

RESOURCE GUIDE

BEST PRACTICES STANDARDS
FOR HEALTHCARE PROVIDERS ON
TRANSGENDER PLHIV INCLUSIVE
HEALTHCARE SERVICES



Author : Ms. Lalarukh

Editor : Mr. Qamar Naseem

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This resource guide developed by Blue Veins aims to assist the healthcare providers in addressing the stigma, discrimination and challenges faced by transgender people PLHIV in healthcare settings while accessing healthcare services. It suggests best practices and guidelines for providing transgender persons inclusive and equitable healthcare services. It incorporates verified information from credible sources. The contents of this resource guide are the sole responsibility of the authors from the original sources and do not necessarily reflect the positions of Blue Veins & National Commission for Human Rights.

Foreword

Stigma and discriminatory attitudes in the healthcare settings remain significant barriers preventing transgender persons, who are among the key populations of HIV, from accessing quality healthcare services. These barriers not only restrict their right to health and well-being but also exacerbate health disparities and contribute to poor health outcomes, making it imperative to address systemic challenges within healthcare settings.

In order to ensure equitable healthcare services for all, Blue Veins in collaboration with National Commission for Human Rights (NCHR) has developed this resource guide, including evidence-based best practices and guidelines to assist healthcare providers in delivering stigma-free and inclusive healthcare services. This guide aims to assist healthcare providers in implementing non-discriminatory practices in their clinical settings. By equipping healthcare providers with the necessary knowledge, we strive to promote the creation of a healthcare environment, where transgender people living with HIV (PLHIV), can receive comprehensive healthcare services without fear of discrimination or mistreatment.

This guide is the result of research, and valuable insights from transgender community. It highlights the importance of culturally competent medical practices, in mitigating the prevailing stigma and improving healthcare access. By implementing the best practices outlined in this guide, healthcare providers can better serve the healthcare needs of the transgender persons.

We express our deepest gratitude to all those who contributed to the development of this resource guide, including experts, and advocates, dedicated to advancing the health rights of transgender persons. We hope that this guide serves as a valuable tool in promoting a more inclusive healthcare system and inspires healthcare providers to take proactive steps in delivering equitable healthcare services.

President
Blue Veins

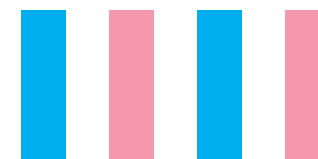
Executive Summary

The HIV epidemic in Pakistan, remains a growing public health concern, with a concentrated prevalence among key populations such as transgender persons, male and female sex workers, men who have sex with men, and people who inject drugs. The latest data reports indicate a rising trend in HIV infections, with Khyber Pakhtunkhwa reporting thousands of HIV-positive cases, including a significant number among transgender persons. Despite national and provincial strategies aimed at curbing the spread of HIV, stigma and discrimination existing in the healthcare facilities hinders access to essential services for transgender people living with HIV (PLHIV). Addressing these systemic barriers is crucial to improving health outcomes and mitigating the spread of HIV in Pakistan.

This resource guide has been developed to assist healthcare providers in delivering stigma-free, inclusive, and equitable healthcare services to transgender PLHIV. It offers regional and global best practices and guidelines aimed at addressing the specific healthcare needs and challenges faced by transgender individuals in healthcare settings. By equipping healthcare providers with the necessary knowledge, this guide seeks to enhance their sensitivity toward providing culturally competent, and non-discriminatory healthcare.

Beyond its immediate focus on improving healthcare practices, this resource guide seeks to drive a shift towards inclusive and rights-based healthcare approach. By discouraging discriminatory attitudes and promoting culturally competent medical care, it aims to bridge the gap in healthcare access and improve health outcomes for the transgender community.

The resource guide is structured into several key sections. Section 1 provides an introduction and overview of the HIV epidemic in Pakistan and Khyber Pakhtunkhwa, highlighting key statistics and trends. It also sheds lights on the legal and policy framework shaping the HIV response in Pakistan. Section 2 delves into the gaps in the medical curriculum of Pakistan, and how it affects transgender persons right to health and access to quality healthcare services. It also highlights the challenges faced by the transgender PLHIV in accessing healthcare services due to the stigma and discrimination in the healthcare institutions. Section 3 presents global best practices standards for providing inclusive healthcare services, including healthcare providers awareness of the healthcare needs of transgender persons, patient-provider relationships, confidentiality of information, harm reduction, use of inclusive and gender-neutral language and informed consent etc. By offering practical guidelines and actionable steps, this resource guide serves as a comprehensive tool for healthcare providers, enabling them to provide more inclusive, equitable, and effective healthcare services to the transgender persons.



Section 1: Introduction and Context Analysis of Pakistan

1.1 Prevalence of HIV in Pakistan and Khyber Pakhtunkhwa

In Pakistan, currently around 0.33 million are living with HIV.¹ Based on the HIV (Human Immuno Deficiency Virus) prevalence data, HIV is declared concentrated epidemic in Pakistan, which means that prevalence, is high in certain groups of people. Key populations of HIV include male sex workers (MSWs), female sex workers (FSWs), transgender sex workers (TSWs), men having sex with men (MSMs), and injecting drug users (IDUs).²

Although the estimated prevalence of HIV among the general population is less than 0.1%, the fifth Integrated Biological and Behavioral Surveillance Round conducted in 2016 by the National AIDS Control Programme Pakistan revealed a steady increase in the weighted prevalence of HIV among the key populations namely; PWID = 38.4%, TGSW = 7.5%, TGs = 7.1%, MSW = 5.6%, MSM = 5.4%, and FSW = 2.2%. Latest scientific indicates that in 2019, 23% of the new infections occurred in PWID, 18% in MSM, 3% in TGs and 1% in FSW.³

According to the HIV/AIDS Data Hub for Asia Pacific 2023 Snapshot, Pakistan had an estimated 290,000 people living with HIV (PLHIV). The National AIDS Control Program Pakistan data reports that around 330,000 people are living with HIV (PLHIV) as of 2024, with Pakistan among the top 3 countries experiencing rise in HIV infection rates. Moreover, the Integrated HIV, Hepatitis and Thalassemia Control Program (IHHTCP) Khyber Pakhtunkhwa of Health Department has reported 8,356 HIV cases in the province for the period of 2024-2025. Among them, 6,105 of them are men, 2,080 are female, and 171 are transgender individuals. The area wise data reveals that Peshawar recorded the highest the number of HIV-positive cases (1274) followed by Bannu (900), Mardan (314), Charsadda (307), Swat (300), Lakki Marwat (285), Lower Dir (255), Swabi (241), Nowshera (227), Kohat (214), Dera Ismail Khan (164), Karak (125), Upper Dir (124), Abbottabad (121), Buner (103), Battagram (41) and Shangla (63).

The primary modes of transmission in these cases remained 126 people were affected due to sexual contact, 1,102 people from injectable syringes, and 818 people from blood transfusions from an HIV-positive people.⁴

¹ <https://www.cmu.gov.pk/nacp-national-aids-control-programme/>

² Kazim. Gaps and Discriminations Faced by the Transgender Community in Accessing Healthcare Services in Khyber Pakhtunkhwa

³ <https://www.aidsdatahub.org/sites/default/files/resource/ibbs-pakistan-round-5-2016-2017.pdf>

⁴ <https://wenewsenglish.pk/hiv-patients-in-pakistans-khyber-pakhtunkhwa-face-stigma-limited-healthcare/>



1.2 Legal and Policy Framework for HIV in Pakistan

There is an absence of a legal and regulatory framework in Pakistan on HIV except for the Sindh HIV and AIDS Control, Treatment and Protection Act 2013 which criminalizes the stigmatization and discrimination of PLHIV with financial penalties. Apart from this law, there are no HIV specific laws in other provinces. The HIV response in Pakistan primarily exists in the form of National AIDS Control Programme and Provincial AIDS Control Programmes guided by the Pakistan AIDS Control Strategy IV (2021-2025) and the corresponding four provincial strategies. The strategy is designed to advance the progress towards UNAIDS global 90-90-90 HIV treatment targets i.e. 90% of all people living with HIV will know their HIV status; 90% of all people with diagnosed HIV infection will receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy will have viral suppression, set forward in the Global AIDS Strategy (2021–2026) to accelerate and advance the progress towards the target 3.3 of ending the HIV/AIDS epidemic as a public health threat by 2030 of the sustainable development goal, SDG 3: Good Health and Well-being and the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

Based on the report of fifth Integrated Biological and Behavioral Surveillance Round conducted in 2016 by the National AIDS Control Programme, the third National AIDS Strategy was revised in 2017 and Pakistan AIDS Control Strategy IV (2021-2025) was introduced to guide evidence-based HIV prevention and treatment programme in the country focusing on increasing the coverage of HIV prevention, treatment, care, and support services through a high impact focused targeted approach. The approach included the introduction of community-based outreach, HIV prevention and testing model, and treatment for all Pakistan. The ultimate aim of this high impact prioritized approach is to reduce the number of new HIV infections, increase treatment uptake to reduce HIV transmission, and HIV associated morbidity and mortality in Pakistan.⁵

At the provincial level, the Khyber Pakhtunkhwa AIDS Strategy 2021-2025 exists which aims to strengthen the response to HIV and curb the spread of HIV, improve treatment access and care services, and reduce stigma and discrimination against people living with HIV (PLHIV). It aligns with the global (UNAIDS, Global Fund and WHO) and national HIV strategies and focuses on enhancing prevention, testing, and treatment services, particularly for key populations at higher risk, including people who inject drugs, transgender persons, men who have sex with men, and female sex workers. It emphasizes early diagnosis, linkage to care, and retention in care to improve health outcomes. Key components of the strategy include scaling up HIV prevention interventions through community-based outreach, harm reduction programs, and targeted awareness campaigns. The strategy prioritizes expanding HIV testing and treatment coverage, ensuring accessibility in both urban and remote areas, and strengthening healthcare systems through integrating HIV services within the primary healthcare, improving diagnostic facilities, and enhancing the capacity of healthcare providers to ensure sustainable response. It emphasizes multi-sectoral collaboration, engaging government bodies, civil society organizations, and international partners to strengthen governance and resource mobilization and also stresses upon the legal and policy reforms to address discriminatory practices, and stigma and improve access to healthcare for key populations.⁶

⁵ https://www.unaids.org/sites/default/files/country/documents/PAK_2020_countryreport.pdf

⁶ <https://phkh.nhsrcc.pk/sites/default/files/2022-06/AIDS%20Strategy%20KPK%202021-2025.pdf>



However, the HIV response in Khyber Pakhtunkhwa continues to be inadequate driven by the challenges that include donor-dependency with limited key-population specific and geographic coverage, insufficient resources allocation by the government, legal barriers, and the lack of proper implementation mechanisms among the others. It is imperative for Pakistan, particularly Khyber Pakhtunkhwa, to enhance enforcement mechanisms and address these gaps to curb the spread of HIV.

Section 2: Stigma, Discrimination and Challenges Faced by Transgender PLHIV in Healthcare Settings

Who is a Transgender?

A broad definition of transgender people is given by World Health Organization (WHO): *“Transgender is an umbrella term for people whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender or otherwise considered gender non-conforming”*.

WHO International Classification of Diseases (WHO-ICD) and Transgender

The International Classification of Diseases and Related Health Problems (ICD) is a tool for recording, reporting and grouping conditions and factors that influence health. It contains categories for diseases and disorders, health related conditions, external causes of illness or death, anatomy, sites, activities, medicines, vaccines and more. Its purpose includes analysis of general health situations in population groups, monitoring of incidence and prevalence of diseases, and examining other health problems in relation to other variables, such as the characteristics and circumstances of the affected individuals.⁷

In May 2019, World Health Organization WHO issued the newly approved version of their global manual of diagnoses that places issues of gender incongruence under the chapter on sexual health. Gender incongruence is better known as gender dysphoria, the feeling of distress when an individual's gender identity is at odds with the gender assigned at birth. An evolving scientific understanding of gender and work by transgender advocates have contributed to the reclassification.

In the latest manual, called the ICD-11, gender incongruence is defined as a marked and persistent incongruence between a person's experienced gender and assigned sex. In the previous version, ICD- 10, this was considered a gender identity disorder, in the chapter entitled mental and behavioral disorders. The WHO's removal of gender identity disorder from its diagnostic chapter in the latest version no longer classifies being transgender as a mental illness.

⁷ <https://icd.who.int/en>

In ICD-10, there was an entire section dedicated to Gender Identity Disorders (F64). The Gender Identity Disorders section of ICD-10 included five possible diagnoses: transsexualism, dual-role transvestism, gender identity disorder of childhood, other gender identity disorders and gender identity disorder unspecified. Of these disorders, transsexualism is likely the disorder with which people are most familiar. ICD-10 defined transsexualism as, “A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex, and a wish to have surgery and hormonal treatment to one's body as congruent as possible with one's preferred sex.” In ICD -10 transsexualism was considered to be a mental disorder and the above definition is tantamount to saying that being transgender is a mental illness.

In ICD-11, there is no longer a Gender Identity Disorders section and identifying as transgender is no longer considered pathological in and of itself, nor is the desire to transition physically. The ICD -11 instead characterizes gender non-conformity as a sexual health condition which they refer to as Gender Incongruence. Within the Gender Incongruence section, there are three conditions noted: gender incongruence of adolescence or adulthood (HA60), gender incongruence of childhood (HA61) and gender incongruence unspecified (HA6Z). Gender incongruence of adolescence or adulthood can be viewed as replacing what was previously called transsexualism and is defined as, “... a marked and persistent incongruence between an individual's experienced gender and the assigned sex, which often leads to a desire to 'transition,' in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender.”^{8,9}

According to TransAction Alliance, a community organisation working for the rights and well-being of transgender community, around 75000 of transgender persons live in the Khyber Pakhtunkhwa, including those who remain unregistered due to fear of discrimination and societal exclusion.¹⁰

Multitude of social and cultural values discriminating against gender non-confirming individual result either in non-disclosure by the transgender people or into their marginalization as social outcasts. Consequently, they have little or no place in the mainstream economic opportunities. Discrimination on the basis of gender non-conformity restricts their choice of profession because of which their common sources of income include singing and dancing, begging, and sex work.¹¹

In the context of HIV in Pakistan, transgender women are significant at-risk populations. With around 52,400 transgender sex workers being reported by the UNAIDS in 2020, they remain the second most at-risk group in Pakistan after PWIDs.¹²

⁸ <https://www.bbc.com/news/health-48448804>

⁹ <https://www.forbes.com/sites/ashleefowlkes/2019/05/30/who-being-transgender-no-longer-considered-a-mental-illness/#71e79ae11c3b>

¹⁰ <https://apnews.com/article/pakistan-trans-women-stabbed-killed-northwest-fe0eef893e486013d51cc5f470a6807e>

¹¹ Shahram, A. Barriers to the Provision of and Access to Quality Healthcare for the Transgender Population of Pakistan: A Presentation of Findings from Two Operational Researches for RHRN.

¹² <https://www.unaids.org/en/regionscountries/countries/pakistan>



Despite legal recognition as a third gender since 2009 judgement of Supreme Court of Pakistan, Transgender community in Pakistan is still facing worst kind of stigma and discrimination, poverty, human rights violations and violence including right to health.

Transgender Persons Protection of Rights Act 2018 and Transgender Persons Right to Health

In 2018, landmark progress in relation to the protection of rights of transgender community took place in terms of legislation. Government of Pakistan enacted “The Transgender Protection of Rights Act 2018” to provide for protection, relief and rehabilitation of rights of the transgender persons and their welfare and for matters connected therewith and incidental.

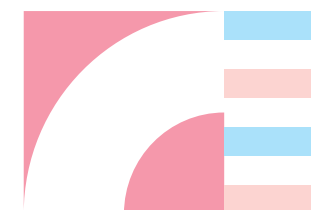
The definition of transgender persons given by this Act is in consistent with the WHO definition. As per the Act, a “transgender person” can have any of the following characteristics: they can be intersex, with mixture of male and female genital features or congenital ambiguities; or eunuch assigned male at birth, but undergoes genital excision or castration; or a transgender man, transgender woman, Khawaja Sira or any person whose gender identity or gender expression differs from the social norms and cultural expectations based on the sex they were assigned at the time of their birth. According to this classification, any person who identifies emotionally or psychologically with the sex other than one's biological or legal sex at birth, irrespective of any later biological change, would be classified as a transgender person. The law under its section provides for the protection of social, economic, political and legal rights for the transgender community and prohibits all forms of discrimination against the transgender community.¹³

Moreover, Section 4 of the Act, prohibits discrimination against transgender community in denial and discontinuation of or unfair treatment in healthcare services.

Section 12 of the Act deals with right to health and provides the government to take measures to ensure easy access to healthcare facilities and protect non-discrimination in relation to transgender persons. The section provides for following measures to be taken by the government in this regard; review medical curriculum and improve research for doctors and nursing staff to address specific health issues of transgender persons in cooperation with Pakistan Medical and Dental Curriculum, facilitate access by providing an enabling and safe environment for transgender persons in hospitals and other healthcare institutions and centers, ensure transgender persons access to all necessary medical and psychological gender corrective treatment.

Furthermore section 6 of the Act provides that the government will conduct periodic sensitization and awareness sessions for medical institutions to secure full and effective participation of transgender persons and their inclusion in society.

¹³ UNDP Pakistan. National Strategy on Gender Affirming Learning and Education Ecosystem in Pakistan. United Nations Development Programme



Additionally, the act recognizes the specific healthcare needs of transgender persons and mandates that healthcare providers and institutions receive training on how to provide gender-affirming care. Section 10 of the act states that "The medical and paramedical staff shall be imparted training to ensure that the transgender persons are treated with dignity and respect and are provided with quality medical care in all medical institutions."¹⁴

Gaps in Pakistan Medical and Dental Curriculum (PMDC) and its Impact on Transgender Persons Access to Health Services

Pakistan Medical and Dental Curriculum (PMDC) provides uniform national curriculum for Bachelors of Medicine, Bachelors in Surgery (MBBS) education in the form of general guidelines in a flexible framework for all public and private medical universities in Pakistan. The content pertaining to Sexual and Reproductive Health (SRH) are spread throughout the curriculum i.e. within Anatomy and Histology; Endocrinology; Physiology; Microbiology; Pathology; Obstetrics and Gynecology; and Surgery as per its relevance. Additionally, Community Medicine, Psychiatry, Forensic Medicine, and Behavioral Sciences also recommend covering some social, psychological and behavioral aspects of human sexuality. The SRH content is taught in parts over the five professionals in the five years. However, this content is mostly focused on the biological and pathological aspects of sexuality focusing only on disease, pathology of sexual and reproductive systems, and prevention of STIs etc, with little to no emphasis on human sexuality as a healthy and natural part of life for the promotion of SRHR for people of all ages, genders and sexual orientation. The main themes which are missing from the national guidelines include: (a) addressing the connection between healthy sexuality and overall health; (b) the psycho-social and behavioral aspects of human sexuality, and (c) identification or recognition of any sexual and gender minority group in the anatomical, physiological or pathological sense.

Sexuality is a natural and vital part of being human. Being sexually healthy requires not only avoidance of sexually transmitted infections/diseases but also having a good overall physical and mental health. Similarly, any diseases, infections or malfunctioning of sexual or reproductive systems can lead to other health issues in the individual ranging from physical to emotional, social or even economic problems. Hence it is important to understand the connection between healthy sexuality and overall health and wellbeing. However, PMDC lacks specific guidelines or recommended content for teaching about sexual wellbeing including, but not limited to, concepts of mental health and sexuality, responsibility, and sexual rights. Similarly, there does not seem to be any guideline on teaching preventive sexual health services as part of Community Medicine or Behavioral Sciences. This includes information on screening for STIs, HIV, cancers of the reproductive systems, and Hepatitis C; and vaccinations for Human Papillomavirus (HPV), and Hepatitis B.

Sexuality is significant in forming an individual's identity as well as its expression in the society. Hence, our SRH directly affects our mental, societal and behavioral wellbeing and vice versa. Sexual health is also linked with a number basic civil and human rights such as rights to privacy, to family life, to be free from violence and discrimination, and rights to a respectable livelihood. However, the psycho-social and behavioral

¹⁴ Young Omang. Gap Analysis of National and Provincial Health Policies Regarding the Status of Sexual and Gender Minorities' Reproductive Health and Rights in Pakistan: A Desk Review Report



aspects of sexuality are not appropriately addressed in the PMDC curriculum. This shortcoming is particularly evident in either complete lack of or ambiguous guidelines on areas like adolescent health, psychosexual health, mental health of marginalized populations, and issues related to Gender Dysphoria.

Although the legal system in the country recognizes three gender categories, the PMDC curriculum is based on conventional heteronormative assumptions and gender and sexual binary. This is the major overarching gap in the curriculum which leads to poor, if any, knowledge and attitudes towards anyone who does not fit in the conventional sexual and gender identities and/or orientations. Moreover, interchangeable use of the terms 'sex' and 'gender' also leads to misunderstandings regarding transgender health. Similarly, PMDC's Code of Ethics of Practice for Medical and Dental Practitioners shows no specific guidelines for providing care to marginalized groups such as transgender persons.¹⁵

HIV-Stigma in the Healthcare Settings and Challenges Faced by Transgender PLHIV

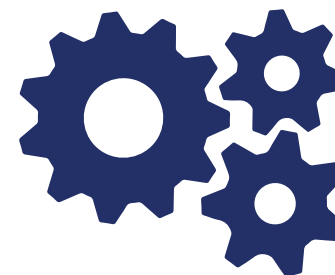
Structural inequalities and determinants of health: education, occupation, income, home and community all have direct impact on health and HIV outcomes. The lower someone's social and economic status, the poorer their health is likely to be. Societal forces, such as discrimination based on race, gender and sexual orientation, add to the stress level of certain population groups.¹⁶

As a result, the transgender persons in Khyber Pakhtunkhwa (KP) faces a common set of challenges within the health care system which include but not limited to:

- Transgender PLHIV often face harassment from healthcare providers, which may take many forms, including verbal abuse, derogatory comments about their gender identity or HIV status, and blaming the patient's sexual and gender identity as the cause of their illness(es).
- Healthcare Practitioners don't address transgender patients by their chosen names or preferred pronouns, question their identity in a demeaning manner, and subject them to invasive and unnecessary scrutiny through personal questions.
- Transgender PLHIV face significant discrimination in healthcare settings, with many being denied treatment or subjected to unnecessary delays. Doctors and nurses often do not attend to them promptly, making them wait until all other patients have been seen, or in some cases, to leave without receiving any medical attention which creates barriers to timely medical intervention.

¹⁵ Shahram, A. "Gaps in existing MBBS curricula being taught across Pakistan leading to discrimination against sexual and gender minorities accessing sexual and reproductive health services". 2017. Conducted for Fdi.

¹⁶ https://www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026-summary_en.pdf



- Healthcare providers exhibit hostility toward transgender PLHIV, either by refusing to treat them properly or by providing substandard care. This mistreatment is often rooted in fear and misinformation regarding HIV transmission, leading to compromised healthcare outcomes for transgender individuals in need of essential medical services.

- Medical staff don't treat transgender PLHIV with respect and dignity. In many cases, doctors and nurses act dismissively, reinforcing the stigma they already face in society. This leads to a lack of trust in healthcare institutions and discourages transgender individuals from seeking necessary medical attention.

- Healthcare providers maintain an excessive level of physical distance from transgender PLHIV, using gloves unnecessarily or acting as if mere physical contact could transmit the virus. Such behavior perpetuates harmful misconceptions about HIV and deepens the sense of alienation among transgender individuals.

- Transgender PLHIV report being outright denied treatment by doctors and nurses after disclosing their gender identity. In such instances, healthcare providers either instruct them to seek treatment elsewhere or completely ignore them until they leave in frustration. This outright rejection discourages transgender PLHIV from seeking future medical assistance, putting their health at serious risk.

- **Transgender PLHIV are forced to seek treatment at private clinics by the healthcare providers. However, the high cost of private healthcare makes it inaccessible for most transgender individuals, who often face economic hardship due to societal exclusion and employment discrimination.**

- **Healthcare providers lack sensitivity and awareness about the unique medical and psychological needs of transgender PLHIV. This misunderstanding leads to the lack of provision of gender-affirming healthcare services and limits their access to appropriate care, exacerbating their health challenges.**

- **Breaches of confidentiality by healthcare providers pose a significant challenge for transgender PLHIV. Many individuals fear that healthcare providers will disclose their HIV status without consent, exposing them to social stigma, discrimination, and rejection from their communities. Healthcare staff don't uphold patient privacy by discussing medical details openly in front of other patients, colleagues, or visitors. The lack of privacy limits open communication between transgender patients and healthcare providers, making it difficult for them to discuss their health concerns freely and also discourages many transgender individuals for getting HIV treatment.¹⁷**

¹⁷ Khan. W. (2025). Understanding the Impact of HIV Stigma on Transgender Persons Living with HIV in Khyber Pakhtunkhwa

Section 3: Global and Regional Best Practices Standards for Providing Transgender PLHIV Inclusive Healthcare Services



Standard 1: Inclusive Medical Intake Forms

Medical intake and sign-in forms at the healthcare facilities should be modified to affirm the identities of transgender patients by allowing them to provide their preferred name and gender marker beyond the binary gender categories. Many transgender individuals may have legal documents that do not reflect their gender identity, which can create barriers to accessing healthcare. Healthcare facilities should ensure that forms include options for chosen names and gender identities, ultimately improving the overall healthcare experience for transgender persons.¹⁸



Standard 2: Non-discriminatory Policies and Procedures

Ensure that the healthcare facility has non-discriminatory policies and procedures in place so that healthcare services are accessible, inclusive and equitable for all the patients. These policies and procedures should be reflective of non-discrimination based on gender identity, ensuring that the transgender persons receive respectful and dignified medical care without bias or prejudice.¹⁹



Standard 3: Establish Grievance Redressal Mechanisms

Healthcare institutions and facilities should establish grievance redressal mechanisms. These mechanisms should provide safe, accessible, and confidential channels for transgender individuals to report instances of discrimination, mistreatment, or denial of healthcare, without fear of retaliation. The mechanisms should include multiple reporting channels, such as anonymous complaint boxes, online portals, and dedicated staff who are trained to handle complaints with sensitivity and confidentiality. Complaints should be handled promptly, impartially and with confidentiality. Additionally, there should be clear protocols for investigating grievances, implementing corrective actions, and ensuring accountability of holding healthcare staff.

¹⁸ <https://www.aidsdatahub.org/sites/default/files/resource/guidelines-healthcare-providers-trans-competent-healthcare-services-tg-patients-2020.pdf>

¹⁹ <https://targethiv.org/sites/default/files/file-upload/resources/tgguidelines.pdf>



Standard 4: Creating a Welcoming Healthcare Environment

Healthcare facilities should provide an inclusive, and welcoming environment. This includes ensuring that the physical spaces such as waiting areas, consultation rooms, washrooms and restrooms are accessible and accommodating to the transgender persons.¹⁹



Standard 5: Healthcare Providers Awareness of Specific Health Issues and Needs of Transgender Persons

Healthcare providers should develop comprehensive knowledge of healthcare needs and issues of transgender persons so that they are able to talk to their transgender patients about a range of health issues that impact their healthcare and overall wellbeing, such as sexual and reproductive health, risk reduction strategies, and preventive care.¹⁹



Standard 6: Use of Inclusive and Gender-neutral Language

Using inclusive and gender-neutral language is essential for healthcare providers when interacting with transgender patients, as it fosters respect, and a supportive healthcare environment. It is important to address transgender patients by their chosen name, title, and pronouns, which may differ from those on their identity documents or medical records. If uncertain, politely ask the patient how they would like to be addressed without making assumptions or displaying judgment. Ensuring that all the healthcare staff use the correct pronouns and names create a welcoming and affirming healthcare experience.²⁰



Standard 7: Building and Engaging in a Trusting Patient-Provider Relationship

It is important for the healthcare provider to understand that the transgender patients may be struggling with low self-esteem because of the stigma associated with their health condition i.e. HIV/AIDS. Therefore, healthcare providers should speak in supportive and encouraging manner, ensuring that the patient feels valued and respected as an individual. Approaching patients with empathy allow them to feel comfortable sharing their thoughts and concerns.²¹

²⁰ <https://ihri.org/wp-content/uploads/2021/09/The-Thai-Handbook-of-Transgender-Healthcare-Services.pdf>

²¹ <https://www.aidsdatahub.org/sites/default/files/resource/guidelines-healthcare-providers-trans-competent-healthcare-services-tg-patients-2020.pdf>



Standard 8: Confidentiality of Patient Information

Many transgender persons may hesitate to share personal details due to fears of stigma, discrimination, or denial of healthcare services. Encouraging openness and transparency in patient-provider discussions is crucial for delivering appropriate and effective care. Healthcare providers should clearly communicate to the transgender patients that their privacy will be maintained at all times and that any information collected is solely for the purpose of addressing their health needs and providing effective and appropriate care and overall well-being.²²



Standard 9: Harm Reduction

Adopt harm reduction approach when delivering healthcare services to transgender persons while respecting their autonomy and lived experiences. This includes offering relevant information to reduce potential harms and minimize risks associated with the health conditions. Educate the patients on safer injection practices, including sterile needle use, condom use, access to PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure Prophylaxis), and regular STI (Sexually Transmitted Infections) screenings to prevent the transmission of HIV and other infections.



Standard 10: Informed Consent

The Informed Consent Model is an empowering approach that allows patients, rather than healthcare providers, to make the decisions on if and when they are ready to start medical treatment for their health conditions. This model places patients as being at the center of their own lives, reaffirming patient's self-determination and knowledge/understanding of their own healthcare needs. Under this model, the healthcare provider facilitates informed decision making by ensuring that the patient have access to information on available medical interventions including their benefits and risks including side effects and harmful health effects from medical interventions. Informed consent enables health providers to work alongside the patients in a flexible, patient-centered and responsive way while respecting the individual's autonomy.²³

²² <https://phimc.org/wp-content/uploads/2018/08/Guidelines-for-Care-of-Lesbian-Gay-Bisexual-and-Transgender-Patients.pdf>

²³ <https://www.transhub.org.au/clinicians/informed-consent>



Standard 11: Periodic Training of Healthcare Providers

Ongoing training of the healthcare staff, including doctors, nurses, administrative personnel, paramedics, and support staff is crucial for promoting a healthcare facility culture that is supportive, inclusive and responsive to all the patients. Healthcare providers should receive regular trainings on the specific health concerns of transgender persons, including their medical, social, and psychological needs, enabling them to offer culturally competent, patient-centered care and trauma informed care. This includes educating staff on best practices for providing gender-affirming healthcare, addressing stigma and discrimination, and the use of culturally appropriate language when interacting and communicating with transgender patients.²⁴

²⁴ <https://targethiv.org/sites/default/files/file-upload/resources/tgguidelines.pdf>



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