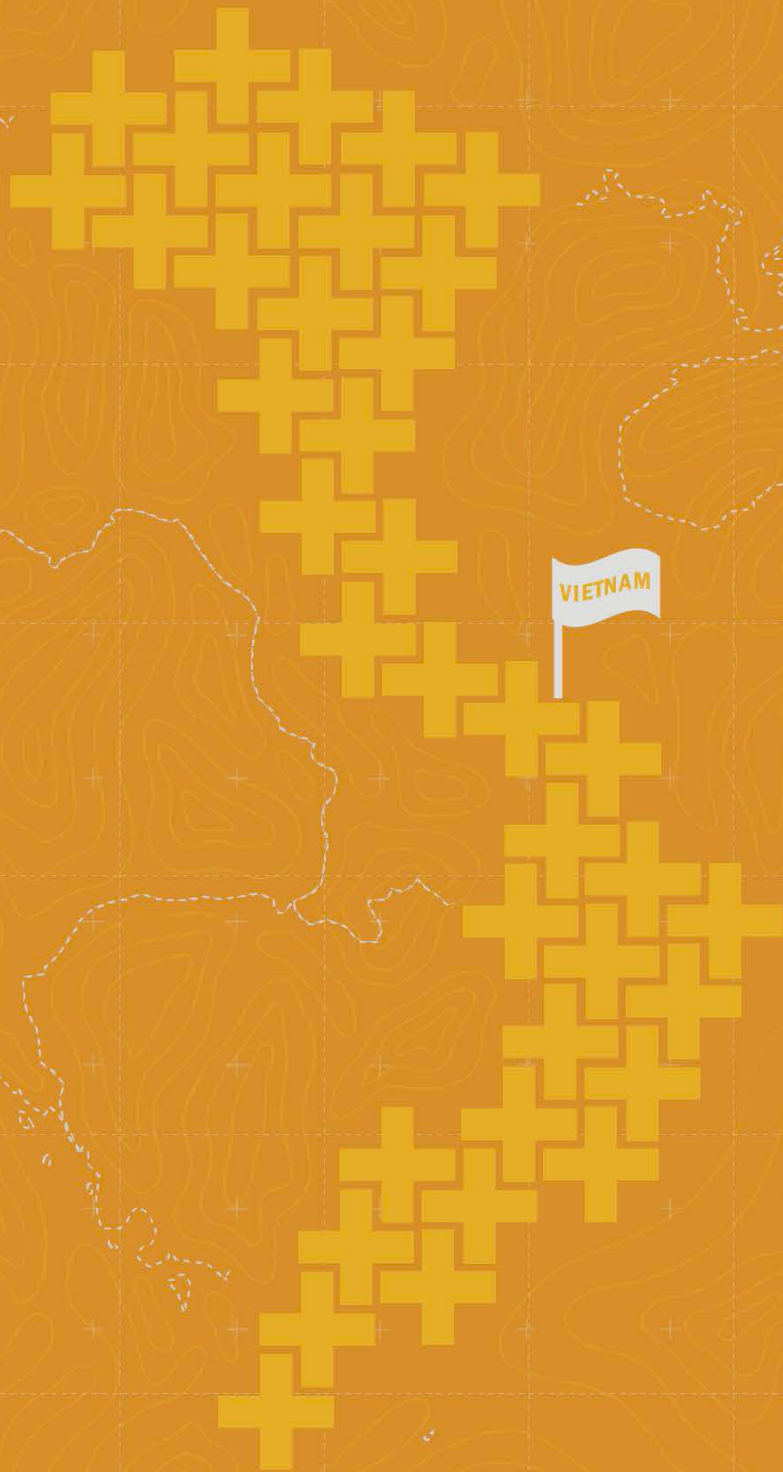


COUNTRY BRIEF

OUR RIGHT TO HEALTH:

*Investing in the Transformation of
Health Care for Transgender People*



OUR RIGHT TO HEALTH

Investing in the
Transformation *of*
Health Care *for*
Transgender People

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ACRONYMS AND ABBREVIATIONS

AIDS

Acquired Immunodeficiency Syndrome

APTN

Asia Pacific Transgender Network

ARROW

The Asian Pacific Resource and Research Centre for Women

ART

Antiretroviral Therapy

CBO

Community-based Organisation

CBS

Community Based Survey

FGD

Focus Group Discussions

FSW

Female Sex Worker

GAS

Gender-affirming Surgery

GFTAM

Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV

Human Immunodeficiency Virus

HRT

Hormone Replacement Therapy

HTC

HIV Testing and Counselling

HLT

Hormone Level Testing

HCMC

Ho Chi Minh City

IBBS

Integrated Biological Behavioural Surveillance

IoP

The Institute of Psychology

IRB

Institutional Review Board

IVF

In Vitro Fertilisation

KII

Key Informant Interview

LGB

Lesbian, Gay, Bisexual

LGBTI

Lesbian, Gay, Bisexual, Trans, Intersex

MoH

Ministry of Health

MSM

Men who have Sex with Men

NGO

Non Governmental Organisations

PEP

Post Exposure Prophylaxis

PEPFAR

President's Emergency Plan for AIDS Relief

PLHIV

People Living with HIV

PREP

Pre-Exposure Prophylaxis

REDCap

Research Electronic Data Capture

SCDI

Supporting Community Development Initiatives

SD

Standard Deviation

T

Testosterone

SPSS

Statistical Package for Social Sciences

STI

Sexually Transmitted Infections

UNAIDS

Joint United Nations Programme on HIV/AIDS

USAID

United States Agency for International Development

VAAC

Vietnam Administration for AIDS Control

VNTG

Vietnam Transgender Network

WHO

World Health Organisation

TERMINOLOGY

Transgender and Trans

In this brief, we use transgender and trans interchangeably as an umbrella term to refer to the lived diversity of gender identities and forms of gender expression of the respondents. Culturally specific terms for trans/trans people are evolving and are often best understood within the local, social, cultural, religious, and/or spiritual contexts in which they have been defined. We use the following definition of a trans/trans person in line with the *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific*:

“Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/trans persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.”

Culturally Specific Terms

TRANS WOMEN (assigned male at birth): For the purposes of this brief, we will refer to trans people who identify as women as trans women as there was consensus at the national level to use this terminology.

TRANS MEN (assigned female at birth): For the purposes of this brief, we will refer to trans people who identify as men as trans men as there was consensus at the national level to use this terminology.

Gender Identity

We use this term to describe an individual’s personal sense of their gender. This can be associated with their sex assigned at birth or be different from it.

Gender Expression

We use this term to describe how people physically express and communicate their gender in culturally appropriate ways. Usually this is to communicate their femininity, masculinity, or genderlessness to other people.

Transition

Trans people seek to be recognised socially and legally based on their gender, not based on the sex they were assigned at birth. For many trans people this involves seeking gender-affirming medical care (such as hormone replacement therapy, gender-affirming surgeries, etc.), based on informed consent, to change their body to match their gender. This process is called transition. Transition is an individual choice and journey.

Gender-Affirming Health Services

This term is used to describe any medical interventions a trans person takes to medically transition. Medical transitioning includes taking gender-affirming hormones (estrogen, anti-androgens or testosterone) and/or undergoing surgical interventions to align their body with their gender identity. This could include, for example, “top” (e.g., chest reconstruction surgery) and “bottom” (e.g., vaginoplasty, phalloplasty, metoidioplasty, etc.) surgeries.

¹ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015) *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group, Health Policy Project. Retrieved from: <https://weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf>

ABOUT *this* COUNTRY BRIEF

In 2019, Vietnam Transgender Network (VNTG),² Supporting Community Development Initiatives (SCDI)³ and the Asia Pacific Transgender Network (APTN)⁴ embarked on an ambitious research project to document the barriers and gaps to accessing sexually transmitted infections (STI), HIV-related and other health services for trans people in four countries (Indonesia, Nepal, Thailand and Vietnam). The research was designed and implemented by trans researchers in each country. This brief outlines the research findings and provides information and recommendations on HIV-related and other health care for trans people in national settings, the barriers in accessing these services, and the ways in which barriers can be removed through policy and programmatic change

and community empowerment. Consistent with our community principles of “Nothing about us without us”, this process has built the capacity of trans people to utilise research methodologies and data to collect information for evidence-based advocacy to promote quality and trans-responsive and trans-competent services. This research aims to bridge the gaps in the availability of trans-specific data. We believe this is the first large scale trans community-led research providing essential information into the lives of trans people in Vietnam and the region. This research was made possible through funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and Save the Children Nepal.⁵

OVERVIEW

Overview of the HIV and Health Context for Trans People in Vietnam

Our research reveals how systemic discrimination and stigma and lack of trans-competent health care providers impact on the opportunities for trans people in Hanoi to access quality health services including STI, HIV and gender-affirming care. While trans people do access and utilise STI and HIV prevention and treatment services, they prefer to access health services from peer-led and community-based service providers rather than the public health sector due to fear of discrimination and lack of trans-competent health care providers within the public health sector. In addition, peer and community-based services also provide essential information and gender-affirming care, although this information may not always be accurate. The study reveals that the use of gender-affirming interventions, including hormones and surgery, are important to the trans community. Given

the lack of legal framework for gender recognition, their access to these interventions remains limited due to affordability and because they are not always available from regulated sources. The trans community often receives information about hormones from their peers and online sources rather than medical professionals. Hormones are often purchased on the black market with limited understanding of dosage, quality and whether the hormones are genuine. Given the importance of and need for gender-affirming care for trans people in Vietnam, the findings provide persuasive evidence to support the need to develop comprehensive and integrated trans-competent health care guidance alongside STI and HIV programming to increase access, quality and availability of service. It also highlights the need for continued investment in peer and community-based organisations

²VNTG is the first trans woman-led community network. Established in 2016, it has 35 CBOs with 1000+ members who work towards eradicating stigma and discrimination.

³SCDI is a local NGO that supports communities to achieve their potential and contributing to societal development.

⁴The Asia Pacific Transgender Network (APTN) advocates for the protection of the legal, social and human rights of trans people as well as the enhancement of their social wellbeing and quality of life in the Asia Pacific region.

⁵Save the Children Nepal is the principal recipient for the 3-year (2018-2020) regional Key Populations Research and Advocacy (KPRA) project in South and Southeast Asia. The aim is to gather evidence for community-led HIV prevention, testing and other health services amongst key populations of people living with HIV (sub-recipient APN+), people who use drugs (sub-recipient ANPUD), sex workers (sub-recipient APNSW), and trans people (sub-recipient APTN).

to remain at the forefront in providing such services until the government and private sector build their capacity to effectively respond to the health care needs of trans people free from stigma and discrimination.

Despite the implementation of some progressive laws and policies officially recognising trans people in Vietnam over the last five years, the lack of detailed guidance and meaningful implementation of these laws continues to hamper the realisation of trans people’s rights and

access to health. Stigma and discrimination continue to limit trans people’s opportunity to access education, employment and health care. At schools, trans students are not allowed to wear uniforms that affirm their self-recognised gender identity and are more likely victims of bullying and harassment. Trans people in Vietnam are three times more likely to be rejected when applying for jobs compared to gay, lesbian and bisexual people and report discrimination in salary and promotion.⁶

Overview of Vietnam’s National HIV Response

After peaking in the early 2000s, Vietnam’s HIV epidemic has stabilised, with HIV prevalence among adults (15-49) at 0.4%. However, HIV remains a public health concern in Vietnam, with an estimated 11,000 new HIV infections and 7800 AIDS-related deaths in 2016. The epidemic is concentrated among key populations, especially people who inject drugs (PWID); which remains the main mode of HIV transmission, gay men and other men who have sex with men (MSM) and female sex workers (FSW) and their sexual partners. Although no formal population study has been conducted, the Ministry of Health estimates that there are 300,000 trans people in Vietnam.⁷ Trans people are not included as a distinct and separate key population category. Instead they are subsumed under the MSM category. PLHIV mainly live in large cities and the mountainous provinces. Recent data estimates the

number of PLHIV in Vietnam is currently around 245,598, among which, 120,000 are on the antiretrovirals (ARV) treatment.⁸ In 2018, UNAIDS estimated the total number of people living with HIV in Vietnam to be around 250,000 nationwide, the rate of HIV infected among trans women in Ho Chi Minh City (HCMC) is 18%⁹ (2015 estimate). Data on AIDS financing reveals that, of the \$83 million spent on HIV and AIDS investment, 42% is allocated domestically and 58% through international sources. Of these funds, 14% is spent on key population prevention.¹⁰

IBBS TABLE¹¹

Key Population	National	Transgender	MSM	Sex Workers	PWID
Prevalence	0.4%	18%	10.8%	14%	3.6%

⁶ Pham Quynh Phuong, Vu Thanh Long Do Quynh Anh, Hang Ngoc An (2019) RESEARCH REPORT Current status of medical experience and trans needs of trans people in Vietnam. Vietnam Institute for Studies of Society, Economy and Environment (ISEE). Retrieved from: http://isee.org.vn/wp-content/uploads/2019/01/Report_Need-experience-on-medical-intervention-of-Trans-community-in-Vietnam-FINAL.pdf

⁷ Saigoneer: Vietnam Proposes Law to Officially Recognize Trans People. Wednesday, 18 October 2017. Retrieved from: <https://saigoneer.com/Vietnam-news/11557-Vietnam-proposes-law-to-officially-recognize-trans-people>

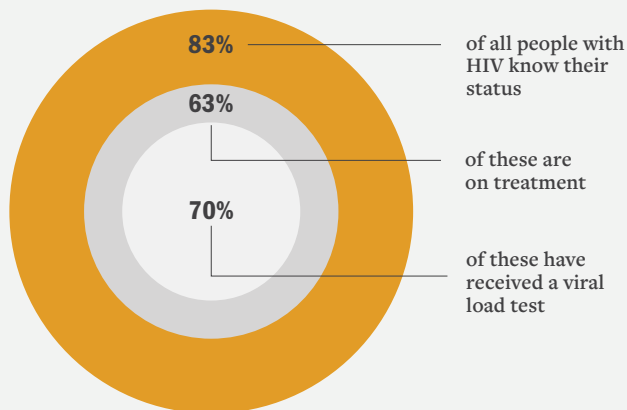
⁸ The Global Fund (2018) Office of the Inspector General. AuditReportGlobal Fund Grants to Vietnam. Retrieved from: https://www.theglobalfund.org/media/7581/oig_gf-oig-18-014_report_en.pdf?u=637278311240000000

⁹ Bao A, Colby DJ, Trang T, et al. Correlates of HIV Testing Among Trans Women in Ho Chi Minh, Vietnam. AIDS Behav. 2016;20(Suppl 3):371-378. doi:10.1007/s10461-016-1574-8 Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/27726036>

¹⁰ UNAIDS (2019). Vietnam Country Card. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/viet-nam-country-card-nov-2019.pdf>

¹¹Ibid.

Vietnam was the first country in the Asia Pacific region to commit to implementing the targets in the 2011 Political Declaration on HIV and AIDS, to eliminate AIDS by 2030, including implementing the fast track goals to ensure that 90% of all people living with HIV know their HIV status; 90% of all people with diagnosed HIV infection are receiving sustained antiretroviral therapy (ART); and 90% of all people receiving ART have viral suppression. The 20-NQ/TW decree issued in 2017 by the Party Central Committee’s 6th session further commits to increasing national investment through allocating 30% of the national health budget for HIV/AIDS prevention efforts, and aims to ensure that 95% of the population is participates in the national social health insurance program by 2025. The MoH’s programme For People’s Health Protection, Care and Promotion 2016-2020 reiterates the government’s commitment to fulfill the 90-90-90 fast track goals by 2020. In terms of all PLHIV, reaching the 90–90–90 targets, in Vietnam this means that 83% of all PLHIV know their status, 63% of all PLHIV are on treatment. Of this 63%, 70% had received a viral load test of which 96% are undetectable.¹²



During the last few years, Vietnam has scaled up policy and programmatic areas to meet the targets under the fast track strategy. This includes the development of new national community-based testing guidelines enabling CBOs and peer outreach workers to test for HIV and development of standard operating procedures (SOPs) for same-day initiation of ART released by the Vietnam Ministry of Health in 2018. Additionally, the National Strategies for HIV/AIDS prevention until 2020 and vision towards 2030 issued by the Prime Minister in May 2012

presents ambitious national targets. Some of these include reducing and limiting HIV prevalence to 0.3% of the total population, raising HIV/AIDS awareness in 80% of people aged 15 to 49 years, reducing stigma and discrimination by 80% towards PLHIV, reducing the number of new sexually transmitted HIV cases by 80% to that of 2010 and to ensure that 80% of PLHIV who meet the criteria for treatment have access to ART.

This is an ambitious strategy. The Government of Vietnam is one of two principal recipients implementing the largest HIV/AIDS intervention efforts across the country, funded by Global Fund and USAID’s PEPFAR programme. The Vietnam Administration for AIDS Control (VAAC) Unit under the MoH implements a nationwide health care system advocating for safe sex behaviours, providing HIV and STI testing, capacity building for human resources, ARV treatment for PLHIV, PrEP for high-risk groups and policy advocacy. Yet this study reveals that peer-led and CBOs as well as the private sector are preferred service points for the trans community. Further to this, previous quantitative studies have shown that previously uptake of HIV testing and treatment is lower in at-risk MSM and trans people than in injecting drug users or female sex workers. This is largely due to stigma and discrimination and a lack of STI and HIV awareness.¹³ Moreover, in Vietnam trans women are subsumed under the MSM categories, while there are similarities across patterns of sexual behaviour, the social and gender roles that may influence risks are distinct and play a significant role in access to the care continuum.

If the Government of Vietnam is to achieve their targets, the HIV response must be specifically targeted towards trans people and include broader physical and mental health services as well as essential gender-affirming health care. Investments in comprehensive gender-affirming health care provide opportunities to benefit both the individual and the state in reducing the burden of costs associated with chronic health outcomes including HIV and poor mental health.

⁶ UNAIDS 2018. Vietnam Country Overview. Retrieved from: <https://www.unaids.org/en/regionscountries/countries/Vietnam>

¹³ Roger Pebody. NAM aidsmap. Vietnam will struggle to meet 90-90-90 targets without addressing barriers to HIV care for men who have sex with men. 20 March 2017. Retrieved from: <https://www.aidsmap.com/news/mar-2017/Vietnam-will-struggle-meet-90-90-90-targets-without-addressing-barriers-hiv-care-men>

LEGISLATION AND POLICIES

on Legal Gender Recognition and Sexual Health and Rights of Trans People

In Vietnam, non-normative sexual orientation and gender identities are viewed as extreme and taboo and the lesbian, gay, bisexual, trans, intersex (LGBTI) community are often subject to stigma and discrimination due to widespread beliefs that they are “abnormal”, “sexual deviants” and/or “mentally unwell”.¹⁴ The legislature is somewhat more progressive with some improvement in the legislative framework, however it continues to stall on ensuring trans people’s rights are fully realised.

In 2015, Vietnam passed an amendment to the Civil Code, including Article 37 which was the first step to legally enable trans people the right to change their gender on official documents following undergoing gender affirmation surgery. The Civil Code took effect in 2017, but the rights afforded to trans people under this Article will not come into effect until the National Assembly enacts additional legislation to fully implement protections on the legal status and rights of trans people. Without this additional bill and guidance on implementation, trans people who have undergone gender affirmation surgery continue to face difficulties in changing their name and gender on their national identity documents. Furthermore, the prerequisite of undergoing gender affirmation surgery in order to legally change one’s gender excludes the many trans and gender diverse people who may choose not to undergo surgery or who may be unable to do so due to cost and availability. At the time of writing this report, the Bill has been officially scheduled in the law-making agenda of the National Assembly for 2020.¹⁵

Gender-affirming surgery is covered under the national health insurance scheme for intersex people but not trans people. Article 36 of the new Civil Code (2015)¹⁶ reiterated the regulation in Decree 88/ND-CP/2008 on people who are born with intersex status, allowing “medical intervention to clearly identify the gender” in cases where “the gender of a person is subject to a congenital defect or has not yet been accurately formed.” Article 36 provides a legal basis for non-consensual medical intervention on intersex infants and children, in violation of their right to bodily autonomy and may create medical problems or severe, lifelong physical and mental suffering.

Trans people face violence, discrimination and stigma in society and families, in finding employment, and within education institutions and health care settings. Currently, there is no legal framework to regulate issues relating to trans people, which makes it difficult for local government authorities and legal support services to support trans clients to seek justice and/or redressal. Trans people themselves also have little knowledge and awareness of their legal rights, and rarely reach out to actively seek legal support when needed. Until the Article 37 is enacted in law and implemented, the trans community continues to have no legal respite from discrimination in Vietnam.

¹⁴ UNDP, USAID (2014). Being LGBT in Asia: Vietnam Country Report. Bangkok. Retrieved from: https://www.Asia-Pacific.undp.org/content/rbap/en/home/library/democratic_governance/hiv_aids/being-lgbt-in-asia--viet-nam-country-report.html

¹⁵ DFAT (2019) Country Information report Vietnam. Retrieved from: <https://www.dfat.gov.au/sites/default/files/country-information-report-vietnam.pdf>

¹⁶ Institute for Studies of Society, Economy and Environment. Submission on the Situations of Lesbian Gay, Trans and Intersex (LGBTI) People in Vietnam for the Third Cycle of Universal Periodic Review (UPR) of Vietnam (January-February 2019). Retrieved from: https://ilga.org/downloads/SOGIESC_Advocacy_paper_VIETNAM_UPR32.pdf

FINDINGS

The research findings are structured to answer five research questions¹⁷ proposed by the study to gain information on the availability, access and quality of HIV and other health care needs for trans people in the country, the barriers in accessing services, and the ways in which barriers can be removed through community empowerment.

Who participated in our study?

Data was collected from 246 trans people in Hanoi through key informant interviews (KIIs) community-based surveys (CBS), and focus group discussions (FGDs). Recruitment was conducted through convenience sampling, largely through online platforms and national peer-based networks. This included 89 trans men, 156 trans women and one participant who identified as genderqueer. In addition, a total of 40 people including 18 trans women and 22 trans men took part in FGDs and nine people consisting of service providers, government and policy advisors took part in KIIs. The institutional review board (IRB) of the Institute for Social Development Studies (Hanoi) issued the

ethical clearance for this research. Written informed consent was obtained from all individuals who participated in the study.

The final sample consisted of 246 participants, ranging in ages from 18 to 36 years. The mean age of participants was 23.81 (SD 3.17); most participants 71.5% (n=176) were between the age of 18-25 years while only 28.5% (n=70) were 25 and older. Of the sample, 36.2% (n=89) self-identified as either men or trans men, 63.4% self-identified as women or trans women (n=156), only one participant self-identified as a genderqueer person (0.4%).¹⁸

TRANS MEN (89)

TRANS WOMEN (156)

GENDERQUEER (1)

Mean age of all the Trans participants: 23.81 years

12.1 yrs

Mean age when trans people first recognised they were different than the sex assigned at birth

10 yrs

Trans men

13 yrs

Trans women

17.6

Mean age when trans people first revealed their identity to others

5.5

Average number of years trans people struggle with their identities

The majority of participants only 3.3% (n=8) reported to finish junior secondary level school, 38.6% (n=95) finished secondary high school, 39.4% (n=97) reported either finished or attending a university degree program, and one participant had no schooling. Additionally, 17.9% (n=44) had either graduated from or attended vocational school. Most of the participants were in some form of paid employment, 37% (n=91) were employed full-time, 20.3% (n=50) were employed part-time, while the other 24.4% (n=60) were self-employed. At the time of the survey 18.3% (n=45) of the participants reported being unemployed. The top

three professions included clerical or secretarial work (16.3%), being a business owner (11.4%), and working in the beauty industry. The last category included being a hairdresser, beautician or make-up artist. While some of the respondents 26% (n=64) have worked on the street for money which included singing and dancing, begging and street vending and sex work. Among this group, only one individual reported currently engaging in sex work. Due to low numbers of sex workers in the sample, disaggregation could not be performed on the basis of sex work.

¹⁷ (1) What types of HIV and other health care services do trans people need and what types of services are currently available? (2) What types of available HIV and other health care services do trans people access or not access, and why? (3) What are the barriers in accessing HIV and other health care services? (4) How can the trans community try to reduce barriers to HIV/STI and other health care services? (5) In what ways can trans communities empower themselves to reduce these barriers? Questions (4) and (5) were combined.

¹⁸ The gender identity categories were collapsed so that those identifying as male/man and trans man/masculine were included in the same category, and those identifying as female/woman and trans woman/feminine were in the same category. One participant listed their gender identity as 'queer' and were excluded from the analysis. This produced the following frequency count of binary gender identity.

-01-

**What types of HIV
and other health care
services do trans people
need *and what types of
services are currently
available?***

In Vietnam, despite increased government investment in STI and HIV programming, trans people continue to experience prominent disparities in the earliest steps of the care continuum. Many remain undiagnosed. Once diagnosed and linked to health care, the vast majority (95%) achieve viral suppression. There is very little data available that explores trans people’s experiences of the care continuum beyond testing, thus greater research must be performed to fully understand the gaps in treatment access, adherence, retention, and viral suppression in the trans community.

STI, HIV and Risk Factors

Given that one component of risk is determined by sexual behaviour, respondents were asked about their sexual partners. Of the 244 respondents who answered the questions about regular and casual partners, 62.7% (n=153) reported between none or one regular partner in the last year. The remainder 37.3% (n=91) reported between two to three or more regular partners in the last year. Of this group, 84.6% (n=77) were trans women. Casual sex was significantly more common among the trans women group than that within the trans men group. Of the 52.4% (n=129) who had less than ten casual partners within the year 53.4% (n=69) were trans women compared to 25.5% (n=33). Of the 18 (7.4%) people who indicated they had between 11 to 50 casual partners. 16 (88.8%) were trans women. Only one trans woman reported more than 100 casual partners. The remainder 39.3% (n=96) reported no casual sexual partners, of which 44.7% (n=43) were trans women and 55.2% (n=53) were trans men.

Sexually Transmitted Infections

Almost all (97.9%) participants were aware of STIs. However, only 62.2% (n=153) of the sample had ever been tested for a STI. Of this sample, 84.2% (n=129) were trans women and 15.7% (n=24) were trans men. When the data was disaggregated and compared by gender, it highlighted that comparatively, trans men were more likely to test for STIs than trans women (73% vs. 57.1%). For the 37% (n=91), in the total sample who had never been tested for STIs, 77.8% (n=70) believed that they were not at risks of getting STIs, 11.1% (n=10) did not know where to go to get tested and 6.7% (n=6) were afraid of stigma and discrimination from health care service providers. In the sample, there were significantly more trans men than trans women who believed that they were unlikely to have been exposed to STIs.

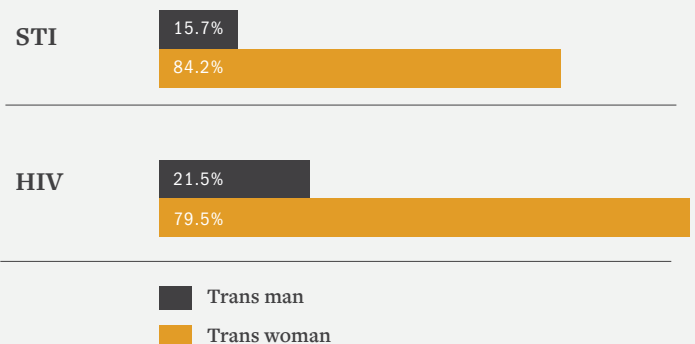
“I think that because we don’t care and we tend to focus on our appearance first. I don’t know whether this is a prejudice, but I know I’m having safe sex. My partner is loyal, so I’m not at risk. I care about mastectomy.”

TRANS MAN, FGD

HIV

The sample indicates that 74% (n=182) of respondents had reported as ever been tested for HIV of whom 79.5% (n=142) were trans women and 21.5% (n=39) were trans men. Among those who had ever had a HIV test, only two trans women reported positive results (1.1%). One of them immediately sought follow-up services whereas the other chose to delay. The reported reason for postponing HIV treatment was the negative attitude of health care providers. Both women were on ART at the time of the survey and reported that they were taking it regularly as prescribed by their health care professional either all the time or most of the time.

Ever got tested for STI and HIV in the past



Gender-Affirming Health Care

Trans people also have essential gender-affirming health care needs, which for some people are crucial to mentally and physically realising their true gender and is intrinsically linked to better health outcomes for them. These may include gender-affirming interventions including surgery and/or hormone use. *The study indicated that overall, 39.2% (n=96) of the sample reported that they had ever used hormones. For trans men, the average age of first hormone use was 22.13 (SD=3.61), trans women started using hormones on average earlier at age 20.56 years (SD=3.82).*

Among those who reported using hormones, 72.9% (n=70) are currently using hormones, 14.6% (n=14) reported using hormones, and 12.5% (n=12) had stopped using hormones. The study did not explore reasons why people were taking hormones or not. There may be a multitude of reasons including cost, availability in the market, choice etc. When asked if respondents planned to take hormones in the future, from the 187 participants who answered the question, 55.6% (n=104) stated yes. 28.3% (n=53) of participants in this group stated they did not know, potentially highlighting a lack of knowledge or options available for transitioning or rather they were still exploring if hormones were necessary in order to realise their gender identity.

Questions on gender-affirming surgery highlight that this is an important health care need for many respondents. While only 11.8% (n=29) of the participants had undergone transition related surgery, 68.6% (n=168) who had not, did intend to in the future. While 15.1% (n=37) did not have any surgery and did not intend to have any surgery in the future, the remaining 4.5% (n=11) did not know of their intentions yet. Private medical services began to provide transition-related surgeries openly and unofficially to trans people after the Civil Code 2015¹⁹ was passed, even though under Article 36 it is only applicable for intersex people. It is commonly known by trans people in Hanoi (and Vietnam) that doctors performing surgeries will often diagnose trans people with an associated but non trans-affirming medical condition in order to perform gender-affirming surgeries. One trans man stated:

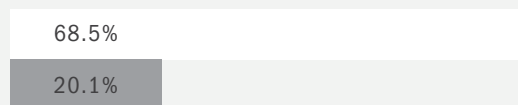
“Those that have surgeries at Vietnam, they all fake medical records. They cannot state the reasons as gender-affirmation or genital reconstructions.”

TRANS MAN, FGD

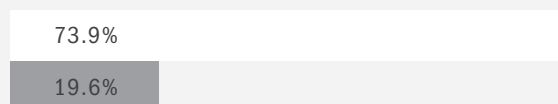
Trans women indicated their most important gender-affirming health needs are hormone replacement (68.5%) and gender-affirming top surgery (20.1%). There were also large numbers of Don't know responses for these items. Similarly, for trans men, hormone replacement (73.9%) and top surgery (19.6%) also emerged as the highest priorities. This highlights the diversity of ways in which trans people experience their gender identity. It reinforces the fact that, while surgery is important for some, it is not a requirement for everyone (noting that they don't know and they do not intend to may also reflect practical concerns relating to feasibility and affordability of surgery, not just personal preference). It further affirms the need to ensure that laws recognising trans people must not be contingent on undergoing surgery but rather on self-identification.

Gender-affirming health needs

TRANS WOMEN



TRANS MEN



Legend: Hormone Replacement Top Surgery

¹⁹ Civil Code No. 91/2015/QH13 of November 24, 2015. Article 36 highlights the right to re-determine gender identity of those who have “congenital defect” or require medical intervention to “identify clearly the gender”. Article 37 states that those who have undergone sex-reassignment have the right and obligation to change their civil status.

General Health Care

In general, the participants had a positive self-assessment of their physical health status. Health status was assessed across a series of items with a reference point of the last 30 days, asking participants to indicate how they felt across five items on a scale of 1 (All the time) to 5 (None of the time). Two items assessed physical health, and the mean of these two items was calculated to get a measure of overall physical health.

The sample mean on the physical health scale was 4.7, indicating overall low levels of injury and illness in the previous 30 days, and scores on this scale did not differ significantly by gender identity or age. For example, 88.9% (n=217) thought they had good or average health status, 8.2% (n=20) of participants stated their health status was excellent, and only 2.9% (n=7) reported to have poor health conditions at the time of the survey. More than a quarter of the sample 26.2% (n=62) reported that they did not have any health insurance. Among those with health insurance, the mandatory national health insurance was the most popular (49.4%). Other forms of health insurance included: work-related insurance (15.2%), private health insurance (11.4%), and five participants (2.1%) owned multiple types of health insurance at the same time. While the protections of health insurance are essential, it can present barriers for some trans people. For example, health insurance limits the ways in which trans people can navigate health services in choosing to reveal their gender identity or not.

“I just want to find a hole and hide in. They said [my name] really loud, and everyone kept looking at me. When I walked into the room, they read my name again to double check. When you use independent service, you can write whatever name you want, but when you want to use health insurance, then you have to write the name on the birth certificate.”

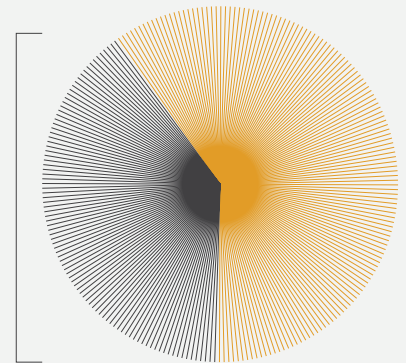
TRANS MAN, FGD

Mental Health Care

The sample mean on the mental health scale was 4.0, indicating moderately low levels of anxious and depressive symptoms in the previous 30 days. Scores on this scale did not differ significantly by gender identity or age. On a scale of All of the Time to a Little of the Time, participants were asked if in the last thirty days they had experienced symptoms of depression and anxiety. The findings revealed that 46.7% (n=115) of the sample had experienced symptoms of depression and 72.8% (n=179) had experienced symptoms of anxiety, (the remainder of the sample had not experienced any of these symptoms in the last thirty days). Yet only 11.8% (n=29) of the sample reported ever been tested for depression; 10.6% (n=26) and/or ever been tested for anxiety by a qualified health professional.

39.4%

of the respondents reported they had tried to end their life



Of the 236 people who answered the question pertaining to whether they ever thought of ending their life, over one third, 39.4% (n=93) reported that they had, with trans men almost twice as likely to experience suicide ideation than trans women. Among those who had ever had suicidal thoughts, 40.7% (n=37) had attempted to end life. Considerably more trans men had repeated suicide attempts than trans women, and were twice as likely to avoid seeking help than trans women.

²⁰ Mental health scale was calculated via participant's self-analysis of their feeling within the last 30 days, in the scale of 1 (all the time) to 5 (none of the time), on two items: Sad, hopeless and worthless; and Anxious, nervous, restless.

²¹ The percentage was higher in the trans men group (46.9%) than in the trans women group (28.8%), but the difference was not significant.

Trans people on average struggle alone with their gender identity for 5.5 years. The data reveals that the age at first suicidal attempt occurs on average at 15.47 years (SD=3.03), which was shortly after self-recognition of gender identity. Trans men were much less likely to reach out for help when they had suicidal thoughts, while trans women seemed to be more open about this issue. The results from the survey highlight that the average age for trans people's first suicidal attempt aligns with the age when young trans people are internally grappling with their identities without disclosure to others.

Overall, this data reveals the pressing need for sexual and reproductive health services for trans people especially trans women who report higher numbers of regular and casual partners. The data further reveals that, while STI and HIV knowledge may be high, testing levels in this sample still fall short of the fast track standards. Trans men do not believe their sexual behaviour could promote risk of STI or HIV. While this may be true, many also stated that they delay or do not attend services for routine testing due to stigma and discrimination.

It is also clear that some trans people need access to hormones and other gender-affirming health services. The majority of the sample indicated that they were either using hormones or intended to do so in the future. Both trans women and trans men indicated hormone replacement therapy (HRT) as one of their most important gender-affirming health care needs followed by gender-affirming top surgery.

While many reported good physical health, the responses for suicidal ideation and attempted suicide highlighted a pressing need to address poor mental health and well-being, especially for young people and trans men who are disproportionately affected. The next section explores the availability and quality of health care services for trans people in Hanoi, and how these health care needs are being met and where gaps still exist.

Availability of Services in Hanoi

STI and HIV Service Availability

There are a number of public, private and community-based STI, HIV and gender-affirming services for trans people in Hanoi. The Government of Vietnam, through the VAAC, is the largest provider of HIV services across the country. These are available at the district level. Over the years, a number of LGBTI CBOs have opened to fulfill the health care needs of LGBTI people across the country. In Hanoi, these include, ● **The New Light Clinic** and ● **Live Happy Clinic**. Services provided include HIV and STI prevention, testing and treatment services, and pre and post-surgery counselling and care.²²

The United States Agency for International Development (USAID) PATH's Health Markets programme is implementing several initiatives for trans people. "Be Me. Be Happy!" a trans-led service supporting trans women to come together to seek support and provide health services that meet their needs. Associated online platforms are also available, such as "Be Me. Be Sexy!"²³ a Facebook community of trans women who empower and support each other, while also learning about life-saving HIV-related information, including the testing, preventive, and treatment service options that are available to them.

The Healthy Markets Project has also partnered with the Tangerine Community Clinic, a service providing STI, HIV and gender-affirming care

services to trans people in Thailand. This partnership was meant to provide training for private clinics and provincial AIDS committees in Hanoi (and Ho Chi Minh City) to develop and deliver quality health and HIV-related services for trans people, including hormone, sexual health and well-being services. In addition, a pilot PrEP programme, which has seen positive results, will also be scaled up both in Hanoi and across the country. These integrated programmes promise a high possibility to address some of the barriers in public and private facilities that otherwise prevent access to HIV-related services, including HIV testing, pre-exposure prophylaxis and ART.²⁴

Gender-affirming Service Availability

Hormone prescription is only legally available in cases where people are diagnosed with endocrine disorder. There are some medical facilities that sell hormones and provide injection help for trans people, but the cost of this service is typically higher than that of the black market. Given the lack of legal guidance and process, there are limited options for those who may experience side effects and/or complications. Hormones Level Testing (HLT) is widely available at all hospitals, but doctors do not have expertise on trans health. In this case, many trans people choose to source and administer hormones by themselves.

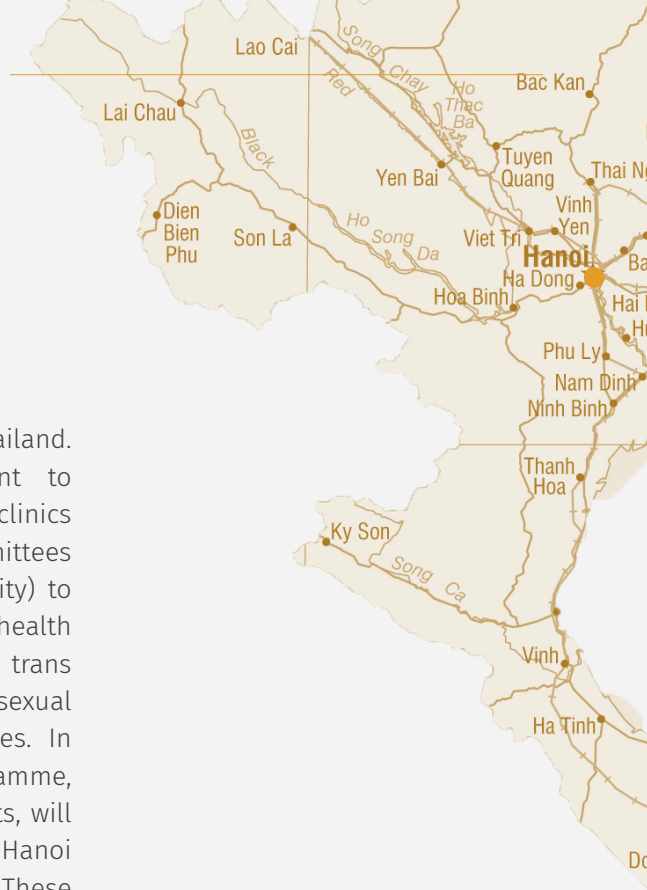
"I just inject. If there is any question, I just ask other trans women. The doctors do not know anything. There're dumb. Other trans women will give you answers right away. They [doctors] do not specialise in this, so they don't know these services. I don't want to ask them."

TRANS WOMAN, FGD

²² Ibid.

²³ Louise Cotrel-Gibbons, Parysa Oskouipour, and Tran Thi Tham. "Be Me. Be Happy!" Breaking down barriers to HIV services for trans women in Vietnam. 30 November 2018. Retrieved from: <https://www.path.org/articles/breaking-down-barriers-to-hiv-services-for-trans-women-in-vietnam/>

²⁴ USAID Program Updates. Trans Women Will Receive Comprehensive Health Services For the First Time in Vietnam. 30 August 2018. Retrieved from: <https://www.usaid.gov/vietnam/program-updates/aug-2018-trans-women-will-receive-comprehensive-health-services-first-time>



Given there is no legal framework that provides guidance on gender-affirming interventions in Vietnam, if a trans person decides to undergo gender affirmation surgery through any of the private clinics providing such services in Vietnam, they would either have to accept the risks or go abroad (mostly Thailand) for such services. One trans woman stated:

“I’m not sure about the quality [of GAS in Vietnam], so I still have to go to Thailand.”

TRANS WOMAN, FGD

Hong Ha General International Hospital is the only health care facility in Hanoi that publicly provides gender-affirming services to trans people, including double mastectomy, total hysterectomy, breast implant, areola reduction, removal of Adam’s apple, and other cosmetics surgeries to either feminise or masculinise certain facial and body features. In addition to surgeries, they also provide HLT and HRT and injection services for trans people. They are preparing to launch a new In Vitro Fertilisation (IVF) department next year in a new facility to freeze and store sperm and embryos. This service will be available to the LGBTI community who wish to have children. Hong Ha also provides HIV and STI testing, as well as STI treatment. During the KIIs, a representative from the LGBT Aesthetic Surgery Department identified a lack of psychological and counselling services pre- and post-medical intervention.

“At the moment, I do not have any applicant who is a psychologist. For trans people, we need a very specific counsellor/psychologist who knows and understands the needs of this community. I do not know anyone that is qualified for recruitment.”

HEALTH CARE PROVIDER, KII

Mental Health Services

Availability of professional psychological counselling and mental health services for trans persons are limited in general across Hanoi (and the country). This study highlights that many trans people experience different mental health problems, including depression and anxiety disorder. Most trans people feel uncomfortable and suffer from dysphoria of their own bodies when it does not match with their self-identified gender, this leads to a lack of confidence and leads to poor mental health outcomes. Trans men are more likely to experience greater gender dysphoria than trans women.²⁵ The study reveals that most trans people do not seek any support from mental health experts and/or counselling services, and prefer to seek support from their trans peers and colleagues, while others may ignore the issue, not wanting to deal with it or due to fear of stigma and discrimination when accessing services. One trans man in the FGD stated that often psychologists and counsellors are not equipped to consult trans people prior to medical intervention. A trans man shared his experience after referral to a psychologist to initiate HRT:

“They say your health is normal. It’s just that your mind is unstable. You need to eat and rest regularly. When they say that, I can’t ask anything wand don’t know who to ask, so I have to do it by myself.”

TRANS MAN, FGD

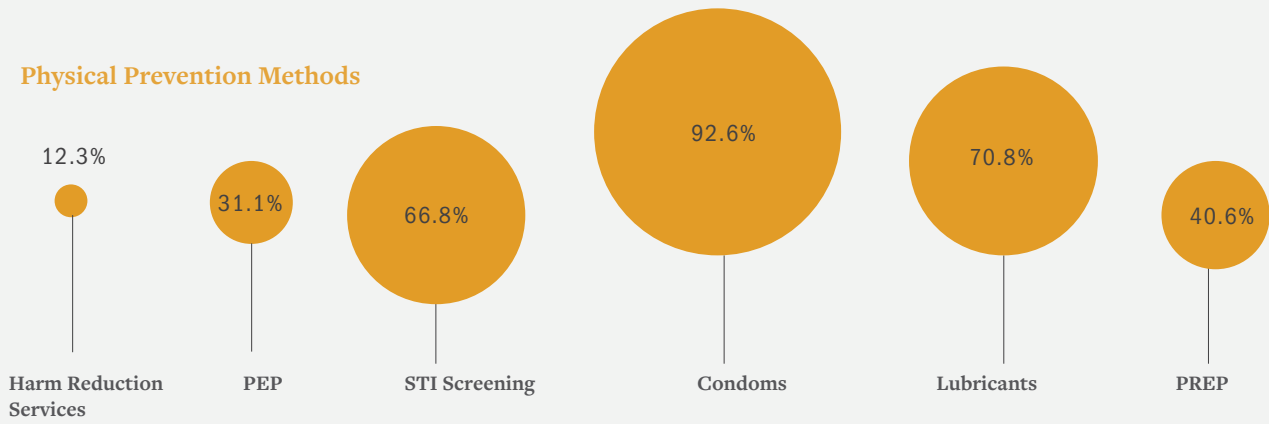
In Hanoi, there are counselling centres that include services targeting trans clients however, many cannot access due to the high costs. Additionally, while, this study focused on urban trans populations, many may have migrated from rural areas, where psychological and mental health support for trans people is even more limited.

²⁵ Lương Thế Huy và Phạm Quỳnh Phương, *Có phải bởi vì tôi là LGBT?: Phân biệt đối xử dựa trên xu hướng tính dục và bản dạng giới tại Việt Nam, 2015*, Viện nghiên cứu Xã hội Kinh tế và Môi trường iSEE.

-02-

**What types of available
HIV and other health
care services *do trans
people access or not
access, and why?***

Physical Prevention Methods



Psychological Prevention Methods



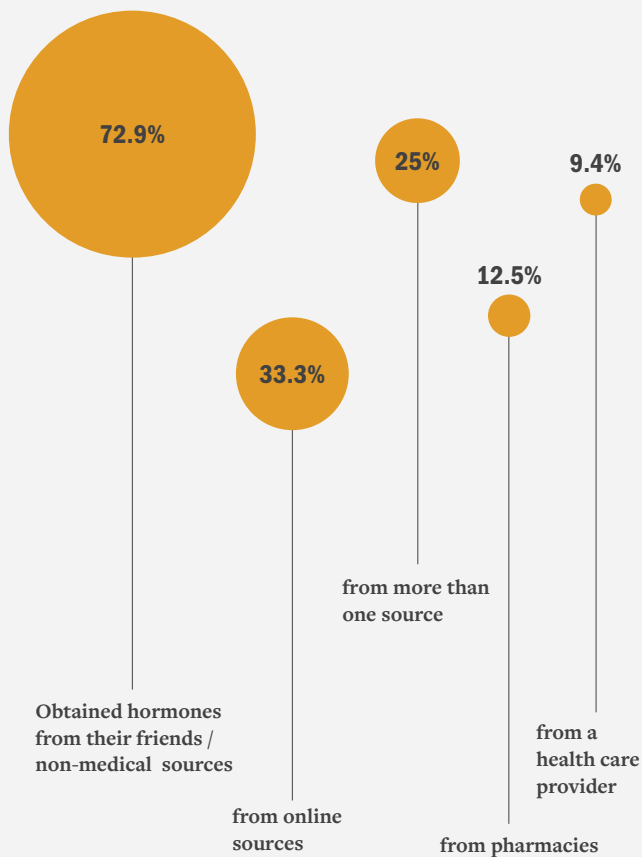
Utilisation of STI and HIV Prevention Services

Given the opportunity, trans people access and utilise multiple STI and HIV prevention physical and psychological services depending on availability. Participants reported using multiple physical prevention methods. Of the sample, 66.8% (n=163) accessed STI screening, 92.6% (n=226) condoms, 70.8% (n=172) accessed lubricants, 40.6% (n=99) accessed PrEP and 31.1% (n=76) PEP. An additional 12.3% (n=30) accessed harm reduction services. With regard to psychological services, 83.1% (n=202) of the sample had accessed HIV counselling, 61.3% (n=149) had counselling on preventive behavioural interventions, 52% (n=127) accessed sexual and reproductive health counselling, and 27% (n=66) went in for family planning counselling. Participants on average utilised more physical prevention services (3.15) than psychological prevention services (2.26), and there were no mean differences in either physical or psychological prevention services by gender or age.

Among the participants who were ever diagnosed positive with an STI (n=26), 69.2% (n=18) sought treatment from NGO/CBO-based health service centres or clinics, 15.4% (n=4) went for treatment at government health centre or hospital, 11.5% (n=3) sought treatment at private health centres or private hospitals, and 3.8% (n=1) went to an alternative providers such as herbalists or traditional doctors. No significant difference was found between STI treatment seeking behaviours of trans men and trans women. Once tested positive, only 37.5% (n=6) were treated immediately within the day. 50% (n=8) delayed seeking treatment up to one week, and 6.3% (n=1) delayed treatment by 8 to 10 days.

Gender-Affirming Health Services

The FGDs highlighted that trans people often utilise peers and online services to seek information on hormones, gender-affirming surgery and trans-friendly services. In general the majority of those who have used hormones (n=96), 72.9% (n= 70) obtained them from their friends or non-medical sources, 33.3% (n=32) from online sources,²⁶ 12.5% (12) from pharmacies or drug stores, 25% (n=24) from more than one source, and only 9.4% (n=9) from a health care provider.



Prior to initiating use, respondents reported 56.5% (n=52) were first advised about the safe use of hormones from their trans friends and peers, 27.2% (n=25) reported self-research, 13% (n=12) reported CBOs and NGOs as their information source, and additional five individuals reported other sources. Only 3.3% (n=3) reported seeking advice from medical health professionals.

Among the 32 respondents who provided reasons as to why they did not seek medical advice before starting hormones, all respondents indicated they did not seek advice for a combination of reasons: they did not know where to seek advice from, fear of judgement by health care providers, they did not think it was necessary, and/or that they had previously received information from their trans peers or support groups. Trans men were significantly more likely to not trust health care providers than trans women (60.9% vs 16.7%).

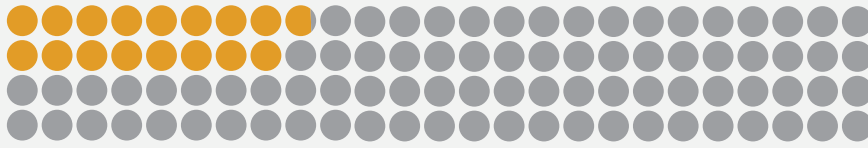
Distrust, stigma, discrimination, and the lack of legal framework for medical service providers drives trans people to seek information from their peers and online platforms. Participants from the FGDs stated that closed Facebook groups and online forums are used to seek advice and recommendations on gender-affirming and general health-related issues and decisions, such as where to buy hormones and which health facilities to approach for surgery. While such online platforms allow for anonymity and safe spaces to seek information, it is unclear if the information provided is accurate and based on medical standards. The data indicates that many also turn to the black market to acquire hormones, where they are readily available. Sources and quality of these hormones cannot be verified since many sellers claim to have hand-carried hormones from Thailand. Trans women in the FGD stated they did not experience shortage or price fluctuation of their hormone medication, yet the price of Testosterone (known as 'T') used by trans men from the black market does fluctuate both in price and availability. There are cases where trans men have bought and injected fake and/or out-of-date T, leading to serious health complications:

Before it [T] can be easily purchased at the pharmacies, only cost 80-90,000 VND/shot. Then when the demand rose, it often went out-of-stock. At peak, it cost 170,000 VND/shot. You can't just buy one shot. You have to buy at least three shots. Cost a lot of money. Then all the yellow sus [Sustanon 250mg] on the market are fakes or out-of-date. People got fever, allergy or abscesses."

TRANS MAN, FGD

²⁶ Comprising of different combinations of sourcing from friends, pharmacies, and online sources

Mental Health Services



16.7%

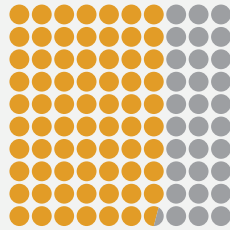
of all respondents ever received mental health services/counselling

of those,



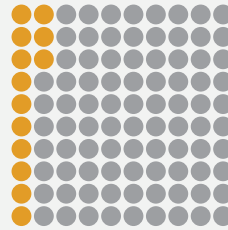
6.6%

of all respondents were refused mental health services due to their gender identity



69.6%

of all respondents chose to talk to their close friends



13%

of all respondents sought help within their family



7.7%

of all respondents sought support from professional help

General Health Care Access

Most trans people indicated that they access general health care services for routine check-ups (n=203). Trans women (69%, n=140) are more likely to attend for a routine check-up than trans men (31%, n=63). The results from the FGDs revealed that, given the long waiting times in government health facilities, trans people often cannot afford to take leave or arrange the time to commit to a full general health check-up at a public hospital, even though the national social health insurance scheme provides partial or full coverage for these kinds of services. Rather private health services are preferred, even though the national health insurance does not cover many of the procedures accessed through private health facilities, and associated costs are much higher. Some of the reasons for this preference include a faster process and trans-friendly service.

“When I visit a private health care facility, I saw this young lady who appeared to be friendly. I told her that I’m a trans man. She ticked ‘male’ in my [registration] form. I felt really good. That makes me super comfortable. I hope that other places treat trans people with the same respect.”

TRANS MAN, FGD

Mental Health Services

The lack of availability of trans-affirmative mental health care can also be associated with the limited accessibility by trans people. In general, trans people do not access mental health services. Only 16.7% (n=40) of the participants ever received mental health services or counselling. Trans women were less likely to receive mental health counselling or other related services than trans men. Within the total sample (n=243), 6.6% (n=16) reported being refused mental health services due to their gender identity. For those who experienced suicidal ideation (37.8%, n=93) and sought help afterwards, most chose to talk to their close friends (69.6%, n=32), some sought help within their family (13%, n=6), and a few (7.7%) sought professional support from psychiatrists or counsellors, trans-affirming CBOs/NGOs (5.8%) or online peer support groups (3.8%). Friends (69.1%) and family (56.4%) were the most helpful sources for trans men and women to overcome their suicidal feelings.

Trans people prefer to access the private sector and peer-led and community-based services when accessing STI, HIV and general health care services. However, the data reveals that many trans people do not consult with medical professionals when it comes to their gender affirmation and mental health needs and instead turn to online platforms, the black market, and most importantly their peers.

The Ministry of Health (MoH) is the leading government agency responsible for drafting the Trans Law. During the KII, a MoH official spoke about the difficulty in resourcing mental health services under the existing government framework, stating:

“Many people have asked what can MoH do? But it is really difficult for MoH to build a group of experts. We do not have resources to do so. Counselling is not part of the official training programme. It doesn’t have a training code, so this is very hard. If we have a collective effort from all the organisations, luckily the psychological system will get better.”

MOH REPRESENTATIVE, KII

However, further interviews with the Institute of Psychology (IoP) under the Vietnam Academy of Social Sciences (VASS) revealed that they were waiting for the Trans Law to be enacted before implementing official trans-affirmative academic curriculum for mental health professionals. This highlights that the most pressing issue is the enactment of the Trans Law, as the appetite to provide these services exists within other institutions and organisations who continue to wait on the legal framework before they can deliver trans-affirmative mental health curriculum to professionals, thereby increasing the availability of mental health services for trans people in Vietnam.

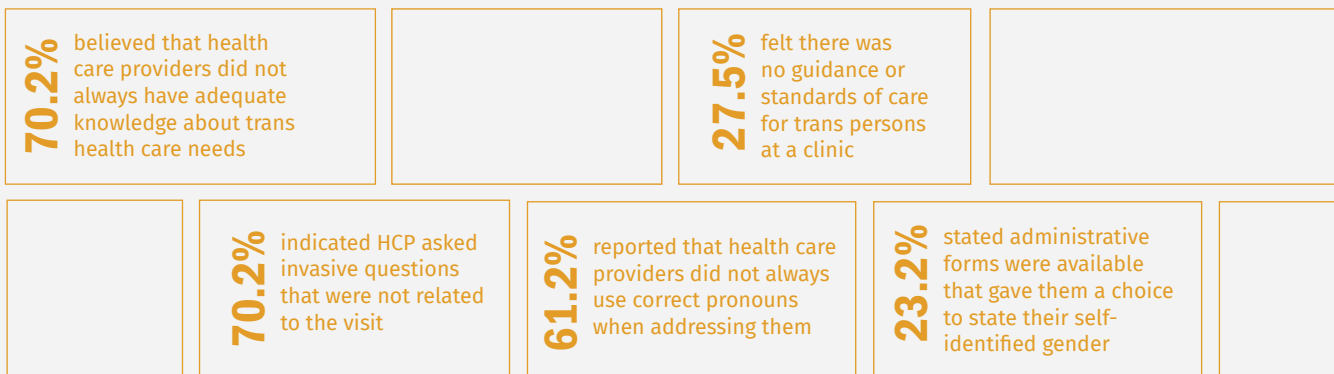
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What are the barriers
in accessing HIV and other
health care services?

Trans people identify a number of practical and gender-related barriers in accessing services which lead to delays in seeking health care. Key gender-related barriers included questions on health care providers' trans competency and knowledge, trust, and experiences of discrimination. Of the sample (n=225), 65.8% (n=148) indicated that they do not always feel comfortable accessing health care providers. This was attributed to multiple reasons, for example, in the overall sample (n=226), 70.2% (n=159) believed that health care providers (HCP) did not always have adequate knowledge about trans health needs, and more than half (27.5% always, 23.6% sometimes) felt that there was no guidance or standards of care for trans persons at the clinic. When asked if respondents felt HCP asked invasive questions that were not related to their visit (n=222), 70.2% (n=156) indicated they felt that they did, 61.2% (n=134) of 219

respondents, reported that health care providers did not always use correct pronouns when addressing them, and only 23.2% (n=48) stated administrative forms were available that gave them a choice to state their self-identified gender.

In the last six months, due to fear of discrimination at the health care premises, at least half, 52.1% (n=126) of the participants had always or sometimes delayed seeking the medical care they needed. Trans men reported significantly more negative experience of health care providers asking unnecessary/invasive questions concerning gender identity than the trans women, and it was one of the main reasons that trans men reported delaying care. This is reflected in the experience of one trans man who went for a check-up after using T.



Other practical reasons for delaying care included: physical access to clinics with 26.8% (n=64) indicating the clinic was too far away, 18.7% (n=45) reporting that they did not have any transport to get to the clinics, and one third of the sample (33%, n=79) reporting that opening hours of the clinic were not convenient for them. Safety and security issues at the clinic also posed as a barrier for getting health care services for 46.1% (n=105) of the participants.

When practical and gender barriers were correlated against physical and mental health²⁷ the findings revealed that practical barriers are associated with worse physical, mental, and gender-related health, and gender-related barriers were correlated with worse mental and gender-related health, but not physical health. For example, when the data was analysed further, it revealed that refusal of treatment based on gender identity led to poorer mental

health outcomes including higher rates of suicidal ideation and attempts, and lower rates of counselling. These issues highlight the high burden of stress that trans people experience in navigating health services and the related poor physical and mental health outcomes they experience. One trans man in the FGD articulated this:

“I want many things, but the core thing is that I want to be treated equally just like everyone else, with a clearly defined gender. When I say I’m a trans man and want to use these services, I should be able to access those services. There must be a law to protect people like us. It (endocrine disorder) can’t just be written on our medical records in order to use T. When I have a double mastectomy, the doctor did not write ‘gender-affirmation’ but ‘breast hypertrophy’.”

TRANS MAN, FGD

²⁷ Five scales were put into this correlation analysis, including: physical, mental, and gender-related health status, number of practical barriers leading to delayed treatment, and number of gender barriers leading to delayed treatment. All correlations significant at p<.001

-04-

**How can the empowerment
of the trans community and
organisations *reduce barriers to
HIV/STI and other health care
services?***

Only one fifth of the sample, 20.7% (n=51) were members of a trans or LGB or MSM community-based group, with no differences in CBO membership by gender identity. The data clearly illustrates that CBOs and NGOs are the preferred STI and HIV service providers for trans people in Hanoi, followed by the private sector. This is despite the fact that the majority of funding for HIV prevention and treatment services from external funding bodies such as the Global Fund and PEPFAR are directed to government and non-CBOs. Often CBOs and NGOs implementing Global Fund and PEPFAR are bound to external donor priorities, which impact their ability to provide communities with sustainable programmes and services based on need.

Peer-led organisations and CBOs are an essential source of information and support for the trans community. With greater financial and technical capacity investment, they will be able to scale up STI and HIV prevention, testing, treatment and referral services based on priorities and needs as defined by the community. In addition, they will be able to collect much needed data on the experiences of trans people beyond the first 90 to support the Government of Vietnam to tailor programmes on treatment access, adherence, retention and viral suppression.

Peer-led organisations and CBOs are also an important source of information for trans people seeking gender-affirming care. It is crucial that these organisations have access to safe and accurate information about gender-affirming interventions such as hormones and surgery. Peer-led organisations and CBOs should be developing online and paper-based resources in local languages on hormones and gender-affirming surgery and other gender-affirming interventions that trans people use. This could include developing trainings on self-injecting hormones including potential dangers and side effects. This can be supported through existing resources such as APTN's *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific*.

With the increase in the number of public, private, and social enterprises providing health care services for LGB and trans people in Hanoi, the trans community would benefit from a mapping exercise of all trans-friendly services to ensure that trans people in Hanoi are knowledgeable of where to go and what services they can access. As part of this process, these services should be vetted through the development of community-based monitoring tools to ensure that services are meeting the availability, accessibility, acceptability and quality (AAAQ) and trans-competent standards. This mechanism can be used for continued advocacy to the government, and external donors to better understand the needs of the trans community and ensure that programmes are relevant and rights-based.

²¹ (1) Being trans or not identifying with my sex assigned at birth makes me feel special and unique. (2) I am proud to be of different gender from my sex assigned at birth. (3) If I choose not to disclose my gender identity, I am still proud of who I am. (4) I am comfortable revealing to others my gender identity. (5) I feel part of the community that identifies as trans or of different gender from their sex assigned at birth. (6) I feel connected to this community.

RECOMMENDATIONS

The following recommendations have been framed through the analysis of the data and provide an opportunity for key stakeholders including trans-led organisations, government and the private sector to convene, discuss and develop concrete and tangible steps in moving forward for implementation and integration within existing frameworks. The stigma and discrimination faced by trans people limits their life-long access to education, livelihood, employment options and citizenship, which are drivers of poverty, financial instability and high-risk work choices, and increase their risk of contracting HIV.

01 Strengthen Protections and Laws to Recognise Trans People *in the Constitution and National Legal Frameworks*

It is crucial that the law on the recognition of trans people in Vietnam is tabled in the National Assembly and swiftly enacted. The law will enable trans people to change their national documentation, affirm their identity and access justice and redressal when their rights are violated. Experiences of stigma and discrimination faced by trans people across multiple aspects of their lives including education, livelihood, employment options, and citizenship continue to increase vulnerabilities, poverty, and financial instability. This is associated with poor physical and mental health outcomes, including increasing their risk of contracting HIV. A rights-based legal framework must ensure that legal gender recognition should be allowed on the basis of self-recognition rather than under the prerequisite of undergoing gender affirmation surgery. Until the rights and provisions under the constitution for trans people are fulfilled and human rights violations are meaningfully addressed and criminalised, the elimination of HIV in Vietnam will never become a reality.

STAKEHOLDER	GOVERNMENT OF VIETNAM
RECOMMENDATION	National Assembly of Vietnam to table and pass the law on the legal recognition of trans people based on the WPATH depathologisation model to enact the full provisions under Article 37. The right to legal recognition of gender should be based on self-identification rather than medical interventions such as surgery.

02 End All Forms of Stigma and Discrimination *in* Health Care Settings

Perceived stigma and fear of discrimination around one's gender identity, remains the greatest cause of delays in accessing health services. Given that in Vietnam the majority of HIV services are implemented by the government, there needs to be greater efforts to ensure that all health care providers are sensitive and have adequate understanding of the health care needs of trans people and most importantly that trans people are treated with dignity when accessing services.

STAKEHOLDER HEALTH SERVICE PROVIDERS, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION Non-discriminatory clauses and organisational policies should be developed and implemented that safeguard trans people's rights at health facilities.

STAKEHOLDER MINISTRY OF HEALTH, HEALTH CARE FACILITIES
RECOMMENDATION Develop appropriate and adequate measures to take necessary actions against HCPs who violate trans people's rights, and ensure that platforms are available where trans people can file complaints and access redressal.

03 Increase Access to STI, HIV and Gender-Affirming Health Care Services for Trans People *in* Vietnam

Community and peer-based organisations are the preferred service provider for the trans community. With the majority of external donor funds (GFTAM, PEPFAR) distributed to government services, trans organisations often remain under-resourced to meet the demand in services. A greater distribution of control over resources is required until the government has the capacity to provide comprehensive health care to the trans community. Additionally, community monitoring and accountability of health care providers is essential to ensure that they are implementing quality, non-discriminatory and accessible HIV and health services to the trans community. Accountability mechanisms such as community monitoring are powerful tools in identifying persistent gaps, finding solutions and improving knowledge, attitudes and quality of service delivery, all of which can contribute to uptake in services and increase long-term health benefits.

STAKEHOLDER MINISTRY OF HEALTH
RECOMMENDATION Recognise trans people as a distinct key populations category within the National HIV Strategy, include trans-specific population data in population estimates.

RECOMMENDATION Develop policy and operational guidelines that ensure their specific needs are taken into account across all STI and HIV programming across the country.

STAKEHOLDER	MINISTRY OF HEALTH, HEALTH SERVICE PROVIDERS, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	All HIV-related health services (government and private) should be required to undertake sensitivity training. This training should be provided not only to health care providers but also auxiliary staff including, administration staff including in-take staff, receptionists, security guards and cleaners to ensure that throughout the service delivery cycle, trans people feel safe and are treated with dignity.
STAKEHOLDER	MINISTRY OF HEALTH
RECOMMENDATION	Develop national trans-competent guidelines for medical staff to provide accurate and safe information and services, including monitoring and supporting trans people to initiate HRT and access gender-affirming surgery.
STAKEHOLDER	MINISTRY OF HEALTH, PEPFAR, GFATM, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Increase the integration of STI and HIV prevention, testing and treatment services with gender-affirming services to increase uptake.
STAKEHOLDER	HEALTH CARE PROVIDERS, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Development of operational guidance at health facility level is required to reduce discrimination such as trans-friendly administration forms and access to gender-sensitive bathrooms.

04 Increase the Availability of Trans-competent Health Care Providers *Across the Country*

Technical knowledge, capacity and competency of trans people's mental and physical health needs among health care providers can lead to positive health outcomes, reduced stigma and discrimination and barriers to health care.

STAKEHOLDER	MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Invest in continued increase in the capacity of government health care providers through training and south-south learning to provide trans-competent health care services including gender-affirming services through developing a National Standards of Care policy, complemented by a national framework of action to support implementation.

STAKEHOLDER	MINISTRY OF HEALTH AND MINISTRY OF EDUCATION
RECOMMENDATION	Develop trans-specific curriculum modules across medical education institutions including medicine, nursing, emergency and psychiatry to increase knowledge and competency of health care providers.

05 Increase the Availability of Mental Health Services *with a Key Focus on Young People*

Lifelong stigma, discrimination and social ostracisation contribute to poor mental health and well-being outcomes for trans people. This isolation is most stark during their youth years, and is evident in the data on suicidal ideation and increased their likelihood of attempting suicide. Trans people do not access mental health care services due to a lack of availability, and when they may be available, trans people do not access them due to fear of discrimination due to past negative experiences where they are often classified as mentally unwell due to their gender dysphoria. Furthermore, the lack of rights-based and trans-competent professional psychological and/or mental health services for those who are initiating gender-affirmation interventions limits trans people's ability to gain the tools required to effectively manage their well-being throughout the process.

STAKEHOLDER	MINISTRY OF EDUCATION, ACADEMIC INSTITUTIONS AND SCHOOLS
RECOMMENDATION	Build a cohort of professional psychologists and mental health counsellors, increase the capacity of peer and community-based organisational staff to develop peer-based measures for mitigating mental stress and anxiety and supporting trans people who are experiencing suicidal thoughts such as lay counselling training. Such training and resources already exist in the region and should be adapted for the Vietnam context.

STAKEHOLDER	NATIONAL PSYCHOLOGY ASSOCIATION, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Establish linkages with the National Psychology Associations to increase their understanding and knowledge of trans-specific mental health issues and needs. Encourage clinicians to expand psychological and mental health services to trans populations at subsidised costs. Build a cadre of psychologists, social workers and mental health clinicians who provide a trans-affirmative approach and client-centred care.

STAKEHOLDER	MINISTRY OF EDUCATION, MINISTRY OF HEALTH
RECOMMENDATION	Integrate and mainstream gender and sexuality into school curricula, sensitise teachers and ensure school counsellors are competent in trans mental health needs.

06 Strengthen Community and Peer-led Trans Groups to Deliver and Ensure Quality, Transparency and Accountability of Government and Non-Government-led Health Services

Community and peer-based organisations are the preferred service provider for the trans community. With the majority of external donor funds (GFTAM, PEPFAR) distributed to government services, trans organisations are often under-resourced to provide the demanded services. A greater distribution of resources among trans organisations is required until the government has the capacity to provide comprehensive health care to the trans community. Community monitoring and accountability of health service providers is also a key action that the trans community and the Government of Vietnam can take to ensure that health care providers are implementing quality, non-discriminatory and accessible HIV and health services to the trans community. Accountability mechanisms such as community monitoring are powerful tools in identifying persistent gaps, finding solutions and improving knowledge, attitudes and quality of service delivery, all of which can contribute to uptake in services and increase long-term health benefits.

STAKEHOLDER	MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	At least 30% of total external HIV donor investments (PEPFAR, GFTAM) with matching funds from the government should be directed to funding key population groups including trans-led organisations to provide tangible health and non-health services including literacy and employment pathway programmes over the life of the grant.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS, MINISTRY OF HEALTH
RECOMMENDATION	Increase the knowledge and capacity of trans-led organisations to provide comprehensive health service to trans populations through educational opportunities, including scholarships for further study, diplomas and internships.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS, MINISTRY OF HEALTH
RECOMMENDATION	Establish a formal partnership with the Ministry of Health and key population groups to develop community monitoring framework to define and measure benchmarks of quality of care, access to testing, results and treatment. CBOs should be contracted and financed in the implementation of such programmes.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Locally adapt the <i>Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities</i> to support operational and technical guidance on developing minimum standards for trans-competent health care which includes information on provision of gender-affirming care services such as hormones.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Undertake a national trans-competent and friendly service mapping, including government, private sector and CBO-led, to increase access and knowledge for trans people to gain quality and stigma-free services.

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