

PITCH

Accelerating community-led HIV responses: adapting positive practice beyond the COVID-19 crisis



3. Transgender People



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Challenges faced by transgender people during COVID-19

Unemployment and precarious employment

Even before COVID-19, transgender people and people with diverse gender expressions and identities, experienced significantly higher barriers to completing their education (including discriminatory policies, curricula, and practices, disproportionately harsh discipline and victimisation in schools)¹, which in turn contributes to significantly higher unemployment rates amongst transgender people compared to cisgender people². For example, in Argentina, up to 90% of transgender people are unemployed³. Globally, amongst those who are employed, they are affected by both formal and informal discrimination and stigma in the workplace, and

by economic disparities⁴. COVID-19 has amplified these challenges, with one global study reporting that 77% of transgender people surveyed expected income reductions⁵.

Economic marginalisation also contributes to a relatively high proportion of transgender people (particularly trans women) being involved in sex work⁶. During the pandemic, sex workers have experienced a sudden and devastating loss of their livelihoods, and with a lack of inclusion in social protection schemes and relief efforts, many have been left struggling for survival, especially in lower income countries and countries that criminalise^{7,8} sex work.

Human rights violations

The 'states of emergency' that were imposed in many countries during the pandemic were used as a pretext for a surge in human rights violations

and rollbacks against the few legal protections in place for transgender people. For example, in Hungary and Russia, laws were proposed and/or passed preventing or restricting transgender people from legally changing their gender in identity documents⁹. Several Latin American countries enacted mobility restrictions based on gender (such as [Perú](#), [Colombia](#) and [Panamá](#)), for example only allowing people to leave home for essential services every other day depending on their legal gender, as indicated in their national identity document. These restrictions exposed gender diverse and transgender people to harassment, detention, torture and humiliation¹⁰. Transgender people either had to risk exposure and harassment if their identity documents were checked by police; or risk being harassed for being the “wrong gender”.

On Transgender Day of Remembrance 2020, it was reported that 350 transgender and gender diverse people were killed in the past year¹¹, more than in any previous year. The statistics also highlight the intersecting forms of discrimination many transgender people face: people of colour made up 79% of transgender people murdered in the USA; and 62% of murdered transgender people whose occupation was known were sex workers.

In one case in South Africa, transgender sex work activist Robyn Montsumi died under suspicious circumstances while in police custody¹². In addition, arbitrary arrests of transgender people were reported in Egypt, Tanzania and Uganda¹³, and transgender refugees in a camp in Kenya were attacked and their property destroyed¹⁴.

Homelessness and housing insecurity

Transgender people are more likely to be homeless, or experience insecure housing, due to the discrimination they face. A US study found that 42% of transgender people had experienced homelessness in their lives, compared with the 30% average for all LGBTQ people¹⁵. In the same study, 40% had experienced some form of housing discrimination or instability, including eviction or being denied a home or apartment because they are transgender. These effects were compounded

when transgender people were black. Homeless transgender people are also less likely to be accommodated in homeless shelters, because single-sex shelters often insist on allocating transgender people to spaces on the basis of their assigned sex as opposed to their gender identity. At least three homeless South African transgender sex workers died since the emergence of the COVID-19 pandemic, when their pre-existing health conditions were exacerbated by neglect and isolation while living outdoors.¹⁷

Interruptions in health care services, including gender-affirming health care

The scarcity of data on transgender people's access to health care is indicative of their marginalisation, but importantly, is also a barrier to understanding the extent of exclusion from health care, and planning programmes to address those barriers. For example, only a handful of countries report HIV-related data on transgender people to [UNAIDS](#)¹⁸.

Mental health burden

All these challenges have had a notable impact on transgender peoples' mental health during COVID-19. More than a third (38.0%) of individuals reported that the pandemic had reduced or completely eliminated their ability to live according to their gender¹⁹, which can exacerbate experiences of gender dysphoria²⁰ and lead to increased rates of depression, anxiety and suicide. Globally, around half of transgender people met the criteria for a diagnosis of depression and/or anxiety (depression: 50.4%; anxiety: 45.8%)²¹ during the pandemic.

For young transgender people in particular, staying at home, being locked down with transphobic family members, and cut off from social support, heightened gender dysphoria.

Positive practices adopted during the COVID-19 pandemic

Training and sensitising to open up work opportunities

Transgender community organisations around the world are striving to support members who are out of work. In Argentina, the [Impacto Digital](#) is improving employment opportunities for transgender people, by training organisations in transgender inclusion, and placing transgender people in jobs. When COVID-19 arrived, the [Contrata Trans \(Hire Transgender\) project](#) moved its training module to an online format. The course sensitises companies and organisations to the challenges faced by transgender people, creates awareness about gender identity and expression, and suggests workplace 'do's and don'ts'. Going online enabled Impacto Digital to reach 7,000 people - far more than if it had been in person. Over a two-month period Contrata Trans placed eight transgender people in employment, despite the recession triggered by COVID-19. Impacto Digital plans to expand the programme to other Latin American countries²².

Meeting food, housing and health needs

Trans-led organisations and allied organisations from across the world, including [RedTrans](#) in Peru, [Khawaja Sira Society](#) in Pakistan, [BDS](#) in Nepal, [TransBantu](#) in Zambia and [Kimirina](#) in Ecuador stepped in to help their community survive during the pandemic. Although most transgender organisations were not primed or funded to provide livelihood support, and were overstretched, they collected donations and partnered with humanitarian and charitable organisations to distribute food and hygiene parcels. They also continued to provide community-based health care to the transgender community, including home deliveries of medication, visits to sick homeless transgender people and accompanying them to hospital.

In some countries, safe spaces and homeless shelters were opened for marginalised LGBTQ

people. For example, in Haiti, the country's first safe house for transgender people was opened in Port-au-Prince. Yaisah Val of [Community Action for the Integration of Vulnerable Women](#) was the first person in Haiti's history to publicly identify as transgender. She started taking homeless transgender people into her home, and as the need grew, raised funds to open the Kay Trans Ayiti safe house in November 2020²³. In South Africa, activists made a video on how COVID-19 had affected homeless transgender sex workers, calling attention to the shared histories of abuse, rejection, stigma and violence, and the power of sisterhood and solidarity to bring them together²⁴. A group of queer activists, including transgender and gender non-binary people, occupied a mansion in an elite neighbourhood, which sparked debate over racially inequitable access to housing, and drew attention to the dire situation of black queer people in particular²⁵.

Addressing human rights violations

Transgender activists have not allowed COVID-19 to silence their demand for rights. In Panama, Human Rights Watch and transgender organisations [Trans Men Panama](#) and the [Panamanian Association of Trans People](#), advocated for an end to the gendered quarantine measures. In July, the government made a [statement](#) acknowledging transphobia and affirming that Panama respects "the diversity of identity and expression". It also announced sanctions for those found guilty of discrimination²⁶. While activists appreciate the statement, they are hoping to see greater awareness and sensitivity to diversity with regard to sexual orientation and gender identity and expression in future.

To support transgender activists to continue to monitor human rights violations, Frontline AIDS facilitated online training in the [Rights, Evidence Action \(REAct\) tool](#). For example, in Southern Africa, transgender activists from several countries in the region attended an online REAct training. This assisted participants to identify, classify and respond to human rights violations, including those which occurred in the COVID-19 context²⁷. Frontline AIDS also supported (through

a ViiV Health Care grant) a COVID-19 Impact Survey²⁸ on transgender led organisations in the Southern Africa Trans Forum (SATF), which demonstrated that these organisations needed urgent support for their continued operation during COVID-19 restrictions, including support for work-from-home strategies, skills and digital infrastructure.

Sustaining community support virtually

Recognising the potential for mental health challenges during COVID-19 as a result of social isolation and the closing of physical spaces where transgender people can meet to socialise and support each other, transgender organisations provided online spaces where people could connect. Many organisations developed online advice and guidance on how transgender people could stay safe and healthy during COVID-19, including [Transgender Equality Uganda](#) (TEU), [TransWave](#) Jamaica, [BDS](#) in Nepal, and [Gender Dynamix](#) in South Africa. Others created links to online resources where trans people could go for support. In Pakistan, Khawaja Sira Society partnered with Pehchan Theater Group to launch a [video challenge](#), inviting members of the community to submit a short video, showcasing some of the winning entries on [youtube](#). TEU also produced a kit on mental health and rights for transgender people, a long-identified need in the community.

Scaling up telemedicine

Seeing the need for continuity in supportive gender-affirming health services, transgender-led organisations and their allies have advocated for governments, policymakers and health practitioners to recognise gender-affirming health services as an essential service^{29,30}, and especially to ensure that hormone therapy is not interrupted. One way to do this is through telemedicine. For example, a private medical practitioner in South Africa started providing gender-affirming health care through online consultations. After the consultation, she would send the prescription either to the patient themselves, or to the pharmacy of their choice.

This development was facilitated by a directive from the Health Professions Council of South Africa (HPCSA), in March 2020, conditionally endorsing telemedicine. The HPCSA released a statement saying that it: "does not regard telemedicine as a replacement for normal 'face-to-face' healthcare but an add-on meant to enhance access to healthcare for South Africans who are disadvantaged and outside of the health services reach such as specialists"³¹.

South African transgender-led community organisation [Gender Dynamix](#) sees potential value in telemedicine for increasing access to health care for transgender people, not just during the COVID-19 pandemic, but in the future. In its efforts to broaden the base of health care professionals who are able to provide sensitive, gender-affirming health care, Gender Dynamix provides training for health care providers. The organisation continued to do so during COVID-19, by providing the training online³².



Recommendations

Implement training and sensitisation to open up work opportunities

Organisations working with and led by transgender people should continue to intervene to reduce stigma towards transgender people in the multiple spheres where it manifests; this includes education and the workplace. Although transgender people should be meaningfully included in designing and implementing stigma reduction programmes, all sectors should continually assess the extent to which they are transgender friendly, and remove any barriers to inclusion.

Meet food, housing and health needs

Transgender people must be recognised as being highly vulnerable to economic shocks and humanitarian crises – with regard to food and housing insecurity, and disruptions in health care. Civil society and community organisations working with transgender people should advocate for their inclusion in humanitarian responses and social protections provided by governments and development partners.

Address human rights violations

The struggle for the advancement of transgender rights must be intensified, through among other strategies: continued advocacy for legal and policy reform; awareness raising amongst transgender people of their human rights, and avenues for redress if rights are violated; and documenting and responding to human rights violations.

States, policymakers, service providers and law enforcement must consistently and strongly be held accountable for discrimination and human rights violations. Impunity for human rights violations against transgender people must end.

Sustain virtual community support

Online social networking makes a huge difference in reducing the isolation which transgender people may feel, and which has been exacerbated during COVID-19. This applies particularly to people who

live in rural areas, or in countries or communities where they cannot express their gender identity. Online social networking creates a virtual community, and can make a real difference to mental health. Transgender-led organisations should therefore be supported to use social media as key vehicles to connect with their constituencies. However, non-virtual ways to connect should be preserved so that transgender people who do not have access to the internet, or whose privacy and security are not guaranteed, are not left behind.

Scale up telemedicine

Internet-based provision of health services should be scaled up as it can help address some of the barriers which transgender people face to accessing gender-affirming health care, such as scarcity of qualified, and sensitised service providers. Transgender-led community organisations must support planning, demand creation and implementation of such services. Organisations (not just transgender-led organisations) should advocate for gender-affirming health care, for it to be affordable for all transgender people, and to be included as an essential health service as countries progress towards universal health coverage.

Accessing health services has been challenging for transgender people in Ecuador during COVID-19.



Endnotes

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