regional Technical Brief (in print).

(9) Valuable guidance materials on transgender health care are available from a number of professional agencies. However, most of these materials do not apply to resource-poor or different cultural settings and would need adaptation for use in the regions.

3.2 Recommendations

(1) Urgent advocacy is needed in order to create a safe, enabling health-care environment to achieve equal access to health for transgender people and realize the goal of zero HIV new infections, zero discrimination and zero AIDS-related deaths in this community.

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

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

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

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

- use of hormone treatment for transgender people;
- use of surgical treatment for transgender people; and
- management of the specific needs of transgender men, transgender women, and young and older transgender people.
(6) Collection of strategic information through transgender-specific HIV/STI surveillance combined with more operational, psychosocial and mental health research, including population estimation, should be conducted with transgender people specific to the Asia-Pacific context. This is to measure the levels of HIV and other STIs, risk behaviours, stigma and discrimination, and the impact on the HIV response. Disaggregation of data between transgender people—transgender women (male-to-female), transgender men (female-to-male) and other genders—and men who have sex with men (MSM) was strongly recommended.

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

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

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

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

### Day 1 – Tuesday, 11 September
Understanding the needs and health of transgender people

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08:30–09:00</td>
<td>Registration</td>
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<tr>
<td>09:00–10:30</td>
<td><strong>Session One: Welcome and Introduction</strong></td>
<td>Zhao Pengfei</td>
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<tr>
<td></td>
<td>1. Opening session</td>
<td>Graham Neilsen</td>
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<tr>
<td></td>
<td>Video message of the UN Secretary-General, Ban Ki-moon</td>
<td>John Ehrenberg, Khartini Slamah,</td>
</tr>
<tr>
<td></td>
<td>• Opening remarks</td>
<td>Geoffrey Manthey,</td>
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<td></td>
<td>WHO</td>
<td>Clif Cortez</td>
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<td>APTN</td>
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<td>UNAIDS</td>
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<td>UNDP</td>
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<tr>
<td></td>
<td>• Introduction of participants</td>
<td>All participants</td>
</tr>
<tr>
<td></td>
<td>• Rationale and objectives of the meeting</td>
<td>Zhao Pengfei</td>
</tr>
<tr>
<td></td>
<td>• Group photo</td>
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<tr>
<td>10:30–11:00</td>
<td><strong>Coffee Break</strong></td>
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<tr>
<td>11:00–11:30</td>
<td><strong>Session Two: Global guidance on HIV and key populations</strong></td>
<td>Co-facilitators (Graham Neilsen, Ramil Andag)</td>
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<tr>
<td></td>
<td>2. Overview of public health recommendations on prevention and</td>
<td>Ying-Ru Lo</td>
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<tr>
<td></td>
<td>treatment of HIV and STI among MSM, transgender people and sex</td>
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<td></td>
<td>workers</td>
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<tr>
<td>11:30–12:30</td>
<td><strong>Session Three: Understanding the health needs</strong></td>
<td>Sam Winter</td>
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<tr>
<td></td>
<td>3. Overview of transgender issues</td>
<td>Prempreeda Pramoj Na Ayutthaya/Joe</td>
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<tr>
<td></td>
<td>• From a researcher's perspective (based on Lost in Transition</td>
<td>Wong</td>
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<tr>
<td></td>
<td>Report)</td>
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<td></td>
<td>• From the transgender community perspective</td>
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<tr>
<td></td>
<td>(Transwoman, Transman) (15 minutes each)</td>
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<tr>
<td></td>
<td>Plenary discussion: implications for transgender sexual health</td>
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<tr>
<td>12:30–14:00</td>
<td><strong>Lunch Break</strong></td>
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<tr>
<td>14:00–15:30</td>
<td><strong>Session Four: Assessing the unmet and emerging health needs</strong></td>
<td>Thomas Guadamuz</td>
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<td></td>
<td>4. Findings and recommendations of regional assessment report on</td>
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<td></td>
<td>transgender health</td>
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<td></td>
<td>(25 minutes)</td>
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<tr>
<td></td>
<td>• Plenary discussion</td>
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</table>
Annex 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Facilitators</th>
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</thead>
<tbody>
<tr>
<td>15:30-16:00</td>
<td>Coffee Break</td>
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<tr>
<td>16:00-17:30</td>
<td>5. Defining essential health needs of transgender people</td>
<td>Co-facilitators</td>
</tr>
<tr>
<td></td>
<td>• Breakout Session No. 1 (four groups)</td>
<td>Session rapporteurs</td>
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<tr>
<td></td>
<td>• Feedback of breakout Session No. 1</td>
<td></td>
</tr>
<tr>
<td>18:30</td>
<td>Reception</td>
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</tbody>
</table>

Day 2 – Wednesday, 12 September
Addressing the unmet and emerging health needs of transgender people

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Five: Experiences and challenges in provision of health services</th>
<th>Facilitators</th>
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</thead>
<tbody>
<tr>
<td>09:00-10:30</td>
<td>Reflections of Day 1</td>
<td>Rapporteur (William Wong)</td>
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<tr>
<td></td>
<td>6. Thematic presentations (15–20 minutes each)</td>
<td>Graham Neilsen</td>
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<tr>
<td></td>
<td>• HIV/STI risks and epidemic among transgender people in Asia and the Pacific (15 minutes)</td>
<td>Anita Radix</td>
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<td></td>
<td>• Hormone use</td>
<td>Ichiro Itoda</td>
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<td></td>
<td>• Japan’s approach to health and other issues among transgender people</td>
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<td></td>
<td>• Plenary discussion</td>
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<tr>
<td>10:30-11:00</td>
<td>Coffee Break</td>
<td></td>
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<tr>
<td>11:00-12:30</td>
<td>• Sex reassignment surgery and other gender enhancement practices</td>
<td>Dr Preecha Tiewtranon</td>
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<td></td>
<td>• Mental health, psychosocial support</td>
<td>Robert Lyons</td>
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<tr>
<td></td>
<td>• Transgender and social protection and rights</td>
<td>Philip Castro (for Ernest Noronha)</td>
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<tr>
<td></td>
<td>• Plenary discussion</td>
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<tr>
<td>12:30-14:00</td>
<td>Lunch Break</td>
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<tr>
<td>14:00-15:30</td>
<td>7. Show video testimonial (by IRINnews, from Cambodia) (6 minutes)</td>
<td>Facilitator/</td>
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<tr>
<td></td>
<td>8. Panel experts discussion: Transgender life experience and skills (panellists: Transwoman, Transman, Transgender youth, Transgender non-activist)</td>
<td>Graham Neilsen</td>
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<tr>
<td></td>
<td>Reflections from the audience</td>
<td>Khartini Slamah</td>
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<td></td>
<td></td>
<td>All</td>
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<tr>
<td>15:30-16:00</td>
<td>Coffee Break</td>
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<td></td>
<td>Session Six: Consensus on definition of transgender</td>
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<tr>
<td>16:00-17:30</td>
<td>9. Consensus discussion on definition of transgender people (outcome of work by core group)</td>
<td>Sam Winter</td>
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</tbody>
</table>
**Day 3 – Thursday, 13 September**

**Moving forward**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Details</th>
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<tbody>
<tr>
<td>09:00-10:30</td>
<td><strong>Reflections of Day 2</strong></td>
<td>Rapporteur (Naomi)</td>
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<tr>
<td>10:30-11:00</td>
<td><strong>Coffee Break</strong></td>
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<tr>
<td>11:00-12:30</td>
<td><strong>Feedback of Breakout Session No. 2 (four groups)</strong></td>
<td>Session rapporteurs</td>
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<tr>
<td>12:30-14:00</td>
<td><strong>Lunch Break</strong></td>
<td>All participants</td>
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<tr>
<td>14:00-15:30</td>
<td><strong>Session Eight: Follow-up actions</strong></td>
<td>Co-Facilitators</td>
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<td></td>
<td>11. Identifying next steps</td>
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<td></td>
<td>• Breakout Session No. 3 (three groups)</td>
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<td>o mapping/assessing of the existing health services for transgender</td>
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<td>people in Asia and the Pacific, recommendations of facilities/sites for</td>
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<td>further analysis and documentation</td>
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<td>o How to implementation/integrate sexual health services for</td>
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<td>transgender people into existing health services with a focus on HIV</td>
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<td></td>
<td>and STI prevention</td>
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<td></td>
<td>• Feedback of Breakout Session No. 3</td>
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<tr>
<td></td>
<td>• Plenary discussion</td>
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<tr>
<td>15:30-16:00</td>
<td><strong>Coffee Break</strong></td>
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<tr>
<td>16:00-17:30</td>
<td><strong>Session Nine: Wrapping up</strong></td>
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<tr>
<td>16:00-17:30</td>
<td>12. Conclusions/recommendations</td>
<td>Ying-Ru Lo, Partner agencies</td>
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<td>Reflections from key partners</td>
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<tr>
<td>17:30</td>
<td><strong>Closing session</strong></td>
<td>Ying-Ru Lo, Philip Castro, Geoffrey Manthey, Laxminarayan Tripathi</td>
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<td>• APTN</td>
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</tbody>
</table>
LIST OF TEMPORARY ADVISERS, RESOURCE PERSON OBSERVERS/REPRESENTATIVES, VOLUNTEERS AND SECRETARIAT

TEMPORARY ADVISERS

Shale Ahmed, Executive Director, Bandu Social Welfare Society, 99 Kakrail, Dhaka-1204, Bangladesh, Tel. No.: (88) 02 933 9898 / 935 6868. Fax No.: (88) 02 933 0148. E-mail: shale@bandhu-bd.org

Ramil Andag, Executive Director, Babaylanes Inc., Philippines, Interim Chairperson, Islands Southeast Asian Network of MSM and TG (ISEAN), 57-C Lt. J. Francisco Street, Krus na Ligas, UP Diliman, Quezon City, Philippines, Tel. No.: (63) 2 434 9550. E-mail: ramilandag@gmail.com

Prempreeda Pramoj Na Ayutthaya, Founding Working Group Member, Asia Pacific Transgender Network, 120/118 Moo 2, Moo Baan, Amarinnives 3/3 Kwang Saimai, Khet Saimai, Bangkok, Thailand. Tel. No.: (66) 81 8249063. E-mail: preedapramoj@hotmail.com

Kenneth (Kate Montecarlo) Cordova, Vice-Chairwoman, Society of Transsexual Women of the Philippines, 24 Circle Drive, VAA Homes 2, Talon 2, Las Pinas City, Philippines Mobile: (63) 916 5163123. E-mail: Katecordova1980@yahoo.com

Tito Paulo (Naomi) M. Fontanos, Founding Member, GANDA Filipinas Girls, 33 Mayaman Street, UP Village, Quezon City, Philippines, Mobile: (63) 920 269 7607. E-mail: ganda.filipinas@gmail.com

Mohammad-Mehdi Gouya, Center for Disease Control, Ministry of Health, No. 68, Southern Iranshahr St., Karimkhane-Zand Avenue, Tehran 1581611147, Iran, Tel. No.: (9821) 88827265. Fax No.: (9821) 88300444. E-mail: mgoya57@yahoo.com

Thomas E. Guadamuz, Mahidol University Center for Health Policy Studies, Faculty of Social Sciences and Humanities, 25/25 Buddhamontthon 4 Road, Salaya Nakhon Pathom 3170, Thailand, Tel. No.: (668) 6 980 2880. Fax No.: (662) 441 9515 ext. 112. E-mail: tguadamu@hotmail.com

Ichiro Itoda, Director, Shirakaba Clinic, 2F B-STEP Bldg, 8–28 Sumiyoshi-cho, Shinjuku-ku, Tokyo, Japan 1620065, Tel. No.: (813) 5919 3127. Fax No.: (813) 5919 3137. E-mail: itoda@shirakaba-clinic.jp

Nay Oo Lwin, Programme Manager, TOPS Project/PSI Myanmar, No. 9, Oo Yin St., Kyaukmyaung. Tamwe, Yangon, Myanmar. Tel: No.: (95) 9 548857. Mobile: (95) 9 5035992. E-mail: nayoolwin14@gmail.com

Robert J. Lyons, President, Australian and New Zealand Professional Association for Transgender Health (ANZPATH), 138 Fullerton Road, Rose Park, South Australia 6156 Tel. No.: (618) 8431 6244. Fax No.: (618) 8431 6156. E-mail: robert.lyons@me.com
Annex 2

David Aye (Yaya) Myat, Network Administrator, Myanmar Gay Education Social Networking, Advisor for the Myanmar MSM Network, Building 293, Room 12, Yan Aung Lane 2, Yankin Township 11081, Yangon, Myanmar. Tel. No.: (95) 9 45000916. E-mail: Ya@myanmargay.org

Thitiyanun (Doi) Nakpor, Manager, SISTERS: Center for Transgenders, Founding Member of Thai Transgender Alliance, Transgender youth Expert (Thailand), Pattaya, Thailand, Tel. No.: 6683 5729551. E-mail: thitiyanun@psithailand.org; ploy_bit4@msn.com

Pansart (Midnight) Poonkasetwatana, Executive Director, APCOM Secretariat, Unit 201, 51/2 Ruamrudee III Building Soi Ruamrudee, Ploenchit Road, Bangkok 10330, Thailand Tel No.: (662) 255 4410. E-mail: midnightp@apcom.org

Anita Radix, Director for Research and Education, Callen Lorde Community Health Center, 356 West 18th Street, New York 10011, United States of America. Tel. No.: (1646) 236 5530. E-mail: aradix@callen-lorde.org

Dinan (Khartini) Slamah, Coordinator, Asia Pacific Transgender Network (APTN), No. 276B, Batu 2 ½, Jalan Ipoh, 51200 Lumpur, Malaysia, Telefax: (603) 4041 8966. E-mail: kahartinislamahapnswkl@gmail.com

Yani Wijayanti Subronto, Division of Tropical Medicine and Infectious Diseases, Department of Internal Medicine, Faculty of Medicine, Gadjah Mada University, Kepi Unit II, Jogjakarta 55281, Indonesia, Tel. No.: (62) 274 553119. Fax No.: (62) 2745 53120. E-mail: ysubronto@yahoo.com

Ali Omar (Sarah Gill) Tahir, Flat No.9, Gulshan Palace, Block 13-c, Gulshan Iqbal, Main University Road, Karachi, Pakistan, Mobile: (92) 334 3781487. E-mail: sarahgill_mis@yahoo.com

Altaf Hussain Tariq, Project Coordinator, Homoeopathic Medical Association of Pakistan, 27-Elahi Bukhsh Park, Shadbagh, Lahore 54900, Punjab-Pakistan, Tel. No.: (92) 42 37282733 / (92) 49 2762066. E-mail: ahtariqpk@yahoo.com

Preecha Tiewtranon, Founder of Preecha Aesthetic Institute (PAI), Former President, Society of Plastic and Reconstructive Surgeons of Thailand and Society of Aesthetic Plastic Surgeons of Thailand, 898/1 Sukumvit Soi 55 (Thong Lor), Wattana, Bangkok, 10110 Thailand. Tel. No.: (662)715-0111. Fax No.: (662) 715-0113. E-mail: preecha@pai.co.th

Johnny Tohme, Psycho-sexual Health Coordinator, Marsa – Sexual Health Care, Clemenceau – Mexico Street, Myrtom House Bldg. 2nd Floor, Beirut, Lebanon. Tel. No.: (961) 1 737647. E-mail: tohme.johnny@gmail.com

Laxmi Narayan Tripathi, Founder and Chairperson, Astitva Trust, 303, Poonam Apts, Sahakar Nagar Opp Vartak Mane gas agency, Shastrig Nagar, Thane West Maharashtra, India, Tel. No.: (91) 9819018274; 9594885000. E-mail: laxmirakasha@yahoo.co.in

Stephen John (Sam) Winter, Associate Professor, Division of Policy and Social Studies, Faculty of Education, University of Hong Kong, Pokfulam Road, Hong Kong Special Administrative Region, China. Tel. No.: (852) 2859 1901. Fax No.: (852) 2547 1924. E-mail: sjwinter@hku.hk; sjwinter@hkusua.hku.hk
Annex 2

Joe Wong, Senior Programme Coordinator at Action for AIDS, The Sons – Founding Member of the Transman Support Group (Singapore), Working Group Member, Asia Pacific Transgender Network (APTN), Singapore, Tel. No.: (65) 97811 281. E-mail: joewong@ftmasia.com

William Chi Wai Wong, Clinical Associate Professor and Chief of Research, Department of Family Medicine & Primary Care, The University of Hong Kong, 3rd Floor, Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong Special Administrative Region, China. Tel. No.: (852) 2518 5657. Fax No.: (852) 2814 7475. E-mail: wongwcw@hku.hk

Zhao Jian Gang, Coordinator, Trans China, Kunming, China, Tel. No.: (86) 130 8536 5769. Fax No.: (86) 871 3320786. E-mail: transchina2008@gmail.com; zhaogang9940@hotmail.com

RESOURCE PERSON

Graham Alan Neilsen, Athenee Residence, 65/187 Witthayu Road, Bangkok 10330, Thailand, Tel. No.: (66) 81 802 6214. E-mail: gneilsen@gmail.com

OBSERVERS/REPRESENTATIVES

Department of Health, Hong Kong (China)

Raymond Leung, Senior Medical and Health Officer, Special Preventive Programme Public Health Services Branch, Centre for Health Protection, Department of Health, 2/F, 200 Junction Road East, Kowloon, Hong Kong Special Administrative Region, China. Tel. No.: (852) 3143 7228. Fax No.: (852) 2780 9580. E-mail: rwmleung@dh.gov.hk

FHI 360, Bangkok, Thailand

Loreto B. Roquero, Jr. Consultant, Philippines, FHI 360, Asia Pacific Regional Office, 19th Floor, Tower 3, Sindhorn Building, 130–132 Wireless Road, Lumpini Phatumwan, Bangkok 10330, Thailand, Tel. No.: (632) 3540981. Mobile: (63) 918 6197649. E-mail: lbroquero@gmail.com

Osaka Prefecture University

Yuko Higashi, Professor, Osaka Prefecture University, School of Humanities and Social Sciences, Department of Social Welfare, 1-1, Gakuen-cho, Nakaku, Saika, Osaka, 599-8531, Japan, Tel. No.: (81) 72 254 9793. E-mail: higashi@sw.osakafu-u.ac.jp; yuko-h@bg7.so-net.ne.jp

United States Center for Disease Control and Prevention (CDC)

Farida Langkaefah, Coordinator of Special Population, Thailand MOPH - U.S. CDC Collaboration and CDC/Southeast Asia Regional Office, Centers for Disease Control and Prevention, Bangkok, Thailand, Tel. No.: (662) 580 0669. Fax No.: (662) 591 2909. E-Mail: FaridaL@th.cdc.gov
Annex 2

Global Fund to Fight AIDS, Tuberculosis and Malaria Project DIVA (GF 9) - Represented by Shale Ahmed (Temporary Adviser)

ISEAN HIVOS Project (Global Fund 10) Represented by Ramil Andag (Temporary Adviser)

VOLUNTEER

Brenda Rodriguez, PhD Candidate on transgender health issues, Hong Kong University.
48 Severino Ramirez Street, Dona Faustina Subdivision, San Bartolome, Novaliches, Quezon City, Philippines, 1116. Mobile: (63) 929 307 0709.
E-mail: goddess_nayrb@yahoo.com; brendara_1@yahoo.com

SECRETARIAT

WHO/Regional Office for the Western Pacific

John Ehrenberg, Director, Combating Communicable Diseases, WHO Regional Office for the Western Pacific, Manila, Philippines, Tel. No.: (632) 528 9701.
Fax No.: (632) 521 1036. E-mail: ehrenbergj@wpro.who.int

Ying-Ru Lo, Team Leader, HIV/AIDS and STI, WHO Regional Office for the Western Pacific, Manila, Philippines, Tel. No.: (632) 528 9714. Fax No.: (632) 521 1036.
E-mail: loy@wpro.who.int

Zhao Pengfei, Technical Officer (Prevention and key populations), HIV/AIDS and STI, WHO Regional Office for the Western Pacific, Manila, Philippines, Tel. No.: (632) 528 9718.
Fax No.: (632) 521 1036. E-mail: zhaop@wpro.who.int

Ardi Kaptiningsih, Regional Adviser (Making Pregnancy Safer), Maternal, Child Health and Nutrition, WHO Regional Office for the Western Pacific, Manila, Philippines
Tel. No.: (632) 528 9876. Fax No.: (632) 521 1036. E-mail: kaptiningsiha@wpro.who.int

Debbie Gray, Technical Officer (Health and Human Rights), Health Care Financing
WHO Regional Office for the Western Pacific, Manila, Philippines
Tel. No.: (632) 528 9891. Fax No.: (632) 521 1036. E-mail: graydebb@wpro.who.int

Madeline Salva, Technical Officer, HIV/AIDS and STI, WHO Regional Office for the Western Pacific, Manila, Philippines
Tel. No.: (632) 528 9602. Fax No.: (632) 521 1036.
E-mail: salvam@wpro.who.int

Amy Abadir, Intern, HIV/AIDS and STI, WHO Regional Office for the Western Pacific, Manila, Philippines, Tel. No.: (632) 528 8001. Fax No.: (632) 521 1036.
E-mail: abadir@wpro.who.int; amyabadir@gmail.com

Caroline Burns, Intern, Expanded Programme on Immunization, WHO Regional Office for the Western Pacific, Manila, Philippines, Tel. No.: (632) 528 8001.
Fax No.: (632) 521 1036. E-mail: burnsc@wpro.who.int; cab243@georgetown.edu
Nicole Borsook, Intern, Violence and Injury Prevention, WHO Regional Office for the Western Pacific, Manila, Philippines, Tel. No.: (632) 528 8001. Fax No.: (632) 521 1036.

Joint United Nations Programme on HIV/AIDS

Geoffrey Manthey, Regional Programme Adviser, Management and UN Coordinator
Regional Programme Advisor, Regional Support Team, Asia and the Pacific
Joint United Nations Programme on HIV/AIDS, Tel. No.: (662) 680 4169
Fax No.: (662) 282 8199. E-mail: mantheyg@unaids.org

United Nations Development Programme

Philip Castro, Programme Officer for HIV and AIDS, United Nations Development Programme Philippines, 30th Floor, Yuchengco Tower, RCBC Plaza, 6819 Ayala Avenue, 1226 Makati City, Philippines, Tel. No.: (632) 901-0223. Fax No.: (632) 901200.
E-mail: philip.castro@undp.org