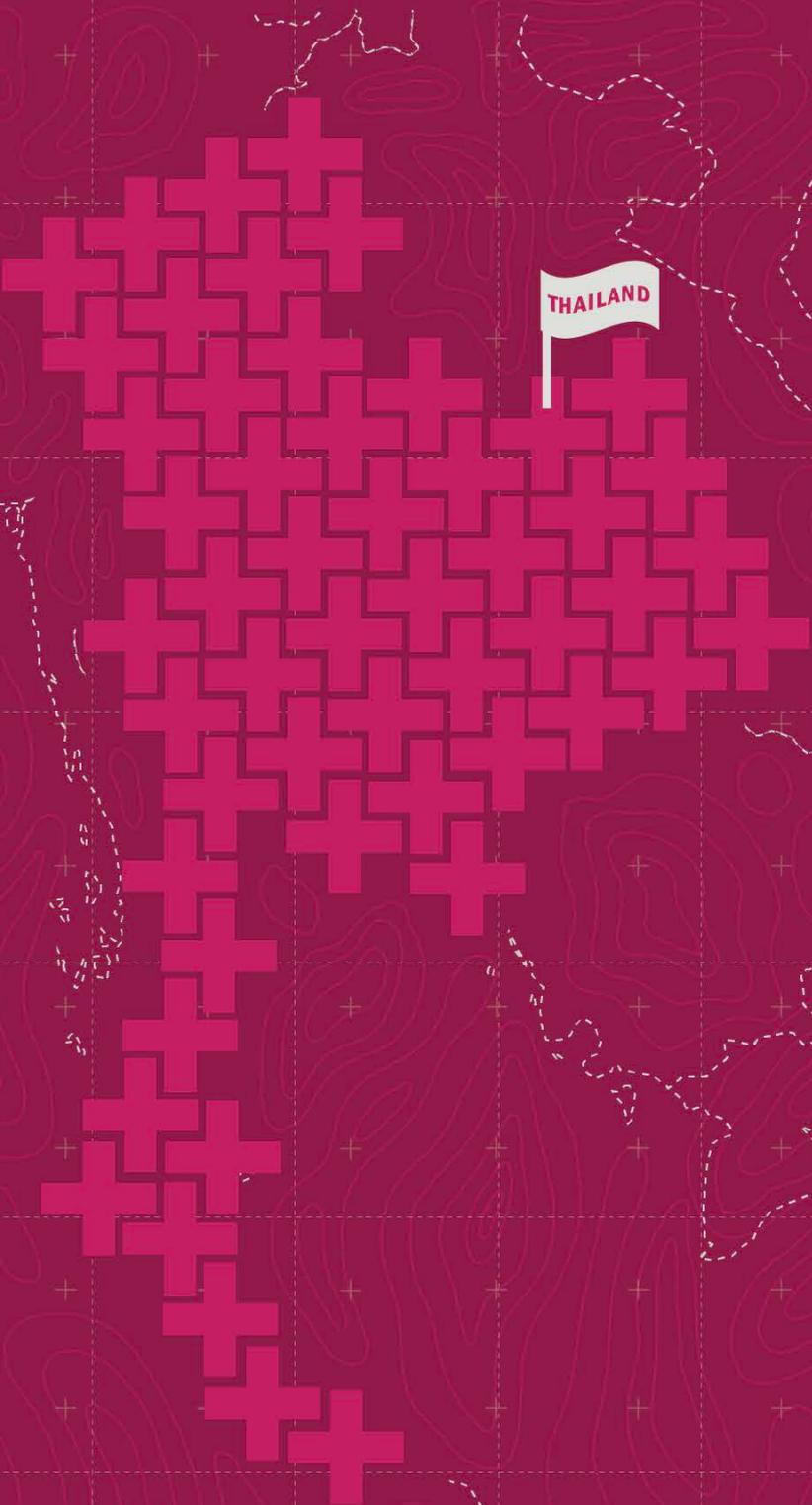


COUNTRY BRIEF

## OUR RIGHT TO HEALTH:

# *Investing in the Transformation of Health Care for Transgender People*



THAILAND



aptn

## OUR RIGHT TO HEALTH

Investing in the  
Transformation *of*  
Health Care *for*  
Transgender People

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## ACRONYMS AND ABBREVIATIONS

**AIDS**

Acquired Immunodeficiency Syndrome

**APTN**

Asia Pacific Transgender Network

**ARROW**

The Asian Pacific Resource and Research Centre for Women

**ART**

Antiretroviral Therapy

**CBO**

Community-based Organisation

**CBS**

Community-based Survey

**FGD**

Focus Group Discussions

**GFTAM**

Global Fund to Fight AIDS, Tuberculosis and Malaria

**HCP**

Health Care Providers

**HIV**

Human Immunodeficiency Virus

**HTC**

HIV Testing and Counselling

**IRB**

Institutional Review Board

**KII**

Key Informant Interview

**LGB**

Lesbian, Gay, Bisexual

**LGBTI**

Lesbian, Gay, Bisexual, Trans, Intersex

**MSDHS**

Ministry of Social Development and Human Security

**MSM**

Men who have Sex with Men

**PEP**

Post-exposure Prophylaxis

**PEPFAR**

President's Emergency Plan for AIDS Relief

**PLHIV**

People Living with HIV

**PREP**

Pre-exposure Prophylaxis

**REDCap**

Research Electronic Data Capture

**SD**

Standard Deviation

**SPSS**

Statistical Package for Social Sciences

**STI**

Sexually Transmitted Infections

**WHO**

World Health Organisation

## TERMINOLOGY

### Transgender and Trans

In this report we use transgender and trans interchangeably as an umbrella term to refer to the lived diversity of gender identities and forms of gender expression of the respondents. Culturally specific terms for trans people are evolving and are often best understood within the local, social, cultural, religious, and/or spiritual contexts in which they have been defined. We use the following definition of a trans/trans person in line with the *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific*:<sup>1</sup>

*“Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/trans persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.”*

### Culturally Specific Terms

We use culturally specific terms as defined by the respondents to describe trans women and trans men.

**TRANS WOMEN** (assigned male at birth): In Thailand, trans people who identify as women use multiple terms to refer to self-identify. These include Kathoey, Lady Boy, Saoprapetsong. For the purposes of this report we will refer to trans people who identify as women, as transgender women as there was consensus at the national level to use this terminology.

**TRANS MEN** (assigned female at birth): In Thailand people who identify as men also use multiple terms to self-identify themselves. These include, Tome, Two Girls. For the purposes of this report we will refer to trans people who identify as men as transgender men throughout the report as there was consensus at the national level to use this terminology.

### Gender Identity

We use this term to describe an individual’s personal sense of their gender. This can be associated with their sex assigned at birth or be different from it.

### Gender Expression

We use this term to describe how people physically express and communicate their gender in culturally appropriate ways. For example, how they dress, cut their hair, and wear make-up. Usually this is to communicate their femininity, masculinity, or genderlessness to other people.

### Transition

Trans people seek to be recognised socially and legally based on their gender, not based on the sex they were assigned at birth. For many trans people this involves seeking gender-affirming medical care (such as hormone replacement therapy, gender-affirming surgeries, etc.), based on informed consent, to change their body to match their gender. This process is called transition. Transition is an individual choice and journey.

### Gender-Affirming Health Services

This term is used to describe any medical, surgical or health interventions that a person might take to transition into a more feminine or masculine self. It includes surgery, breast reconstruction, genital surgery, hair removal or transplants and hormone therapy.

<sup>1</sup> Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015) *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group, Health Policy Project. Retrieved from: <https://weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf>

## ABOUT *this* COUNTRY BRIEF

In 2019, SISTERS Foundation Thailand<sup>2</sup> and Asia Pacific Transgender Network (APTN)<sup>3</sup> embarked on an ambitious research project to document the barriers and gaps to accessing STI, HIV and other health services for trans people in four countries (Indonesia, Nepal, Thailand and Vietnam). The research was designed and implemented by trans researchers in each country. The brief outlines the research findings and provides information and recommendations on HIV and other health care for trans people in national settings, the barriers in accessing these services, and the ways in which barriers can be removed through policy and programmatic change and community empowerment. Consistent with our community principles

of “*Nothing about us without us*” this process has built the capacity of trans people to utilise research methodologies and data to collect information for evidence-based advocacy to promote quality and trans-appropriate and competent services. This research aims to bridge the gaps in the availability of trans-specific data. We believe this is the first large scale trans community-led research providing essential information into the lives of trans people in Thailand and the region. This research was made possible through funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and Save the Children Nepal.<sup>4</sup>

## OVERVIEW

### *Overview of the HIV and Health Context for Trans People in Thailand*

There are an estimated 314,808 trans people living in Thailand but exact population estimates are unknown and systematic, population-representative data is limited.<sup>5</sup> Discrimination continues to limit trans people’s access to education and employment opportunities. Bullying and harassment within these institutions drives trans people into informal and unregulated employment sectors such as sex work and the entertainment industry where laws criminalising sex work are used to prosecute and harass trans people, especially trans women. The findings of this study reveal that trans people continue to face barriers to HIV and health care due to fear of and past experiences

of discrimination. This leads to delays in seeking medical care when required as well as reduces their access to regular STI and HIV testing. Trans people utilise gender-affirming interventions, especially hormones, at a high rate. Access to genuine hormones and information is often utilised from unregulated and uninformed sources including pharmacies and peers without professional medical advice or follow up. The data provides compelling evidence for the integration of gender-affirming services with HIV and STI prevention and testing services to increase uptake and improve broader physical, mental and gender-related health outcomes.

<sup>2</sup> Sisters, a trans-focused CBO, provides health, education and support services to the community in Pattaya. The organisation works on HIV prevention, testing and counseling, and screening for other STIs. It also has a drop-in center.

<sup>3</sup> The Asia Pacific Transgender Network (APTN) advocates for the protection of the legal, social and human rights of trans (trans) people as well as the enhancement of their social well-being and quality of life in the Asia Pacific region.

<sup>4</sup> Save the Children is the principal recipient for the three-year (2018-2020) regional Key Populations Research and Advocacy (KPRA) project in South and Southeast Asia. The aim is to gather evidence for community-led HIV prevention, testing and other health services amongst key populations of people living with HIV (sub-recipient APN+), people who use drugs (ANPUD), sex workers (APNSW), and trans people (APTN).

<sup>5</sup> Seekaew P, Pengnonyang S, Jantarapakde J, Sungsing T, Rodbumrung P, Trachunthong D, et al. (2018) Characteristics and HIV epidemiologic profiles of men who have sex with men and trans women in key population-led test and treat cohorts in Thailand. PLoS ONE 13(8):e0203294. Retrieved from: <https://doi.org/10.1371/journal.pone.0203294>

## Overview of the National HIV Response in Thailand

Thailand’s Accelerated National AIDS Plan for Ending AIDS (2017-2030) in line with the Political Declaration on AIDS (2016) aims to end AIDS by 2030. The Kingdom of Thailand has made substantial progress in reaching the 90-90-90 fast track targets goals. 90% of people living with HIV knowing their status, 90% of PLHIV are on antiretroviral therapy (ART) and 90% of PLHIV on ART are virally suppressed. The plan calls for a cost-effective integrated prevention-to-care continuum, with full coverage of key population groups. The process involves increased health promotion and knowledge of services and options for key populations, distribution of prevention methods, condoms and lubricants, HIV testing, and treatment for HIV infection with ART (Reach-Recruit-Test-Treat-Retain).

As of 2018, it is estimated there are 4480,000<sup>6</sup> PLHIV in Thailand. Despite the decline in new infections from previous years, over 50% of new infections in 2018 (estimated 6,400) were in key populations. MSM and trans people were particularly affected. Concerningly, there has been an increase of new HIV infection cases in low-risk populations and largely transmitted through spousal sex. Unprotected sex is estimated to account for 90% of all new HIV infections. Unsafe injecting drug use is the second biggest transmission route.<sup>7</sup>

Thailand continues to have one of the highest HIV<sup>8</sup> prevalence rates in Asia and the Pacific, accounting for 9% of the region’s total population of PLHIV. HIV remains a concentrated epidemic in Thailand, and HIV prevalence in key populations remains unacceptably high<sup>9</sup> especially in the under 25 age group.

### IBBS DATA<sup>10</sup>

| Key Population | National | Transgender | MSM | Sex Workers | PWID |
|----------------|----------|-------------|-----|-------------|------|
| Prevalence     | 0.15%    | 8.5%        | 5%  | 8.8%        | 2%   |

Thailand has made significant progress on their commitment to achieving 90-90-90 fast track targets. This is evident in the first 90 with an estimated 98.3% of people living with HIV knowing their status.<sup>11</sup> While Thailand falls short on retaining people on ART (74.9%) despite this, for those who are on ART, 84.3% have suppressed viral loads. AIDS financing and investment data reveals genuine commitment to tackling HIV in Thailand. From a budget of \$83 billion, 42% is financed domestically and 57% financed through international Funding source.<sup>12</sup> Furthermore 14% is earmarked for key population prevention programming, yet despite financial investment and innovation, HIV

Testing and Counselling (HTC) remains low in key populations.<sup>13</sup> To combat this, Thailand has introduced new approaches to increase access to, and demand for, HIV testing, including implementing community-based HTC to expand outreach work, providing index testing (HIV testing for the sexual and injecting partners of people diagnosed with HIV), ensuring that HTC outlets provide same-day results and the scale up of a of Pre Exposure Prophylaxis (PREP) Treatment pilot in high-burden sites, which has been initiated in public and community-based clinics.

<sup>6</sup> UNAIDS (2019) Thailand Country Card. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/thailand-country-card-nov-2019.pdf>

<sup>7</sup> AVERT. HIV and AIDS in Thailand. 7th August 2020. Retrieved from: <https://www.avert.org/professionals/hiv-around-world/asia-pacific/thailand>

<sup>8</sup> Ibid.

<sup>9</sup> Ibid.

<sup>10</sup> UNAIDS (2019) Thailand Country Card. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/thailand-country-card-nov-2019.pdf>

<sup>11</sup> National Monitoring and Evaluation Unit Bureau of AIDS, TB and STIs (2018). Thailand Progress Report. Retrieved from: [https://hivhub.ddc.moph.go.th/Download/Report/APR/2018/EN\\_GAM%202018.pdf](https://hivhub.ddc.moph.go.th/Download/Report/APR/2018/EN_GAM%202018.pdf)

<sup>12</sup> UNAIDS (2019) Thailand Country Card. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/thailand-country-card-nov-2019.pdf>

<sup>13</sup> PEPFAR (2019) Asia Region Operational Plan, ROP 2019 Strategic Direction Summary. Retrieved from: [https://www.state.gov/wp-content/uploads/2019/09/Asia-Regional\\_COP19-Strategic-Directional-Summary\\_public.pdf](https://www.state.gov/wp-content/uploads/2019/09/Asia-Regional_COP19-Strategic-Directional-Summary_public.pdf)

Thailand has also adopted World Health Organisation guidance to provide ART to anyone testing positive for HIV, regardless of their CD4 count, and implemented efforts to provide more immediate treatment, including the provision of same-day ART initiation in some centres which has contributed to greater retention in treatment programmes and viral suppression rates.<sup>14</sup> Thailand has implemented the task sharing approaches to expand treatment options to key populations through working with CBOs to dispense ART and care initiatives. This has not only alleviated the case load burden on the country's public health system but has also contributed to greater access for key populations groups that are less likely to visit public clinics due to denial of access, fear of stigma, discrimination and negative attitudes based on past experiences.

ART is provided under the country's universal health insurance scheme. However there are limitations, for example, if PLHIV go for treatment outside their area of registration, they may have to cover some costs out of pocket. PLHIV can only receive ART from their main contractor hospital if they are to be covered by the insurance. Given that many key populations migrate to urban areas for better work opportunities, peer and community support, and access to services, this could limit their access and adherence to ART.

Subsuming trans people within the MSM category limits access to data and understanding of needs and risks associated with HIV transmission especially in the context of trans people's distinct social, cultural and behavioural characteristics. Trans women are particularly vulnerable and at risk. They continue to experience a number of issues in accessing services including confidentiality of test results, self-stigma, costs of services, lack of pre-test and post-test counselling services, and poor knowledge and competency among service providers around gender-related issues.<sup>15</sup>

<sup>14</sup> Ibid.

<sup>15</sup> APTN (2017) Increasing Access to HIV and other Health Services for Trans People in Asia: Business as usual won't get us there. Retrieved from: [https://www.weareaptn.org/wp-content/uploads/2018/05/FB2B\\_Final-Report.pdf](https://www.weareaptn.org/wp-content/uploads/2018/05/FB2B_Final-Report.pdf)

## LEGISLATION AND POLICIES

### *on Legal Gender Recognition and Sexual Health and Rights of Trans People*

Despite Thailand's Constitution and ratification of numerous human rights resolutions and conventions prohibiting discrimination, laws referring to sexual orientation and gender identity are limited. In 2015, Thailand passed its first law to promote gender equality, namely the Gender Equality Act B.E. 2558, which provides protection from unfair gender discrimination. It is the first and currently only legal instrument to mention trans people or more specifically a member of a "sexual diversity group". The information on its enforcement, as well as drafting subordinate regulations under the Act are still ongoing and hence its legal application to upholding trans rights is yet to be seen. The Act further mentions exemptions in cases where there is a concern for the protection of the person's safety and welfare and compliance with religious principles or national security. Many trans people fear that this can give cause for religious reasons to be used to condemn diverse gender identities including trans identities.<sup>16</sup>

Thailand currently has no law enabling trans people to change their title, sex or gender on official documentation. The inability to change their documents to accurately reflect their gender identity remains the most challenging issue for trans people attempting to access amongst other basic rights, social assistance, education, employment and health care.<sup>17</sup> Presenting nationally recognised identity documents that do not match their gender identity increases trans people's experiences of discrimination and exclusion. In 2017, the Department of Women's Affairs and Family Development released a draft Gender Recognition Act for consultation with Lesbian, Gay, Bisexual, Trans and Intersex (LGBTI) civil society organisations (CSOs) in Thailand. CSOs objected to restrictive eligibility criteria including gender affirmation surgery as a requirement and requested greater

engagement of the community in the drafting of the Act. Following these community concerns and media attention, the Director General of the Department of Women's Affairs and Family Development, including the Permanent Secretary of the Ministry of Social Development and Human Security (MSDHS), decided to halt the development of the draft Act for the time being.<sup>18</sup>

Both within the workplace and in education settings, there are no specific laws protecting trans people from discrimination. Within the education system, students are required to wear uniforms that coincide with their sex at birth throughout all levels of schooling including university. While universities can set their own uniform and dress code regulations, students who do not comply with the gender-related dress code are often penalised.<sup>19</sup> At work, there are currently no specific labour laws protecting trans people from discrimination. Trans people often conceal their identities in the workplace, and have reported being asked invasive questions regarding their sexuality and to undergo psychological tests that are not administered to cis people.<sup>20</sup>

While there have been progressive steps taken to increase legal protections for trans people in Thailand, the absence of explicit references to gender and sexual diversity as well as harmful exemptions on the basis of religion, societal welfare and safety and national security continue to restrict trans people, sexual minorities and intersex people to access legal protections, which in turn potentially weakens the ability of laws to protect all citizens.

<sup>16</sup> UNDP, MSDHS (May 2018). Legal Gender Recognition in Thailand: A Legal and Policy Review. Retrieved from: [https://www.th.undp.org/content/thailand/en/home/library/democratic\\_governance/legal-gender-recognition-in-thailand--a-legal-and-policy-review.html](https://www.th.undp.org/content/thailand/en/home/library/democratic_governance/legal-gender-recognition-in-thailand--a-legal-and-policy-review.html)

<sup>17</sup> UNDP, MSDHS (May 2018). Legal Gender Recognition in Thailand: A Legal and Policy Review. Retrieved from: [https://www.th.undp.org/content/thailand/en/home/library/democratic\\_governance/legal-gender-recognition-in-thailand--a-legal-and-policy-review.html](https://www.th.undp.org/content/thailand/en/home/library/democratic_governance/legal-gender-recognition-in-thailand--a-legal-and-policy-review.html)  
Ibid.

<sup>18</sup> UNDP, USAID (2014). *Being LGBT in Asia: Thailand Country Report*. Bangkok. Retrieved from: <https://www.refworld.org/pdfid/54ed82784.pdf>  
Winter, S., Davis-McCabe, C., Russell, C., Wilde, D., Chu, T.H., Suparak, P. and Wong, J. (2018). Denied Work: An audit of employment discrimination on the basis of gender identity in Asia. Bangkok: Asia Pacific Transgender Network and United Nations Development Programme. Retrieved from: [http://www.weareaptn.org/wp-content/uploads/2018/11/APTN\\_Publication\\_undp\\_revised-Jan-23-2019.pdf](http://www.weareaptn.org/wp-content/uploads/2018/11/APTN_Publication_undp_revised-Jan-23-2019.pdf)

<sup>19</sup> (1) What types of HIV and other health care services do trans people need and what types of services are currently available? (2) What types of available HIV and other health care services do trans people access or not access, and why? (3) What are the barriers in accessing HIV and other health care services? (4) How can the trans community try to reduce barriers to HIV/STI and other health care services? (5) In what ways can trans communities empower themselves to reduce these barriers? Questions (4) and (5) were combined.

<sup>20</sup> Winter, S., Davis-McCabe, C., Russell, C., Wilde, D., Chu, T.H., Suparak, P. and Wong, J. (2018). Denied Work: An audit of employment discrimination on the basis of gender identity in Asia. Bangkok: Asia Pacific Transgender Network and United Nations Development Programme. Retrieved from: [http://www.weareaptn.org/wp-content/uploads/2018/11/APTN\\_Publication\\_undp\\_revised-Jan-23-2019.pdf](http://www.weareaptn.org/wp-content/uploads/2018/11/APTN_Publication_undp_revised-Jan-23-2019.pdf)

## FINDINGS

*This brief is structured to answer five research questions<sup>21</sup> proposed by the study to gain information on the availability, access and quality of HIV and other health care needs for trans people in the country, the barriers in accessing services, and the ways in which barriers can be removed through community empowerment.*

### Who participated in our study?

Data was collected from 251 trans people in Pattaya through key informant interviews (KIIs), community-based surveys (CBS), and focus group discussions (FGDs). Recruitment was conducted through convenience sampling, through national peer-based networks. This included 15 trans men, 215 trans women, and 20 who identified as third gender including lady boy, tom, two girls and bisexual. Given the low numbers of trans men in the sample, disaggregation by gender identity was limited. However where significant, disaggregation by sex work and age has been included. In addition, a total of 43 people including 39 trans women and nine trans men took part in FGDs and 10 people consisting of health and community service providers, government and policy advisors took part in KIIs. The institutional ethical review committee of the Burapha University (Chonburi) Thailand issued ethical clearance for this research. Written informed consent was obtained from all individuals who participated in the study.

The final sample consisted of 251 participants. The mean age of participants was 29.3 (SD 6.6) years; the majority of participants 68% (n=170) were over the age of 25, with the remaining 32% (n=79) between the age of 18-25 years. Of the sample, 6.0% (n=15) identified as trans men or trans masculine, 85.7% (n=215) identified as trans woman or trans feminine, and 8% (n=20) identified as third gender including bisexual (n=1), tom (n=11), lady boy (n=1) and two girls (n=7). The mean age when trans people first recognised they were different than the sex assigned at birth was 8.35 (SD 3.65) years, trans women recognised this at a much earlier age (7.2 years SD: 4.19) than trans men (9.5 years, SD: 4.3). The mean age of revealing their trans identity to others was 13.5 years (SD 5.95). Trans people on average struggle alone with their gender identity for 5.15 years.

TRANS MEN (15)

TRANS WOMEN (215)

GENDER QUEER (20)



Mean age of all the Trans participants: 29.3 years

**8.35yrs**

Mean age when trans people first recognised they were different than the sex assigned at birth

**7.2 yrs**

Trans men

**9.5 yrs**

Trans women

**13.5**

Mean age when trans people revealed their trans identity

**5.15**

Number of years trans people on average struggle alone with their gender identity

29% (n=72) of the participants finished senior high school, followed by 25% (n=63) who reported finishing junior high, 22% (n=54) completed a bachelor's degree or higher, and 21% (n=53) reported attaining a vocational certificate. A further 3% (n=7) indicated they had schooled till elementary school, one person indicated never attending school.

Most of the participants were in some form of paid employment, 73% (n=184) were employed full-time, 16% (n=39) were employed part-time, and 3% (n=8) were

business owners. The remainder 7% (n=19) reported being unemployed at the time. 29% (n=72) of the trans respondents worked in the entertainment industry (cabaret shows, singing, entertainment events not related to sex sales), 18% (n=45) engaged in sex work and 11% (n=28) worked as administrative staff (secretary, receptionist, management). Of the sample, 36% (n=91) of participants were a member of a trans or LGB or MSM community-based group.

<sup>21</sup>(1) What types of HIV and other health care services do trans people need and what types of services are currently available? (2) What types of available HIV and other health care services do trans people access or not access, and why? (3) What are the barriers in accessing HIV and other health care services? (4) How can the trans community try to reduce barriers to HIV/STI and other health care services? (5) In what ways can trans communities empower themselves to reduce these barriers? Questions (4) and (5) were combined.

-01-

**What types of HIV and other health care services do trans people need, *and what types of services are currently available?***

*The findings of the study indicate that the current investment in HIV programming has yielded positive results for the trans community, particularly through the provision of community and peer-led services. However, the lack of inclusive health services, and endemic stigma discrimination resulting in broader human rights violations continue to hamper positive health and well-being outcomes for the trans community.*

**STI, HIV and Risk Factors**

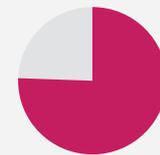
To gain a better understanding of the STI and HIV needs of trans people in Pattaya, the study aimed to determine STI and HIV risk through sexual behaviour, awareness and testing. Respondents were asked about their regular and casual sexual partners over the last year. Of the 251 respondents, the majority 45.8% (n=115) either had one or 30.3% (n=76) or none, 12.4% (n=31) had two regular partners with the remaining 6.4% (n=16) stating they had between three to four regular partners. In terms of casual partners, 37.1% (n=93) of the sample stated they did not have casual sex partners, 33.9% (n=85) have between 1-10, 12% (n= 30) reported between 11-50, 6.4% (n=16) reported 51-100 and 10.5% (n=26) reported 100 plus casual sex partners over the last year.

**HIV**

The sample indicates that 78.9% (n=198) of respondents had reported as ever been tested for HIV. Among those who had ever had a HIV test, 4% (n=10) were diagnosed positive and 0.8% (n=2) did not receive their results. Four of those diagnosed positive, delayed seeking treatment, with two citing financial reasons and two giving a response not listed. All 10 HIV-positive respondents indicated that they were currently on ART. Again, sex workers were more likely to have ever been initially tested for HIV and undergo regular testing every three months thereafter. Sex workers who had not been tested for HIV were most likely to say it was because they did not think they had been exposed.



**90%**  
are aware of STIs



**75.7%**  
have been tested



**88%**  
non-sex workers had knowledge of STIs



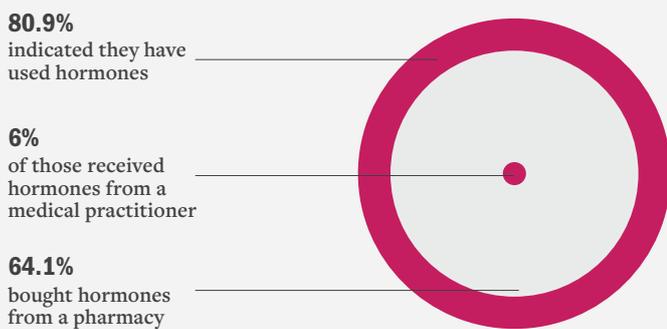
**100%**  
workers had knowledge of STIs

**Sexually Transmitted Infections**

The majority of the sample (90%) were aware of STIs, and 75.7% (n=190) had been tested. In Thailand, 100% of sex workers (n=45) had knowledge of STIs compared to 88% of non-sex workers. Of those who had not been tested (n=60), the most common reason provided by 83.3% (n=50) of respondents was fear due to discrimination by health care providers. More non-sex workers (88.7%) feared discrimination than sex workers (42.9%). In terms of regular testing, only 20.0% (n=52) of the respondent's tested for STI every three months, 44.6% (n=111) tested twice a year and 12.4% (n=31) tested between two to three years, highlighting the low numbers of HTC testing amongst key populations.

## Gender-Affirming Health Care

Gender affirmation is intrinsically linked to better health outcomes for trans people and for some trans people gender-affirming interventions are crucial to mentally and physically realising their true gender. Studies show that trans people who utilise gender-affirming interventions such as hormones or surgery had better mental health outcomes than those who were unable to access these interventions.<sup>22</sup> The data illustrates that hormone use is an essential priority for gender affirmation for trans people in Pattaya with 80.9% (n=203) of the sample indicating they have ever used hormones, and first age of use at 14.9 years on average. Of this group, 64.1% (n=161) bought hormones from a pharmacy or drug store and only 6% (n=15) ever received hormones from a medical practitioner, the remainder received hormones from trans friends and peers or online.



A total of 56.2% (n=141) of the sample are currently using hormones. Of those who responded to the question (n=44), 54.5% get their hormones from a pharmacy, 27.3% (n=12) from a health care provider, one person through online sources (0.4%), and the remainder (n=7) through a combination of the three. This is despite many FGD participants stating that they experienced multiple side effects after purchasing hormones from pharmacies and drug stores without medical supervision, including nausea, headaches and vomiting.

Of the remaining 110 respondents, 12.7% (n=32) plan to take hormones in the future, 11.2% (n=28) stated they did not know. In this group, 22 people (68.8%) stated that they intend to seek medical advice before commencing. The remainder (n=9) stated that they would not.

Questions on gender affirmation surgery highlight that this is an important health care need for many respondents, and that many have already undergone some kind of gender affirmation surgery. A total of 70.9% individuals (n=178) have had some kind of gender affirmation-related procedure or surgery, while 16.3% (n=41) intended to undergo in the future, and 7.2% (n=18) who have not and do not intend to in the future. The remaining 5.2% (n=13) did not know of their intentions as yet. For trans women, the most important gender-affirming health services are hormone replacement, followed by top surgery. For trans men, hormone replacement and top surgery also emerged as the highest priorities. For both trans women and trans men, there were also a high number of don't know responses. The don't know responses could be due to a number of reasons including a lack of knowledge of options for gender affirmation surgeries, and practical concerns around feasibility including cost and availability. It affirms the need to ensure that laws recognising trans people must not be contingent on undergoing surgery but rather on self-identification to safeguard and protect both those who have had surgery, and those who have not for whatever reason, to be legally recognised in their self-identified gender.

<sup>22</sup> Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015) Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities. Washington, DC: Futures Group, Health Policy Project. Retrieved from: <https://weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf>

## General Health Care

The survey also sought to gain a better understanding of self-reported physical and mental health of respondents in the last 30 days. On a scale of 1-5 with a score closer to 1 indicating poor mental and physical health and a score of 5 indicating positive mental and physical health and well-being, participants were asked about their physical health in relation to fever, infection, accident and injury, health status in relation to gender-affirming surgery and hormone use.

The findings revealed that, in general, participants had a positive self-assessment of their physical health status. The majority of respondents 50.2% (n=126) indicated excellent physical health, followed by 42.6% (n=107) who thought they had good health status, the remaining 6.8% (n=17) participants stated their health status average or poor at the time of the survey. The mean of items asking about physical health in the last 30 days (including fever, infection, injury, or illness) was 4.5 out of 5 (5 indicating no physical health issues in the previous 30 days), and there were no differences by age, gender, or sex work.

Trans people experience high levels of violence throughout their lives. This can be exacerbated by engaging in high-risk employment such as sex work. The data reveals that a large proportion of participants, 10% (n=25) had been physically assaulted to the point of requiring medical treatment. Of this group, six did not seek treatment; of those who did, the most common locations were government clinics, or multiple services including peers, indicating the importance of informal networks and community services.

## Mental Health Care

The sample mean on the mental health scale<sup>23</sup> was 4.4 (out of 5), indicating low levels of anxious and depressive symptoms in the previous 30 days. Scores on this scale did not differ significantly by gender identity or age, though there was a significant difference between sex workers (4.2) and non-sex workers (4.5), indicating that overall, sex workers experienced poorer mental health than non-sex workers. Respondents were asked questions regarding their experiences with suicidal ideation and thoughts of ending their life, 21% (n=54) of the sample responded that they had experienced suicide ideation. Many did not seek help or support; for those

who did (n=34), they sought help from family members and close friends. Additionally, 7.6% (n=19) of the sample have attempted suicide, with number of attempts ranging between 1 and 5. The mean age of first attempt was 21.4. Only three received help from professional counsellors or mental health providers, again, friends and/or family were primary sources of support.

More than a half of the sample 57.8% (n=145) reported that they utilised health insurance under the national health insurance scheme, 15.9% (n=40) indicated receiving insurance from work. Other forms of health insurance included: private health insurance (0.8% n=2), and 21.5% (n=54) indicated utilising multiple forms of health insurance at the same time, 2.8% (n=7) indicated having no insurance.

The data reveals that trans people in Pattaya have pressing sexual health needs. This is evident from the high number of casual partners, and low levels of regular testing; reaffirming the need to increase testing efforts among this population. The high rates of STI and HIV knowledge and testing for those engaging in sex work are promising, and could potentially be linked to targeted HIV prevention programmes and interventions. It is also clear from the data that hormones and gender-affirming surgeries are high priorities to reaffirm gender with the majority of respondents having already undergone surgery and hormone therapy, and with many more intending to do so in the future. The data is striking in terms of the purchase and use of hormones without seeking medical advice, and highlights huge gaps in the informational and medical needs of the trans community in accessing safe gender-affirming services. It is promising to note that many self-report good physical and mental health, however the data on suicidal ideation and attempts highlight the need for greater access and information on professional mental health counselling and support. The next section explores the availability and quality of health care services for trans people in Pattaya, how these health care needs are being met and where gaps still exist.

<sup>23</sup> Mental health scale was calculated via participant's self-analysis of their feeling within the last 30 days, in the scale of 1 (all the time) to 5 (none of the time), on two items: sad, hopeless and worthless; and anxious, nervous, restless.

# Availability of Services in Pattaya

## Peer and Community-led Health Services

There are number of public, private and community based STI, HIV and Gender-affirming services for trans people in Pattaya. ● **SISTERS Foundation**, Pattaya is a trans-led CBO is providing trans-competent HIV and health care services for trans people. In understanding the importance of gender affirmation needs of the trans community in Pattaya, SISTERS has integrated HIV services with gender-affirming services to provide information on hormonal therapy including gender-affirming procedures as an entry point to increase uptake of HIV testing and STI screening services. The organisation collaborates with owners of local nightclubs, beauty salons, live entertainment venues and other popular spots to organise mobile HTC in their spaces. Trained trans counsellors provide confidential pre-and post-test counselling, and rapid HIV testing by certified trans counsellors, a nurse and a lab technician. Those who test HIV positive are referred to local health care and social welfare facilities for care, support and treatment services. SISTERS also supports clients to move their residential address to Pattaya to access the National Health Insurance Scheme for HIV treatment without cost.

Similarly, SWING runs a drop-in centre in Pattaya where they provide medical services, and skills development including beauty and cooking courses to MSM and trans sex workers. SWING’s work has a strong emphasis on HIV and STI prevention and programming. SWING’s services include STI and HIV counselling and testing, follow up and case management service. The clinic also provides CD4 point of care facilities, to ensure people who test positive know their CD4 count and initiate same day treatment. Participants in the FGD also indicated ● **Rainbow Sky** as a trusted community-led HIV and STI service provider.

Findings from the FGDs highlighted that participants felt welcomed and treated as part of the family when they accessed HIV-related services through peer-led organisations and CBOs and that information was trans specific. Participants also appreciated the convenient timings especially due to erratic work timings, which often delayed health-seeking behaviour. Trans women participating in the FGDs noted barriers with peer led and community-based clinics included fear of confidentiality breaches and fear of discrimination from their peers, if they were seen to be accessing HIV and STI services.



## Government Health Services

All government hospitals in Pattaya provide free HIV testing twice per year, and provide ART to all HIV positive key populations, including trans people regardless of CD4 count. Findings from the FGD highlight that trans people said that they trusted the test results and treatment options provided by both the government and private hospitals in Thailand. If they had obtained their initial HIV+ test result from a non-hospital based health care provider, they preferred to have a follow-up test at a hospital to confirm their diagnosis. Most trans people in the FGDs accessed general health services through district or provincial hospitals, as these were free of charge. However, they reported that these government hospitals were understaffed, had inconvenient and long wait times, and were often far from their homes.

## Private Sector Health Service

FGD participants said that staff from private hospitals or clinics tended to treat them equally and respectfully compared to staff from the government hospitals. There are a number of private clinics operating to provide services to trans people in Pattaya. ● **Pulse Clinic**, a private health service specialises in providing HIV services to the LGBTI population in Bangkok including PREP. They are currently operating in Bangkok, Hat Yai and Phuket, and aim to establish a clinic in Pattaya in 2020.

Aside from SISTERS Foundation, there are limited services available providing hormone information and, even less so, providing affordable hormone therapy. The data highlights that of the 203 respondents who had ever used hormones, only 0.8% (n=2) had received information on the safe use of hormones from medical professionals, the remainder 63.7% (n=160) sought their information from trans peers, colleagues, self-research or CBOs/NGOs, with 15.9% (n=40) never seeking advice at all. The majority who did not seek advice prior to taking hormones felt they did not need to because they sourced information from peers and support groups (37.5% of those who didn't seek advice, n=37). This implies that informal networks take the role of formal medical advice in the absence of trans-competent providers. The next most common reason was not knowing where to go for advice (4%, n=4). One participant each cited not thinking

As identified in the FGD, one government hospital in particular, ● **Pattaya Rak Centre** is popular among trans people in Pattaya and has established a specialised STI and HIV clinic for male and female sex workers and trans people in Pattaya. Both SWING and SISTERS refer trans clients to Pattaya Rak Centre for further treatment when required due to their trans-friendly and trans-competent service provision.<sup>24</sup> In general, trans people in Pattaya believe that government hospitals in Pattaya are much more sensitive and responsive to trans issues than those in other provincial areas, having been sensitised by peer-led organisations such as SISTERS Foundation and SWING.

it was necessary, not being able to afford to, feeling they would be judged by providers, and not thinking the provider knew much about trans health.

There are currently no national guidelines, standards or regulations for gender affirmation surgery in Thailand. There are currently no government services providing gender-affirming health services for trans people in Pattaya (or across Thailand). Private sector services providing gender-affirming and cosmetic surgeries (facial feminising and masculinising) surgeries are widely available, however without national guidelines and regulations governing the quality of services. Trans women in the FGD stated that, sometimes, they have to return to these clinics for corrective surgery. FGD participants described the wide range of gender-affirming health care services in Thailand from general beauty clinics, plastic surgery clinics, as well as private hospitals for those who could afford them. Participants felt that gender-affirming procedures offered by private hospitals were more reliable and trustworthy especially for chest reconstruction, breast augmentation, or genital reconstruction surgeries. Private hospitals offered counselling, pre-and-post surgery, and often a session with a psychologist to ensure that people were making the right decision for themselves.

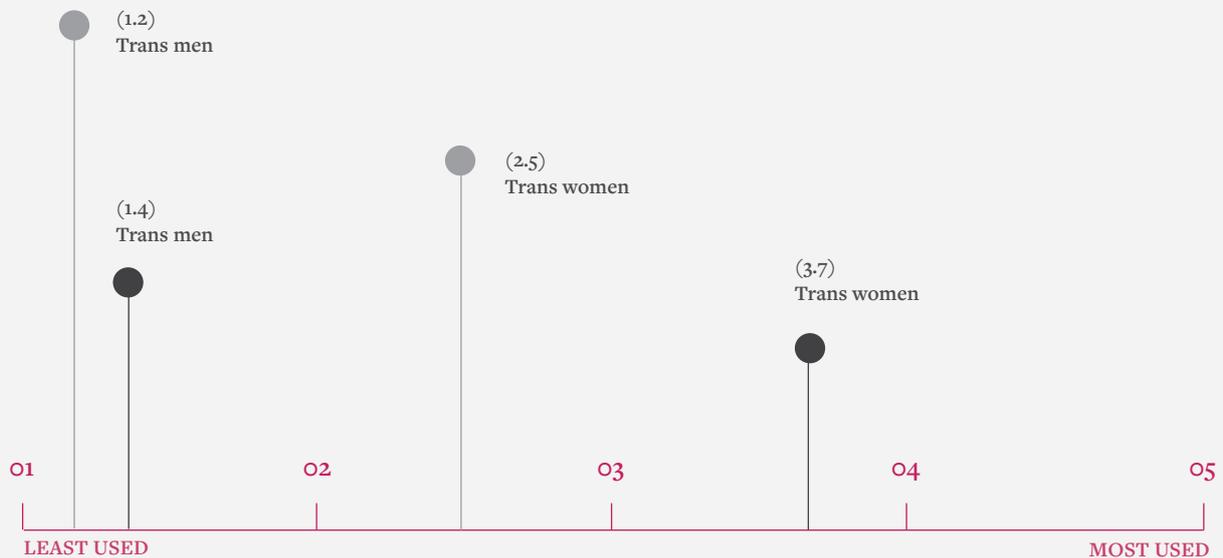
<sup>24</sup> Betron, M. 2009. Screening for Violence against MSM and Trans: Report on a Pilot Project in Mexico and Thailand. Washington, DC: Futures Group, USAID | Health Policy Initiative, Task Order 1. Retrieved from: [http://vihcentroamerica.org/sites/default/files/violencia\\_HSH\\_trans\\_HPI2009a.pdf](http://vihcentroamerica.org/sites/default/files/violencia_HSH_trans_HPI2009a.pdf)

-02-

**What types of available  
HIV and other health  
care services *do trans*  
*people access or not*  
*access, and why?***

## UTILISATION OF STI/ HIV SERVICES

- Physical Prevention Methods
- Psychological Prevention Methods



### Utilisation of STI and HIV Services

Given the opportunity, trans people access and utilise multiple STI and HIV prevention physical and psychological services depending on availability. The data indicates that, when required, trans people do access STI and HIV services from government hospitals, followed by CBOs and NGOs. Among the participants who ever tested for STIs (n=190), 6.8% (n=17) had tested positive, the majority reported seeking treatment from government services (4%, n=10), followed by a NGO or CBO service (2%, n=5), and private sector (0.8%, n=2).

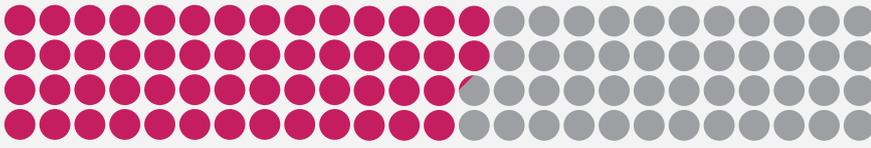
The survey asked respondents questions related to their utilisation and access of key STI and HIV prevention methods. Participants reported using multiple physical prevention methods, of the sample, 69.3% (n=174) accessed STI screening, 84.5% (n=212) condoms, 70.8% (n=172) accessed lubricants, 35.9% (n=90) has accessed

PREP and 30.7% (n=77) PEP. An additional 66% (n=66) accessed harm reduction services. A t-test revealed that trans men utilised 1.4 physical prevention services and trans women 3.7 services, a difference that was statistically significant.

In regard to psychological services, of the sample 74.1% (n=186) had accessed HIV counselling,<sup>25</sup> 58.6% (n=147) had counselling on preventive behavioural interventions, 57.4% (n=144) sexual and reproductive health counselling and 33.5% (n=84) contraceptives and family planning counselling. Trans women also utilised more psychological prevention services (2.5) than trans men (1.2). There was no difference in the number of physical or psychological prevention services utilised by sex workers and non-sex workers.

<sup>25</sup> The number of physical (out of 4) and psychological (out of 6) prevention services were summed, providing a metric of the average number of each service being utilised by different groups.

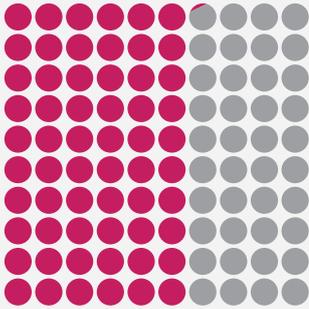
## When asked questions pertaining to regular health care providers:



**54.2%**

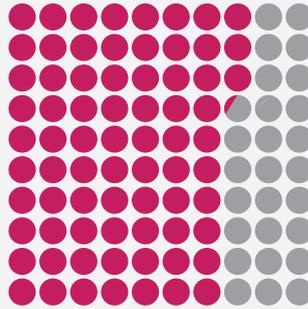
stated they had at least one regular HCP

of those,



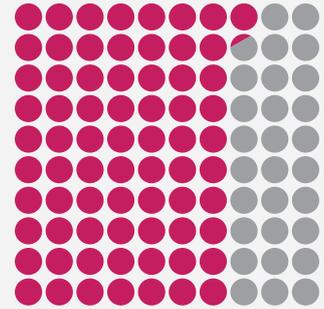
**60.2%**

stated their HCP had knowledge about trans health needs



**73.3%**

stated their HCP is respectful of their gender identity



**71.3%**

stated they are comfortable with their HCP

### Access and Utilisation of Gender Affirming Services

In terms of hormone use, it is clear from the data available that trans people do not access medical care or advice when accessing hormones. Purchases are often from pharmacies and drugstores, and use is guided by their peers and colleagues. Unregulated and unmonitored use of hormones can pose significant health risks for trans people. Yet many FGD participants discussed negative side effects from hormones purchased at pharmacies or online shops and taking them without medical supervision. SISTERS Foundation does provide trusted hormone testing and information support to ensure the quality or the product. However considering that only two respondents had sought information on safe use through CBOs, there is potential for SISTERS Foundation to increase awareness about the availability of this service.

### General Health Care Services

Over half, 51.8% (n=130) visited a health care service provider for a routine check-up in the last year, 25.5% (n=32) have visited within two to five years, for 6% (n=15) it has been over five years and the remaining 16.3% (n=41) have never visited a HCP for a routine check-up. When asked questions pertaining to regular HCPs, 54.2% (n=136) stated they had at least one regular HCP, 39.4% (n=99) stated they did not have a particular HCP they saw, and 5.6% (n=14) stated they do not visit a HCP. It is promising to note that, of the 136 individuals who had a regular service provider, 60.2% said their HCP had knowledge about trans health needs; 73.3% said their HCP is respectful of their gender identity, and 71.3% say they are comfortable with their HCP. This demonstrates that a gender-affirming health care environment with a trusted and competent HCP can increase access and improve health-seeking behaviour for trans people.

### **Mental Health Care Services**

Given the lack of trans-competent mental health services available for trans people, it is unsurprising to note that trans people in the sample do not utilise mental health services such as counselling. Of the sample, 8.8% (n=22) had ever received professional mental health or counselling. Of the 54 participants who had ever thought of ending their life, only eight (15.1%) had always sought help afterwards. Of the 19 participants who had attempted to end their lives, only three (15.8%) had sought professional help from professional counsellors or mental HCPs afterwards. Lack of professional mental health treatment therefore remains a barrier, especially in the context of such high rates of anxiety, depression, suicidal ideation and attempts in the sample.

The data clearly highlights that trans people in Pattaya access government and CBO/NGO services for STI and HIV needs. Given the fear of discrimination from government service providers and the lack of confidentiality concerns from accessing peer and community-led services, there needs to be greater availability of choice and options for service providers for the trans community. These services must ensure that stigma, discrimination and confidentiality concerns are mitigated to improve access. The private sector remains the preferred service for gender-affirming surgery and cosmetic interventions, however the lack of regulations concerning quality need to be addressed to safeguard against malpractice and incompetent and/or unqualified providers. The lack of access to hormone therapy from medical practitioners remains a key issue, both in terms of access to information and genuine hormone medication.

-03-

**What are the barriers**  
*in accessing HIV and other*  
*health care services?*



The data reveals that the uptake of especially physical STI and HIV prevention methods is high. This demonstrates that given the opportunity, trans people will utilise such services. However, the data identifies a number of practical and gender-related barriers limiting service access which leads to delays in seeking care.

Practical barriers identified included cost, distance, transport and clinic timings. Gender-related barriers included unnecessary and invasive questions, guidance or standards of care for trans people, fear of discrimination and safety and security. Respondents were asked if they had in the last six months delayed seeking health care if they required it. The findings revealed that in relation to practical barriers, 10.4% (n=22) of the sample indicated that in the last six months they had needed health care but did not receive it because of the cost, 15.5% had delayed treatment due to distance, 17.9% had delayed due to lack of transport, 24.3% had delayed because of clinic timings. In terms of gender-related barriers, 22.7% (n=49) of the sample indicated that in the last six months they had needed health care but delayed due to fear of discrimination; 31.5% (n=67) due to past experience of invasive or intrusive questions; 23.5% (n=59) had delayed due to lack of guidance or standards of care for trans persons at the clinic; and 21% (n=43) had delayed treatment due to fears around safety and security at the clinic.

When practical and gender barriers were correlated against physical and mental health and gender identity related outcomes,<sup>26</sup> the findings revealed that both practical and gender-related barriers are associated with worse mental health outcomes, but not physical or gender health-related outcomes for trans people. The greater the number of barriers experienced, the poorer mental health outcomes.

This finding illustrates that trans people are more likely to delay treatment due to gender identity related reasons. Discrimination, invasive questions, and a lack of standards of trans-competent health care are a huge barrier to services. It is unlikely that, even if practical barriers were eliminated, without greater investment in stigma-free, trans-competent health services, this population will continue to delay seeking treatment when required. Poor physical and mental health of trans people in the long term will ultimately increase the burden on the public health system.

<sup>25</sup> Five scales were put into this correlation analysis, including: physical, mental, and gender-related health status, number of practical barriers leading to delayed treatment, and number of gender barriers leading to delayed treatment. All correlations significant at  $p < .001$

-04-

**How can the empowerment  
of the trans community and  
organisations *reduce barriers to  
HIV/STI and other health care  
services?***

Over one third of the sample, 36.1% (n=91) were members of a trans or LGBT or MSM community-based group. Peer led organisations and CBOs are an essential source of information and support for the trans community, respondents indicated that community-based groups provide trans-related information, employment opportunities, advocacy and outreach skills, and social networking.

The data has highlighted that most trans people access their health services from government hospitals, however they experience practical and especially gender-related barriers which lead to delays in access even when medical care is required. Here trans organisations have a clear role in ensuring government and private sector health services are maintaining a high standard of quality trans-competent health care by monitoring accessibility, availability, quality and standards of service providers across STI, HIV and gender-affirming care. Monitoring mechanisms are also an opportunity for the government and health sector to understand persistent barriers and identify enablers to increase uptake of services. Such mechanisms should be established in formal partnership between government and trans organisations and can be used for continued advocacy with the government, and external donors to better understand the needs of the trans community and ensure that programmes are relevant and rights-based.

This study demonstrates that CBOs are an important source of information for trans people seeking gender-affirming health care. It is crucial that these organisations have access to safe and accurate information regarding gender-affirming interventions such as hormones and surgery to distribute to their peers. Currently, SISTERS Foundation provides support to trans people to test the quality of the hormones purchased through unregulated sources, given the lack of medical advice sought and available, peer led organisations and CBOs should be developing online and paper-based resources in local languages on hormones. For example, this could include developing training on self-injecting hormones, including potential dangers and side effects. Furthermore, mapping available trans-friendly competent health service providers, gender-affirming services and sources for genuine hormones will also facilitate greater access to health care and better health outcomes.

<sup>21</sup> (1) Being trans or not identifying with my sex assigned at birth makes me feel special and unique. (2) I am proud to be of different gender from my sex assigned at birth. (3) If I choose not to disclose my gender identity, I am still proud of who I am. (4) I am comfortable revealing to others my gender identity. (5) I feel part of the community that identifies as trans or of different gender from their sex assigned at birth. (6) I feel connected to this community.

## RECOMMENDATIONS

*The following recommendations have been framed through the analysis of the data and provide an opportunity for key stakeholders including trans-led organisations, government, donors and the private sector to convene, discuss and develop concrete and tangible steps in moving forward for implementation and integration within existing frameworks.*

### 01 Strengthen Protections and Laws to Recognise Trans People *in the Constitution and National Legal Frameworks*

Experiences of stigma and discrimination faced by trans people across multiple aspects of their lives including education, livelihood, employment options and citizenship continue to increase vulnerabilities, poverty and financial instability. This is associated with poor physical and mental health outcomes, including increasing their risk of contracting HIV. A rights-based legal framework must ensure that legal gender recognition should be allowed on the basis of self-recognition rather than under the prerequisite of undergoing gender affirmation surgery.

|                |   |
|----------------|---|
| STAKEHOLDER    | <b>DEPARTMENT OF WOMEN'S AFFAIRS AND FAMILY DEVELOPMENT</b>   |
| RECOMMENDATION | The Department of Women's Affairs and Family Development must resume discussion and finalisation of the Gender Recognition Act to ensure trans people have full enjoyment and protections of their constitutional rights under the law. |
| RECOMMENDATION | Ensure all laws, regulations and policies adhere to the principle of non-discrimination enshrined in the Constitution and international human rights law and include trans people.  |

### 02 End All Forms of Stigma and Discrimination *in Health Care Settings*

Perceived stigma and fear of discrimination around one's gender identity, remains the greatest cause of delays in accessing health services. Greater investment is required to ensure that all HCPs are sensitive and understanding of the health care needs of trans people and most importantly that trans people are treated with dignity when accessing services.

|                |  |
|----------------|--|
| STAKEHOLDER    | <b>MINISTRY OF HEALTH, HEALTH CARE PROVIDERS</b>   |
| RECOMMENDATION | All HIV related health services (government and private) should be required to undertake trans-competent and sensitivity training. This training should be provided not only to health care providers but also auxiliary staff including, administration staff including in-take staff, receptionists, security guards and cleaners to ensure that throughout the service delivery cycle, trans people feel safe and are treated with dignity. |
| STAKEHOLDER    | <b>HEALTH CARE PROVIDERS</b>   |
| RECOMMENDATION | Non-discriminatory clauses and organisational policies should be developed and implemented that safeguard trans people's rights at health facilities.  |
| RECOMMENDATION | Develop appropriate measures for accountability of health care providers who violate trans people's rights, and establish platforms where trans people can file complaints.  |

### 03 Increase Access to STI, HIV and Gender-Affirming Health Care Services *for* Trans People

Fear of a lack of confidentiality within CBO services and discrimination at government services highlight a need for increased options and differentiated extensions of services for trans people to access health care. The lack of recognition of trans people as a distinct category under the current national HIV and AIDS strategy key populations also limits their ability to receive comprehensive STI and HIV services that are specific to their needs. Furthermore, integrating medical services for hormone use and information on related gender-affirming needs of trans people into HIV services has the potential to not only increase HIV testing, treatment and retention but to also reduce the damaging health effects associated with unregulated hormone use and surgeries, thus alleviating the burden on the public health system.

|                |  |
|----------------|--|
| STAKEHOLDER    | <b>MINISTRY OF HEALTH</b>  |
| RECOMMENDATION | Recognise trans people as a distinct key populations category within the National HIV Strategy, develop policy and operational guidelines that ensure their specific needs are taken into account across all STI and HIV programming across the country. |
| STAKEHOLDER    | <b>MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS</b>  |
| RECOMMENDATION | Development of national trans-competent guidelines for medical staff to provide accurate and safe information and services, including monitoring and supporting trans people to initiate HRT and access gender-affirming surgery.                        |

|                |   |
|----------------|---|
| STAKEHOLDER    | <b>MINISTRY OF HEALTH, HEALTH CARE PROVIDERS</b>  |
| RECOMMENDATION | Ensure the integration of STI and HIV prevention, testing and treatment with gender-affirming services to increase uptake through investing in public, private and community partnerships to create increased options for health care services. |
| STAKEHOLDER    | <b>HEALTH CARE PROVIDERS, NATIONAL TRANS ORGANISATIONS</b>  |
| RECOMMENDATION | Development of operational guidance at health facility level is required to increase confidentiality and reduce discrimination such as trans-friendly administration forms and access to gender-sensitive bathrooms.                            |

## 04 Increase the Availability of Trans-competent Health Care Providers *Across the Country*

Technical knowledge, capacity and competency of trans people's mental and physical health needs can lead to positive health outcomes, reduced stigma and discrimination, and barriers to health care.

|                |  |
|----------------|--|
| STAKEHOLDER    | <b>MINISTRY OF HEALTH</b>  |
| RECOMMENDATION | Invest in continued increase in the capacity of government health care providers through training on trans-competent health care services, including gender-affirming services through developing a National Standards of Care policy, complemented by a national framework of action to support implementation. |
| STAKEHOLDER    | <b>MINISTRY OF HEALTH, ACADEMIC INSTITUTIONS</b>   |
| RECOMMENDATION | Develop trans-specific curriculum modules across medical education institutions including medicine, nursing, emergency and psychiatry to increase knowledge and competency of HCPs.  |

## 05 Increase the Availability of Education and Employment Opportunities *for Trans People with a Key Focus on Young People*

Poverty, associated with a lack of education and employment opportunities, is a key risk of HIV and poor mental, physical and gender-related health outcomes. Currently almost half of the respondents are engaged in the informal entertainment industry and/or sex work, which increases their risk of HIV. It is essential that programme funding goes beyond HIV to incorporate broader access to rights which, in the long term, will increase health outcomes for this population and reduce the burden on the public health care system.

|                |  |
|----------------|--|
| STAKEHOLDER    | <b>MINISTRY OF EDUCATION</b>   |
| RECOMMENDATION | Integrate and mainstream gender and sexuality into school curricula. Sensitise teachers and ensure school counsellors are competent in trans mental health needs.                            |
| STAKEHOLDER    | <b>MINISTRY OF LABOUR, MINISTRY OF EDUCATION, NATIONAL TRANS ORGANISATIONS</b>   |
| RECOMMENDATION | Integrate trans people into new programmes and/or scale up existing adult literacy and employment skills building programmes to improve financial security and employability of trans people |

## o6 Strengthen Community and Peer-led Trans Groups to Deliver and Ensure Quality, Transparency and Accountability of Government and Non-government Health Services

A greater distribution of control over resources is required for CBOs to continue to provide service demand until the Government has the capacity to provide comprehensive health care to the trans community. Community monitoring and accountability of health service providers is also a key action the trans community and the Government of Thailand can take to ensure that HCPs are implementing quality, non-discriminatory and accessible HIV and health services to the trans community. Accountability mechanisms such as community monitoring are powerful tools in identifying persistent gaps, finding solutions and improving knowledge, attitudes and quality of service delivery, all of which can contribute to uptake in services and increase long term health benefits.

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| STAKEHOLDER    | <b>MINISTRY OF HEALTH, PEPFAR, GFATM, NATIONAL TRANS ORGANISATIONS</b>   |
| RECOMMENDATION | At least 30% of total external HIV donor investments (PEPFAR, GFTAM) with matching funds from the government should be directed to funding key population groups including trans-led organisations to provide tangible health and non-health services including literacy and employment pathway programmes over the life of the grant. |
| STAKEHOLDER    | <b>MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS</b>  |
| RECOMMENDATION | Increase the knowledge and capacity of trans-led organisations to provide comprehensive health service to trans populations through educational opportunities including scholarships for further study, diplomas, and internships.   |

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| STAKEHOLDER    | <b>MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS</b>   |
| RECOMMENDATION | Establish a formal partnership with the Ministry of Health and key population groups to develop community monitoring framework to define and measure benchmarks of quality of care, access to testing, results and treatment. CBOs should be contracted and financed in the implementation of such programmes.  |
| STAKEHOLDER    | <b>NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS</b>   |
| RECOMMENDATION | Locally adapt the <i>Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific</i> to support operational and technical guidance on developing minimum standards for trans-competent health care which includes information on provision of gender-affirming health services such as hormones. |
| RECOMMENDATION | Undertake a national trans-competent and friendly service mapping including government, private sector and CBO led, to increase access and knowledge for trans people to gain quality and stigma-free services.   |

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