

Frequently Asked Questions (FAQ)

WHO development of a guideline on the health of trans and gender diverse people

15 January 2024

1. Why is a technical guideline on the health of trans and gender diverse people needed?

- Trans and gender diverse people encounter specific challenges that negatively impact their access to quality health services, quality of life and life expectancy, violating their right to health and associated rights, such as the right to free, informed consent to medical interventions. This guideline has a specific focus on adults and will not address issues relating to children and adolescents.
- Trans and gender diverse people often face barriers to accessing health care services, including stigma and discrimination in health care settings. This can have serious impacts on their health. Many settings also lack policies to facilitate access to inclusive and gender affirming care. Trans and gender diverse people experience a high burden of mental health issues (including suicide) and often experience high levels of violence. Thus, there is an urgent need for the health sector to consider ways to provide more inclusive, acceptable and effective health care for trans and gender diverse people.
- This proposed guideline is guided by WHO's mandate to enable the attainment of the highest possible level of health and well-being for all.
- The guideline will reflect the principles of human rights, gender equality, universality and equity. It is aligned with and responds to WHO's mandate to work for all people, the effort to reach the furthest behind first, and a commitment to leave no one behind. The guideline also contributes to ensuring universal health coverage (UHC).
- Additionally, the guideline aims to contribute to reaching the goals of the [2015 Joint Statement of 14 UN agencies](#), including WHO, pledging to protect all people from discrimination and violence on the grounds of gender identity and/or gender expression, as well as the [2017 United Nations Joint Statement committing to eliminate discrimination in healthcare settings](#), including discrimination based on gender identity and gender expression.

2. Why is this guideline needed now?

- The midterm review of the Sustainable Development Goal (SDG) agenda, including SDG 3 “Ensure healthy lives and promote well-being for all at all ages”, has brought renewed attention and commitment to the global goal of universal health coverage.
- This proposed guideline builds on more than 10 years of WHO work on trans and gender diverse people’s health. This includes:
 - [The International Statistical Classification of Diseases and Related Health Problems \(ICD\)](#), which in its 11th edition included changes to reflect scientific understanding of sexual health, gender identity and gender incongruence. The ICD-11 was endorsed by WHO Member States in 2019 and published in January 2022.
 - [Guidelines](#) related to HIV, viral hepatitis and sexually transmitted infections (STIs), which include good practice statements on the enabling environments that are essential to curb these epidemics among this disproportionately affected group of people.
 - [Guidelines](#) related to self-care interventions that recognize the importance of gender equality, rights in delivery of gender affirming care, and reducing discrimination.
- There is an increasing body of scientific evidence highlighting the unmet health needs of trans and gender diverse persons, due to stigma, discrimination, violence, and other human rights violations, including in the health care settings.
- Trans and gender diverse people are entitled to the full protection of their human rights, as specified in international human rights instruments. Human rights include, but are not limited to, the right to equal enjoyment of rights and non-discrimination; security of person and privacy; recognition and equality before the law; the right to the highest attainable standard of mental and physical health; education; employment and just and favourable conditions of employment; freedom of movement; peaceful assembly and association; freedom from arbitrary arrest and detention, and from cruel and inhumane treatment; and protection from violence. States have an obligation to ensure that the above rights are enjoyed without discrimination of any kind, including on grounds of race, language, national or social origin, political or other opinion, sex, age, religion, disability, marital status or other status. United Nations human rights treaty bodies have repeatedly held that sexual orientation, gender identity and sex characteristics are prohibited grounds of discrimination under international law.
- Some countries have laws, regulations, policies and practices that present barriers to equal access to health care for trans and gender diverse people. A number of countries criminalize gender identity in a de facto manner, by criminalizing cross-dressing or impersonation of the opposite sex. For trans and gender diverse people, the lack of legal gender recognition is a key barrier to access to health services, in addition to the full enjoyment of other rights, such as freedom of movement, and right to adequate housing, education and employment. Harmful practices include forced anal examinations, which are used to investigate or punish alleged same-sex behaviour between consenting men or transgender women. These legal barriers have

measurable, detrimental effects on the health of trans and gender diverse people, as shown by research.

3. What will the guideline cover?

- This guideline will review evidence of the impact of specific interventions and on that basis provide recommendations for enhancing the health of specifically, adult, trans and gender diverse people, , and their access and utilization of health services.
- Interventions to be assessed include:
 - the provision of gender affirming care services for trans and gender diverse adults in a clinical setting;
 - health workers' training and education approaches related to providing gender inclusive care for adults;
 - specific provisions of gender identity recognition laws, policies and administrative procedures that may affect the health and wellbeing of adult trans and gender diverse people; and
 - provisions of health policies aimed at facilitating gender inclusive health care for adults.
- The guidelines will also inform existing WHO recommendations that support health services and health workers in providing empathetic and evidence-based clinical care to trans and gender diverse people that addresses their needs, who experience interpersonal violence.

4. How was the scope decided?

- The scope was based on requests of some WHO Member States and on the outcomes of a stakeholder consultation held in 2022 with experts in transgender health and representatives from the affected communities from all WHO geographic regions. From the initial consultations, it was agreed that the scope should focus on adults and not on children/adolescents.

5. Why will the guideline only cover adults and not also children or adolescents?

- The scope will cover adults only and not address the needs of children and adolescents, because on review, the evidence base for children and adolescents is limited and variable regarding the longer-term outcomes of gender affirming care for children and adolescents.

6. What do we mean by 'trans and gender diverse people'?

- "Trans and gender diverse people" is an umbrella term for those whose gender identity, roles or expression do not conform to the norms and expectations traditionally associated with the sex assigned to them at birth; it includes people who are transsexual, transgender, or otherwise gender nonconforming or gender incongruent. Transgender people may self-identify as transgender, female, male, trans woman or trans man, transsexual or one of many other gender nonconforming identities. They may express their genders in a variety of masculine, feminine and/or androgynous ways.
- See WHO's [frequently asked questions on health and sexual diversity](#) for further information.

7. What are the definitions of gender affirming and gender inclusive care used in this guideline process?

- In line with the 11th edition of the WHO International Classification of Diseases and Related Health Problems ([ICD-11](#)), [gender-affirming health care](#) can include any single or combination of a number of social, psychological, behavioural or medical (including hormonal treatment or surgery) interventions designed to support and affirm an individual's gender identity. Of note, these new technical guidelines on the health of trans and gender diverse people will not consider surgical interventions.
- Gender inclusive care refers to gender diverse people's inclusion in, and access to, all forms of health care, free of stigma and discrimination, facilitated by health policy, laws and/or health interventions.

8. What is the timeline for this process?

- 2021: Establishment of an internal WHO steering group and the contracting of the first of two independent and experienced guideline methodologists to impartially guide the process, including the formulation of recommendations.
- 2022: A stakeholder consultation (including with Member States) was conducted to define the scope of this guideline, which led to the identification of the three areas of focus: service delivery approaches, health workforce training, and health policy. A detailed proposal for the guideline was submitted and approved by the WHO Guideline Review Committee.
- 2023: Evidence synthesis was initiated; the preliminary list and biographies of 14 proposed Guideline Development Group (GDG) members was published on the [WHO website](#) for public consultation; and an updated list of 21 proposed GDG members, with additions primarily of public health policy experts from Ministries of Health, was [published](#) for a further period of public consultation (extended until 2 February 2024). In December 2023, one member of the proposed GDG list asked to be removed due to scheduling conflicts.

9. What are the criteria for selection of the GDG members?

- The standard criteria for the selection of technical experts for the GDG include (a) technical expertise in the subject matter as defined in the scope of the approved guidelines proposal; (b) geographic representation; (c) gender diversity; (d) representatives of people affected by the guidelines; and (e) end users (i.e., people who will use the guidelines such as health policy makers and health professionals).
- In the specific case of this guideline, the following profiles were considered for the members of the GDG:

- expertise in gender affirming health care, health workforce, violence response, mental health, law, public health policy, and human rights;
 - geographic representation;
 - gender diversity;
 - trans and gender diverse individuals (as subject matter experts and/or as representatives of those affected by the guidelines); and
 - health policy-makers and health professionals working in the field of trans and gender diverse health (end users)
- All GDG members act in their own technical capacity and do not represent their affiliated organizations. Their work is unpaid.

10. How were the proposed GDG members selected for this guideline?

- The selection was informed by both participants of the stakeholder consultation meeting held in early 2022 and by WHO technical staff, including those in Regional Offices.
- The proposal for GDG composition has been approved by the WHO Guideline Review Committee.
- The proposed GDG membership along with relevant biographies was announced for rounds of public notice and comment, in line with WHO's policy for managing conflicts of interest of external experts, in June and December 2023. Following a wide-ranging set of feedback, WHO is further extending the submission of feedback on the GDG membership until 2 February 2024. All comments should be sent to hiv-aids@who.int by this deadline.

11. What are WHO normative guidelines?

- WHO guidelines aim to support Member States in implementing evidence-based interventions to update health policies and achieve health outcomes for populations. They do not constitute binding commitments and Member States choose whether to apply and adapt them to their context.

12. What is the process for developing WHO guidelines?

- The WHO guideline development strictly adheres to a robust and evidence-based process as detailed in the [WHO handbook for guideline development](#) and is overseen by an independent internal review Committee charged to ensure these processes are followed.
- The process includes the defining of the scope, the development of key research questions (using the [PICO](#) format), commissioning of systematic reviews of the literature by WHO looking at the impact of selected interventions on specific health outcomes and their risks and benefits. The results of these reviews are summarized and assessed for certainty or quality of evidence and risk of bias, using established and internationally recognized 'Grading of Recommendations Assessment, Development and Evaluation' ([GRADE](#)) and the 'Confidence in the Evidence from

Reviews of Qualitative Research' ([GRADE-CERQual](#)) methodologies; and a Guideline Development Group (GDG) of external experts is established.

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- Once the GDG is established, it is presented with the summarized results of the reviews addressing each research question as well as with evidence related to:
 - values and preferences of the users and beneficiaries of the recommendations;
 - feasibility of implementation with a focus in low- and middle-income countries;
 - economic implications (e.g. costs, cost-benefits, etc.); and
 - human rights and ethical implications.
- The GDG is systematically guided through the evidence-to-decision process by an independent methodologist, and decisions regarding the recommendations are reached by consensus.
- Once the recommendations are finalised by the GDG, they are subject to further external expert peer review, and the full guideline is subsequently submitted for review and approval by the WHO Guideline Review Committee, following the process outlined in the [WHO handbook for guideline development](#).
- The time to development of a guideline varies depending on the scope, availability and volume of evidence and resources, but can take between 6 months and two years. All guidelines are subject to external peer review for accuracy and implement-ability.

13. How are conflicts of interest of Guideline Development Group (GDG) members managed?

- Conflicts of interests are managed following standard WHO procedures, notably its Declaration of Interest (DOI) policy for external experts. According to this policy, members of WHO Guideline Development Groups are required to declare any (intellectual or financial) interest that might affect their objectivity and independence and/or create an unfair or competitive advantage. They are screened through a series of background checks performed by the WHO Secretariat, and through a period of public notice and comment.
- Any significant disclosed interest identified through these processes is reviewed by the Secretariat (including as appropriate, in consultation with the WHO Office of Compliance, Risk Management and Ethics) to determine if a conflict of interest exists, and what, if any measures (ranging from conditional participation, partial or full exclusion) are required.

WHO reserves the right to review the declaration of interests (DOIs) and if a new interest becomes apparent, WHO shall at all times manage that conflict of interest, including adjusting membership of a GDG.