Trans Health Map 2024: As WHO guidelines approach, healthcare for trans people in the EU still hindered by stigma and long delays

article, health and depathologisation, health & depathologisation

Today, TGEU (Trans Europe and Central Asia) unveils our Trans Health Map the EU's only tool spotlighting the urgent healthcare needs of trans people.

The Trans Health Map comes at a pivotal moment: many of the issues and concerns featured on the Map are expected to be addressed by the World Health Organisation in its upcoming guidelines on trans-specific healthcare in 2025. The guidelines will provide clear and actionable recommendations to EU Member States to address critical issues about providing trans-specific healthcare.

Despite progress, significant hurdles remain for trans healthcare access in the EU

While more countries today offer access to various types of healthcare, systemic issues remain, and trans people continue to face healthcare delays and pervasive stigma. Despite WHO reforms in 2019, 12 Member States still diagnose 'Transsexualism'—a staggering reminder of how far we have to go. Long waiting lists, stigma, discrimination, and an overemphasis on pathologisation and psychiatric care persist. Healthcare systems also fail to address the specific needs of groups such as non-binary people and asylum seekers. In addition, many Member States provide little or no coverage for trans-specific healthcare, leaving it accessible only to those who can afford to pay out-of-pocket. As a result, many trans people in the EU struggle to meet their basic healthcare needs.

Pathologisation

Trans-specific healthcare continues to be pathologised in a majority of EU Member States, despite the WHO ICD-11 reforms in 2019, which decategorised trans identities as a mental health disorder. We know for certain that 12 EU Member States use the formal diagnosis of 'Transsexualism' under 'ICD-10, 5 use 'Gender Dysphoria' as per DSM-V while 3 use both. Only Malta, Denmark, and eight regions of Spain (for which we have information) do not require a psychiatric diagnosis as a prerequisite to access any form of trans-specific healthcare.

Slow implementation of depathologisation implies that trans-specific healthcare is not provided on the basis of informed consent and individual healthcare decision-making but is entirely dependent on a diagnosis. This leaves the door open for stigmatised views of trans-specific healthcare and trans identities as something that needs fixing, where the person's healthcare needs and desires become secondary. This has implications for the medical advice trans people receive, the overall environment and language used in healthcare settings, and public debate on the issue.

An outsized focus on a psychiatric diagnosis ties up resources in already overstretched mental healthcare systems. It diverts attention and resources away from **ongoing psychosocial support that should be an essential part** of the trans-specific healthcare pathway. This is best exemplified by the lack of availability of psychological care in the EU. Across many EU Member States such as France, Ireland, Denmark, Czechia,

Slovakia, we observed that while psychological care is technically available in-country, there are major challenges with access for the general population, and particularly trans people.

Access to HRT

Availability and public health funding for hormone replacement therapy, which is among the most important medical interventions in the bucket of trans-specific healthcare, is mixed in the EU. All Member States provide access to testosterone and oestrogen, with the exception of Hungary, Latvia and Romania. However, this is not fully covered by public health funding in Estonia, Lithuania, Denmark and Poland (for oestrogen) and Croatia, Denmark, the Czech Republic, Poland, Lithuania, Estonia and Romania (for testosterone). This is **despite the fact that hormones are relatively inexpensive to produce while being hugely beneficial** and effective in alleviating gender-related distress. They are also widely used by the general population, and it should be possible to make this available to trans people on a much larger scale as a key target group of this medication.

Long waiting times

Availability and cost coverage of healthcare is only one side of the issue as the **waiting times** increasingly determine the ability to access care. Waiting times to access trans-specific healthcare vary widely in the EU, ranging from between 1-3 months **to over 3 years.** In Sweden, Belgium, the Netherlands, Finland and Italy, where care is provided through dedicated centres, waiting times range between 1-3 years. In Ireland, where the National Gender Service (NGS) has a virtual monopoly on how trans-specific healthcare is provided, the situation is dire as healthcare is inaccessible due to a waiting time of over 10 years.

Specific groups within trans communities face additional obstacles

Within trans communities, **specific groups of people experience additional challenges**. In an overwhelming number of EU Member States (22), **non-binary people find it harder** to access trans-specific healthcare. This is often because non-binary people are forced to jump through more hoops and assessments. Care is restricted only to those who identify as binary trans, so **non-binary people are further pathologised.**

19 Member States make it harder for people seeking asylum to access trans-specific healthcare. This typically takes the form of total exclusion until their asylum claim is processed or provision of care is provided only if the person has initiated treatment in their country of origin (which is the case in Denmark).

Trans people in Hungary are in a particularly vulnerable situation due to the ongoing political climate that vilifies them, the ban on legal gender recognition, and the pressure placed on supportive healthcare providers. Hungarian trans people are forced to pause their healthcare or access it abroad, which means paying for it out of pocket.

Puberty blockers

18 EU Member States permit the provision of **puberty blockers** to young trans people to pause and reflect as they consider their future healthcare decisions. 14 Member States provide over 70 per cent of public health funding for it. Almost all Member States which allow access to puberty blockers also permit hormone replacement therapy for young people, except Estonia and Slovenia. At a time when there is a lot of attention on the provision of trans-specific healthcare in Europe and significant disinformation around the real state of affairs, the Trans Health Map 2024 shows that EU Member States are not moving towards bans.

Sexual and reproductive health

The **sexual and reproductive health** needs of trans people are increasingly getting the attention they deserve. 11 EU Member States provide full coverage for PrEP and PEP as part of HIV treatment and prevention for trans people, which shows significant progress in recognising the need for targeted HIV prevention strategies for this vulnerable group. Concerningly, Member States such as Bulgaria, Hungary, and Romania, which recently reported high rates of new HIV infections and related deaths, provide no coverage, reinforcing the broader healthcare inequity faced by trans people in these countries.

Not all Member States provide options for fertility preservation for trans people as part of the trans-specific healthcare pathway despite its significance for trans people's ability to have children and for overall quality of life. Where access is challenging, it may be due to complete exclusion, unclear policies, low levels of knowledge among healthcare providers, or lack of public health funding. Only 14 EU Member States make some form of Assisted Reproductive Technologies (ART), such as gamete preservation, IVF, etc, available to trans people. Even fewer (10) provide any extent of public health funding for it. Spain is the only Member State which guarantees access to ART for trans people through law – Ley 4/2023.

Commenting on the state of trans-specific healthcare in the EU and the barriers trans people face, **TGEU's incoming Executive Director, Ymania Brown**, said:

"Trans people have some of the lowest levels of access to healthcare, and to make it totally unbearable and inhumane, they face high levels of stigma and discrimination from providers. In 2024, in the EU, it is unacceptable that trans people must wait over a year just to see a doctor.

"*The issues highlighted by the Map need urgent attention, and we are awaiting the WHO's guidelines on this front. We created our Trans Health Map 2024 as a tool for the EU Member States to assess where improvements are needed to properly implement the upcoming guidelines. We urge Ministries of Health to identify urgent reform areas and set measurable, achievable targets to improve access to trans-specific healthcare."*

Explore the Trans Health Map

More About Trans Health Map

TGEU's Trans Health Map is the only tool which tracks the availability and accessibility of trans-specific healthcare in the 27 Member States of the European Union. The map tracks seven categories:

- Type of trans-specific healthcare and its coverage
- Requirement of psychiatric diagnosis
- Waiting times for the first appointment with a trans-specific healthcare professional
- Groups made to wait longer or excluded from accessing certain types of trans-specific healthcare
- Under 18 information: Access to puberty blockers
- Under 18 information: Access to hormones
- Access to sexual and reproductive health services

Learn more about the Trans Health Map and access the first edition released in 2022.

About TGEU

TGEU (Trans Europe and Central Asia) is a trans-led non-profit NGO working for the rights and wellbeing of trans people since 2005. TGEU is an umbrella organisation that represents over 200 member organisations in more than 50 countries in Europe and Central Asia.

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