

# Rollbacks in Access to Trans-specific Healthcare in Europe & Central Asia

[article, health and depathologisation](#)

TGEU expresses concern over the violation of the right of trans people to access trans-specific healthcare in Europe and Central Asia. Access to services is precarious, and we are seeing worrisome developments in many European countries, such as England and Wales, Germany, Norway, Ireland, and Northern Ireland, as well as in Central Asian countries such as Kazakhstan.

Numerous countries in the region are not making any progress and some are taking steps back. The COVID-19 pandemic is heavily impacting trans people's access to care. Medical appointments are being delayed or canceled, and trans-specific healthcare is dismissed as a secondary issue. First time access or the continuation of ongoing care is being dramatically interrupted. In addition, a number of critical situations have recently come to our attention:

- **England and Wales'** High Court [ruled](#) that people under 16 were unlikely to be capable of giving consent to hormone blockers. As a result of this decision, the National Health Service (England) has changed the process around accessing hormone blockers and now requires a court decision on whether it's in the minor's 'best interests' to start puberty blockers before a doctor can prescribe them.
- **Germany's statutory healthcare providers** have just [released new regulations](#) concerning cost coverage for trans-specific healthcare. The [new protocol](#) continues to pathologise trans identities and excludes non-binary people. Treatment is framed as the last resort for cases where psychotherapy does not succeed to "alleviate gender dysphoria", which threatens cost coverage. The regulation stands in stark contrast to Germany's [new evidence-based standards of care](#), updated in 2018 by leading trans healthcare experts in cooperation with trans representatives with reference to the ICD-11.
- **Norway** is failing at implementing their new trans-specific healthcare guidelines and still carries out pathologising and discriminatory practices that leave many people out, including non-binary, migrants, and those who started their treatment elsewhere. The centralisation of services is heavily impacting the community and trans/LGBTI organisations [are not being heard](#) in the process of implementation.
- Healthcare for trans people in **Ireland** and **Northern Ireland** is becoming increasingly limited. Waiting lists now vary from a 3 year-long [waiting period](#) to people not being taken at all, with over 400 people on the waiting list since 2018, some of whom have been on this list for over 4 years.
- **Kazakhstan** is further medicalising and pathologising trans people. The country has [approved sterilisation and hormonal treatment as mandatory](#) requirements for legal gender recognition of trans people, which constitutes a form of torture, cruel, and inhuman or degrading treatment as recognised by the UN.

In many countries, the process to start trans-specific healthcare is often only offered in very limited locations, in which trans people are subject to pathologising assessments of their identities, forced to come out and be visible as trans people in their daily life ('real life tests'), and still only some are approved for treatment.

Those communities that are further marginalised are frequently and systematically excluded, including people with a non-normative gender expression, non-binary individuals, those with mental health conditions, those disabled, minors, or migrants. Sex workers and Black and people of colour are often further discriminated against.

**All trans people, regardless of age, migration status, sex work status, disabilities, gender identity or**

**expression, or any other identity or characteristic, deserve access to care that is based on the principles of self-determination and informed consent. Trans people have a right to bodily autonomy and to the enjoyment of the highest attainable standard of health.**

TGEU will continue working closely with local communities and addressing national, European, and international institutions to ensure trans-specific healthcare is available, accessible, affordable, and of quality for all trans people, especially for those further marginalised.