



#SeeUsSupportUs: Recognise the Needs of Trans and Gender Diverse Communities during COVID-19 Pandemic

Asia Pacific, like many other regions across the world, is witnessing an unprecedented health emergency with the Coronavirus disease (COVID-19) pandemic, the implications of which will be devastating and long-lasting for those at the margins of the society, including trans and gender diverse people. On this year's **Transgender Day of Visibility (TDoV)**, we remind all stakeholders, especially decision-makers in the government, the national human rights institutions and United Nations (UN) human rights bodies, and donors, to recognise the unique vulnerabilities of trans and gender diverse communities during the COVID-19 pandemic, and urge them to address their specific needs in an urgent manner.

The pandemic has exposed the alarming fragility and gaps in public health infrastructure across Asia Pacific. In most countries in the region, hospitals were already facing chronic shortage of equipment, facilities, and human resources to adequately meet the health needs of local populations. With the onset of the pandemic, the shortages are expected to increase manifolds as the number of patients needing critical healthcare increases by the hour. The crippled public health system can be attributed to decades of state neglect, prioritisation of defence budgets over social welfare budgets,¹ and an ever-increasing privatisation of health.^{2,3} The impact of a weak public health system which is gravely ill-equipped to provide essential healthcare services are deeply entrenched, and it is feared that in many countries in the region, public health systems will collapse with the onset of the epidemic. To make matters worse, many governments in the region did not respond swiftly and adequately to mitigate the risks of the epidemic.

The impacts of poor public healthcare programmes affect marginalised populations more severely, including trans and gender diverse people. Already, these populations are not able to access routine medical health care due to discrimination, lack of legal identification documents, violations of patients' rights in healthcare settings, lack of sensitised medical staff, and high

¹ M.T, Hirnissa & Habibullah, Muzafar & Baharom, A.H. (2009). The Relationship between Defense, Education and Health Expenditures in Selected Asian Countries. *International Journal of Economics and Finance*, 1(2). doi: 10.5539/ijef.v1n2p149

² Khor, S. K. (2020, January 17). The March of Private Health Care in Southeast Asia: Think Global Health. Retrieved from <https://www.thinkglobalhealth.org/article/march-private-health-care-southeast-asia>

³ The Private Medical Sector in South Asia (Bangladesh, India, Nepal, Pakistan, Sri Lanka). (n.d.). Retrieved from <https://www.copasah.net/the-private-medical-sector-in-south-asia-bangladesh-india-nepal-pakistan-sri-lanka.html>



out-of-pocket healthcare expenditures.⁴ In the contexts where most state-run outreach, testing, and treatment services require legal identification documents, the health needs of trans and gender diverse people could be easily overlooked and they could experience increased accessibility issues. Further, healthcare provider's discriminatory attitudes could deter trans and gender diverse people from seeking timely COVID-19 treatment and care, compounding their health risks.

With the majority of countries in the region under lockdown, deeply entrenched social and economic inequalities and oppression are more visible than ever. Many trans and gender diverse people are ostracised by their families and are unable to access formal employment due to their gender identity and/or expression and hence experience homelessness or live in communal spaces which are often cramped.⁵ Further, in sub-regions like South Asia and the Pacific, trans and gender diverse people often live in communal spaces due to the social ostracisation and discrimination from landlords.⁶ They may not have access to safe shelters and adequate sanitation facilities during the lockdowns. Many trans and gender diverse people in the region earn their income through streetwork and ritual work, or are employed in informal sectors such as entertainment and sex work. They are bearing the brunt of long-lasting financial impacts of the lockdowns, with no or limited access to social protection.^{7,8,9} While several public and private entities have issued support services and aid packages to provide relief to financially vulnerable individuals, it is feared that these interventions may not reach trans and gender diverse people, especially in countries where diverse gender identities are not socially accepted and remain highly stigmatised. The discriminatory treatment of trans and gender diverse people during humanitarian relief outreach has been well documented in the cases of the 2004 Indian Ocean Tsunami, 2010 floods in Pakistan, 2015 earthquake in Nepal, 2015

⁴ Asia Pacific Transgender Network (APTAN). *Key Population Research and Advocacy: Community-based Surveys on Status of Trans-responsive Healthcare*. (Forthcoming).

⁵ Winter, S. (2012). *Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia-Pacific Region*. Bangkok: UNDP & APTN. Retrieved from https://www.undp.org/content/dam/undp/library/hivaids/UNDP_HIV_Transgender_report_Lost_in_Transition_May_2012.pdf

⁶ Dwyer, E., & Woolf, L. (2018). *Down by the River: Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response*. Carlton Victoria: Oxfam Australia. Retrieved from https://www.gdnonline.org/resources/Down-By-The-River_Web.pdf

⁷ Banerji, A. (2020, March 24). India's 'invisible' trans community struggles as coronavirus shuts life down. *Thomson Reuters Foundation News*. Retrieved from <https://news.trust.org/item/20200324173322-40c2r>

⁸ Hussain, K. (2020, March 22). Transgender community fears complete lockdown will add more miseries to life. *The Express Tribune*. Retrieved from <https://tribune.com.pk/story/2181779/1-transgender-community-fears-complete-lockdown-will-add-miseries-life/>

⁹ Sen, P. (2020, March 22). Coronavirus: India's Partial Lockdown Reeks Of Class, Caste Bias Leaving Socially, Sexually Disadvantaged Groups Vulnerable. *Outlook*. Retrieved from <https://www.outlookindia.com/website/story/opinion-coronavirus-indias-partial-lockdown-reeks-of-class-caste-bias-leaving-socially-sexually-disadvantaged-groups-vulnerable/349250h>



Typhoon Haiyan/Yolanda in the Philippines, and the 2016 Tropical Cyclone Winston in Fiji¹⁰, and is already being experienced by the *hijra* community in Pakistan¹¹ and the trans communities in India.¹² Loss of income could also place trans and gender diverse individuals in a precarious position when they have to return to their hostile families and communities where they have to relive experiences of harassment, abuse and violence.

Trans and gender diverse populations in many countries in the region experience **higher rates of illiteracy due to their financial and social marginalisation** which could impede their access to important health and safety information. 'Wash your hands frequently' is a global health messaging aimed to prevent further spread of COVID-19 - however, access to adequate and trans-friendly sanitation facilities is still not a reality in many countries in the region, especially in rural areas.¹³ Lack of adequate sanitation facilities at home, school, or in healthcare settings will make preventative measures difficult. In some cases, without the necessary sanitation facilities, these settings themselves may become a locus for the spread of the disease. Similarly, the **rural and urban disparities** in terms of access to timely access to safety information and access to public health facilities have heightened in the wake of COVID-19. Further, **trans and gender diverse people who are seeking asylum or have refugee or migrant status** face life-threatening risks due to displacement and lack of access to safe shelter spaces and basic sanitation and hygiene facilities.^{14, 15}

Due to overburdened healthcare facilities, **healthcare needs of trans and gender diverse people, including gender-affirming care**, are being neglected and postponed indefinitely.^{16, 17} **Trans and**

¹⁰ Elisabeth Dotter, E., Dwyer, E., Devakula, D., & Holtsberg, M. (2018). *Pride in the Humanitarian System: Consultation Report*. Retrieved from https://www.weareaptn.org/wp-content/uploads/2018/11/Consultation-Report_Pride-in-the-Humanitarian-System_All-Annexes.pdf

¹¹ Hussain, K. (2020, March 22). Transgender community fears complete lockdown will add more miseries to life. *The Express Tribune*. Retrieved from <https://tribune.com.pk/story/2181779/1-transgender-community-fears-complete-lockdown-will-add-miseries-life/>

¹² Banerji, A. (2020, March 24). India's 'invisible' trans community struggles as coronavirus shuts life down. *Thomson Reuters Foundation News*. Retrieved from <https://news.trust.org/item/20200324173322-40c2r>

¹³ Boyce, P., Brown, S., Cavill, S., et al. (2018). Transgender-inclusive sanitation: insights from South Asia. *Waterlines*, 37(2), 102–117. doi: 10.3362/1756-3488.18-00004

¹⁴ Cane, L. D. (2020, February 16). Transgender Migrants in Mexico Arrive at US Border, Demand Entry into America. *National File*. Retrieved from <https://nationalfile.com/transgender-migrants-in-mexico-arrive-at-border-demand-entry-into-america/>

¹⁵ Human Rights Watch. (2020). *Human Rights Dimensions of Covid-19 Response*. Retrieved from <https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>

¹⁶ Banerji, A. (2020, March 24). India's 'invisible' trans community struggles as coronavirus shuts life down. *Thomson Reuters Foundation News*. Retrieved from <https://news.trust.org/item/20200324173322-40c2r>



gender diverse people living with HIV with underlying health conditions and low immunity (e.g. low CD4 count) could be more vulnerable to COVID-19 related morbidities and could experience higher mortality risk.¹⁸ Despite the scale-up of HIV treatment in recent years, 15 million people across the globe who are living with HIV do not have access to antiretroviral therapy, which may compromise their immune systems.¹⁹ Further, access to antiretroviral therapy (ART) may become more challenging due to restrictions on mobility and lack of confidentiality in healthcare settings. Many people living with HIV in Wuhan, China, for example, could not visit the hospital to get new supply of medications, and were reluctant to seek help from community officials due to fear of lack of confidentiality.²⁰

Another concerning element is the **new wave of transphobic and homophobic remarks by religious and community leaders** in the light of the pandemic which could lead to increased prejudice, stigma, verbal abuse, and even physical violence against trans and gender diverse people.^{21, 22} A study conducted by the Fiji Rainbow Pride Foundation and Oxfam Australia documented the experiences of Fijian people of diverse SOGIESC during the Tropical Cyclone Winston in 2016, when several community and religious leaders blamed them for bringing the cyclone as God's punishment, leading to verbal abuse, feelings of alienation and social isolation, and exclusion from critical networks.²³ Additionally, in some countries like Nepal, the identities of suspected vectors of COVID-19 were made public²⁴ which is a direct violation of the right to privacy and also puts their safety at risk. For members of marginalised and socially stigmatised communities, safety risks in these situations will be higher.

¹⁷ Whalen, A. (2020, March 23). The Unexpected Way the Coronavirus Is Hurting Some Members of The Trans Community. *Newsweek*. Retrieved from <https://www.newsweek.com/trans-transgender-coronavirus-pandemic-covid-19-youth-students-trevor-project-1493527>

¹⁸ Highleyman, L. (2020, March 28). UPDATED: What People With HIV Need to Know About the New Coronavirus. Retrieved from <https://www.poz.com/article/people-hiv-need-know-new-coronavirus>

¹⁹ UNAIDS. (n.d.). What people living with HIV need to know about HIV and COVID-19. Retrieved from <https://www.unaids.org/en/covid19>

²⁰ Lee, L., & Westcott, B. (2020, March 14). People living with HIV in Wuhan struggle to find medicine during coronavirus outbreak. *CNN*. Retrieved from <https://edition.cnn.com/2020/03/13/health/coronavirus-china-hiv-wuhan-intl-hnk/index.html>

²¹ The Advocate. (2020, March 6). Coronavirus Is Punishment for 'LGBT Sin,' Says Far-Right Pastor. Retrieved from <https://www.advocate.com/religion/2020/3/06/coronavirus-punishment-lgbt-sin-says-far-right-pastor>

²² Fazeli, Y. (2020, March 28). Iraqi Shia cleric Muqtada al-Sadr says gay marriage caused coronavirus. *Al Arabiya*. Retrieved from <https://english.alarabiya.net/en/News/middle-east/2020/03/28/Coronavirus-Iraqi-Shia-cleric-blames-gay-marriage-for-coronavirus>

²³ Dwyer, E., & Woolf, L. (2018). *Down by the River: Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response*. Carlton Victoria: Oxfam Australia. Retrieved from https://www.gdonline.org/resources/Down-By-The-River_Web.pdf

²⁴ Body and Data. (2020, March 26). Privacy in the Pandemic. Retrieved from <https://bodyanddata.org/privacy-in-the-pandemic/>



The multiple and intersecting discrimination and the consequent vulnerabilities experienced by trans and gender diverse populations places them at **higher risk of experiencing mental health issues, anxiety and depression**. The grave economic and health impacts and increased transphobia as a result of the pandemic could aggravate the situation.

Finally, the impact of COVID-19 on the already resource-constrained trans and gender diverse movement and the important work it does needs to be recognised and addressed by donors and funding agencies. **Trans and gender diverse groups and organisations are experiencing fear and uncertainty for the survival of their organisations and constituents they serve** due to potential reprioritising or retracting of resources by donors and funders. In many countries, civil society organisations (CSOs) and community groups are doing critical work to support efforts to ensure that those experiencing the impact of COVID-19 have access to acutely needed protection, care, and social services. These groups need continuous funding support to provide their communities access to services that states often fail to provide. It is further feared that coercive measures to enforce lockdowns could be discriminately applied to marginalised communities like trans and gender diverse people, and authoritative and military regimes in the region could **exploit lockdown conditions to regulate and silence dissenting voices including civil society and human rights defenders**.

Recommendations for Actions to Address the Impact of COVID-19 on Trans and Gender Diverse Communities:

To National and Local Governments:

- Governments should ensure that all healthcare services related to COVID-19 are provided without stigma and discrimination of any kind, including on the grounds of sexual orientation, gender identity and expression. Governments need to take steps to ensure everyone has affordable and accessible medical care and treatment options. Affirmative action (such as establishment of dedicated health facilities and sensitisation of medical workers and healthcare providers) should be taken by the government to ensure trans and gender diverse people have equal access to COVID-19 prevention, testing and care services in a safe environment.
- Recognising the particular social and economic vulnerabilities of trans and gender diverse individuals, governments should implement affirmative measures to ensure that adequate relief aid (both financial and basic survival resources including food/water rations and sanitation products) reaches these populations while upholding their human rights, safety, and overall well-being.
- Governments should ensure that the information they provide to the public regarding COVID-19 is accurate, unbiased, timely, and consistent with human rights principles.



- Governments should ensure that all information about COVID-19 is accessible and available in multiple local languages, including for those with low or no literacy, or people with visual and hearing disabilities.
- Health data is particularly sensitive in the context of COVID-19, and the publication of information can pose a significant risk to affected persons and in particular people who are already marginalised. Human rights-based legal protections should guide the appropriate use, disaggregation, and management of personal health data.²⁵
- Governments should ensure that HIV testing and treatment services are not affected by lockdowns or any other COVID-19 related measure, and people living with HIV are able to access the necessary medical care without any interruptions. Governments should ensure that trans and gender diverse individuals, especially those that are older and/or disabled, have equal access to emergency health services.
- Governments should use a human-rights based approach in the implementation of any response to and protective measures against COVID-19, including broad lockdowns. Encourage law enforcement officers to focus on increasing safety rather than arrests, violence, surveillance, or other coercive measures.
- Governments should take swift action to protect individuals and communities who may be targeted as bearing responsibility for COVID-19, establishing mechanisms to monitor, document and thoroughly investigate all reported incidents, and hold perpetrators accountable.
- Governments should provide safe shelters to trans and gender diverse people who are experiencing homelessness or are living in unsafe living conditions.
- Governments should allocate adequate resources to strengthen the public health system and to minimise out-of-pocket expenditures.
- Governments should take all necessary legal, policy and programmatic measures to ensure legal gender recognition and inclusion of trans and gender diverse people in all social programmes including public health.
- Governments should enact national tax reforms that ensure a progressive tax system with real redistributive capacity and affirmative action measures, such as subsidies, social protection or tax exemptions, that preserve, and progressively increase, the income of poorer households and to assist the most disadvantaged and marginalised individuals and groups including trans and gender diverse people.
- Governments should invest in research, documentation of lived experiences of trans and gender diverse communities to inform future humanitarian response and relevant policies and programmes, to ensure it addresses the unique needs and vulnerabilities of trans and gender diverse communities.

To the National Human Rights Institutions (NHRIs) and the UN Human Rights Bodies:

²⁵ United Nations Independent Expert on SOGI. (2019). Report on Data collection and management as a means to create heightened awareness of violence and discrimination based on sexual orientation and gender identity. Retrieved from https://ap.ohchr.org/documents/dpage_e.aspx?si=A/HRC/41/45



- National Human Rights Institutions (NHRIs) and UN human rights bodies should ensure that states take all necessary measures to ensure healthcare services and relief services are provided to all on the basis of non-discrimination and equality.
- National Human Rights Institutions (NHRIs) and UN human rights bodies should ensure that state restrictions to curb the spread of COVID-19 are lawful, necessary and proportionate, are not discriminatory, and are fully respectful of human dignity. NHRIs and UN human rights bodies should continuously monitor the situation and provide guidance to states to ensure compliance to international human rights standards.

To Local, Regional and Global Human Rights Movements:

- Local, regional and global human rights movements should support and collaborate with trans-led and trans-inclusive organisations in collecting and sharing relevant information and resources. In solidarity, human rights movements should join hands with groups and organisations working for marginalised populations to amplify their calls to decision-makers in the government.

To Donors/Funding Agencies:

- Donors should allow trans-led and trans-inclusive organisations to reprioritise their programmes to address the most urgent needs of trans and gender diverse communities, including food and shelter, as well as the safety and well-being of their staff and volunteers in the context of the COVID-19 pandemic.
- Donors should not retract any existing funding but should maintain or increase organisational support to resource-constrained trans-led and trans-inclusive organisations in responding to the COVID-19 pandemic.
- Donors should increase investment in research and advocacy programmes on healthcare needs of trans and gender diverse populations and inclusion of trans and gender diverse people as key populations in public health policies and programmes.

For up to date information on how we are addressing COVID-19, please visit our page at www.facebook.com/weareaptn and www.weareaptn.org/covid19. For further recommendations and best practices on addressing the unique needs of LGBTIQ+ people in humanitarian settings, please refer to our "[Pride in the Humanitarian System](#)" consultation report.