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T20 POLICY BRIEF

Task Force 01

FIGHTING INEQUALITIES, POVERTY, AND HUNGER

Inclusivity in the Right to Health: Making Gender-Affirmative Surgeries Accessible for Transgender Individuals

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Abstract

This policy draft addresses the pressing issue of healthcare accessibility for transgender and gender-diverse populations, focusing specifically on improving access to Gender Affirmative Surgeries ('GAS'). Despite global efforts towards achieving Sustainable Development Goals and Universal Health Coverage, transgender individuals continue to face significant barriers in accessing essential healthcare services. The proposed policy examines initiatives undertaken by select G20 member countries to enhance accessibility to GAS and reduce health inequalities within the transgender community. It primarily advocates for the implementation of targeted strategies to subsidise GAS procedures under the framework of the right to health, aiming to ensure equitable access to gender-affirming healthcare services for all transgender individuals.

Keywords: Access to Care, Gender Affirmative Surgeries, Transgender Health, Global Healthcare Systems

Diagnosis of the Issue

While gender identity was previously understood as binary, it is increasingly being recognised in most G20 countries as a multidimensional spectrum that includes women, men, and other gender-diverse, nonbinary or ‘third’ identities. Up to 4% of the population in Germany, Argentina, Mexico, Brazil, and Australia identify as transgender or belonging to other gender-diverse identities (Mcdougall 2023). Achieving parity among women, men, and transgender persons was one of the G20’s goals for gender equality in the years 2021 and 2022 (Berger 2023). However, there has been no mention of this matter in the previous G20 New Delhi Leaders’ Declaration (2023).

Transgender minorities encounter significant obstacles while trying to receive healthcare, including lack of access to gender affirmative surgeries (‘GAS’), which is acknowledged as a fundamental aspect of the right to health (Bhatt, Cannella, and Gentile 2022). This disparity has been recognised by many G20 nations, including Argentina, Australia, Brazil (Frauenrat et al. 2023), Canada, Germany, and South Africa (Sarkar 2021).

A 2019 assessment revealed that 27% of transgender patients have been refused care in multiple other domains of health, demonstrating that the discrepancy is not just limited to GAS (Poteat, Davis, and Gonzalez 2023). The available data on global transgender health indicates that they bear a disproportionately high burden of diseases in mental, sexual, and reproductive health (World Health Organisation 2022).

Therefore, this global crisis must be addressed. The authorities must take a stand to protect vulnerable transgender populations, taking this opportunity to mitigate global health disparities (Lo and Horton 2016).

Importance of Gender Affirmative Surgeries

GAS is often considered lifesaving by transgender individuals and health experts (Bränström and Pachankis 2020). They are important for improving the quality of life, mental health, and safety of transgender individuals while also help them gain legal recognition. Multiple studies support these claims, as discussed below.

Implications on mental health and quality of life

Bränström and Pachankis (2020) was the first total populations study of transgender individuals conducted in Sweden. The aim of the study was to ascertain the prevalence of mental health treatment among transgender populations before and after availing of GAS.

The results found that transgender individuals, in comparison to the national average, were about six times more likely to have had a mood and anxiety disorder health care visit. They were also three times more likely to have received prescriptions for antidepressants and anxiolytics, and six times more likely to have been hospitalised after a suicide attempt.

Over time, following the last gender-affirming surgery, the population showed reduced mental health risks (Figure 1). Hence, it is clear that GAS is beneficial for transgender individuals.

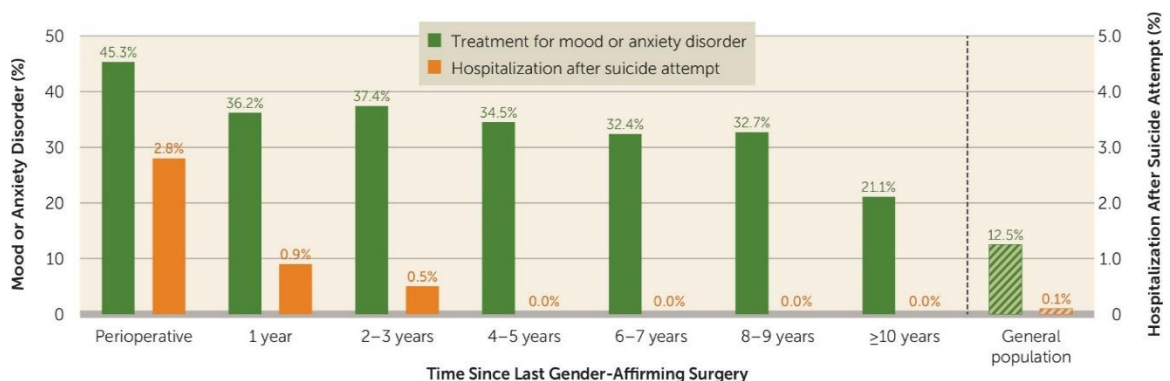


FIGURE 1: Prevalence of Mental Health Treatment of transgender Persons by Time Since Last GAS (Bränström and Pachankis 2020)

Another study with the objective of assessing the outcomes of GAS on the mental health and Quality of Life ('QoL') of transgender individuals was conducted in 2023 (Swan et al.). The work reviewed various other studies on the issue and found reduced rates of suicide attempts, anxiety, depression, and symptoms of gender dysphoria, along with higher levels of life satisfaction, happiness and QoL after GAS. It supported the need for more sustainable and accessible GAS as a means of improving the mental health and overall QoL among transgender individuals.

Implications for Legal Recognition of Identity

Transgender individuals still struggle to gain legal recognition in many parts of the world. Yet, after gaining recognition, they face the issue of GAS as a mandatory requirement to change gender markers on identity documents. Figure 2 highlights that a total of 35 countries have such a policy. Further, 44 countries are identified to be ambiguous on this issue (Equaldex 2023).

Hence, GAS becomes necessary for gaining legal recognition for transgender individuals. Without a recognised identity, difficulties arise in claiming any right at all. Additionally, transgender populations are vulnerable and often live in economically desolate situations. It is not always possible for them to avail of GAS through self-funding. This gives rise to another reason for State and G20 intervention. Legal

recognition is crucial for transgender individuals to achieve the Sustainable Development Goals (‘SDGs’) of good health and gender equality.

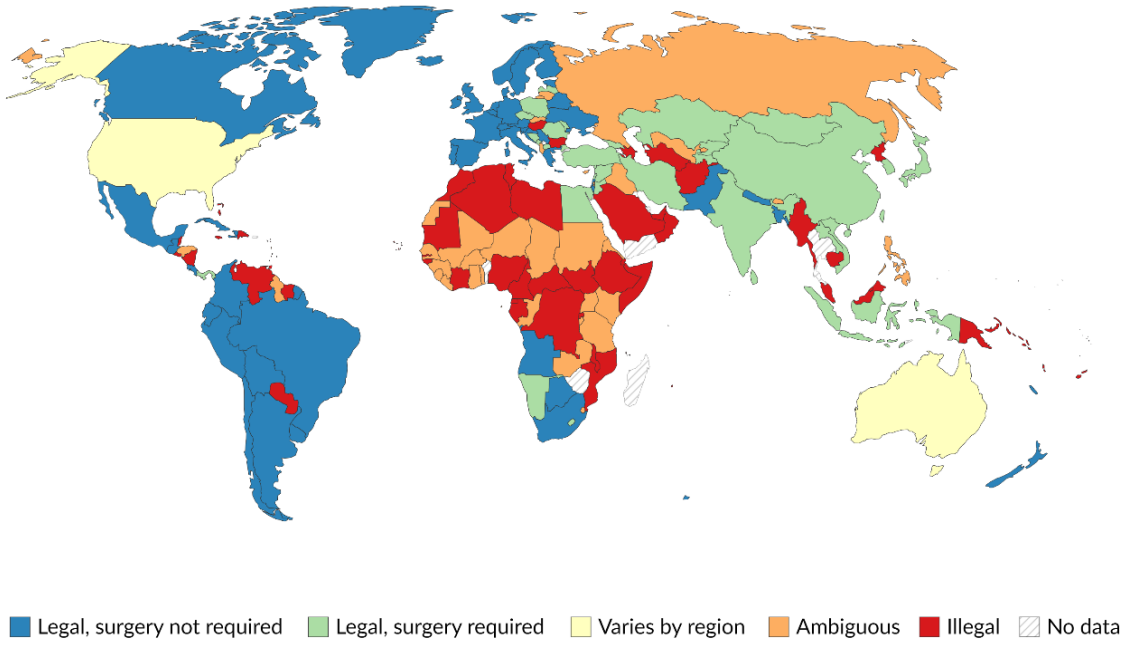


FIGURE 2: Requirements to Change Gender Marker (Equaldex 2023)

Recommendations

The primary aim of this policy brief is to enhance accessibility to GAS for transgender individuals. To achieve this objective, policy recommendations are formulated through an examination of GAS subsidisation models across several G20 countries, namely Canada, Germany, India, Japan, South Africa, United Kingdom, and the United States of America ('USA').

Before delving into specific policy suggestions, it is essential to discuss commonalities and standard procedures observed across these countries. The majority of government-sponsored GAS systems are structured according to the guidelines provided by the World Professional Association for Transgender Health ('WPATH'). WPATH is an international organisation dedicated to addressing gender dysphoria by establishing standardised treatment protocols for transgender individuals.

According to the WPATH Standard of Care, individuals seeking GAS typically undergo psychological evaluation and counselling. Consequently, before becoming eligible for GAS, mental health professionals evaluate the individual's gender dysphoria, mental well-being, and readiness for surgery (Coleman et al. 2022).

Policy Suggestions

It is suggested that governments of different countries adopt a bottom-up approach to implement a subsidisation system for GAS. This will offer flexibility, allowing countries to choose from various methods depending on their specific needs and circumstances. In the next sections, several approaches are outlined, ensuring that each country can select the most suitable option. These approaches are complimentary to each other.

1. Government health insurance schemes

The government may introduce a health insurance scheme specifically tailored to cater to the healthcare needs of the transgender population. This scheme, akin to the one announced in India but still pending implementation, could offer annual coverage exclusively designated for the transition processes of transgender individuals (Ministry of Social Justice and Empowerment, 2022).

Under this scheme, individuals holding a transgender identity card issued by the government and not benefiting from any other healthcare scheme may receive Rs. 5 lakhs (5,996.31 USD) annually for transition purposes. This coverage would encompass expenses related to hormone replacement therapy, GAS, and post-operative costs. Notably, this scheme would extend its benefits to both private and public hospitals, thereby broadening the accessible healthcare infrastructure for transgender individuals.

A similar initiative, Medicaid, has been established in the USA under the Affordable Care Act, 2010 (Ross and Tim, 2020). Targeting individuals with low income and resources, Medicaid is partially funded and predominantly managed by state governments. While states possess considerable autonomy in determining eligibility criteria and benefits, the federal government sets baseline standards for Medicaid programs. Some states have recognised that GAS is covered under Medicaid.

2. Targeted subsidiaries and partial refurbishment

Given that not all transgender individuals face economic constraints in financing their GAS, governments, particularly in low-income countries, may opt to provide targeted subsidies specifically to GAS. This approach, observed in countries such as South Africa

and Japan, tailors the level of financial assistance based on the individual's income status (Koch et al. 2020).

In South Africa, the amount of financial support a transgender individual receives for GAS is determined by their income level. Similarly, in Japan, transgender individuals can receive reimbursement for a portion of the GAS cost, ranging from 10% to 80%, depending on their economic circumstances (Koch et al., 2020).

Implementing such targeted subsidy models ensures that government resources are directed efficiently towards those most in need, while also recognising the diverse economic situations within the transgender community.

3. Tax incentives to stakeholders

Two primary stakeholders for GAS accessibility, as discussed below, are private insurance companies and private hospitals.

a. Private health insurance companies

Private insurance companies play a significant role in providing healthcare coverage, especially in countries like the USA, where a universal healthcare system is not in place. Before the introduction of Medicaid, these insurance plans often covered various health benefits, including GAS for transgender individuals (Ross and Grift, 2020).

To encourage similar provisions in other countries, it is proposed that governments incentivise private insurance companies to include coverage for GAS. Some insurance companies have already taken steps towards this inclusion (Ross and Grift, 2020).

However, further encouragement can be provided through conditional tax incentives offered by the government. Through these, governments can motivate private insurance

companies to expand their coverage to include GAS. These incentives could be tied to specific conditions, such as the extent of coverage provided or the number of transgender individuals covered under the insurance plans. Additionally, tax incentives can help offset the costs associated with expanding coverage, making it financially feasible for insurance companies to include GAS in their policies (Ross and Grift 2020).

b. Private Hospitals

Private hospitals typically charge fees that are often beyond the reach of the majority of individuals (Duggan et al. 2023). However, limiting GAS exclusively to public hospitals could exacerbate existing waitlist issues, as seen in countries like the United Kingdom and South Africa (Koch et al., 2020). Therefore, incentivising private hospitals to provide GAS services could help alleviate these challenges.

One approach to incentivise private hospitals is by offering tax benefits to encourage them to invest in infrastructure for GAS procedures. This could include conditional subsidies on materials. For example, a private hospital may receive subsidies for establishing a dedicated ward for transgender individuals. Additionally, as demonstrated by India's proposed insurance coverage scheme for transgender persons, allowing access to both private and public hospitals can enhance accessibility to GAS services.

However, to prevent potential price inflation by private hospitals, it is crucial to standardize the pricing of different GAS procedures. Establishing maximum price limits can ensure transparency and affordability for transgender individuals seeking these services. This approach helps mitigate concerns regarding excessive pricing while maintaining the quality and accessibility of care.

4. Training and Sensitization of Healthcare Workers

Ensuring that healthcare workers are adequately trained and sensitised is crucial for the success of this policy initiative. In countries like Canada and South Africa, various approaches have been adopted to address the specific needs of transgender individuals within the healthcare system (Ross and Grift 2020).

In Canada, guidelines for healthcare professionals treating transgender individuals are aligned with the WPATH guidelines. These guidelines stipulate that all clinicians must be familiar with the WPATH standard of procedures, including the formal diagnosis of gender dysphoria as part of the eligibility criteria. Physicians, Nurse Practitioners, and Psychologists are authorised to make this diagnosis. On the other hand, in South Africa, non-profit organisations like Gender DynamiX play a significant role in training healthcare workers on transgender needs based on the informed consent model (Koch et al. 2020).

A collaborative approach is suggested to further enhance the training and sensitisation of current healthcare workers. Additionally, revising medical curriculums to include education on working with transgender individuals can ensure that future healthcare professionals are adequately prepared (Pandya and Redcay 2020).

Moreover, healthcare providers can leverage their knowledge and training to advocate for policy and legislative changes that support free or low-cost services for transgender individuals. Mental health providers can offer low-cost or pro bono services, as well as organise therapy groups or workshops in collaboration with local non-governmental organisations or non-profit agencies. This approach, as demonstrated in the KwaZulu Natal province of South Africa, has shown success in reducing stigma surrounding transgender identities (Koch et al. 2020).

Outcome Scenarios

Possible Limitations and their Solutions

Gatekeeping of gender affirmative surgeries

Since a psychological evaluation is a prerequisite to GAS, it is often the case that mental health professionals are alleged to sometimes cripple access to the process. To combat this, Knutson and Koch (2022) recommend a participatory approach used by the counsellors, whereby the professional and the transgender individual work together to explore their development of gender identity, as well as their desire to avail GAS. This allows for participants to feel more included in the process while counsellors attain a higher sense of empathy.

Lack of training among healthcare workers

Medical colleges do not yet provide a holistic curriculum on the needs of transgender populations. Executive bodies overlooking medical education are advised to provide recommendations to medical learning centres regarding the amendment of such an outdated curriculum. This would include inculcating a proper understanding of gender identities as per the latest International Classification of Diseases (ICD) and Diagnostic and Statistical Manual of Mental Disorders (DSM), and WPATH Standards of Care. These are internationally recognised manuals to classify and diagnose diseases (Knutson and Koch 2022). This will enhance doctor-patient relationships for all, not just transgender individuals.

Accessibility to government initiatives

Lastly, it is critical to ensure that the policy enacted does not merely exist on-paper. The beneficiaries and stakeholders must be made aware of the policies for their effective implementation. The governments would be required to take proactive measures to make transgender individuals aware of the scheme, especially for the more marginalised populations, such as the South Asian socio-cultural identities of transgender persons or the two-spirited individuals of the USA (Ross 2020). Most nations within the G20 already have public broadcasting mediums run by the state, which will be beneficial in spreading such awareness. The government may also use other sources like newspapers, both local and national, to popularise the policy.

Another alternative is to have an online national portal for transgender persons, such as the one India has (Ministry of Social Justice and Empowerment, 2022). It should be made available in regional languages and the application process to government schemes may be accessed through the same.

Closing Remarks

Access to health services is a fundamental right for all individuals. G20 nations must ensure the development of an inclusive system. This policy aims to contribute to the G20's progress towards achieving the objectives outlined in the 2030 Agenda for Sustainable Development, particularly in advancing the 3rd (good health and wellbeing), 5th (gender equality), 10th (reduced inequalities), and 17th (partnership for the goals) SDGs. Further, in order to achieve Universal Health Coverage, the health needs of transgender individuals must be understood and facilitated. Implementing this policy brief's targeted



strategies to subsidise GAS procedures under the framework of the right to health will enable the achievement of these goals.



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