

INSTITUTIONS

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Background

With decriminalization of adult consensual same-sex relationships and recognition of self-affirmed gender identity, India's legal climate looks promising for promoting the rights and health of Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) people. However, to convert this positive environment into actions, concrete steps need to be taken.

To create LGBTQI-specific health policies and programs, research evidence and the wisdom of practitioners and communities are essential. Thus, a "Second National Symposium on LGBTQI+ Health" was held in December (9-11) 2021 that focused on the current status of LGBTQI+ health research and policies/programs, good practices, gaps/challenges, and the way forward. It was a unique collaboration of CBOs, Multilateral & bilateral agencies, academic institutions and Government. We provide a summary of key findings from the presentations and discussions among researchers, practitioners, policymakers and community members.



Figure 1: Leadership of Collaborating Organizations.

Description



Figure 2: In-person participants in the National LGBTQI+ Health Symposium

In this hybrid mode-symposium with 14 sessions, 130+ persons attended in person and 1000+ people watched livestreaming. The three-day event (Dec. 2021) included 14 technical sessions where speakers/panelists identified several gaps in LGBTQI+ health research, policies and programs.

In relation to men who have sex with men (MSM) and transfeminine people, the government's focus has been on HIV prevention and care, with inadequate attention on mental health, alcohol/substance use, online HIV prevention interventions. Only a few state governments reimburse costs of or provide free gender-affirmative hormones/surgeries.

Limited understanding of the health needs of LGBTQI+ people, secondary to misinformation in medical curricula, lack of institutional policies on gender categories in outpatient/inpatient intake forms and access to restrooms were discussed.

Intersex activists reported ongoing practice of medically unnecessary surgeries on children with intersex variations and conflation of intersex people with transgender people.

The lack of reliable estimates of LGBTQI+ populations poses a challenge for planning health and social welfare programmes, and budget allocation.

Symposium Sessions	
1. Government policies and programs in relation	1. LGBTQI health education and training in medical, nursing and related field
2. Health needs of LGBTQI+ adolescents and youth	2. Legal issues, human rights
3. Emerging strategies to enhance HIV prevention and care among MSM & trans people	3. Methodological issues and strategies for conducting research among LGBTQI+ communities
4. Stigma and Resilience	4. LGBTQI+ health research priorities, research training and research funding
5. LGBTQ+ Mental Health	5. LGBTQI+ health policies and programs and a panel discussion on the way forward
6. Health of Lesbian and Bisexual Women	
7. Health of People with Intersex Variations	
8. Health of Transmasculine People	
9. Gender-affirmative medical services & health care for transgender people	

Key Recommendations

Following intense deliberations and discussions in the 14 technical sessions, the following key recommendations were made:

A. Implications for LGBTQI+ Health Policies, Programmes and Practice

- Provision of free/subsidized Gender-affirmative surgeries and related Health Services like Hormone therapy and Mental health services in Government hospitals.
- Health insurances schemes (Government and Private) to be inclusive of the Healthcare needs of LGBTQI+ Communities.
- Revisions of the Medical/Health curricula - by including LGBTQI health needs and issued faced by the communities.
- Identification of LGBTQI+ adolescents and bring them under existing programme coverage by developing digital spaces and reach youth in nonurban areas who do not have access to Internet.
- Banning unnecessary surgical procedures among people with Intersex variations by developing appropriate policies and guidelines and develop affirmative frameworks for responding appropriately to those seeking conversion treatments voluntarily.
- Developing a welfare framework to address the Socio-economic determinants of Health. Advocate with natal families to promote understanding and inclusion critical to LGBTQI+ health by strengthening local peer support groups. Include lesbian and bisexual women in welfare schemes (state and center) related to shelter, crisis intervention, educational support and scholarships, livelihood support and loans, among other schemes or support.

B. Implications for LGBTQI+ Health Research

- Research funding needs to be earmarked to develop studies to address multiple stigmas at various levels and to screen for and address psychosocial issues. To generate data that is inclusive of the health and mental health needs of lesbian and bisexual women, transmasculine people, and people with intersex variations based on research designed with community input and implemented with community involvement. Funds can be earmarked by premier research funders such as ICMR and other relevant government bodies (e.g., ICSSR) for conducting health-related research among LGBTQI+ people.
- Capacity building programmes should be planned for training young researchers on conducting health research among LGBTQI+ people and train all researchers on how to be inclusive of LGBTQI+ people in relevant studies.
- To assess health inequities, in current (and relevant future) periodic national health surveys, information need to be captured on sexual orientation, gender expression and sexual characteristics (SOGIESC). While Census 2011 captured information about "Other" in the gender category, the gender category can be inclusive of binary transgender people (trans women and trans men) as well as gender non-binary trans people.

Way Forward

The second edition of the National LGBTQI+ Health symposium proved to be a unique platform to address the Health needs of the LGBTQI Communities. The symposium was highly appreciated by the Government, and it was suggested to develop an Action plan for the implementation of the recommendations.

Accordingly, a 2-3-year action plan has been prepared for various activities mapping the stakeholders for implementation and collaboration. Each activity has been also given a specific timeline. An excerpt of the Action Plan is mentioned below.

Recommendations	Strategies	Action Points	Key Stakeholders	Timeline
<b>C. Gender-affirmative Medical and Surgical Therapies</b>				
Improve access to gender-affirmative medical and surgical therapies for transgender people and competent care for people/children with intersex variations	Support for preparing national guidelines for gender-affirmative care in healthcare settings and guidelines for medical/surgical gender-affirmative therapies to be provided in government hospitals	Provide quality gender-affirmative therapies (using national guidelines adapted from WPATH international standards of care) for transgender people, and providing respectful care for people with intersex variations using international guidelines (e.g., Cools et al's consensus statement)	MoHFW NACO MoSJE  National and State authorities on Health Insurance Government hospitals (especially district level and tertiary hospitals)  Community based Organizations WHO, UNAIDS, USAID, UNDP	2022 and on-going
		Health insurance, subsidized/co-financed by government through insurance schemes of Chief Minister or Prime Minister)		
		Train a cadre of healthcare providers in identified government hospitals who can provide an interdisciplinary gender-affirmative care (surgical, medical and psychosocial support)		

It is also envisaged that the progress in the implementation of the action plan will be reviewed at regular intervals and the 3<sup>rd</sup> National LGBTQI+ Health Symposium/ Conference will be organized in the second half of 2023.

For any doubts/queries and collaborations, please contact:

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