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Report on

TRANSGENDER- COMPETENT CARE

WORKSHOP

January 15, 2019
Bangkok, Thailand

REPORT

on Transgender-Competent Care Workshop

January 15, 2019 | Bangkok, Thailand

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EXECUTIVE SUMMARY

Healthcare providers from across Southeast Asia had an opportunity to build their skills in providing affirming healthcare for transgender patients as part of the Transgender-Competent Care Workshop, held in Bangkok on January 15, 2019. The workshop, organized by the Thai Red Cross Tangerine Academy for Transgender Health, in partnership with the Fenway Institute, drew nearly 120 healthcare providers, nurses and community health workers from around and beyond the Asia-Pacific region, including from Australia, Cambodia, Fiji, Germany, Hong Kong, India, Indonesia, Malaysia, Myanmar, Netherlands, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, United Kingdom, United States and Vietnam. The event was supported by the United States President's Emergency Plan for AIDS Relief (PEPFAR) under the United States Agency for International Development (USAID) LINKAGES Thailand Project,

managed by FHI 360, with the International AIDS Society as an Academic Supporter.

The workshop drew expertise from across the region, as well as from the Fenway Institute. Session topics ranged from introductions to terminology around gender identity and health issues faced by transgender community, to more advanced topics such as gender affirmative hormone therapy and gender affirming surgeries. The workshop also highlighted four unique models that have successfully integrated HIV programming in health service delivery for transgender people: the transgender community health clinic in a public health facility in Thailand, the standalone transgender community health center in the Philippines, the key populations-owned private clinic in Vietnam, and the private sexual health clinic in Indonesia.



As Professor Kenneth Mayer from the Fenway Institute pointed out, the key to transgender-competent care is to understand the spectrum of the clients and the unique aspects of each individual client's care. This includes using gender neutral terminologies, which - while it may seem like a small matter - can create a positive provider-client relationship. Professor Mayer and other experts also stressed that strong partnerships between healthcare providers and community health workers can help reach the transgender community.

In addition to the sessions led by international experts, attendees also heard input from members of the transgender community. Key points of discussion included that transgender-specific data are still very limited in the region, many transgender women who are at risk for HIV are still not sufficiently reached, and more tailored interventions are needed to overcome unique barriers to health services for this population. It was also noted that transgender men, and their

sexual health needs, have not been well studied, particularly when it comes to those who have sex with cisgender men, and additional research is needed to understand HIV risk behaviors among this subpopulation. Finally, participants discussed the possibilities for South-South capacity building, using both didactic and hands-on methods, to strengthen the provision of transgender-competent care.

The high level of interest in this workshop and the active participation of workshop participants demonstrate the strong need and desire for resources and training to provide more appropriate and higher-quality care for transgender people. We hope the workshop has helped healthcare providers from across the region to be more confident in providing competent care for all transgender people. After the workshop, the Tangerine Academy for Transgender Health will develop training course and guidance for healthcare providers on transgender-competent health services.



BACKGROUND AND INTRODUCTION

Transgender individuals have gender identity, gender expression, or behavior that differs from their biological sex assigned at birth. Besides being a social minority, transgender people are also a health minority who face myriad challenges, including stigma and discrimination, physical or sexual violence, and even denial of access to medical services. Transgender women remain one of the most vulnerable populations for HIV, with a global prevalence of 19% and a risk of HIV infection 49 times higher than that in the general population. The interplay of stigma and discrimination, lack of social acceptance and other psychosocial issues such as depression and suicidal ideation often increase vulnerability to HIV infection.

In addition to traditional health care, transgender people have unique needs related to gender transitioning, specifically hormone therapy and gender-affirming surgery. In many settings, there is a lack of trans-sensitive healthcare providers trained to offer these medically appropriate services. Many transgender people avoid seeking

medical help because they fear discrimination. Due to these barriers, transgender women generally try to provide for their own care using the Internet and their social circle of friends, and many reported self-prescribing medically-unmonitored and potentially dangerous hormones to enhance their appearance. This may lead to rapid build-up of unhealthy conditions, further complicating already poor access to care.

To improve HIV services among transgender people, a more comprehensive and responsive transgender health package is strongly needed. Since the launch of the comprehensive Asia Pacific Trans Health Blueprint, the priority health care needs and human rights issues for transgender people in the region has not been adequately met. The efforts to establish a transgender health clinic similar to the Tangerine Community Health Clinic have been lagging. It would be difficult to achieve the 2020 Fast-track targets without addressing other health needs and human rights of the transgender community.



On January 15, 2019, the Thai Red Cross Tangerine Academy for Transgender Health, in partnership with the Fenway Institute, hosted a transgender-competent care workshop in Bangkok, Thailand. Nearly 120 stakeholders from different sectors, including healthcare providers, representatives from transgender community, community-based organizations (CBOs), non-governmental organizations and technical partners from around and beyond the Asia-Pacific region attended the workshop.

The objectives included:

- To define what transgender-competent means by identifying skills, knowledge and behaviors that healthcare providers should demonstrate while providing HIV and health services
- To increase healthcare providers' understanding of transgender-competent care and foster the development of the skills needed to provide transgender-competent HIV and health services
- To identify strategies for providing effective transgender-competent HIV and health services in the region

The intended outcome of this workshop was to share up-to-date knowledge on transgender-competent care and existing models that have successfully integrated HIV programming into their healthcare services, and to explore the needs for transgender health in the Asia-Pacific Region.

The report summarizes the presentations and discussion at the workshop.



WELCOMING AND OPENING REMARKS

Professor Emeritus Praphan Phanuphak, director of the Thai Red Cross AIDS Research Centre (TRCARC) welcomed all participants to the workshop and thanked all the sponsors for their generous support. Since the establishment of the Tangerine Community Health Clinic in 2015, awareness of the health needs of transgender people has grown along with the demand from countries throughout the region. What has not kept pace, however, is the knowledge and capacity

of healthcare providers in the region to provide health and support services to transgender people in a competent manner. Professor Phanuphak emphasized that there are at least two components to competent care: clinical skills as well as moral and ethical competence. He also noted that participants would have the opportunity to contribute and advise on strategies for providing effective transgender-competent HIV and health services.



MESSAGE FROM THE INTERNATIONAL AIDS SOCIETY (IAS)

Dr. Nittaya Phanuphak, a member of the IAS Governing Council, Asia and the Pacific Islands, welcomed participants to the workshop on behalf of the IAS and remarked that she was pleased that the workshop was so well attended. When planning for the workshop, only 30 to 50 participants were expected, but, at last count almost 120 participants had registered and were in the room. This was taken as a sign of growing interest among clinicians and others in the issue of how to provide competent health care for transgender people.

She added that it was her hope that this meeting would seriously look at how transgender competent care helps to ensure better health services for transgender people, not just in HIV and AIDS, but in other areas as well. In closing, Dr. Phanuphak added that the IAS was proud to provide technical support to the workshop.

SETTING THE STAGE: TRANSGENDER HEALTH IN THE ASIA-PACIFIC REGION

Rena Janamnuysook, a program manager from TRCARC provided an overview of transgender health in the Asia-Pacific region. She reported recent data from The Transgender Europe Council, summarizing that in the Asia-Pacific:

14	Countries practiced hormone treatment without medical supervision
30	Countries practiced hormone treatment with medical supervision
23	Countries practiced gender-affirming surgery under medical supervision
19	Countries practiced gender-affirming surgery without medical supervision

Unfortunately, the costs of most gender-affirming health services are not covered by the public health system or private insurance. Moreover, not all types of gender-affirming surgeries are available in each country.

She concluded her comments by outlining key actions required to move the promotion and practice of transgender competent care forward by healthcare providers in the region:

- treat transgender people with dignity, equality and respect; ensure that general healthcare provisions, such as suicide prevention measures and mental health support, are relevant for, and inclusive of, transgender people
- incorporate gender-affirming transgender healthcare into public health facilities
- provide ongoing training to healthcare providers and incorporate trans-specific healthcare in undergraduate and graduate education in all relevant health fields
- facilitate knowledge sharing between the transgender community and health professionals in order to increase access to and provision of transgender health services

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One key aspect of the right to health is that it requires that health systems and services are available, accessible, acceptable and of quality. The biggest health gaps are in the provision of medically necessary, gender-affirming health services

Rena Janamnuysook
TRCARC, Thailand

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TERMINOLOGY, DEFINITIONS, LIFE COURSE PERSPECTIVE REGARDING SEXUAL ORIENTATION AND GENDER IDENTITY

To understand transgender people and their health needs, it is important to first define the core concept of sexual orientation and gender identity. Professor Kenneth Mayer, Medical Research Director of The Fenway Institute and Director of HIV Prevention Research and Attending Physician at Beth Israel Deaconess Medical Center presented guidelines for healthcare providers working with transgender people. He emphasized that misunderstanding of the terminologies can lead to culturally insensitive remarks or other missteps that result in missed screenings, less effective counseling, and otherwise suboptimal care.

When discussing the term ‘transgender,’ it is useful to begin by examining the concept of gender. Gender identity is an internal sense of self, which develops over the course of a person’s life and may change over time. A defining feature of transgender or gender non-binary people is that gender identity is not congruent with one’s assigned sex at birth.

The term transgender is not indicative of sexual orientation or how a person identifies their physical or emotional attraction to others. Gender dysphoria is a discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth. It is important for physicians to be mindful of their choice of words when interacting with transgender clients. It is best to avoid gender-specific terms wherever possible, as a way to avoid cis-normativity and to be more accurate.

Professor Mayer pointed out that the key to transgender-competent care is to understand the spectrum of the clients and understand that all have unique aspects of care. The term gender affirmation refers to a full range of experiences. It can be understood as a process where a transgender person brings their body more in line with their gender identity, often through hormone therapy and/or surgery, though not all choose to do so.

HORMONE USE AND COMPLICATIONS

Feminizing or masculinizing hormone therapy to induce feminizing or masculinizing changes is a medically necessary intervention for many transgender individuals. Hormone therapy must be individualized based on the patient’s goals, the risk/benefit ratio of medications, the presence of other medical conditions, and consideration of social and economic issues. Professor Mayer emphasized the importance of implementing the informed consent model for hormone replacement therapy, which

provides access to medical care, individualized to that person without the prerequisite requirement of a mental health evaluation to access medical care. The model allows patients to make their own choices about their health. The role of healthcare providers is to explain the potential risks, benefits and provide individualized care. Informed consent is the norm of medical treatment and is now being apply to the transgender population.

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Increasingly, people are describing themselves as having a non-binary identity and think of themselves on a spectrum. This is quite common among adolescent and young adults

Professor Kenneth Mayer
The Fenway Institute, USA

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DRESSING



GENDER-AFFIRMING SURGERY

Dr. Poonpisamai Suwajo, a plastic and reconstructive surgeon from the Department of Surgery, King Chulalongkorn Memorial Hospital, Thailand, presented the latest technique for vaginoplasty in transgender women called peritoneal vaginoplasty. For this technique, the tissue from the peritoneum that encircles the inside of the abdomen is used to create the neo-vagina. This vaginoplasty technique requires a relatively easy surgical procedure with smaller intraoperative blood loss and less operative time when comparing to other penile inversion techniques. The technique can help achieve a result that is very close to the biological female genitals, both cosmetically and functionally.

The commonly used techniques for transgender men who wish to undergo genital surgery are metoidioplasty and phalloplasty. Metoidioplasty is less invasive because it takes advantage of testosterone's enlarging effect on the clitoris. It is an alternative for those who do not wish to have a complete phalloplasty or for those who initially choose metoidioplasty and later want to undergo a phalloplasty.

Dr. Suwajo noted that gender-affirming surgery is a complex process which requires rigorous pre- and post-operative care. Therefore, a multidisciplinary approach is essential for the care of transgender patients, involving a plastic surgeon, a urologist and a gynecologist.



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From a psychiatric perspective, people diagnosed with gender dysphoria have a vulnerability for psychiatric morbidity. However, gender dysphoria does not occur in all gender variant individuals.

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Dr. Zheng Zhimin
Institute of Mental Health, Singapore

BEHAVIORAL HEALTH ISSUES OF TRANSGENDER PEOPLE: DEPRESSION, SUBSTANCE USE, INTERNALIZED STIGMA

Dr. Zheng Zhimin from the Department of Mood and Anxiety, Institute of Mental Health, Singapore provided an important insights into the syndemic psychosocial problems faced by transgender people. Transgender women experience pervasive transphobia and gender-based violence, contributing to transgender women's vulnerability to mental health issues. The ways in which each issue impacts the individual are interconnected and often exacerbate each other, increasing the likelihood of suicide attempts and reducing help-seeking behaviors. As a result, morbidity and mortality are extremely high among transgender women, even after gender-affirming surgery.

There are essentially 3 main strategies of care for transgender and gender non-binary individuals:

- 1) recognize and reduce health disparity;
- 2) identify high-risk groups; and 3) targeted individualized care.

To help minimize health disparity, Dr. Zheng recommended developing clinical pathways and guidelines for transgender individuals and incorporating transgender health competency into medical school curricula. She also noted that the community can help identify and manage high-risk groups by using tools like Patient Health Questionnaire 9 (PHQ-9) and General Anxiety Disorder 7 (GAD-7) for screening during routine appointments. Another care model is the targeted individualized approach, in which the identified individual is referred to specialized psychiatric care and case management.

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Access to good health and health care is a universal right, and this includes transgender people. However, many factors are negatively affecting the power and possibilities of transgender people to execute this right!

Dr. Frits van Griensven
TRCARC, Thailand

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CHALLENGES AND EMERGING OPPORTUNITIES FOR THE HIV PREVENTION, TREATMENT AND CARE CASCADE FOR TRANSGENDER PEOPLE IN ASIA

Dr. Frits van Griensven from TRCARC presented HIV prevalence rates among transgender women in the region:

- Bangkok, Thailand: 12.3% in Bangkok, Thailand (IBBS, 2005-2016)
- Cambodia: 5.9% at the national level and 11.7% in B. Meanchay; 11.3% in Siem Reap; 6.5% in Phnom Penh; 5.3% in Battambang (IBBS, 2016)
- Indonesia: 24.8 % in Java and even higher in Jakarta Metro at 34% (IBBS, 2007-2015)
- Malaysia: 10.7% at the national level and 23.9% in metro Kuala Lumpur (IBBS, 2009-2017)

Dr. van Griensven noted that it was difficult to prevent, treat and retain transgender people in the HIV cascade in isolation from other medical conditions. The provision of gender-affirmative interventions may function as an important avenue to engage and retain transgender people in the HIV cascade, thereby contributing to the 90-90-90 UNAIDS Fast-Track targets. This should be done in the context of a broader package of primary care services, such as sexually transmitted infections (STIs) evaluation and treatment, vaccination, screening for cancer, and if possible, mental health, sexual identity, and addiction counseling. Unfortunately, challenges remain in monitoring and evaluation of services using the cascades. In particular, pre-exposure prophylaxis (PrEP) retention and adherence in young transgender women are poor and need more attention.



INTEGRATING HIV PROGRAMMING IN HEALTH SERVICE DELIVERY FOR TRANSGENDER PEOPLE

There are a growing number of transgender health clinics in the region that have successfully integrated HIV programming into their healthcare services. The workshop included presentations from the Thailand, Philippines, Vietnam and Indonesia, which focused on the different delivery models, factors for success, and challenges.

A number of shared challenges included raising community awareness, low uptake of PrEP and antiretroviral therapy (ART), and the low uptake of HIV testing among transgender women who are adolescents or those involved in sex works. Here are some of the key lessons from these models discussed:

THE TRANSGENDER COMMUNITY HEALTH CLINIC IN A PUBLIC HEALTH FACILITY

The Tangerine Community Health Clinic was established in 2015 to address the growing demand for quality and non-discriminatory health services by transgender people in Bangkok. Tangerine Clinic services include general health check-ups, hormonal administration and monitoring, psychosocial support and counselling, vaccinations for hepatitis A, B, and human papillomavirus (HPV), testing for HIV and other STIs, PrEP, post-exposure prophylaxis (PEP) and same-day ART. The clinic also offers anal and neo-vaginal pap smears, mental health support and referrals for gender affirming surgery and legal

services. The success of Tangerine Clinic could be attributed to the sensitive and respectful manner of the transgender staff and gender-sensitive medical professionals.

As of December 2018, the Tangerine Clinic has served 2,038 transgender women clients, provided HIV testing to 1,886 (93%) of those clients, and identified 227 (12%) HIV-positive individuals. The Tangerine Clinic model demonstrates that gender-affirming services is an effective entry point in linking the transgender community to HIV and STI testing, care and treatment services.

THE STANDALONE TRANSGENDER COMMUNITY HEALTH CENTER

The Victoria Clinic by LoveYourself, the adaptation of the Tangerine Clinic model, was established in December 2016 to provide a gender-sensitive, holistic and inclusive set of key health and wellness services to transgender people. The clinic is the first standalone transgender community health center in the Philippines. The Victoria Clinic services include HIV screening and counselling services on transgender concerns, basic physical health check-ups, basic laboratory procedures,

screening and treatment for STIs, and referrals to specialists for hormone management, pre-gender affirming surgery assessment and high resolution neovagina-scopy.

In addition to the health clinic, the center also conducts outreach work, community advocacy and capacity building for transgender people and organizations.



THE KP-OWNED PRIVATE CLINIC IN VIETNAM

Despite the need, until recently transgender women were not recognized by the Vietnamese Ministry of Health's HIV program as a distinct population requiring specific health services. In 2018, a campaign led and co-created by transgender women was launched in Hanoi and Ho Chi Minh City to offer a virtual space for members of transgender women communities to share issues of interest and to provide online & offline support for questions related to health/HIV, gender and sexuality. The campaign also aimed to inspire transgender women to make life-affirming decisions and link the communities to transgender-led CBOs and clinics that provide trans-friendly services.

The efforts to establish transgender-competent HIV and health services in Vietnam is still ongoing. With technical assistance from the Tangerine Clinic, hormone services, referral to gender-affirming surgery specialists, substance use and mental health assessment and support, and HIV/STI services are currently being developed. Through the collaboration between transgender-led CBOs and transgender-friendly clinics, HIV testing uptake and HIV case-finding have increased significantly across the clinics

THE PRIVATE SEXUAL HEALTH CLINIC IN INDONESIA

Angsamerah Clinic, established in 2010, is located in Central Jakarta. This private sexual health clinic provides high-quality health services to all members of the society, regardless of their gender and sexual orientation. Its services include STI screening and treatment, obstetrics and gynecology, psychology, psychiatry and hormone therapy, pre-marital packages, contraceptives and ART. Since its establishment, Angsamerah Clinic were able to retain 86% of the HIV-positive clients on ART. The clinic provides an opportunity to obtain comprehensive care at one location and with a high level of personal continuity. It offers a one-stop service, starting from consultation to payment is done in the consultation room. If the clients require a specialist, they will not need to be referred out but instead the specialists will be invited to the clinic. To address the low number of transgender clients receiving services, the clinic will be investing more to improve the outreach program and increase promotion among the transgender community. The clinic is also establishing partnerships with several CBOs to attract the lower-income transgender people who are still hesitant to access services at the clinic because of cost issues.

COMMENTS FROM THE FLOOR

The facilitators of the workshop emphasized that there really is no “one size fits all” model for delivering sexual and well-being health services to the transgender community. Specific approaches such as the use of social media are required to reach out to the transgender community. The need for partnership and collaboration can help improve the health service provision to the transgender community.

Participants also noted that the needs of transgender men with regards to the provision of general health services as well PrEP-related services are not being adequately met. Although HIV rates among transgender men are currently low, their risk is not negligible. Unfortunately, HIV risk among transgender men are still poorly understood. Recent studies suggest that sexual and other risk behaviours, as well as interpersonal factors, put transmen at risk of HIV and STI infection. The need to provide additional and more appropriate services for transgender men was emphasized. Finally, it was discussed that barriers to accessing funding for transgender health services programs remain a daunting and complex challenge. To overcome this challenge, many clinics and CBOs have already entered into partnerships with national and international funders to help cover the costs of some of their services, to facilitate free or low-cost services for their clients.

EXPANDING REGIONAL NEEDS AND ACTION PLANS ON PROMOTING TRANSGENDER-COMPETENT APPROACHES IN THE EXISTING HIV AND HEALTH SERVICES, PROGRAMMING AND POLICIES

Key action points made during this closing session are:

- setting up online training courses and webinars for healthcare providers on transgender-competent health services;
- developing protocols and guidance on gender-affirming services and hormone use;
- setting up regional networks to share information and provide South-South capacity building for transgender-competent care implementation, through didactic and hands-on sessions;
- securing more funding for transgender health by strengthening the linkage between transgender health and HIV/AIDS;
- increasing the knowledge and efforts to reach and provide healthcare services to transgender men, including additional research, which is needed to understand HIV risk behavior among transgender men;
- collecting more transgender-specific data, which are still very limited in the region.

AGENDA

Time	Topics
08.00-08.30	Registration
08.30-08.40	Welcoming and opening remarks: Professor Emeritus Praphan Phanuphak, MD, PhD Director, Thai Red Cross AIDS Research Centre, Thailand
08.40-08.50	Messages from International AIDS Society (IAS) Nittaya Phanuphak, MD, PhD IAS Governing Council, Asia and the Pacific Islands Chief, PREVENTION, Thai Red Cross AIDS Research Centre, Thailand
08.50-09.15	Setting the stage: transgender health in the Asia-Pacific region Rena Janamnuaysook Program Manager (Transgender Health), PREVENTION, Thai Red Cross AIDS Research Centre, Thailand
09.15-10.15	Terminology, definitions, life course perspective regarding sexual orientation and gender identity Gender-affirming care: what are the key components? Who can provide what? Medical care for transgender people, Part A: addressing STI, other infectious diseases, behavioral health Kenneth Mayer, MD Medical Research Director, The Fenway Institute Infectious Disease Attending and Director of HIV Prevention Research Beth Israel Deaconess Medical Center Professor of Medicine, Harvard Medical School, USA
10.15-10.30	Coffee break
10.30-11.00	Medical care for transgender people, Part B: hormones and potential complications Kenneth Mayer, MD Medical Research Director, The Fenway Institute Infectious Disease Attending and Director of HIV Prevention Research Beth Israel Deaconess Medical Center Professor of Medicine, Harvard Medical School, USA

Time	Topics
11.00-11.45	Medical care for transgender people, Part C: gender-affirming surgery Poonpisamai Suwajo, MD Plastic and Reconstructive Surgeon, Department of Surgery, Chulalongkorn University King Chulalongkorn Memorial Hospital, Thailand
11.45-12.30	Behavioral health issues of transgender people, Part D: depression, substance use, internalized stigma Zheng Zhimin, MBBS, MRCPsych Consultant Psychiatrist, Department of Mood and Anxiety, Institute of Mental Health, Singapore
12.30-13.30	Lunch
13.30-14.15	Challenges and emerging opportunities for the HIV prevention, treatment and care cascade for transgender people in Asia Frits van Griensven, PhD, MPH Senior Technical Advisor, Thai Red Cross AIDS Research Centre, Thailand
14.15-15.15	Integrating HIV programming in health service delivery for transgender people <ul style="list-style-type: none">• To highlight the importance of integrated HIV programming in health service delivery for transgender people• To share transgender-competent approaches to HIV programming that show promising results in improving service uptake across the cascade among transgender people Panelists: The Standalone transgender community health center Yanyan Arana Clinic Coordinator, Victoria Clinic by LoveYourself, Philippines The KP-owned private clinic Kimberly Green, PhD Program Director, PATH Healthy Markets, Vietnam The transgender community health center in public health facility Kritima Samitpol Clinic Supervisor, Tangerine Community Health Center, Thai Red Cross AIDS Research Centre, Thailand The private sexual health clinic Astrid Seikka, MD, MPH General Practitioner and Project Manager, Angsamerah Clinic, Indonesia

Time	Topics
	<p>Moderators:</p> <p>Nittaya Phanuphak, MD, PhD IAS Governing Council, Asia and the Pacific Islands Chief, PREVENTION, Thai Red Cross AIDS Research Centre, Thailand</p> <p>Raine Cortes Project Manager, Asia Pacific Transgender Network (APTN)</p>
15.15-15.30	Coffee break
15.30-16.15	<p>Open floor discussions: Exploring regional needs and action plans on promoting transgender-competent approach in the existing HIV and health services, programming and policies</p> <p>Moderators:</p> <p>Joe Wong Executive Director, Asia Pacific Transgender Network (APTN)</p> <p>Stephen Mills, PhD Regional Director, LINKAGES Thailand and Laos, FHI 360</p>
16.15-16.30	<p>Closing remarks:</p> <p>Stephen Mills, PhD Regional Director, LINKAGES Thailand and Laos, FHI 360</p>

LIST OF PARTICIPANTS

Country	Name	Organization
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Australia	Melissa Kelly	The Albion Centre
Australia	Scott McGill	ASHM
Australia	Teddy Cook	ACON
Cambodia	Chel Sarim	FHI 360
Cambodia	Dork Pagna	Men's Health Social Service (MHSS)
Cambodia	Kem Vichet	Men's Health Cambodia (MHC)
Cambodia	Sokun Chay	Clinton Health Access Initiative
Cambodia	Yun Phearun	Chhouk Sar Clinic
Fiji	Jason Mitchell	Oceania Society for Sexual Health and HIV Medicine (OSSHHM)
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Thailand	Ravipa Vannakit	USAID
Thailand	Rena Janamnuysook	TRCARC
Thailand	Reshmie Ramautarsing	TRCARC
Thailand	Sanya Umasa	FHI 360
Thailand	Sathon Chompoopan	Bangkok Metropolitan Administration
Thailand	Somsong Teeratakulpisarn	TRCARC
Thailand	Sorawit Amatavete	TRCARC

Country	Name	Organization
Thailand	Stephen Mills	FHI 360
Thailand	Sunantha Boonsawai	TRCARC
Thailand	Sutira Uaamnuichai	Faculty of Medicine, Chulalongkorn University
Thailand	Suwimon Khanthathasiri	Faculty of Medicine, Siriraj Hospital
Thailand	Tanat Chinbuchorn	TRCARC
Thailand	Tatchaporn Wattanabowornsakul	Faculty of Dentistry, Chulalongkorn university
Thailand	Thirdchai Sattayapanich	FHI 360
Thailand	Thitisant Palakawong Na Ayuthaya	Bangkok Metropolitan Administration
Thailand	Tidarat Amatsombat	TRCARC
Thailand	Tippawan Pankam	TRCARC
Thailand	Wannaporn Limpitikul	Faculty of Medicine, Siriraj Hospital
Thailand	Wipaporn Natalie Songtaweasin	Faculty of Medicine, Chulalongkorn University
Thailand	Sirawit Sangduen	Sunpasithiprasong Hospital
Thailand	Krisanee Pansue	Queen Sirikit National Institute of Child Health
Thailand	Chatriyaporn Siriyotipun	Queen Sirikit National Institute of Child Health
Thailand	Nifalnee Hengpiya	Hatyai Hospital
Thailand	Malika Rattanavijit	Lampang Hospital
Thailand	Supabhorn Peng	TRCARC
Thailand	Tanyaporn Wansom	TRCARC
Thailand	Kittichai Promjantuek	TRCARC
Thailand	Nittha Viriyapornchai	Poonpissamai Clinic
Thailand	Thanyawee Puthanakit	Faculty of Medicine, Chulalongkorn University
Thailand	Yarinda Srisutat	TRCARC
United Kingdom	Alison Barbour	NHS
United States	Giffin Daughtridge	UrSure Inc.
United States	Jeffrey Wickersham	Yale School of Medicine
United States	Kenneth Mayer	The Fenway Institute
United States	Sara LeGrand	Duke University
Vietnam	Bao Vu	PATH
Vietnam	Huu Ngo	PATH
Vietnam	Kimberly Green	PATH



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