



**TRANSGENDER AND
GENDER NON-CONFORMING
NATIONAL HEALTH STRATEGY
FOR
JAMAICA**

**DEVELOPED BY TRANSWAVE JAMAICA
PREPARED BY AUDREY BROWN**



Copyright © 2020 by TransWave Jamaica. This book or any portion thereof may not be reproduced or used in any manner whatsoever without the express written permission of the publisher except for the use of brief quotations in a book review.

Disclaimer: the views and opinions that may have been expressed in this document may not necessarily represent those of UNAIDS or UNFPA.



Kingston, Jamaica



+18766694671

WITH THE TECHNICAL AND FINANCIAL
SUPPORT OF UNAIDS AND UNFPA



Contents

GLOSSARY OF TERMS	ii
EXECUTIVE SUMMARY	v
INTRODUCTION	1
BACKGROUND AND SITUATIONAL ANALYSIS	2
POLICY LANDSCAPE	16
THE STRATEGY	20
Vision.....	20
Mission	20
Guiding Principles.....	21
TARGETS, STRATEGIC AREAS AND SPECIFIC OBJECTIVES	22
SA1. LEGISLATION, POLICY, ACCESS TO JUSTICE, ENABLING ENVIRONMENT AND HUMAN RIGHTS... 22	
SA2. COMMUNITY SUPPORT	23
SA3. ORGANIZATIONAL-NATIONAL MULTI-SECTOR RESPONSE TO TRANS HEALTH	24
HEALTH SECTOR	24
EDUCATION AND CHILD PROTECTION	26
SOCIAL PROTECTION AND POVERTY REDUCTION	27
HOUSING	27
SOCIAL SECURITY.....	27
SA4. INTERPERSONAL.....	28
SA5. INDIVIDUAL	28
SA6. MONITORING, EVALUATION AND RESEARCH	28
STRATEGIC GOVERNANCE AND IMPLEMENTATION.....	29
BIBLIOGRAPHY.....	30
Table 1. Strategy Overview	viii
Table 2. Main Health Centres and Hospitals	14
Table 3. Tran Community Allies	16
Table 4. Strengths, Weaknesses, Opportunities & Threats Analysis.....	18
Table 5. Proposed Governance and Oversight Committee	29
Figure 1. Socio-Ecological Framework.....	1

GLOSSARY OF TERMS

The following text provides the terminology used in this document to describe the identities of transgender and gender non-conforming individuals.

Androgynous: a person whose gender expression does not fit the rigid binary prescriptions of femininity and masculinity.

Asexual: Refers to an individual who does not experience sexual attraction. Each asexual person experiences relationships, attraction, and arousal differently. Asexuality is distinct from celibacy or sexual abstinence, which are chosen behaviours, in that asexuality is a sexual orientation that does not necessarily entail either of those behaviours. Sometimes abbreviated as ace.

Biological sex: a medical term used to refer to the chromosomal, hormonal, and anatomical characteristics that are used to classify an individual as male or female or intersex.

Bisexuality: an enduring emotional, romantic, and sexual attraction to people of the same and opposite sex/gender. People who are bisexual often identify as “bisexual”.

Asexuality: an enduring absence of sexual attraction. People who are asexual often identify as “asexual”.

Cisgender: A term for when someone’s gender identity/expression matches the gender they were assigned at birth.

Crossdresser: people who like to dress in clothing of the gender expression opposite to that considered socially appropriate to their biological sex. Most crossdressers are content with their own biological sex and gender identity.

FTM/MTF: FTM refers to a person who transitions from female-to-male, meaning a person who was assigned female at birth but identifies and lives as a male. MTF refers to a person who transitions from male-to-female, meaning a person who was assigned male at birth but identifies and lives as a female.

Gay: A person who is emotionally, physically and/or romantically attracted to other people of the same gender. Can be used to refer to people of all genders, though it is used most commonly to refer to males. Some women and girls choose not to identify as gay, but as lesbian.

Gender: The socially defined rules and roles for men and women in a society. The attitudes, customs and values associated with gender are socially constructed; however, individuals develop their gender identities in two primary ways: through an innate sense of their own identity and through their life experiences and interactions with others. Dominant western society generally defines gender as a binary system—men and women—but many cultures define gender as more fluid and existing along a continuum.

Gender-affirming: Can be understood as the processes through which a health care system cares for and supports an individual, while recognizing and acknowledging their gender identity and expression.

Gender Binary: The idea that sex and gender are two distinct, opposite and disconnected categories—male and female.

Gender Expression: Refers to the ways in which people externally communicate their gender identity to others through behaviour, clothing, haircut, voice and emphasizing, de-emphasizing, or changing their bodies' characteristics. Gender expression is not an indicator of sexual orientation.

Gender fluid: a person who identifies as a male at times and as a female at others, sometimes identifying as both, neither, or somewhere in between.

Gender identity: How an individual identifies in terms of their gender. Since gender identity is internal, one's gender identity is not necessarily visible to others.

Gender Non-Conforming: A person who does not adhere to societal pressures to conform to gender norms and roles.

Genderqueer: a person who does not identify as man or woman or may embody both.

Gender Variant: A term, often used by the medical community, to describe individuals who dress, behave, or express themselves in a way that does not conform to dominant gender norms. (See gender expansive.) People outside the medical community tend to avoid this term because they feel it suggests these identities are abnormal, preferring terms such as gender expansive and gender creative.

Heterosexuality: an enduring emotional, romantic and sexual attraction primarily or exclusively to people of the opposite sex and/or gender. People who are heterosexual often identify as "straight".

Homosexuality: an enduring emotional, romantic and sexual attraction primarily or exclusively to people of the same sex/gender.

People who are homosexual often identify as "gay" or "lesbian".

Intersex: A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male.

Lesbian: A woman who is emotionally, physically and/or romantically attracted to other women.

MSM: Men who have sex with men. This describes behaviour rather than orientation. The term is useful because it includes men who identify as heterosexual and have sex with men.

Pansexual: Refers to a person whose emotional, romantic, and/or physical attraction is to people inclusive of all genders and biological sexes. People who are pansexual need not have had any sexual experience; it is the attraction and self-identification that determines the orientation

Queer: An umbrella term used to refer to lesbian, gay, bisexual and transgender people. Some use as an alternative to "LGBT" in an effort to be more inclusive. Depending on the user, the term has either a derogatory or an affirming connotation, as many within the LGBT community have sought to reclaim the term that was once widely used in a negative way.

Questioning: Refers to people who are in the process of understanding and exploring their sexual orientation and/or gender identity. They are often seeking information and support during this stage of their identity development.

Sexual behaviour: The act of engaging in any activity for the purpose of sexual gratification either by self or with others. It also includes sex acts for procreation purposes. A person's sexual behaviour may or may not match their sexual orientation.

Sexual orientation: Determined by one's emotional, physical and/or romantic attractions. Categories of sexual orientation include, but are not limited to: gay, lesbian, attracted to members of the same sex/gender; bisexual, attracted to members of more than one sex/gender; and heterosexual, attracted to members of another sex/gender.

Trans: An umbrella term that refers to all the identities within the gender identity spectrum.

Transgender: An umbrella term for people whose gender identify differs from the sex they were assigned at birth and/or whose gender expression do not match society's expectations with regards to gender roles. The term may include identities such as: transsexual, genderqueer, gender-nonconforming, FTM, MTF, and gendervariant. Transgender people may or may not choose to alter their bodies hormonally and/or surgically.

Transgender man: a person who identifies as a man but was classified as a female at birth.

Transgender woman: a person who identifies as a woman but was classified as male at birth.

Transition: The process when a person begins living as the gender with which they identify rather than the gender they were assigned at birth, which often may include changing one's first name and dressing and grooming differently. Transitioning may or may not also

include medical and legal aspects, including taking hormones, having surgery or changing identity documents (e.g., driver's license) to reflect one's gender identity. Transitioning is not a one-step procedure; it is a complex process that occurs over a period of time.

Transsexual: An older term for people whose gender identity is different from their assigned sex at birth who seek to transition from male to female or female to male. Many do not prefer this term because it is thought to sound overly clinical.

Two-Spirit: A contemporary term that references historical multiple-gender traditions in many First Nations cultures. Many Native/First Nations people who are lesbian, gay, bisexual, transgender, intersex, or gender nonconforming identify as Two-Spirit; in many First Nations, being Two-Spirit carries both great respect and additional commitments and responsibilities to one's community.¹

<https://www.adl.org/sites/default/files/documents/assets/pdf/education-outreach/terminology-related-to-transgender-and-gender-non-conforming-identity.pdf>

EXECUTIVE SUMMARY

Due to multiple societal factors, trans people in Jamaica face significant discrimination in their daily lives and may avoid seeking healthcare because of this. Therefore, this multi sector national strategy can guide the health response to address the needs of the trans community.

Although trans terminology may be relatively new to Jamaicans, trans people have existed in diverse and ancient societies across the world for thousands of years. Many societies recognised the existence of multiple gender identities or 'two-spirited' people. Trans and gender non-conforming are some of the terms used for and by people who do not identify with the gender that they were assigned at birth. There are also intersex people, (previously called 'hermaphrodites') who are born with indeterminate physical or biological reproductive organs that do not fit the typical definitions of male and female. For some intersex people, these traits are apparent at birth, while for others they emerge later in life, often at puberty.

In May 2019, "Member States of WHO [the World Health Organization] [of which Jamaica is a member] adopted the revisions to the International Classification of Diseases [ICD 10] and Related Health Problems becoming the 11th revision (ICD-11). The revision included the de-psycho-pathologizing of trans identities, as it is now known that being transgender is not a mental disorder. This significant milestone for trans and gender non-binary people signals countries to revise the way in which trans patients have previously been perceived and treated by healthcare providers, and the need for a life cycle approach for their care and protection and to improve their health outcomes.

Studies suggest that trans people have a high risk of non-communicable diseases based on social vulnerability, poor health seeking behaviours, risk taking and lifestyle factors such as poor diet and substance use, and the lack of access to trans competent health services.

Jamaica has very limited data on the health of the trans community. Most of the focus of the health needs of the trans community has generally been on transgender women as a key population for HIV prevention, treatment, care and support, supported by international and donor agencies (UNAIDS, UNFPA, Global Fund, PEPFAR, WHO, among others). Local studies in 2011 and 2017 found an approximately 50% prevalence of HIV among transgender women, which is the highest prevalence of any population group. The Ministry of Health and Wellness' 876 Study in 2017 estimated that the size of trans population in Jamaica was in the range of 5000-6000 people. Survival sex work among trans people to access necessities such as food and shelter increases the risk for HIV and non-communicable diseases, and also places them at greater risk for violence.

In 2020, TransWave conducted a health needs assessment of the ‘lived experiences’ of trans Jamaicans, as part of this strategy’s development process. Sixty-eight (68) respondents ages 16-34 who identified as transgender, from urban and rural areas across Jamaica were surveyed, and 28 trans people ages 19-40 participated in focus groups. They found the trans community to be a youthful, diverse mix of people, many of whom had fled homes and families due to stigma and discrimination and moved from rural to urban areas for survival. Many had lower levels of tertiary education and high unemployment or were low wage earners; most were in unstable relationships and unstable accommodation situations, almost one-third had some form of disability and one-third were living with HIV. They also reported significant barriers to healthcare, housing and access to basic amenities based on their gender identity or gender expression. Most reported the barriers in the form of acts of stigma and discrimination perpetrated against them. Therefore, they generally reported a low uptake of health services, especially in the public sector, as most were unable to afford private healthcare. Unsurprisingly, they also reported high levels of stress coping with gender non-conformity in Jamaica and they highlighted the need to access trans-competent mental health support, currently unavailable.

The situation analysis, despite acknowledging the benefit of national policies and plans, reveals the absence of a legal framework to protect the trans community’s rights to accessible, affordable, high-quality healthcare, which jeopardizes universal health coverage for people of trans identity and experiences in Jamaica. Strategic programmatic efforts and mainstream investments are therefore required for the increased wellbeing among the trans community (TransWave, 2020). This requires bold political and cross-sector leadership and action to ensure that trans citizens have equal rights and access to justice in all spheres of their lives, throughout the lifecycle.

Jamaica has ratified a number of key human rights instruments, including the United Nations Declaration of Human Rights, the American Convention on Human Rights and the International Covenant on Civil and Political Rights, and the International Covenant of Economic, Social and Cultural Rights 1966 (CESCR). These international treaties place a duty on state actors to ensure the rights of all its citizens are protected, respected and promoted in accordance with these principles.

This strategy acknowledges that Jamaica has a robust rights-based policy framework that can support its implementation. It includes: Vision for Health 2030 - Ten-year Strategic Plan (2019-2030) and multi-sector Sustainable Development Goals (SDGs), along with Universal Health Coverage (UHC) and patient-centred, rights-based health care, so that ‘no one is left behind’. However, it also highlights the absence of a legal framework that protects the rights of trans citizens in Jamaica, or that recognizes diverse gender identities.

The strategy outlines the following vision, mission, guiding principles, goals and way forward:

Vision

A Jamaica wherein the rights of people of all gender identities and gender expressions are respected, protected and promoted.

Mission

To promote evidence-based care, education, research, public policy, and respect and dignity for trans and gender non-conforming Jamaicans so they are free to pursue all aspects of their civic, social, economic, emotional and intellectual lives.

Guiding Principles

The Guiding Principles provide a framework for the full inclusion of the trans community beyond the stated goals of the strategy. They include an all-encompassing array of values and standards that must be applied not only across the health system in Jamaica but more generally.

- Human rights, respect, and dignity:
- Recognition of the diversity of the trans, gender non-conforming and gender non-binary communities:
- Meaningful engagement and participation:
- Cultural competence and sensitivity:
- Universal health access, equity and coverage:

Recognising the social determinants of health, the strategy is structured around the socio-ecological model (Legislation and Policy; Community; Organizational; Interpersonal; Individual) and is intended to be accessible to potential implementing partners, government authorities, international development partners and other potential investors who consider how the objectives synchronise with their own visions, missions and goals.

This five-year strategy (2021-2025) provides a logical structure on which a rights-based health vision for trans and gender non-conforming Jamaicans is advanced. It requires structural, institutional, and societal changes necessary to facilitate the health and well-being of the trans community. It is also harmonised with the UNAIDS 2020 targets, Jamaica Ministry of Health and Wellness' Vision for Health 2030 - Ten-year Strategic Plan (2019-2030) that commits to "Equity - Striving for fairness and justice by eliminating differences that are unnecessary and avoidable"; and "Respect-Embracing the

dignity and diversity of individuals and groups....” and safeguarding access to equitable, comprehensive and quality health care.

The hallmarks of equitable health systems are those in which services are available to all people, “with no difference in quality and without distinction of their economic or social condition”. (Government of Jamaica, 2019) In addition, the planning and design of these services must pay close attention to the differentiated and unmet needs of all people, and the specific needs of groups in conditions of vulnerability.

Strategic Areas

This strategy includes nine (6) strategic areas and ten (10) goals.

Table 1. Strategy Overview

Strategy Areas	Goals
SA1. Legislation, policy, access to justice, enabling environment and human rights	1. Jamaicans enjoy inclusive human rights-based legislation and policies that reduce the social, educational, health and economic vulnerability of trans people 2026.
SA2. Community support	2. Build and sustain the capacity of the trans community to support, advocate, develop and monitor issues affecting the trans community.
SA3. Organizational-national multi-sector response to trans health	3. Health response delivers accessible, acceptable, affordable and quality services to the trans community. 4. Strengthen and reorient education, childcare and youth sector to create safe physical, emotional and intellectual environments for trans, transgender and gender non-conforming students to learn so no child is left behind by 2026 5. Strengthen and reorient Ministry of Economic Growth and Job Creation sector to create enabling environments for trans, transgender and gender non-conforming applicants and workers. 6. Strengthen and reorient Ministry of Housing to create enabling and safe housing environments and solutions for trans, transgender and gender non-conforming housing applicants and residents. 7. Strengthen and reorient Ministry of Labour and Social create enabling and safe housing environment to access social security and benefits by 2026.
SA4. Interpersonal	8. Empower families and communities to support to fully support trans community members by 2026.
SA5. Individual	9. Promote and empower full citizenship and gender expression among trans, transgender and gender non-conforming Jamaicans.
SA6. Monitoring, evaluation and research	10. Enhance monitoring and evaluation mechanisms, and research on the trans community's health and wellbeing to guide policy-making and programming

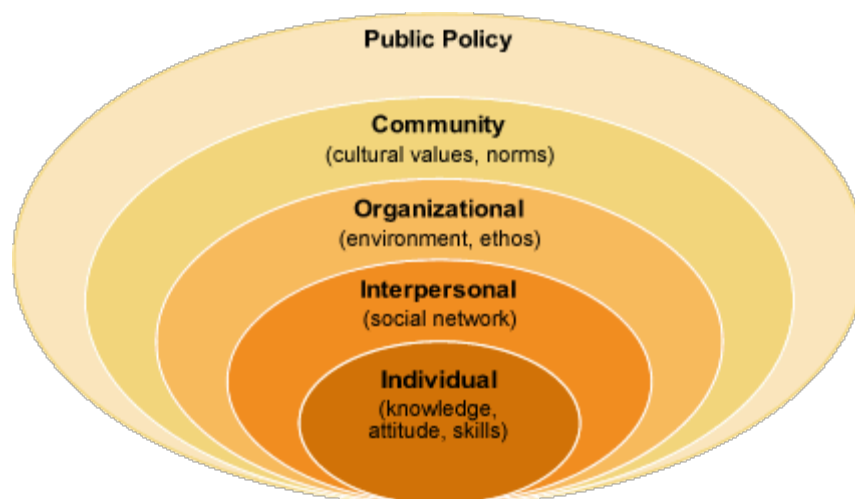
From each strategic area and goals flows a number of key objectives, detailed in the strategy section on pages 25-31.

INTRODUCTION

Through the implementation of the 2020-2021 UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), TransWave in partnership with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and The United Nations Population Fund (UNFPA) have been working together to improve the health and well-being of trans, and gender non-conforming Jamaicans. Out of this work emerged the need for a national strategy that would chart the way forward and guide governmental, civil society, private sector, health, social welfare and human rights implementers.

Transgender and gender non-conforming people in Jamaica face significant discrimination in their daily lives and may avoid seeking healthcare because of this. Self-care and good health-seeking behaviour not only lie within the control of individuals but are mediated by multiple social factors that influence behaviours and capacities to remain healthy. Health in its broadest sense in accordance with the World Health Organization's (WHO) definition "...is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Within a socio-ecological framework (See figure 1), this underscores the need for strategic action at individual, interpersonal, organizational, community and public policy levels to address some of the social determinants of health.

Figure 1. Socio-Ecological Framework



The five-year strategy (2021-2025) provides a logical structure on which a right-based health vision for trans and gender non-conforming Jamaicans is advanced. It requires structural, institutional and societal changes necessary to facilitate the health and well-being of the trans community. It also corresponds with the international human rights framework on health and the international and regional goals that are aligned with national policies and plans and the sustainable development

goals, that are articulated in Vision for Health 2030: Ten Year Strategic Plan 2019-2030 (Government of Jamaica, 2019).

BACKGROUND AND SITUATIONAL ANALYSIS

2.1 Transgender & Gender Non -Conforming People

Transgender (herein referred to as trans) and gender non-conforming are some of the terms used for and by people that do not identify with the gender that they were assigned at birth. The healthcare needs of the trans community begin at birth and continue throughout their life cycle. “A transgender identity refers to a person’s internal conflict when the sex they were assigned at birth does not correspond with the person's sense of their own gender.... [or their] ...gender expression does not correspond with the social norms and expectations traditionally associated with their natal sex...” (A. Brown, J-FLAG, Ministry of Health, National Family Planning Board, 2017).

Trans and gender non-conforming people are not necessarily gay or straight. Like cisgender² people, gender identity does not determine sexual orientation, this is entirely separate. Although trans³ terminology may be relatively new to Jamaicans, trans people (although not referred to as such then) are thought to have existed in diverse and ancient societies across the world for thousands of years. Many societies recognised the existence of multiple gender identities or ‘two-spirited’ people and celebrated the roles of people considered to have third or multiple genders. According to Lynch “African spiritual beliefs in intersexual deities and sex/gender transformation among their followers have been documented among the Akan, Ambo-Kwanyama, Bobo, Chokwe, Dahomeans (of Benin), Bambara, Etik, Handa, Humbe, Hunde, Ibo, Jukun, Kimbundu, Konso, Kunama, Lamba, Lango, Luba, Lulua, Nuba, Ovimbundu, Rundi, Shona-Karonga, Venda, Vili-Kongo, and Yoruba. Transgender people in religious ceremony is still reported in the twentieth century in West Africa. And cross-dressing is a feature of modern Brazilian and Haitian ceremonies derived from West African religions” (Kyan Lynch, 2020).

History suggests that what is often thought to be a western modern invented third gender ideology, being foisted upon the rest of the world and on people of colour, is not. In fact, it was the western colonizers that rejected non-binary identities and cultures and insisted on the binary power structures of patriarchal societies, where women were inferior to men, required for their own economic interests and subjugation of people.

² Cisgender- an adjective for someone whose gender corresponds to their assigned sex at birth.

³ Trans-Will be used as an umbrella terms for transgender, gender non-conforming, non-binary and gender fluid people.

Trans people “... often describe feeling as if they are trapped in the wrong body ... understanding ... gender non-conformity is not only new to the general population but is also new to trans people themselves in Jamaica, who may have previously assumed that they were ‘gay’” (A. Brown, J-FLAG, Ministry of Health, National Family Planning Board, 2017).

Intersex people, often referred to by the obsolete medical term ‘hermaphrodite’, “are born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/or chromosomal patterns) that do not fit the typical definitions for male or female bodies. For some intersex people these traits are apparent at birth, while for others they emerge later in life, often at puberty”⁴

It has been customary for intersex children to be assigned a sex in these instances, sometimes involving gender reaffirming surgery and hormone treatment, that is now deemed harmful to a child. On October 26, 2016 the United Nations and international human rights experts called for an end to what they termed ‘violence and harmful medical practices on intersex children and adults... [and urges] ... Governments to prohibit harmful medical practices on intersex children... without their informed consent...”

This view has also been shared by Jamaican Consultant Paediatric Endocrinologist Dr Leslie Gabay, who in an interview for the Jamaica Observer Newspaper in 2016⁵ said “Generally, I recommend that the parents say the infant is undergoing tests to clarify the sex due to incomplete development of the genitals...If we do this, then there is no stigma. Stigma occurs only when the child goes home with one sex and this is subsequently changed... [he went on to say that] ...stigma has to be dealt with by family support, parental education and counselling, where necessary.”

The UN experts said:

“Parents of children with intersex traits often face pressure to agree to such surgeries or treatments on their children. They are rarely informed about alternatives or about the potential negative consequences of the procedures, which are routinely performed despite a lack of medical indication, necessity or urgency...the rationale ... is frequently based on social prejudice, stigma associated with intersex bodies and administrative requirements to assign sex at the moment of birth registration...Profound negative impacts of these often irreversible procedures have been reported, including permanent infertility, incontinence, loss of sexual sensation, causing life-long pain and severe psychological suffering, including depression and shame linked to attempts to hide and erase

⁴ UN Committee against Torture (CAT): <http://www.ohchr.org/en/hrbodies/cat/pages/catindex>

⁵ Jamaica Observer: The case of the intersex infant — Pt 2, By Kimberley Hibbert, June 19, 2016

intersex traits. In many cases intersex people do not even have access to their own medical records or original birth certificates” (Erik Schneider, 2013)

To date few countries have put in place measures to protect the rights of intersex children and adults. The UN experts assert:

“... States [must] ... raise awareness of the rights of intersex people, to protect them from discrimination...on grounds of sex characteristics, including in access to health care, education, employment, sports and in obtaining official documents, as well as special protection when they are deprived of liberty. They should also combat the root causes of these violations such as harmful stereotypes, stigma and pathologization and provide training to health professionals and public officials, including legislators, the judiciary and policy-makers.

According to international literature, “Trans children are often rejected by their families, some trans children risk ending up on the street, either because they leave the family home or because their parents throw them out. A disproportionate number of homeless children are trans. In order to survive, they sometimes resort to crime or prostitution” (Erik Schneider, 2013)

This is also reflected in the experiences of trans adolescents in Jamaica. In a qualitative study carried out in 2017 “Trans Jamaicans ... described a sense of knowing they were what they termed ‘different’ from very early infancy that progressed throughout childhood into adolescence where it became increasingly more difficult to reconcile their gender identity with the development and changes in their own bodies and navigating the gender expectations of others. (A. Brown, J-FLAG, Ministry of Health, National Family Planning Board, 2017)

Internationally it is known that there are “...disproportionate number[s] of trans children in ... children’s homes [that] are generally ill-equipped to support them and have little knowledge or understanding of their needs, often the children are not accepted for who they are ... and [they]run-away “

Trans children must be viewed as a vulnerable group faced with major psychosocial risks. They must be taken into account when framing child welfare policies, which should be cross-sectoral in nature. (Erik Schneider, 2013)

TransWave said “Over the past decade, the visibility of the transgender community has increased... trans people come in all different shapes and forms; they are parents, children, siblings, co-workers and neighbours. The trans community is diverse and represents all racial and ethnic backgrounds, as well as religious backgrounds, sexual orientation, gender identities, health status, varying cultures and ways of being (TransWave, 2020).

2.2 Right to Health

Jamaica is signatory to and has ratified a number of key human rights instruments, including the United Nations Declaration of Human Rights, the American Convention on Human Rights and the International Covenant on Civil and Political Rights and the International Covenant of Economic, Social and Cultural Rights 1966 (CESCR). These international treaties are legally binding and place a duty on state actors to ensure the rights of its citizens are protected, in accordance with these principles.

“The International Covenant on Economic, Social and Cultural Rights, widely considered as the central instrument of protection for the right to health, recognizes ‘the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. It is important to note that the Covenant gives both mental health’, which has often been neglected, and physical health equal consideration” (Office of the United Nations Commissioner; World Health Organization, 2008)

Equality for All-J-FLAG recently carried out an assessment of the International Covenant of Economic, Social and Cultural rights 1966 of which the country is also a signatory to.

This covenant places a duty on the state to “guarantee ... rights by implementing the provisions in the covenant set out in Articles 1-31. According to the UN review committee in 2013, Jamaica ha[d] taken some measures to do this through Vision 2030, national development plan, however the law criminalizing same sex relations (Offences Against the Person Act, Sections 76, 77 and 79) is still in force and has not been amended”

In 2016 the committee recommended that the government of Jamaica:

“(a) Decriminalize same-sex relations between consenting adults through necessary legislative amendments;

(b) Take concrete, deliberate and targeted measures to eliminate discrimination on the grounds of sexual orientation; and

(c) Send a clear public message that any form of discrimination, harassment or violence against individuals for their sexual orientation is not tolerated, and swiftly and effectively investigate, prosecute and sanction individuals for such acts”

To date the evidence or lack thereof, suggest that the government has made minimal progress on these recommendations and LGBT+ Jamaicans continue to face stigma and discrimination in society...” (J-FLAG, 2016)

“...According to the Human Rights Violations Against Lesbian, Gay, Bisexual, and Transgender (LGBT) People in Jamaica: A Shadow Report by Equality for All “trans persons are confronted with the reality of legal non-recognition. Jamaica has no legislative or policy framework which would allow for trans persons to have their gender identities formally and institutionally recognized through changes on their birth certificates and other forms of identification” (TransWave, 2020).

“The Yogyakarta Principles are a set of principles on the application of international human rights law in relation to sexual orientation and gender identity. They promise a different future where all people born free and equal in dignity and rights can fulfil that precious birth right” The Yogyakarta Principles were originally adopted in 2006 and additional principles were added in 2017 (Yogyakarta Plus 10) to strengthen international human rights law with respect to sexual orientation, gender identity and sex characteristics. They affirm binding international legal standards with which all States must comply. The additional 10 rights are:

1. PRINCIPAL 30 The Right to State Protection
2. PRINCIPLE 31 The Right to Legal Recognition
3. PRINCIPLE 32 The Right to Bodily and Mental Integrity
4. PRINCIPLE 33 The Right to Freedom from Criminalisation and Sanction on the Basis of Sexual Orientation, Gender Identity, Gender Expression or Sex Characteristics
6. PRINCIPLE 34 The Right to Protection from Poverty
7. PRINCIPLE 35 The Right to Sanitation
8. PRINCIPLE 36 The Right to the Enjoyment of Human Rights in Relation to Information and Communication Technologies
9. PRINCIPLE 37 The Right to Truth
10. PRINCIPLE 38 The Right to Practise, Protect, Preserve and Revive Cultural Diversity

“According to the United Nations Development Programme (UNDP), the lack of legal gender recognition is one of the most challenging barriers to trans and gender-diverse people’s social inclusion. Trans people are confronted on a daily basis with the reality of the lack of gender recognition under Jamaican law. There is no legislative or policy framework that allows trans people to have their gender identities formally recognized through changes on their birth certificates and other forms of identification” (TransWave, 2020)

The Jamaica Charter of Fundamental Rights and Freedoms also does not recognize sexual orientation nor is it gender neutral and The Caribbean Community (CARICOM) charter on civil society is yet to become legally binding. However, it commits CARICOM members to respect the fundamental human rights and freedoms of individuals regardless of age, colour, creed, disability, ethnicity, gender, language, place of birth or origin, political opinion, race, religion or social class. To date upholding human rights regardless of sexual orientation or gender identity has not been made.

2.3 Social Vulnerability and the Social Determinants of Health

As Jamaica does not have gender identity recognition laws this makes it extremely difficult navigating daily life. “When personal documents do not match the holder’s appearance, it becomes a huge obstacle to carry out common activities in daily life, such as opening a bank account, applying for a scholarship, finding a job and renting or buying property” (TransWave, 2020)

Social vulnerability was also a finding of the 876 Study, with high unemployment among transwomen (TGW) (47.1%) and 9.8% of TGW reported sex work as their main occupation and one-third (33.6%) of TGW had to skip or reduce meals due to lack of money. A study conducted by TransWave in 2019 found a similar rate of unemployment among trans persons (51.4%) with most stating that they had no income at all. (TransWave, 2020)

In 2019, TransWave Jamaica conducted research on the economic well-being of trans people living in Jamaica ...it found... workplace stigma and discrimination [to be] widespread with about 60% of survey respondents declaring such incidents. Reporting rates, however, were low due to the perception that nothing would be done about the incident and the fact that Jamaica does not have a workplace anti-discrimination policy that contemplates gender identity.

“As social determinants of health, employment, and working conditions for trans people both shape and are shaped by multiple factors such as support networks, social environments, income and social status, shelter, and personal health practices. Decisions to transition in the workplace are informed by many factors that include underemployment, available support systems, and weighing the costs of job-loss or unpredictable discrimination that mark many environments for trans people⁶ (TransWave, 2020)

And...a 2019 study commissioned by JFLAG [found that] “71% of 21 politicians interviewed felt “strongly” that persons who identified as LGBT could be converted to heterosexuality. Under these circumstances, LBTQ+ women must navigate a landscape that does not prioritise or value their desire to look after their sexual and reproductive health. This combination of structural and

⁶ <https://www.hindawi.com/journals/isrn/2012/161097/>

intrapersonal impediments works together to prevent adequate and authoritative data representation of LGBTQ+ women's health" (TransWave, 2020).

2.4 Stigma, Discrimination and Violence

Stigma and discrimination have been recorded in several reports on the experiences of trans people in Jamaica. The most recent in the 876 Study "... found high levels of stigma, discrimination, and indicators of unmet mental health needs. Many TGW reported being refused police service (43.1%) due to their transgender status. A further 83.3% of TGW reported verbal insults..." (MoHW, 2017) "Almost 50 percent [of TGW report] being subjected to physical violence and nearly 20 percent having been raped in the previous year. (TransWave, 2020)

"Trans people in Jamaica endure worrying levels of exclusion...high levels of stigma, discrimination and violence [and] weak community inclusion or support mechanisms, ... extremely limited access to public services including education and health, and economic opportunities, which ultimately determine their life prospects. This systematic marginalization has damaging effects on the health and wellbeing of the trans community.

2.5 Health

"Trans persons face significant obstacles to receiving equal and adequate health care... A particular challenge is ... data availability on the health and wellbeing of trans people, which ... inform adequate programming efforts... data ... on health disparities among trans people is virtually non-existent" (TransWave, 2020)

In May 2019, "Member States of WHO [the World Health Organization] [of which Jamaica is one] voted to adopt revisions to the International Statistical Classification of Diseases [ICD 10] and Related Health Problems becoming the 11th revision (ICD-11). The revision included the de-pathologizing of trans identities. "...According to the ICD-11, being transgender is no longer considered to be a mental disorder" (TransWave, 2020). This is a significant milestone for trans and gender non-binary people and health care and signals countries to revise the way in which trans patients have previously been perceived and treated by healthcare providers.

In 2020 WHO and partners developed technical guidance 'Implementing Comprehensive HIV and STI Programmes with Transgender People published by the United Nations Development Programme (UNDP). "As part of the development process for the WHO guidance, a qualitative survey was done with transgender people from around the world, [it] found that transgender people tend to have health priorities other than HIV," adding "unless health services are designed in accordance with the

needs of transgender people and in consultation with them, it may be difficult to reach them with HIV prevention and care". (TransWave, 2020)

Jamaica has very limited data on the health of the trans community. The focus has generally been on Transwomen (TGW) as a key population for HIV/AIDS prevention, treatment, care and support, supported by international and donor agencies (UNAIDS, The Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), PEPFAR, WHO). This is linked to the global 2030 Fast Track 95-95-95⁷ targets; the 2015 Sustainable Development Goals (SDGs) to end the epidemics of HIV/AIDS by 2030 and in the pursuit of Universal Health Coverage (UHC) and patient-centred, rights-based health care, so that 'no one is left behind'.

2.6 HIV/AIDS

Jamaica has features of a concentrated HIV epidemic.⁸ "In 2018 HIV prevalence among adults was 1.8% with an estimated 32,617 persons living with HIV ... (Revised UNAIDS estimates 2019). It is thought that. "...as many as 5,293 Jamaicans may be infected with HIV and they are unaware of their HIV status. Approximately 27,324 persons have been diagnosed with HIV and most of them were linked to medical care. However, 14,824 of these persons have been lost to care and may not be on treatment. As of December 2018, 12,452 (38.2%) PLHIV were on anti-retroviral treatment. An estimated 66% of these persons were virally suppressed, which is an indicator of successful treatment. These estimates are based on UNAIDS models using data from the Ministry of Health including the HIV surveillance system and a variety of surveys conducted in Jamaica" (Ministry of Health and Wellness, 2019).

The Ministry of Health and Wellness' 876 Study in 2017 estimated a population of 3,841 trans women, although it did not provide estimates for the number of trans men or gender non-conforming people, although the trans community estimate that it is in the range of 5000-6000 people. The results of a sero-surveillance investigations found that 51.0% of Transwomen were HIV positive, compared to 29.6% of men who have sex with men and 43.0% of TGW compared to 30.5% of MSM tested positive for Syphilis (MoHW, 2017). The findings from the 876 Study were consistent with the findings from a cross-sectional survey in 2011 that focused on economically vulnerable MSM in Jamaica, where among persons that identified as transgender women, 52.9% were HIV positive (Figueroa J.P, et al., 2015). Risk factors for transwomen include multiple sex partners,

⁷ Fast Track Targets 95-95-95-Mean that 95% of People Living with HIV (PLHIV) know their HIV status, 95% are on treatment and 95% are virally suppressed by 2030

⁸ Generalized Epidemic >1% prevalence in pregnant women; Concentrated >5% prevalence in defined population or group not reflected in the general population

economic hardship, lack of employment and engaging in sex work. Interventions, particularly those funded by international donors, have targeted key populations, namely men who have sex with men. There has not been significant programming tailored to transwomen. Accordingly, interventions have not resulted in a reduction in HIV prevalence among transwomen.”

“Transgender women have one of the highest prevalences of HIV of any group. Survival sex work—or engagement in sex work in order to access basic necessities such as food and shelter—increases the risk for some ...with greater vulnerability to violence”⁹.

As a UN General Assembly member, Jamaica is committed to the 2016 United Nations Political Declaration on Ending AIDS, Fast-Track to end the epidemic by 2030. This declaration enhanced the 2011 declaration which “...noted the need for “legal literacy and legal services.... In 2016, the same paragraph has been reworked in much stronger language. It now commits Member States to empower PLHIV, those at risk, and those affected “to know their rights and to access justice and legal services to prevent and challenge violations of human rights [and]... to train and sensitize law enforcement officials, judges, and health care worker [and now make a] commitment to sensitize members of the legislature. The 2016 Declaration also “call attention to” the restrictive laws that marginalise and discriminate against people who use drugs, and “note grave concern” about legal discrimination against people with disabilities:

2.7 Non-Communicable Diseases

There is no local data on the prevalence of non-communicable diseases among trans people. However, NCDs “... are a major public health burden in Jamaica, and are the leading cause of death. In 2015, an estimated seven out of ten Jamaicans died from the four major NCDs, Cancer, Cardiovascular Disease, Diabetes and Chronic Lower Respiratory Disease [Ministry of Health 2018]. Many of these deaths, as well as lifelong disability and compromised quality of life could have been prevented”¹⁰

International studies suggest that trans people have a high risk of non-communicable diseases based on social vulnerability, poor health seeking behaviours, risk taking and lifestyle factors such as poor diet and substance use and the lack of access to trans competent health services. CDC notes that “...transgender people may seek unauthorized (sometimes referred to as underground) care through the Internet, friends, and/or other nonmedical individuals in their social circle. They may take non-prescription and potentially dangerous hormones, or get silicone injections or have silicone implants

⁹ <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html#understanding>

¹⁰ From MOH website: <https://www.moh.gov.jm/programmes-policies/chronic-non-communicable-diseases/>

to enhance their appearance. This can lead to a higher risk of illness and injury, further complicating health disparities an... sharing needles to inject silicone or hormones may place transgender people at risk for HIV and hepatitis C”

It is also known from the international literature and from trans Jamaicans that were consulted that there is a desire for health programmes to look beyond HIV and cater to the broader health needs of the trans community.

2.8 Mental Health -Self Harm and Substance Abuse

The 876 Study also found that indicators of unmet psychosocial and mental health needs were high among transgender women. Almost 75 percent had suggested mild to severe anxiety and depression ...[and] almost 50 percent of transgender women stated that they had thoughts about harming themselves in the 12 months prior to the study. Almost one-third of TGW were considered hazardous drinkers. The study found that over one-fifth of transgender women had tried to harm themselves in the six months prior to the study, indicative of levels of unresolved mental stress in this population. (TransWave, 2020)

According to the Centers for Disease Control (CDC) among the global trans population “41% of transgender people had attempted suicide at some point in their lives”¹¹

It highlights the importance of providers screening and treating trans patients that are experiencing mental health challenges.

2.9 Needs Assessment Key Findings

In 2020, TransWave conducted a health needs assessment of the ‘lived experiences’ of trans Jamaicans, as part of the strategy development process. Sixty-eight (68) respondents ages 16-34 who identified as transgender, from urban and rural areas across Jamaica were surveyed and 28 trans people ages 19-40 participated in the focus group discussions. The Key findings are:

- ✓ Diverse mix of gender identities: 44.1% identify as transgender women, 19.1% non-binary persons and 13.2% withheld their gender identity.
- ✓ Youthful population: 55.9% were between the ages of 25-34, 42.6% of the respondents were between 16-24.

¹¹ <https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html#understanding>

- ✓ Population mobility: 59% of the respondents live in Kingston and St. Andrew (KSA); 19% in St Catherine and 10% in Clarendon. Only 38% of the respondents had lived in the parish since birth and 26% lived at their current location for less than two years.
- ✓ Lower level of access to tertiary education: (13.2%) compared to general population aged 19-24 (19%, 2018).¹²
- ✓ High levels of unemployment: Almost half (47.1%) reported that they were unemployed compared to national unemployment rate of 7.1% in January 2020.
- ✓ Low wage earners: Three quarters (78%) earn less than or equal to 30,000JMD per month.
- ✓ Not in stable relationships: More than half (52.9%) do not have a regular partner
- ✓ Not in stable accommodation: 13.2% reported that they were homeless.
- ✓ Disabilities: Almost one-third (32.1%) reported having some type of disability or impairment, including, sight, hearing, being able to concentrate and ambulatory.
- ✓ High HIV infection rate: Almost one-third (27.8%) reported they were HIV positive
- ✓ High level of health seeking behaviour: Only 3% did not seek healthcare and preferred home remedies.
- ✓ Health access in multiple sectors: 35.3% use private facilities and 30.9% uses private and public. 20.6% use NGOs and 26.5% public institutions.
- ✓ Barriers to healthcare: One-quarter 25% reported barriers to accessing health care in public and private facilities, but not with the NGO and CSO providers.
- ✓ Transwomen highly stigmatised: More likely to report barriers than other groups
- ✓ Financial barriers: Half (51.1%) said financial barriers existed for them accessing private care.
- ✓ HIV/TB/STI services are the most accessible: The majority (85%) of the people interviewed (68) said that they were able to access HIV services; (58.8%) followed by regular check-ups (52.9%) and mental health services (16.2%).¹³

¹² <http://jamaica-gleaner.com/article/lead-stories/20180108/very-high-percentage-jamaicans-have-no-access-tertiary-education>

¹³ The needs assessment respondents are more likely to be the most empowered within the trans community and therefore high uptake of services should not be considered representative of the trans community, as low reach and uptake of services has also been documented in the Global Fund country reports.

- ✓ Trans-specific health services are inaccessible: Half (50%) said it was very difficult to access these services as well as mental health services.
- ✓ Low uptake of Non-Communicable Disease services.
- ✓ Private healthcare providers more advanced in trans specific healthcare: Focus group participants shared their preference for private healthcare or CSO services, but CSO services only when the remaining alternative was public healthcare services, which the participants have described as “not good”
- ✓ Need to alter gender expression when accessing healthcare: 59% of the respondents reported having to change their gender expression at least once when accessing healthcare.
- ✓ Lack of Privacy: Over one quarter (27.9%) said that this was an issue when accessing healthcare.
- ✓ Lack of knowledge of complaints procedures: Approximately one-quarter (26.5%) could remember the process for lodging complaints at the healthcare facility. But 16.2% of the respondents lodged a complaint of which 81.4% of these complaints were addressed.

2.10 Health Services and Access

All public health services in Jamaica are governed by the Ministry of Health and Wellness (MOHW) under its regulations, policies and standards, in partnership with four Regional Health Authorities (RHAs), under service level agreements. (South East (SERHA) Southern (SRHA) North East (NERHA) and Western (WRHA). The RHAs oversee health delivery in the parishes in primary, secondary and tertiary level facilities, such as public health clinics of which there are 332 and 23 hospitals. All primary healthcare services (for communicable and non-communicable diseases (NCDs) are delivered and co-located in the public health clinics according to the type of clinic, which are ranked from Type 1 -5.14 Clinics in densely populated areas such as Kingston and St Andrew and Montego-Bay in the Western region have larger clinics with more staff compared to the lower density locations in rural areas. There are 49 HIV treatments sites within the public health clinics and 17 hospital-based HIV treatment sites. The following table shows the main sites that residents of associated parishes would access for the management and treatment of HIV and NCDS. These sites are critical to supporting the implementation of the strategy.

¹⁴ Type 1 offering the minimum of services to a population of 4000) Type 2 -population 12,000 and types 3- 5 population 20,000 offering the more comprehensive primary care services

Table 2. Main Health Centres and Hospitals

Main Health Centres and Hospitals in Health Regions	
SERHA Comprehensive Health Centre St. Jago Park Health Centre Portmore Health Centre Spanish Town Hospital Kingston Public Hospital National Chest Hospital University Hospital of the West Indies/ CHARES	NERHA St. Ann’s Bay Health Centre Annotto Bay Health Centre Highgate Health Centre Port Maria Health Centre St. Ann's Bay Hospital Port Maria Hospital
SRHA Mandeville Regional Hospital Mandeville Comprehensive Clinic May Pen Hospital May Pen Health Centre Black River Health Centre Black River Hospital	WRHA Montego Bay Type V Savanna-la-mar Health Centre Falmouth Health Centre Savanna-la-mar Public General Hospital Cornwall Regional Hospital Falmouth Hospital

Healthcare workers (HCWs) at most of these sites that are involved in the comprehensive HIV programme have been exposed to training on delivering non-discriminatory, rights-based health care to LGB and trans patients, through J-FLAG, the National Family Planning Board and MoHW initiatives over the past 5 years. As a result of their joint efforts, they produced two key documents to guide HCWs in engaging and providing services to LGBT clients. (“Public Health Facilities Guide for the Clinical Engagement of Lesbian, Bisexual, Gay and Transgender (LGBT) Patients in Jamaica 2016” and “Standards of Care for Transgender and Gender Non-Conforming Patients -A Clinical Guide, 2015”).

These documents outlined the guiding principles and international standards for working with trans people based on the WHO Consolidated Guidelines 2014 and the World Professional Association for Transgender Health (WPATH) ‘Standards of Care’ [SOC] that states:

“The overall goal of the SOC is to provide clinical guidance for health professionals to assist transgender, and gender nonconforming people with safe and effective pathways to achieving lasting personal comfort with their gendered selves”. (J-FLAG, 2015)

And the “Medical Council of Jamaica’s “A Guide to Ethical Practice in Jamaica- Section on Principles of Practice and Patient Care 2008 also reflects these principles as it states that there must be:

1. Respect for every human being and their dignity.

2. Recogni[tion] that persons have the same rights and obligations, and all should be treated with compassion and understanding.
3. [A] Reduc[tion]e and eliminat[ion] of pain and human suffering whenever possible.
4. Involve[ment] of patients in decision-making regarding their healthcare, and ensur[ing] confidentiality of their personal information.
5. Adopt[i]on of human rights approach[es] to healthcare, acknowledging patients' rights to information and education regarding their health, to privacy, and to non-discrimination" (J-FLAG, 2016)

J-FLAG recently carried out an exercise with 'Mystery Shoppers'¹⁵ to assess the readiness and ability of health services to serve the trans community in a non-discriminatory way. "Many of the participants noted that they had relatively good experiences particularly with the clinical staff. However, some participants had issues with some security and front desk staff, others spoke about issues relating to the location and privacy within the space while accessing services. One recommendation was for specific sensitivity training to be done with the front-line staff to sensitize them around trans issues and trans people. Another recommendation was to investigate further the gaps that exist within the locations where privacy and a lack of professionalism was an issue so as to improve these spaces which are valuable assets for the HIV and general health response of the community". (TransWave, 2020)

Apart from the HIV prevention, treatment, care and support focused efforts to reach the trans community, there are no services with trans-specific health programmes or medical interventions in the public, private or CSO health sectors. Anecdotal reports from the community however speak to a growing number of 'underground' clinicians willing to manage trans and gender non-conforming patients with gender affirming therapy and medical management. However, these clinicians are also fear the stigma and discrimination they might face if it is widely known that they provide these services.

2.11 Trans Community, Partners and Allies

The following table lists allies of the trans community for health and human rights advocacy. These allies have been critical in raising the profile and building the capacity of the trans community to improve health services to the populations. Their voices and influence are critical in communicating the gap that exists, not only in the traditional healthcare environment but throughout the lifecycle of the trans person that starts at birth. Their commitment to a national strategy to improve health

¹⁵ Mystery shoppers were members of the LGBT community who went into health services and recorded their experiences

outcomes for the trans community is particularly important given that the community relies on the advocacy and commitment of TransWave, a very small CSO with limited capacity. It also demonstrates the understanding of policy makers about the importance of trans health, the interconnectedness to a range of preventable health outcomes and the need for investments to bring about greater societal impact.

Table 3. Tran Community Allies

Trans Community Allies			
Government-	International Development Partners (IDPs)	Civil Society	Academia
Ministry of Culture, Gender, Entertainment and Sports (MCGES)	Global Fund UNAIDS UNDP UNFPA PEPFAR	AIDS Health Foundation (AHF) Caribbean Vulnerable Communities Coalition (CVC) Equality for All-J-FLAG Jamaica AIDS Support for Life (JASL)	University of the West Indies Caribbean Sexuality Research Group
Ministry of Health and Wellness (MOHW)	PAHO	Jamaicans for Justice (JFJ) Children First	Caribbean Institute for Health Research
National Family Planning Board (NFPB)			

POLICY LANDSCAPE

The development of a national health strategy for trans and gender non-conforming Jamaicans acknowledges that there is already a robust rights-based policy framework that can support the strategy. It includes:

- Vision 2030 Jamaica - National Development Plan
- Jamaica Justice System Reform Policy Agenda Framework (2009)
- National Policy for Gender Equality (2011):
- National Policy for Persons with Disabilities (2009)
- National Youth Policy (2017-2030)
- Revised National HIV Policy (2017)
- National Policy on Poverty (2017)

And Health plans:

- Vision 2030-Health Sector Plan
- National Strategic and Action Plan for the Prevention and Control Of Non-Communicable Diseases (NCDS) in Jamaica 2013-2018 (Or updated plan)
- Jamaica’s National Strategic Plan for HIV/STI- A Call to Action 2020 – 2025
- National Strategic Action Plan to Eliminate Gender-Based Violence in Jamaica (2016-2025)
- Caribbean Regional Strategic Framework on HIV and AIDS 2019-2025 (CRSF)

The Transgender Health Strategy is closely harmonised and aligned with the Jamaica Ministry of Health and Wellness' Vision for Health 2030 - Ten-year Strategic Plan (2019-2030). This Ten-year Strategic Plan notes that, "Jamaica has achieved many milestones in health, yet, our central challenge today, is how to ensure that all Jamaicans, regardless their socioeconomic condition, their age, their gender, can be empowered to achieve their fullest potential in health, leaving no one behind. As a Nation, bold decisions and choices have to be made in order to respond to the current health needs and safeguard future generations. A new paradigm to transform health and health care delivery is needed." (page 10) Further that, "the Ministry of Health *and* Wellness is committed to drive the necessary changes to ensure the provision of quality health services and promote healthy lifestyles and environmental practices to achieve our vision: Healthy People, Healthy Environment".

Among the guiding principles of the Ten-year Strategic Plan are: "Equity - Striving for fairness and justice by eliminating differences that are unnecessary and avoidable"; and "Respect-Embracing the dignity and diversity of individuals and groups."

The first strategic goal of Ten-year Strategic Plan - SAFEGUARDING ACCESS TO EQUITABLE, COMPREHENSIVE AND QUALITY HEALTH CARE – outlines a robust rationale. This notes that the realisation of the right to the enjoyment of the highest attainable standard of health highest is dependent on having comprehensive, equitable and quality health services. Therefore, the hallmark of equitable health systems are those in which services are available to all people, "with no difference in quality and without distinction of their economic or social condition" (Government of Jamaica, 2019). In addition, the planning and design of these services must pay close attention to the differentiated and unmet needs of all people and the specific needs of groups in conditions of vulnerability.

The situation analysis, despite acknowledging the benefit of national policies and plans, reveals the absence of a legal framework to protect the trans community's rights to accessible, affordable, high-quality healthcare, which jeopardizes 'Universal Health Coverage' for people of trans identity and experience in Jamaica. Strategic programmatic efforts and mainstream investments are therefore required for the increased wellbeing among the trans community (TransWave, 2020). This requires bold political and cross sector leadership and action to bring Jamaica in line with the developed nations that afford trans citizens equal rights and justice in all spheres of their lives, throughout the lifecycle.

The following Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis highlights the key issues that emerged from the formative research and consultations.

Table 4. Strengths, Weaknesses, Opportunities & Threats Analysis

Strengths	Weaknesses	Opportunities	Threats
Public Policy (Legislation, Policy, Advocacy, National, State, Local)			
<ul style="list-style-type: none"> Jamaica is a signatory to international HR treaties and committed to the principles under international law-therefore has a state duty to protect trans people. A number of active, credible Human Rights organizations with expertise in monitoring HR abuses. trans people community is supported by influential international allies in HR and health. LGBT Civil Society Organisations active and participating in health and governance processes. Vision 2030-Focus /targets on health and well-being of all Jamaicans. Caribbean Regional Strategic Framework and commitments to Health for All. National HIV Strategic Pan with focus on LGBT communities/enabling environments. 	<ul style="list-style-type: none"> State has not made any changes to the constitution/local laws to recognise LGB and trans people nor to protect their rights. There are no anti-discrimination laws, regarding trans people. There are no laws with regards to Gender Recognition/Self-identification. Funding for HR work is scarce/litigation is costly. No policy on trans people gender affirming treatment/surgery. 	<ul style="list-style-type: none"> A national health strategy for trans people can advocate/ highlight public policy and gaps and assist in challenging and monitoring HR violations. Yogyakarta Principles +10 strengthen international focus and country commitments to HR abuses against trans citizens. To legitimise gender recognition. Sensitise lawmakers. 	<ul style="list-style-type: none"> There are a number of discriminatory laws: <ol style="list-style-type: none"> Section 3 of the Sexual Offences Act, only cisgender women can be victims of rape. Section 76, 77, 79 Offences Against the Person Act which criminalises male same-sex activity, thus discriminating against gay men and men who have sex with men. Trans women are considered men in Jamaican law. Unregulated trans people practitioners/treatment/surgical gender affirming interventions. Political inertia/clack of courage to advance rights of trans people in healthcare.
Organizational (Institutional Environment and Ethos)			
<ul style="list-style-type: none"> Cross sector Steering Committee (MOHW)/HIV programme commitment to improving health of trans people by: <ul style="list-style-type: none"> Partnering with LGBT civil society/Conducting research/Creating enabling health environments by: Sensitising/training healthcare workers to trans people needs/Recognising self-identified gender in public health spaces/instructing HCWs to do so/Reducing stigma and discrimination (S&D) in health provision and improving access and establishing systems to monitor and report violations 	<ul style="list-style-type: none"> Enabling environment healthcare for trans people mostly within confines of HIV prevention/testing/treatment care and support (TCS) services S&D towards trans people pervasive in healthcare provision//access CSO capacity to advance rights-based health care is limited CSO capacity to provide healthcare to trans people limited HCW/Doctors/Nurses not trained in trans people healthcare <ul style="list-style-type: none"> Lack of data on trans people Access to health insurance 	<p>A national health strategy for trans people outlining institutional changes required to achieve equitable.</p> <p>Include trans health in nursing and medical training curricula to improve research/data and M&E on trans people in health.</p> <p>Develop specific protocols to guide how services being offered to the trans community /meet global standards.</p> <p>Agree policy position on gender</p>	<ul style="list-style-type: none"> Local/global/conservative political agendas and effect on funding /international support CSO Reliance on donor support Organisational reliance on government to make necessary policy changes to advance rights of trans people in healthcare.

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> International and donor agency support/financial/technical/ethical Active civil society/CSO led country coordinating committee (CCM) CSO HIV services that focus on trans people 		<p>affirming healthcare for trans people.</p> <p>Re-shape health insurance coverage to include trans people.</p>	
Community (Cultural Values and Norms)			
<ul style="list-style-type: none"> LGBT community is visible and recognised as a community in Jamaica trans people have champions/leaders in the community Trans people community has established its own cultural, values and norms TransWave (CSO) is developing to improve the lives of trans people in all spheres of life TransWave is contributing to reshaping the norms/ values /narrative in Jamaican society on trans people issues Knowledge of being part of global community of trans people 	<ul style="list-style-type: none"> Small number of trans people leaders Limited safe spaces for trans people to meet Reliance on international agencies to gain community acceptance 	<ul style="list-style-type: none"> TransWave through national strategy can undertake community action and participation to support the implementation of the strategy TransWave can partner with MOHW/CSO and private sector on addressing the needs of trans people Support/partnerships/advocacy with global community of trans people 	<ul style="list-style-type: none"> Transphobia Hostile cultural context Fear and threat of violence for trans people/leaders Accusations of promoting ‘foreign’ agendas LGB and trans people competing agendas/ideologies/for scarce resources/spaces
Interpersonal (Social networks, families and friends)			
<ul style="list-style-type: none"> TransWave A small TG&NB community that provide social and emotional support for each other 	<ul style="list-style-type: none"> Weak social support systems Hostility /unacceptance toward trans family members members/friends/community members/co-workers 	<ul style="list-style-type: none"> National strategy can initiate education for families/friends /communities /religious organisation on trans people relationships/needs/supports 	<ul style="list-style-type: none"> Transphobia Hostile cultural context Fear and threat of violence by family members if they support trans relatives/community members Homelessness Unemployment
Individual (Knowledge, attitudes and behaviours, self-efficacy)			
<ul style="list-style-type: none"> Recognition and understanding of gender identity/self-acceptance and advocating for own rights and healthcare needs 	<ul style="list-style-type: none"> Confusion and lack understanding of gender -identity/sexual orientation Self-destructive health behaviours Non-visibility of trans people. 	<ul style="list-style-type: none"> To gain greater acceptance of self To be able to live according to gender identity, free of interference To access safe and regulated gender affirming healthcare if desired 	<ul style="list-style-type: none"> Poor health seeking behaviour Mental illness Substance abuse Gender Dysphoria

THE STRATEGY

The strategy is intended to drive the strategic direction of the country with regard to the health and well-being of the trans community.

The strategic development approach is evidence driven and informed through formative research and consultations with members of the trans and gender non-conforming community, key personnel and stakeholders across government, civil society and private sector health providers and human rights organizations.

The strategy navigates the broader health development and human rights framework aligned to international, regional and national goals, policies, strategies and plans. It also translates the country's obligations to the trans community to provide an enabling environment by removing the structural barriers that exist to intentionally or unintentionally interfere with the trans communities' inalienable rights to enjoy life, liberty and the pursuit of happiness, as guaranteed in the constitution of Jamaica.

As trans and gender non-conforming peoples' health is mediated by multiple social factors from birth, the plan takes a lifecycle approach that addresses the social determinants of health and underscores the need for strategic action at the legislative and policy, organizational, community, interpersonal and individual, levels.

The structure is intended to make the strategic plan as accessible as possible to potential implementing partners, government ministries, international development partners and other potential investors who can readily access the information they need from the strategy to make an informed decision about where it intersects with their own mission and goals and how they can contribute to the implementation of the plan.

Vision

A Jamaica wherein the rights of people of all gender identities and gender expressions are respected, protected and promoted.

Mission

To promote evidence-based care, education, research, public policy, and respect and dignity for trans, transgender and gender non-conforming Jamaicans so they are free to pursue all aspects of their civic, social, economic, emotional and intellectual lives.

Guiding Principles

The Guiding Principles provide a framework for the full inclusion of the trans community beyond the stated goals of the Strategy. They include an all-encompassing array of values and standards that must be applied not only across the health system in Jamaica but more generally.

Human rights, respect and dignity:

Trans persons have the same rights as everyone else – to have their human rights respected, to feel safe, to participate in their own decision-making, and to live a life of affirmation of their dignity and value.

Recognition of the diversity of the trans, transgender, gender non-conforming and gender non-binary communities:

Trans and gender non-conforming and gender non-binary communities are diverse and varied, with different needs and experiences that vary across different communities and individuals. It is important for the public health system to be responsive to the varied needs of all trans and gender non-conforming and gender non-binary communities, recognising all forms of diversity.

Meaningful engagement and participation:

Meaningfully engaging the trans, gender non-conforming and non-binary communities in health service planning is a transformative catalyst to ensure enhanced performance and ongoing improvements in the health system.

Cultural competence and sensitivity:

A culturally competent, respectful and non-discriminatory public health system with the appropriate strengthened capacity, policies, processes, structures and protocols, is vital.

Universal health access, equity and coverage:

The public health system in Jamaica must better understand the current requirements and future health service needs for trans, gender non-conforming and non-binary communities across the lifecycle, safeguarding their access to the right service, in the right place at the right time.

TARGETS, STRATEGIC AREAS AND SPECIFIC OBJECTIVES

This strategy aims to achieve its goal and objectives in the period of 2020-2025 and to contribute to the following UNAIDS 2025 targets on legislation and policy outlined:

UNAIDS 2025 TARGETS ON LEGISLATION AND POLICY (Adapted for Jamaica)

Jamaica does not criminalize sex work and same-sex sexual behaviour by 2025.
Jamaica has a mechanism for trans people to report abuse and discrimination and seek redress by 2025.
Less than 10% of trans people lack access to legal services by 2025.
More than 90% of trans people who experienced rights abuses have sought redress by 2025
Less than 10% of trans people report internalized stigma by 2025.
Jamaica has an anti-discrimination legislation by 2025.
Jamaica has a gender identity law by 2025.

SA1. LEGISLATION, POLICY, ACCESS TO JUSTICE, ENABLING ENVIRONMENT AND HUMAN RIGHTS

GOAL 1: Jamaicans enjoy inclusive human rights-based legislation and policies that reduce the social, educational, health and economic vulnerability of trans and gender non-conforming people by 2025.

¹⁶

“The legal framework in Jamaica requires extensive law reform to bring the system into compliance with various human rights and international legal norms and standards. ... to make legislation gender neutral, change current sexual offences legislation that recognizes only male offenders and female victims in sex-related crimes”. (Ministry of Justice, 2009)

Specific Objectives:

- 1.1 Jamaica has gender recognition legislation, policies and systems for trans and gender non-conforming Jamaicans established across all sectors by 2025
- 1.2 Jamaica’s Sexual Offences Act -section III is gender neutral and inclusive of trans and gender non-conforming people and other sexual minorities by 2025
- 1.3 Jamaica’s Section 76, 77 & 79 of the Offences Against the Person Act no longer criminalises male same-sex activity by 2025

¹⁶ Linked to Jamaica Justice System Reform Policy Agenda Framework (2009)

- 1.4 Jamaica has non-discrimination legislation that includes protection for trans and gender non-conforming Jamaicans established by 2025
- 1.5 Jamaica has a policy to facilitate gender affirming healthcare and surgery by 2023
- 1.6 Trans and gender non-conforming rights-based training programmes and information for parliamentarians, the security forces, legal operators and advocates are established by 2025

SA2. COMMUNITY SUPPORT

GOAL 2. Build and sustain the capacity of the trans community to support, advocate, develop and monitor issues affecting the trans community.

Specific Objectives:

- 2.1. Organizational capacity of TransWave Jamaica to advocate, influence, participate in decision-making processes and mobilize resources for its operations to provide high-quality services to the trans community in accordance with its mandate, is built and sustained by 2022.
- 2.2. A multi-sector alliance for the health of the trans community is established between government ministries, CSOs, private sector and community organisations by 2021.
- 2.3. Trans community leaders and champions increase visibility and influence to improve the health of the trans community by 2022.
- 2.4. Public education and sensitisation campaign on trans and gender non-conforming Jamaicans is developed and implemented by 2025.
- 2.5. The client complaint mechanism in the health sector is strengthened by 2025.
- 2.6. Strategic partnerships with non-traditional allies (including the artistic community and the faith-based and community leaders) is established to promote understanding and acceptance of the trans community by 2025.
- 2.7. Mechanisms (including community-led) to monitor human rights abuses against the trans community are established by 2025
- 2.8. The capacity of civil society organizations is improved to provide support, social protection and access to services for the trans community.

SA3. ORGANIZATIONAL-NATIONAL MULTI-SECTOR RESPONSE TO TRANS HEALTH

This strategy requires a coordinated multi-sector approach in order to reduce the vulnerability and contribute to the health and well-being of trans and gender non-conforming people in Jamaica.

HEALTH SECTOR

Method: The National Strategic and Action Plan for the Prevention and Control of Non-Communicable Disease 2013-2018 (Latest document) and The National HIV National Strategic Plan for HIV/STI 2020 -2025) were reviewed. Based on the situational analysis and consultation the appropriate objectives were selected, revised or developed.

The HIV strategic areas, goals and objectives are also aligned and will contribute to the following UNAIDS 2025 targets (UNAIDS, 2020).

UNAIDS 2025 TARGETS ON HEALTH (Adapted for Jamaica)

Less than 10% of trans people report experiencing stigma and discrimination in healthcare and community settings by 2025
Less than 10% of trans people report experiencing stigma and discrimination by 2025
Less than 10% of the general population reports discriminatory attitudes towards trans people by 2025
Less than 10% of health workers report negative attitudes towards trans people by 2025.
Less than 10% of law enforcement officers report negative attitudes towards trans people by 2025.
Less than 10% of trans people experience physical or sexual violence by 2025.
Greater than 90% of HIV services are gender-responsive and inclusive of trans, transgender, intersex and gender non-conforming individuals.
95% of trans people living with HIV know their status by 2025
95% of trans people living with HIV who know their status are on HIV treatment by 2025
95% of trans people on HIV treatment are virally suppressed by 2025

GOAL 3: Health providers to deliver differentiated, rights -based trans competent health services based on best practices and the life cycle needs of the trans community through people-centred primary, secondary, and tertiary health care.

Specific Objectives:

3.1. Healthcare workers in public, private and civil society facilities are competent in trans health care, including in gender transition health, management, hormone therapy and gender affirming surgery by 2025.

- 3.2. One trans competent health provider established in the public or CSO sector in each parish by 2025.
- 3.3. A national guideline expressly prohibiting gender affirming surgery and hormone treatment for intersex infants and children who are not able to give their informed consent, and how to inform parents of their intersex child in a supportive and positive manner is established by 2023.
- 3.4. Parenting support guidelines on managing intersex or gender non-conforming child and adolescents and managing the social transition and child/adolescent's preferred gender expression established by 2023
- 3.5. Smoking and tobacco use, drug and alcohol dependency and harm reduction programme is established for the trans community by 2022.
- 3.6. Programme to increase knowledge and awareness among the trans community of the priority NCDs and their risk factors established by 2023.
- 3.7. Gender-based violence (GBV) self-esteem, resiliency, and life skills programmes to reduce violence and injuries among the trans community established by 2022.
- 3.8. Comprehensive screening programme for NCDs and injuries among the trans community in order to identify and treat persons with priority chronic diseases including hypertension, diabetes, depression, dyslipidemia, breast, cervical and anal prostate cancer established by 2022.
- 3.9. National protocol on diagnosis and the therapeutic management of gender dysphoria in accordance with the DSM ICD-11 Mental Health chapter revision on gender incongruence established by 2022.
- 3.10. Confidential trans and gender non-conforming service/helpline for young people that are struggling with or questioning their gender identity established by 2021.
- 3.11. NCD health promotion and communications strategy to guide public education programmes for NCD prevention and control that include the trans community by 2022.
- 3.12. Develop and implement a targeted education campaign for the uptake of HIV testing, risk reduction and treatment adherence.
- 3.13. Increase provider-initiated HIV testing in both the public, civil society and the private sectors for the trans community.
- 3.14. Expand the number of safe walk- in sites where the trans community can get an HIV test.

- 3.15. Introduce self-testing using a suitable HIV test for the trans community.
- 3.16. Improve the scope and targeting of HIV outreach to the trans community for HIV testing and risk reduction.
- 3.17. Expand accessible, affordable, and high-quality differentiated HIV treatment options in civil society, public and private health sectors for TGPLHIV.
- 3.18. Increase the uptake of services through the provision of 'out-of-hours' treatment services for the trans community.
- 3.19. Ensure 100% of TGPLHIV are tested for TB.
- 3.20. Ensure 100% successful treatment of TB among TGPLHIV.
- 3.21. Implement Pre-exposure prophylaxis (PrEP) for the trans community.
- 3.22. Expand access to STI screening and treatment among the trans community.
- 3.23. Strengthen the capacity of HIV prevention staff, NGOs and community agencies/organizations to implement behaviour change communication and HIV Prevention among trans community.
- 3.24. HIV clinical management protocols for trans patients on hormone therapy by 2022.
- 3.25. Develop trans friendly youth programs for sexual and reproductive health (SRH) and HIV education and prevention by 2022.

EDUCATION AND CHILD PROTECTION

GOAL 4: Strengthen and reorient education, childcare and youth sector to create safe physical, emotional and intellectual environments for trans and gender non-conforming students to learn so that no child is left behind. By 2025.

Specific Objectives:

- 4.1. Expand teacher training to include sensitisation regarding intersex, trans and gender non-conforming children in education curriculums.
- 4.2. Teaching staff in educational institutions sensitised to intersex, trans and gender non-conforming children, adolescents and adults by 2025.
- 4.3. Promote the learning of human diversity by revising the curricula (including Health and Family Life Education) to include information and education about gender non-conforming people by 2025.

4.4. Child protection procedures for the care and protection of intersex and gender non-conforming children, including those in state care established by 2023.

SOCIAL PROTECTION AND POVERTY REDUCTION

GOAL 5: Strengthen and reorient Ministry of Economic Growth and Job Creation sector to create enabling environments for trans and gender non-conforming applicants and workers

5.1 Workers' rights unions support non-discrimination in employment for trans and gender non-conforming workers by 2025

5.2 Workers unions sensitised in trans and gender-non-conforming employment issues and rights by 2025

HOUSING

GOAL 6: Strengthen and reorient Ministry of Housing to create enabling and safe housing environments and solutions for trans and gender non-conforming housing applicants and residents

6.1. Housing agencies sensitised to trans and gender non-conforming issues and housing rights that support non-discrimination in housing and monitor and report on discrimination against the trans community among housing applicants and residents established by 2025.

6.2. Safe housing solutions and shelter for homeless trans community members developed by 2025

SOCIAL SECURITY

GOAL 7: Strengthen and reorient Ministry of Labour and Social create enabling and safe housing environment for trans and gender non-conforming people to access social security and benefits by 2025.

7.1 Social security sector agencies and staff sensitised in trans and gender-non-conforming issues, social vulnerability, and human rights and monitor and report on discrimination against trans community in the award of social security benefits to trans applicants by 2025.

SA4. INTERPERSONAL

GOAL 8: Empower families and communities to support to fully support trans community members by 2025

8.1 Family and community support and parenting, services, interventions, and resources regarding intersex, trans and gender non-conforming Jamaicans established by 2025

8.2. Knowledge of human rights, child protection and supporting positive gender expression among families of intersex, trans and gender non-conforming people increased by 2025.

SA5. INDIVIDUAL

GOAL 9: Promote and empower full citizenship and gender expression among trans and gender non-conforming Jamaicans.

9.1 Increase knowledge of human rights protection and positive gender expression among trans individuals.

9.2 Develop comprehensive self-esteem and self-efficacy programme for trans and gender non-conforming Jamaicans.

SA6. MONITORING, EVALUATION AND RESEARCH

GOAL 10: Enhance monitoring and evaluation mechanisms, and research on the trans community's health and wellbeing to guide policy-making and programming.

Specific objective

10.1. Baseline knowledge attitudes and best practices survey among health providers regarding trans community/patients established in 2021 (baseline) and 2025 (comparison)

10.2. Establish baseline cascade for TGPLHIV (95-95-95) by 2025.

10.3. Establish baseline for prevalence of TB among TGPLHIV by 2025.

10.4. Create an academic research agenda that responds to the information gaps, as they relate to trans health.

10.5. Improve systems for data management, analysis, and dissemination of information regarding the trans community.

10.6. Health providers to capture and monitor the incidence of communicable and non-communicable diseases among the trans community through non-binary gender markers.

STRATEGIC GOVERNANCE AND IMPLEMENTATION

Governance, oversight and accountability for implementing the strategy is critical. This requires a multi-sector coordinating mechanism that will meet at regular intervals to assess progress on the objectives and indicators outlined in the plan. As the plan is a dynamic document with a health focus aimed at addressing the social determinants of health, it essentially spans multiple sectors. Therefore, it is envisaged that the cross sector technical steering committee will form the Governance and Oversight Committee, through a process of advocacy and ongoing dialogue to secure high-level government buy-in and ownership, as the plan takes a rights-based design, monitoring and evaluation approach to health. The following table shows the key stakeholders that would ideally form the Governance and Oversight Committee.

Table 5. Proposed Governance and Oversight Committee

GOVERNANCE AND OVERSIGHT COMMITTEE				
Government	International Development Partners	Civil Society	Academia	Private Sector
Ministry of Culture, Gender, Entertainment & Sports Ministry of Economic Growth & Job Creation Ministry of Education, Youth & Information Ministry of Finance Ministry of Health & Wellness Ministry of Housing Ministry of Justice Ministry of Labour and Social security Ministry of Local Government & Community Development	Global Fund UNAIDS UNDP UNFPA PAHO PEPFAR	AIDS Health Foundation (AHF) Caribbean Vulnerable Communities Coalition (CVC) Children First Equality for All-J-FLAG Jamaica AIDS Support for Life (JASL) Jamaica Country Coordinating Mechanism (JCCM) Jamaicans for Justice (JFJ) TransWave	University of the West Indies Caribbean Sexuality Research Group Caribbean Institute for Health Research	To be identified

BIBLIOGRAPHY

- A. Brown, J-FLAG, Ministry of Health, National Family Planning Board. (2017, April 28). *Trans Jamaicans Qualitative Research*.
- Erik Schneider. (2013). *An Insight into Respect for the Rights of Trans and Intersex Children in Europe*.
- Figueroa J.P, Cooper CJ, Edwards JK, Byfield L, Eastman S, Hobbs MM, et al. (2015). Understanding the High Prevalence of HIV and Other Sexually Transmitted Infections among Socio-Economically Vulnerable Men Who Have Sex with Men in Jamaica. *PLoS ONE* 10(2): e0117686. <https://doi.org/10.1371/journal.pone.0117686>.
- Government of Jamaica. (2019). *Vision for Health 2030: Ten Year Strategic Plan 2019-2030*.
- J-FLAG. (2015). *Standards of Care for Transgender and Gender Non-Conforming Patients -A Clinical Guide*.
- J-FLAG. (2016). *J-FLAG Social Services Audit & Evaluation*.
- J-FLAG. (2016). *Public Health Facilities Guide for the Clinical Engagement of Lesbian, Bisexual, Gay and Transgender (LGBT) Patients in Jamaica 2016*.
- Kyan Lynch, M. M. (2020, September 24). *Looking to the Past, Informing the Future: A New Perspective of Transgender History*. Retrieved from State University of New York: <https://www.suny.edu/media/suny/content-assets/documents/spectrum/presentations/LOOKING-TO-THE-PAST-INFORMING.pdf>
- Ministry of Health & Wellness. (2019). *Jamaica's National Strategic Plan on HIV & STIs 2020-2025*.
- Ministry of Justice. (2009). *Final Jamaica Justice System Reform Policy Agenda Framework*.
- MoHW. (2017). *876 Survey*. Kingston.
- National Strategic Plan on HIV and STIs 2020-2025.
- Office of the United Nations Commissioner; World Health Organization. (2008). *Right to Health: Fact Sheet 31*.
- TransWave. (2020). *Health and Wellness of the Trans, Gender Non-Conforming and Non Binary Communities-A Desk Review*.
- UNAIDS. (2020). *Prevailing Against Pandemics, By Putting People at the Centre-World AIDS Day Report*.



@transwaveja

**GOT ANY
QUESTIONS?**

E-MAIL US AT
HELLO@TRANSWAVEJA.ORG