



The State of Trans-Specific Healthcare in the EU

Looking Beyond the Trans Health Map 2022



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The State of Trans-Specific Healthcare in the EU Looking Beyond the Trans Health Map 2022

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INTRODUCTION

Why this report

Transgender Europe's (TGEU) *Trans Health Map* represents the findings of our investigation into the state of trans-specific healthcare (TSHC) in the European Union (EU). The map demonstrates that the availability of and access to care varies widely across the EU Member States. However, in order to visualise the data for the map, we had to limit the information we considered to six factors and represent all 27 EU Member States on a single scale of 'less' to 'more' care. This necessarily had the impact of flattening differences and obscuring variation within individual EU Member States.

This report aims to provide more detail and explore some of the nuances in access to TSHC using additional data gathered during the preparation of the Trans Health Map, to better understand why healthcare is more or less accessible in some EU Member States. We look into a number of issues such as the existence of laws and policies, the provision of healthcare, waiting times, and cross-border access. The analysis is limited to adults, as the data for individuals under 18 years was not specific or reliable enough to report on in more detail.

Methodology

The data for this report was initially collected for the Trans Health Map via a survey which was administered in 2022. Thirty-eight country experts from the 27 EU Member States responded to the survey. These experts were primarily trans and nonbinary activists and TSHC experts, though a small number were cisgender medical professionals. The survey questions had multiple options that were usually not mutually exclusive. Country experts were encouraged to choose all applicable options. All questions referred to in this report are available in the [survey document](#).

We verified the information from country experts through multiple rounds of review using publicly available country records including legal, governmental, and organisational reports and websites. For **Slovakia**, where we could not find a country expert, all information is based on publicly available information. While we only searched for records using English terms and key words, we obtained and reviewed a substantial number of non-English documents using DeepL and Google Translate. In most cases, and unless there was evidence to the contrary, we accepted experts' assessment of healthcare in their country. In some cases, based on the responses received to the questions, we were able to break down the data into additional categories (compare for e.g. Question [Q.] 15 of the survey and this report's section on how TSHC is provided). If a country is not represented within a particular category, it means the country expert did not answer the question and we could not independently verify any evidence for it. All information referred to in this report is verified as of June 2023.

How to read this report

Country codes

We use the two-letter EU country code to refer to individual countries when they appear in a list.¹

We use the full country name when we specifically discuss it.

Austria	AT	France	FR	Malta	MT
Belgium	BE	Germany	DE	Netherlands	NL
Bulgaria	BU	Greece	EL	Poland	PL
Croatia	HR	Hungary	HU	Portugal	PT
Cyprus*	CY	Ireland	IE	Romania	RO
Czechia	CZ	Italy	IT	Slovakia	SK
Denmark	DK	Latvia	LV	Slovenia	SI
Estonia	EE	Lithuania	LT	Spain	ES
Finland	FI	Luxembourg	LU	Sweden	SE

*We report on the territory covering the south of the Republic of Cyprus, using the corresponding publicly available documentation.

Frequently used acronyms

Do-It-Yourself DIY
Hormone Replacement Therapy HRT

European Union EU
Trans-specific Healthcare TSHC

Quotes from country experts

Quotes from country experts may contain spelling errors and missing capitalisation. We have edited this in some places for readability, but have otherwise retained them in their original form. Where quotes have been edited, you will see square [] brackets. All quotations in italics are from our country experts; non-italicised quotes come from other published sources.

¹ EUROSTAT, Glossary: Country Codes, available at: ec.europa.eu/eurostat/statistics-explained/index.php?title=Glossary:Country_codes.

ANALYSIS: THE STATE OF TRANS-SPECIFIC HEALTHCARE IN THE EU

Legal basis for the provision of trans-specific healthcare and cost coverage

The first question we asked was whether the EU Member State in question has a clear legal basis for TSHC provision and cost coverage, to understand whether the presence of a law or policy makes TSHC more readily available and easier to access (see Q. 11 of the survey).

Seven EU Member States (BL, CY, FR, EL, LV, PL, RO) have **no legal basis** for TSHC. Access varies widely across these countries. Country experts' responses to the different survey questions suggest that the situation is particularly dire in **Bulgaria, Romania, and Poland**, which have very limited options for TSHC.

Six EU Member States (CZ,² HU,³ LU,⁴ IT,⁵ PT,⁶ SI,⁷ ES,⁸ SE⁹) have **national legislation** that refers specifically to TSHC. They differ in aim and content, ranging from laws that guarantee care and coverage, as in **Portugal**, to those that establish medical committees, like in **Slovenia**. National legislation is an opportunity to lay down broad principles for care provision and recognition of rights. However, with the exception of **Spain**, no EU Member State's laws speak to these concerns (see box below).

As a whole, national laws on TSHC are dated and in urgent need of thorough review and revision. The law in **Italy**, for instance, still requires trans people to secure court permission to access gender-affirming surgeries.

² Act No. 373/2011 Coll on Specific Health Service. available at: www.zakonyprolidi.cz/cs/2011-373#.

³ LXXXIII of 1997 on Compulsory Health Insurance Benefits. available at: net.jogtar.hu/jogszabaly?docid=99700083.

⁴ The Statutes of the National Health Fund. (2023). available at: <https://cns.public.lu/fr/legislations/textes-coordonnes/statuts-cns.html>.

⁵ Law no. 164/2018. Rules regarding rectification of attribution of sex. available at: www.onig.it/node/10

⁶ Law No. 38/2018. Right to self-determination of gender identity and gender expression and the protection of each person's sexual characteristics. available at: diariodarepublica.pt/dr/detalhe/lei/38-2018-115933863.

⁷ Advocate of the Principle of Equality. The Situation of Transgender People in Procedures for Medical Gender Identity Confirmation and Legal Gender Recognition in Slovenia. available at: <https://zagovornik.si/wp-content/uploads/2022/08/The-Situation-of-Transgender-People-in-Procedures-for-Medical-Gender-Identity-Confirmation-and-Legal-Gender-Recognition-in-Slovenia-Selected-Chapters-1.pdf>. TransAkcija. Interdisciplinary Council for Confirmation of Gender Identity. available at: <https://transakcija.si/t-prirocnik/konzilij/>.

⁸ Ley 4/2023 for the real and effective equality of trans people and for the guarantee of the rights of LGBTI people. available at: www.boe.es/buscar/act.php?id=BOE-A-2023-5366&p=20230301&tn=1.

⁹ On determination of gender in certain cases (Act 1972:119). available at: <https://lagen.nu/1972:119>

Spain's national law, Ley 4/2023, enacted in February 2023, addresses several key aspects of TSHC. It is far-reaching and lays down broad principles on how TSHC should be organised. It highlights nine key principles: non-pathologisation, autonomy, informed consent, non-discrimination, comprehensive care, quality, specialisation, proximity and non-segregation, privacy and confidentiality, and avoiding all unnecessary examinations that are devoid of a therapeutic or diagnostic purpose. See TGEU's Guidelines to Human Rights-Based Trans-Specific Healthcare for an explanation of these principles.¹⁰

In nine EU Member States (AT,¹¹ HR,¹² DK,¹³ FI,¹⁴ IE,¹⁵ LT,¹⁶ SK,¹⁷ NL,¹⁸ SE¹⁹), **national-level policies, including guidelines and protocols** inform the provision of TSHC. Again, the scope and content of these policies varies widely, making it difficult to analyse whether they have a positive impact on access to care. For example, the policy in **Denmark** is broad, regulating the organisation of TSHC for the country as a whole. The **Lithuanian** policy, by contrast, refers only to the provision of hormone replacement therapy (HRT) through a centralised multidisciplinary committee. In Ireland, we were not able to confirm if the guidelines are currently in operation.

The presence of policies alone, however, does not guarantee access. In **Slovakia**, until June 2022, there was no clarity on whether the Ministry of Health's 'expert guidance on the unification of healthcare for gender change' was valid. This led to state registries demanding proof of sterilisation from trans people who were attempting to change their legal gender.

¹⁰ Leo Mulió Álvarez, Transgender Europe. Guidelines to human rights-based trans-specific healthcare. (2019), available at: <https://tgeu.org/wp-content/uploads/2019/12/TGEU-Guidelines-to-Human-Rights-Based-Trans-specific-Healthcare-EN.pdf>.

¹¹ Federal Chancellery Republic of Austria. (2017). Intersexuality and Transidentity: Opinion of the Bioethics Commission. available at: www.bundeskanzleramt.gv.at/dam/jcr:e31962af-4646-4897-abc2-151ba7514426/Intersexuality_Transidentity.pdf.

¹² Professional guidelines for the preparation of opinions of health workers and psychologists on determining the conditions and assumptions for changing gender and living in a different gender identity. (2016). available at: narodne-novine.nn.hr/clanci/sluzbeni/2016_01_7_93.html.

¹³ Danish Health Authority. (2018). Guide on healthcare related to gender identity. available at: www.sst.dk/-/media/English/Publications/2018/Guide-on-healthcare-related-to-gender-identity.ashx?sc_lang=da&hash=A4A87DFC14C561A819C1625AFcBA39D9.

¹⁴ Palvelivalikoima. (2020). Medical treatments for gender dysphoria in Non-Binary adults - Recommendation; Palvelivalikoima. (2020). Medical treatments for gender dysphoria that reduces functional capacity in transgender people - Recommendation.

¹⁵ Des Crowley and Vanessa Lacey. Guide for Providing Care for Transgender Patients in Primary Care: Quick Reference Guide (2021).

¹⁶ Order on the Approval of the Description of the Diagnosis and Treatment Procedure of Gender Identity Disorder (Transsexualism). (2022). available at: ligoniukasa.lv/it/en/news/procedures-for-the-diagnosis-and-treatment-of-gender-identity-disorder-are-approved.

¹⁷ Expert Guideline on the unification of procedures in healthcare related to transition. (2022). available at: inin.sk/standard.

¹⁸ Quality Standard: Transgender Care (2018). available at: richtlijndatabase.nl/gerelateerde_documenten/f/19927/Kwaliteitsstandaard%20Transgenderzorg%20-%20Somatisch.pdf.

¹⁹ The National Board of Health and Welfare, Good care for adults with gender dysphoria. (2015).

Only three EU Member States (EE,²⁰ DE,²¹ MT,²²) have **both national laws and policies** regulating TSHC access. However, these also differ in scope. Estonia's law and policy concerns itself primarily with the process of accessing TSHC, such as the documents required and authorities allowed to approve requests. **Malta**'s social security law, on the other hand, guarantees coverage by specifying gender identity. In 2022, **Malta** also undertook policy reform of the entire TSHC system to assess its effectiveness and align it with the ICD-11.

What is the ICD-11?

In 2019, the WHO depathologised trans identities in the new International Classification of Diseases 11 (ICD-11). Under the ICD-11, gender incongruence of adolescence and adulthood was moved from the chapter on mental and behavioural disorders to the chapter on sexual health. If the ICD-11 is implemented in EU Member States, a psychiatric diagnosis would no longer be required to access TSHC. Further, the current systems of organising TSHC and pathways to care would need to be modified to achieve depathologisation.

In contrast, **Germany** has a law that provides for trans-specific procedures in the general insurance code, and guidelines from the National Association of Statutory Insurers. However, these guidelines tightened the rules for eligibility of TSHC reimbursement and the government is yet to implement its commitment to have all TSHC costs covered by public health insurance.²³

Insurance codes describe the different healthcare services and procedures that are covered by health insurance and are usually available in an individual's healthcare plan. These codes form the basis for decisions on which healthcare procedures are covered and to what extent. Therefore, the more specific the codes, the chances of care being covered are higher.

Overall, we were able to confirm TSHC codes under the public health insurance system in only three countries (DE, LU, NL). **Germany**'s inclusion of TSHC codes is important because, without explicit recognition in the insurance system, trans people have historically found it challenging to access cost coverage. This is in part because insurance companies reject claims on the ground that existing codes do not cover the situation. **Belgium**, for instance, uses general codes. This resulted in

²⁰ Directive no. 32 on Common Requirements for Medical Operations for Gender Reassignment. (1999); Sotsiaalministeerium. (2021) Formation of a medical expert committee.

²¹ § 275 SGB V, Social Security Code. available at: www.sozialgesetzbuch-sgb.de/sgbv/275.html; Gender reassignment measures for transsexualism (ICD-10, F64): Guideline of the national association of statutory health insurance funds according to §282 SGB V (2020).

²² Part II, Fifth Schedule, Social Security Act (1987); Office of the Deputy Prime Minister and Ministry of Health, Transgender Healthcare. (2022). available at: deputyprimeminister.gov.mt/en/CMO/transgender-health/Pages/welcome/the-gender-wellbeing-clinic.aspx.

²³ Matilda Davis. (2020). Leaked report into German health insurance imposes tough new rules for trans people and erases non-binary people completely. PinkNews. available at: www.thepinknews.com/2020/11/27/germany-trans-gender-affirmation-health-insurance-mds-gkv-spitzenverband/; Koalitionsvertrag Zwischen SPD, 2021. Bündnis 90/Die Grünen und FDP. Mehr Fortschritt wagen.

frequent challenges to coverage requests, requiring advocates and practitioners to keep track of the procedures and codes that were accepted at any given time.²⁴

However, with the current legal basis in **Belgium**, this issue may not persist to the same extent as before. Across all 27 EU Member States, the legal basis in **Belgium** is unique, where coverage for TSHC is guaranteed via a contract or convention between the National Institute for Health and Disability Insurance (RIZIV) and the two gender clinics in Liege and Gent.²⁵

Regional variation in the availability, accessibility, and quality of TSHC occurs across all EU Member States, especially those in which healthcare is highly decentralised and competence lies with individual regions, such as **Italy** and **Spain**.²⁶ This, in turn, means that there is often regional law and policy on TSHC under which individual regions determine their own procedures, budgets, and cost coverage.

The information on legal basis shows that TSHC is regulated in a largely haphazard and patchwork manner. This has resulted in a mix of standards, rules, and outdated regulations built one on top of the other. Ultimately, besides **Malta** and more recently **Spain**, no other EU Member State has aligned TSHC with the ICD-11.

Provision of trans-specific healthcare

Coverage of TSHC by public health insurance is often guided by policy that closely regulates the manner in which it is provided. Therefore, we wanted to understand whether TSHC is centralised or decentralised, who provides it, and what trans people do when it is not available or accessible (see Q. 15 of the survey).

COUNTRY	MULTIDISCIPLINARY GENDER CLINICS OR COMMITTEES	INDEPENDENT PRACTITIONERS	DIY	COMMUNITY-LED INITIATIVES
Austria		✓		
Belgium	✓	✓		
Bulgaria		✓	✓	
Croatia		✓		

²⁴ See for example Joz Motmans et al. (2017). Being transgender in Belgium: Ten years later. available at: igvm-iefh.belgium.be/sites/default/files/118_-_being_transgender_in_belgium.pdf. p. 80-82.

²⁵ Agreement between the Medical Care Insurance Committee of the Government Institute for Sickness and Disablement Insurance and the Center for Transgender Care of the Hospital. available at: www.riziv.fgov.be/nl/themas/kost-terugbetaling/door-ziekenfonds/gespecialiseerde-centra/Paginas/transgenderzorg-tegemoetkoming-kosten-begeleiding-gespecialiseerd-centrum.aspx. Services which are not available in these clinics may be sought outside from independent practitioners or other clinics with the appropriate referral from the clinics.

²⁶ Fisher Alessandra, Transgender Healthcare in Europe: Italy. (2019). available at: epath.eu/wp-content/uploads/2019/04/EPATH2019-Transgender-Health-Care-in-Italy.pdf; Giovanardi Guido, Gender Diverse Children and Adolescents in Italy: A Qualitative Study on Specialized Centers' Model of Care and Network. (2020). Int J Environ Res Public Health. available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC7766564/.

Cyprus		✓		
Czechia		✓		
Denmark	✓			✓
Estonia	✓	✓		✓
Finland	✓			
France	✓	✓	✓	✓
Germany	✓	✓	✓	
Greece		✓	✓	
Hungary		✓	✓	
Ireland	✓	✓	✓	✓
Italy	✓	✓	✓	
Latvia		✓		
Lithuania	✓	✓	✓	
Luxembourg		✓	✓	
Malta	✓			
Netherlands	✓	✓	✓	✓
Poland		✓		
Portugal	✓	✓		
Romania		✓	✓	✓
Slovakia		✓	✓	
Slovenia	✓		✓	
Spain	✓	✓	✓	
Sweden	✓		✓	
TOTAL	15	22	17	4

Table 1: How is TSHC provided in EU Member States?

Independent practitioners are the main TSHC providers in 22 EU Member States. Unlike most countries, where any independent practitioner with the requisite expertise can provide TSHC, **Croatia** and **Cyprus** specifically authorise certain practitioners. Fifteen EU Member States provide TSHC through **multidisciplinary gender identity clinics**. These are specialist clinics – usually centralised in major urban centres – which provide a range of trans-specific healthcare services, from mental healthcare to endocrinological and surgical care. In **Denmark, Ireland, and Finland**, only designated clinics can provide these services, and care sought outside might not be covered by public health insurance.²⁷

²⁷ Dorte Glinborg et al. (2021). Socioeconomic status in Danish transgender persons: a nationwide register-based cohort study. Endocrine Connections. available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8494405/>

In nine Member States, TSHC is provided through a **combination of multidisciplinary gender clinics and independent practitioners**; however, the relationship between these providers differs across states. For example, In **Lithuania** and **Estonia**, a central multidisciplinary committee (rather than a clinic) is tasked with providing the permission necessary to ensure cost coverage and developing a TSHC plan that independent practitioners will administer. By contrast, in **France** and **Germany**, multidisciplinary clinics and independent practitioners operate alongside each other, and both can provide TSHC services.

TSHC provision via community-led initiatives was reported in four EU Member States (FR, IE, NL, RO) where trans organisations step in to enable access to care for a part or all of the community. The context behind or reasons for these initiatives differ across these countries. In the **Netherlands**, a community-run clinic providing care to those who otherwise have difficulty in accessing it, such as sex workers, migrants, homeless people, refugees, and asylum seekers has been operating in Amsterdam since 2018.²⁸ One country expert reported that more such initiatives are in development, for instance in Utrecht. In **France**, community projects run by trans-led organisations, like Acceptess-T, coordinate HRT and HIV-care.²⁹

In **Romania**, only a handful of independent practitioners provide psychiatric and endocrinological care, and they might or might not agree to see an individual. Community-based organisations step in to fill this service gap. An anti-doping law passed in 2021 that bans the production, sale and distribution of many substances, including testosterone, complicates the provision of THSC.³⁰ Such laws imposing blanket bans without carve-outs for essential medications can have a negative impact on trans organisations' ability to provide for the community and an individual's ability to purchase hormones at pharmacies.

We found evidence for **Do-It-Yourself (DIY)** TSHC in 17 EU Member States. In some or possibly all of the remaining 10 countries, it is likely that individuals access hormones via DIY methods, although we either did not receive a response from the country expert or could not independently verify this information. Trans people who cannot access hormones are often forced to obtain them from the grey market, illicit sources, or manufacture it at home. DIY HRT is also commonly used by trans people as an alternative to encountering an insensitive and, in many cases, abusive healthcare system. In some cases, this can negatively impact health, as DIY methods are not encouraged and in many cases, are a barrier to accessing care through formal care pathways. This can lead to trans people not disclosing DIY hormone usage to their healthcare providers.

²⁸ Bryan Sol Miranda. (2019). For us, by us: Amsterdam's life-saving transgender clinic. EqualTimes. available at: www.equaltimes.org/for-us-by-us-amsterdam-s-life.

²⁹ Acceptess-T. Health Actions. available at: www.acceptess-t.com/sante-sexuelle-prevention.

³⁰ Law no. 219/2021 for modification and completion of Law no. 104/2008 on preventing and combating the illicit production and trafficking of high-risk doping substances. available at: legislatie.just.ro/Public/DetaliuDocument/245003.

Reasons for not providing trans-specific healthcare

All permutations of TSHC may not be available or covered in a single Member State. For example, countries like the **Netherlands**, **Malta**, and **France** provide coverage for a wide array of TSHC, while others exclude it for any of a number of reasons (see Q.13 of the survey).

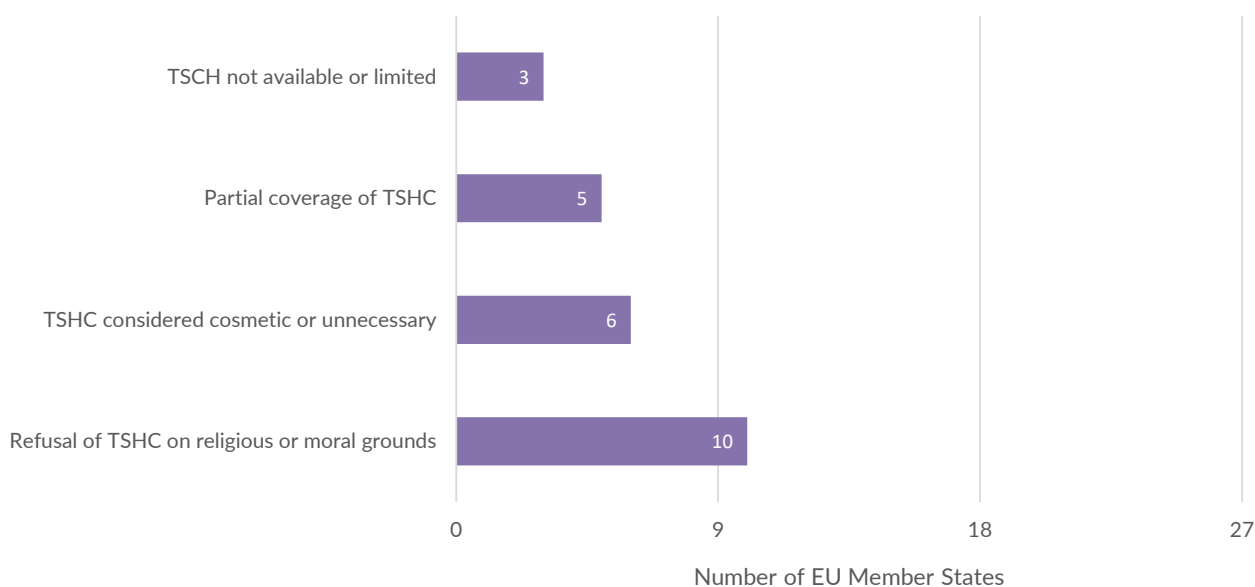


Figure 1: Reasons why TSHC may not be provided in EU Member States

Country experts from three EU Member States (HU, BU, RO), indicated that TSHC was either not available or only accessible to a limited extent, due to lack of capacity, resources, and public backlash against practitioners who provide it. In **Bulgaria** and **Romania**, no form of surgical care is available. In **Romania**, even HRT is not covered and is becoming increasingly hard to access.³¹ In **Hungary**, the ongoing political context has affected TSHC access and the current ban on legal gender recognition may have made access to TSHC de facto impossible within the country. Access is highly dependent on the individual healthcare provider, who are increasingly insecure about how much care they can provide, and also on whether the trans person can afford private insurance. One country expert noted that “*in practice [TSHC] was only covered after [legal gender recognition] but now there is no LGR anymore.*”

In 10 EU Member States (HR, CY, EL, HU, IE, IT, PT, RO, SK, SE) our country experts indicated that **some healthcare providers refuse to provide TSHC on religious or moral grounds**. Despite the strong Catholic influence and opposition to LGBTI people in **Latvia** and **Lithuania**, the country experts there did not indicate any answer to this question and we were, likewise, unable to independently verify it. Nevertheless, this does not mean that religious or moral opposition from healthcare providers in the remaining 17 countries does not occur.

³¹ Ioana Fotache. (2021), Trans on the Labour Market in Romania. available at: www.mozaiqlgbt.ro/wp-content/uploads/2021/12/trans_on_the_labour_market_in_romania.pdf; ILGA-Europe. Annual Review 2023. available at: www.ilga-europe.org/report/annual-review-2023/.

There is **limited or partial coverage of TSHC procedures** in five EU Member States (HR, AT, SK, PL, DK). For example, in **Croatia** and **Denmark**, the cost of HRT is not fully covered by public healthcare.³² In **Austria**, though a mental health assessment is a precondition for accessing any form of TSHC, mental health care is usually only partially covered, and to different extents dependent on the insurance provider. In six EU Member States (CZ, DE, LV, LU, RO, EE), our country experts said certain procedures like facial feminisation, tracheal shave, and breast reconstruction may not be covered by public healthcare, as they are **considered to be ‘cosmetic’ or not medically necessary**.³³

Wait time for a first appointment with a trans-specific healthcare professional

We asked a number of questions about how long trans people wait to receive care from a TSHC professional. The first step in that process is receiving an initial appointment, where waiting periods are likely to be longest. We asked country experts about the average time people wait between their first request for care and attending the appointment (Q. 18 of the survey).

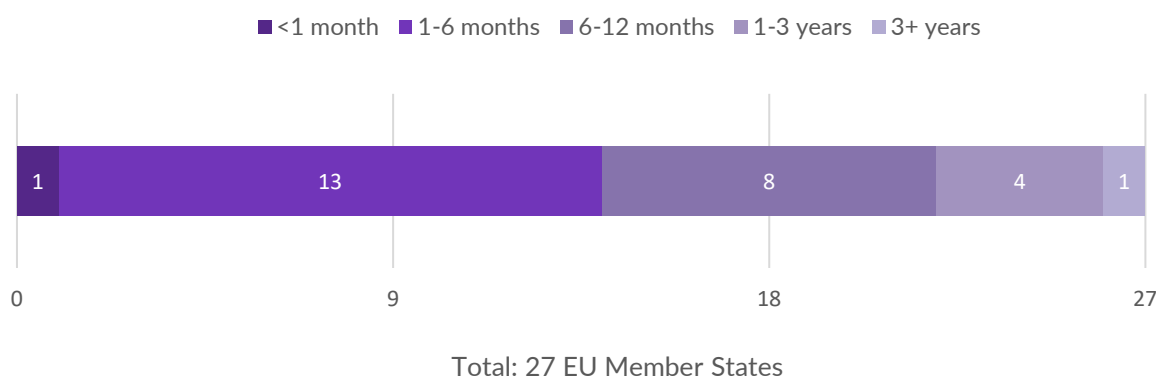


Figure 2: Waiting times for a first appointment in EU Member States

Only the **Bulgarian** country expert indicated that people wait less than one month for a first appointment. Country experts in 13 EU Member States reported a waiting period between 1-6 months (AT, HR, CY, CZ, DK, EL, HU, LT, MT, PL, RO, SI, ES), eight reported 6-12 months (EE, FI, FR, DE, IT, LV, LU, PT), and four reported 1-3 years (BE, NL, SK, SE). In **Ireland** alone, the wait time was reported as 3+ years. According to some reports, the waiting period is closer to more than 7 years.³⁴

³² ILGA-Europe. Annual Review 2023. available at: www.ilga-europe.org/report/annual-review-2023/

³³ European Commission. (2018). Trans and intersex equality rights in Europe – A comparative analysis. p. 98.

³⁴ Doyle, P. (2022, Oct 7). Special investigation: The Irish trans patients resorting to DIY healthcare. Irish Medical Times. available at: <https://www.imt.ie/news/special-investigation-the-irish-trans-patients-resorting-to-diy-healthcare-07-10-2022/>; Ferreyra-Carroll, L. (2021, Oct 21). A state of collapse: Trans healthcare in Ireland is a national emergency. Gay Community News. available at: <https://gcn.ie/trans-healthcare-ireland-national-emergency/>.

Counterintuitively, shorter wait times do not necessarily mean easier access to care, but rather represent the recent adoption of public TSHC coverage, such as in **Lithuania** and **Malta**, or a near complete lack of TSHC, as in **Greece** or **Bulgaria**. In the former case, wait times may be short because not many people have requested these services yet and, in the latter, because no assessment bottleneck created by a centralised referral process exists.

Longer wait times in different EU Member States appear to have similar causes, primarily arising from the centralisation of care. In **Ireland**, they result from many people requesting access from a single referral centre that has insufficient will to keep up with demand.³⁵ Other countries with high waiting periods, such as the **Netherlands** (2-3 years), have responded more proactively. Measures taken include increasing capacity,³⁶ devolving some aspects of care to general practitioners,³⁷ and instituting a state-mandated officer to monitor TSHC waiting periods and recommend measures to shorten them.³⁸ Nevertheless, a continued preference for concentrating care in multidisciplinary clinics has limited the impact that multiple sites of care might have on lengthy waitlists in the **Netherlands**.³⁹ While target wait times across healthcare systems differ, individuals should not have to wait longer than 8 weeks between requesting and receiving an initial appointment with a TSHC provider.⁴⁰

Frequency of hormone shortages

Commercial shortages of medications for HRT have long been a source of concern among the trans community. However, there is little research, or publicly-available human rights and governmental documentation, on this issue. We asked our experts how frequently they experience hormone shortages in their country (Q. 23 in the survey). Where experts from a country disagreed, we took the most frequent occurrence.

Hormone shortages appear to occur most frequently (several times a year) in **Malta**, the **Netherlands**, and **Romania** and at least once a year in six EU Member States (BE, FR, EL, IT, PL, SE). The only countries where shortages were reported as never having occurred were **Latvia** and **Portugal**.

³⁵ Ferreyra-Carroll, L. (2021, Oct 21). A state of collapse: Trans healthcare in Ireland is a national emergency. available at: <https://gcn.ie/trans-healthcare-ireland-national-emergency/>.

³⁶ NL Times. (2022, June 23). Waiting lists pushing trans teens to buy transition medicines online. NL Times. available at: <https://nltimes.nl/2022/06/23/waiting-lists-pushing-trans-teens-buy-transition-medicines-online>.

³⁷ Transvisie. (n.d.). Practitioners. available at: <https://transvisie.nl/volwassenen/behandelaars/>

³⁸ Ministerie van Volksgezondheid Welzijn en Sport. (2021, June 26). available at: <https://open.overheid.nl/documenten/ronl-8e51118e-5a7d-495d-9c1a-fd8b0a5c8e4f/pdf>.

³⁹ Vreer Verkerke, Jochem Verdonk, Simon Huges, Adri van Diemen, Brand Berghouwer, Sabine Bastiaans. (2016). P. 17 Survey: Trans health care in the Netherlands. <http://principle17.org/sites/default/files/Report%20P17%20trans%20health%20care%20Netherlands.pdf>; Lars van der Bent. (n.d.). The treatable transsexual: The evolution of what Dutch gender clinics consider a valid patient. <http://arno.uvt.nl/show.cgi?fid=160525>

⁴⁰ ONVZ. (n.d.). Maximum acceptable waiting times. Available at: <https://www.onvz.nl/vergoedingen/maximaal-aanvaardbare-wachttijden>

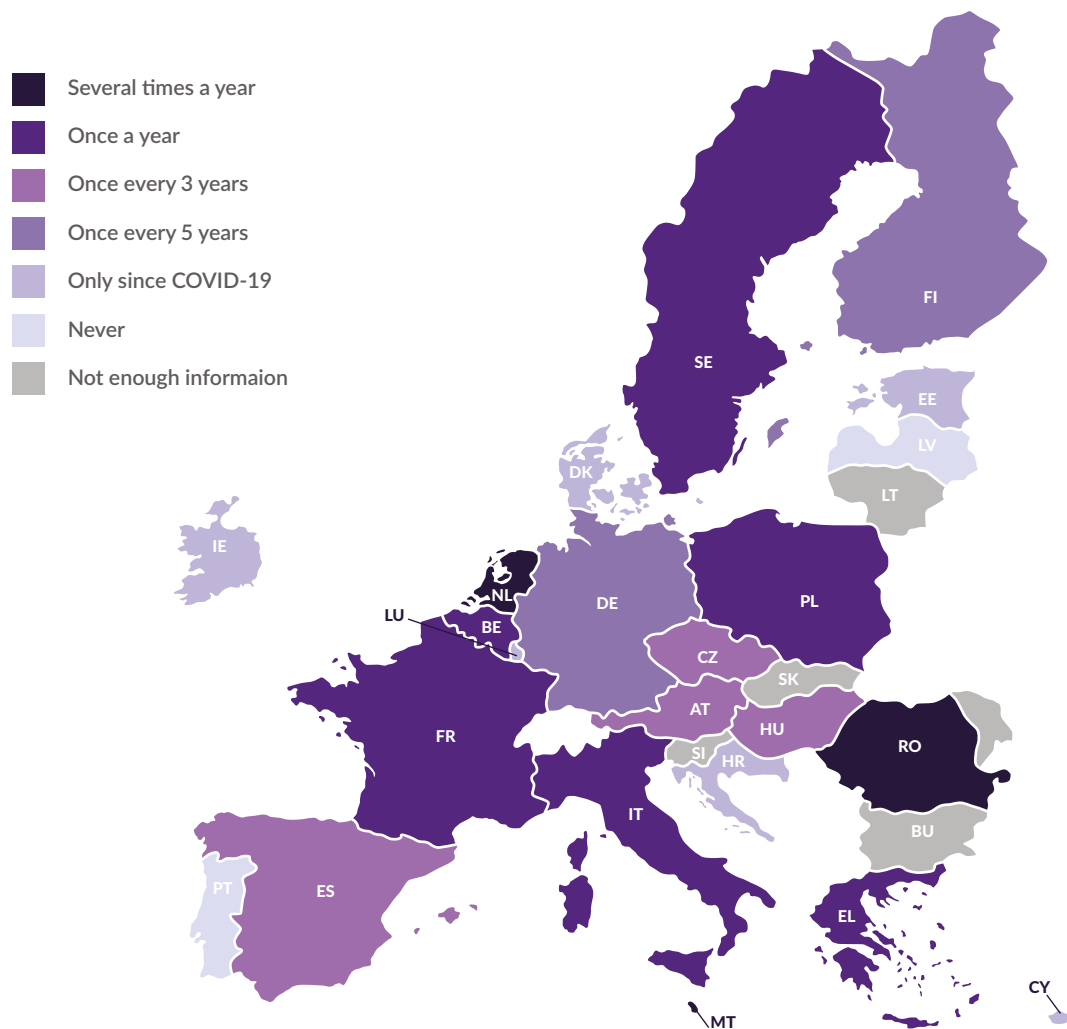


Figure 3: Frequency of HRT shortages in EU Member States

Given the timing of our survey in relation to the COVID-19 pandemic, it is possible and even likely that any hormone shortages reported as occurring more often than once every five years were impacted by it. A recent report, for instance, notes that during COVID-19 “the shortage of hormones [in **Denmark**] is so drastic, that people have had to wait even weeks to continue their treatment.”⁴¹

Nevertheless, hormone shortages appear to be an issue regardless of COVID-19. For instance, a study of trans individuals in the EU that concluded prior to the onset of COVID-19 (November 2019) also identified regional hormone shortages, especially in **Italy**.⁴² Factors other than COVID-19 contributing to shortages include production capacity issues, for instance in a **German** plant that produces these medications for many countries.⁴³ Hormone shortages have also been exacerbated by

⁴¹ TransAktion (n.d.). TransAktion’s observations on the effect of the COVID-19 pandemic on the trans communities in Denmark, available at: www.ohchr.org/Documents/Issues/SexualOrientation/IESOGI-COVID-19/CSOs/TransAktion-Denmark.docx. p.5.

⁴² European Commission. (2020) Legal gender recognition in the EU, available at: op.europa.eu/en/publication-detail/-/publication/7341d588-ddd8-11ea-adf7-01aa75ed71a1, p. 47.

⁴³ European Parliament. (2021) Shortage of medicines used in hormone replacement therapies. www.europarl.europa.eu/doceo/document/P-9-2021-002638_EN.html.

a failure to include “alternatives containing the same active substance...under public health system funding.”⁴⁴

Hormone shortages ultimately result from a combination of factors, including production issues, limited coverage for alternative medication formulations, and COVID-19. Supply chain disruptions caused by the Russian invasion in Ukraine, the business interests of pharmaceutical companies,⁴⁵ and reactive hoarding by states also factor into increasing global medication shortages.⁴⁶ EU Member States can work to alleviate hormone shortages by including these medications as part of their emergency response and contingency preparations in case of future threats to their production and distribution.

Travelling abroad to access trans-specific healthcare

We wanted to understand which EU Member States trans people travel from in order to receive TSHC abroad (see Q. 28 of the survey).

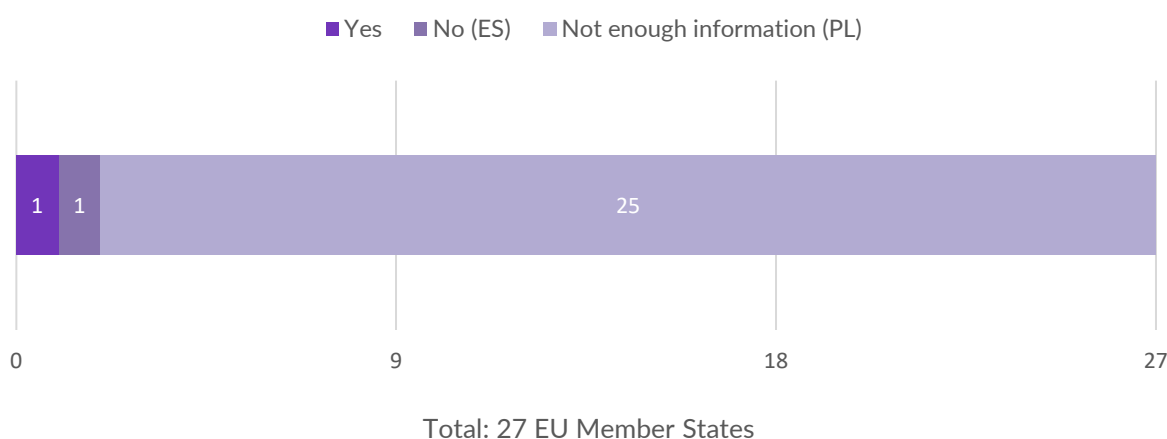


Figure 4: Do trans people travel abroad for TSHC?

Overall, country experts from 25 EU Member States – including one expert from **Italy** – confirmed that at least some people travel abroad to receive TSHC. Only two of our 38 country experts, one from **Spain** and the second expert from **Italy**, stated that no one travels abroad to access TSHC. With regards to regional differences, **Spain** is unique, both because it has “at least ten autonomous communities [that] have assumed the cost of gender confirmation surgery”, and people are empowered to travel from one region to the other in pursuit of care.⁴⁷

⁴⁴ European Parliament. (2021) Shortage of medicines used in hormone replacement therapies. www.europarl.europa.eu/doceo/document/P-9-2021-002638_EN.html.

⁴⁵ Lovelace, B. (2023, July 16). How one U.S. drugmaker contributed to the escalating drug shortage crisis. NBC News, <https://www.nbcnews.com/health/health-news/akorn-us-drugmaker-closure-escalating-drug-shortage-rcna91402>

⁴⁶ World Economic Forum. (2023, Feb 20). Here's why some countries are experiencing medicine shortages - and what can be done to ensure supply. <https://www.weforum.org/agenda/2023/02/why-is-world-experiencing-medicine-shortages-and-how-can-the-generics-industry-address-supply-challenges/>; Leonard, B., Paun, C., Reader, R., & Schumacher, E. (2023, February 2). Hoarding and fretting: Europe's drug shortages. <https://www.politico.com/newsletters/future-pulse/2023/02/03/hoarding-and-fretting-europes-drug-shortages-00081050>.

⁴⁷ Riba, J.F., & Marquès, A.L. (2015) The legal status of transgender and transsexual persons in Spain. Cambridge University Press, available at: www.cambridge.org/core/books/abs/legal-status-of-transsexual-and-transgender-persons/spain/5B1A42712223EFC24FEAF70B04E8889A, p. 278.

We further assessed the reasons that respondents wrote-in regarding what type of TSHC individuals in their country received abroad. Respondents from almost half of the EU countries (AT, CY, CZ, DE, EE, FI, IE, LT, LU, LV, NL, SI, SK) indicated people travelled simply to receive non-specific ‘surgery’ (e.g. SRS, trans surgery, etc.) and no more definitive reason was given in most of these cases. Nevertheless, respondents in 11 countries (BE, BU, DK, EE, FR, HR, HU, IT, LV, MT, RO) did share that genital surgery procedures (e.g. phalloplasty, vaginoplasty, ‘bottom’ surgery) were part or all of the reason people travelled abroad. Other procedures mentioned include facial feminisation surgery (SE, DE, DK), vocal feminisation surgery (DK, EL), mastectomy (BU, DK), unspecified nonbinary procedures (LT), and puberty blockers (PT).

The reasons for seeking TSHC abroad vary and include a lack of trust for providers in their country (CZ, LV), concerns with quality (FR, CZ), a lack of availability of procedures (LT, MT), hostile atmosphere (HU), and long wait times (SE, NL, FR). A country expert from **France**, for instance, noted that *“the wait for genital surgeries is often so long (as there are only a few qualified surgeons), and the quality of the actual surgery not so good, that people travel to eastern Europe and [Switzerland] for phalloplasty and to Thailand or Belgium for [vaginoplasty].”* A country expert from **Germany** similarly indicated that although access to TSHC *“might look quite positive...it is usually a (legal) fight to receive financial support by insurances and in some cases, procedures should be paid for but it’s hardly ever granted...There are also...huge regional differences and a big gap between metropolitan and rural areas when it comes to accessibility of trans healthcare.”*

Paying for the cost of care abroad

In cases where trans people travel abroad to access TSHC, they almost always have to cover some or all of the costs associated with these procedures. We asked our country experts how people pay for this care (see Q. 29 of the survey). Where a combination of methods to pay for the cost of care abroad were possible, the experts could select all relevant options.

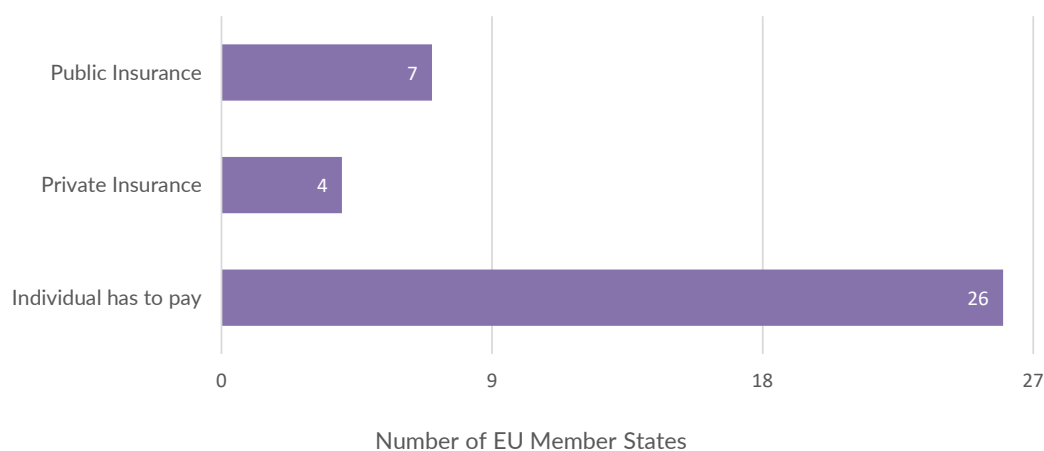


Figure 5: Paying for healthcare abroad

The individual has to pay for care abroad in 26 EU Member States. Public health insurance is only available for surgery performed abroad in seven (HR, IE, IT, LU, SI, SK, SE) of the 27 EU Member States. **Luxembourg** is the only country in which all procedures obtained abroad are paid completely by the state, so long as they have been pre-authorized.⁴⁸ On the other hand, while **Ireland** theoretically pays for TSHC procedures abroad, the long waiting list and gatekeeping process make approval for these procedures difficult or even impossible to obtain in practice.⁴⁹ Overall, for most countries it was difficult to determine whether private insurance was available for procedures abroad. For the five countries for which this information was available (BE, ES, IE, LU, NL), all but **Spain** provide some coverage.

Awareness about National Contact Points under the EU Cross-Border Healthcare Directive

“EU citizens have the right to access healthcare in any EU Member State and to be reimbursed for care abroad by their home country.”⁵⁰ This system, known as the Cross-Border Healthcare Directive, established a network of National Contact Points in each EU Member State. These individuals or bodies are supposed to provide information and assistance to people who are interested in accessing healthcare outside of their country of residence.⁵¹ We asked our country experts if they were aware of the National Contact Points as an indication of whether the trans community in their country is well-informed on pathways to access insurance coverage for TSHC abroad (see Q. 30 of the survey).

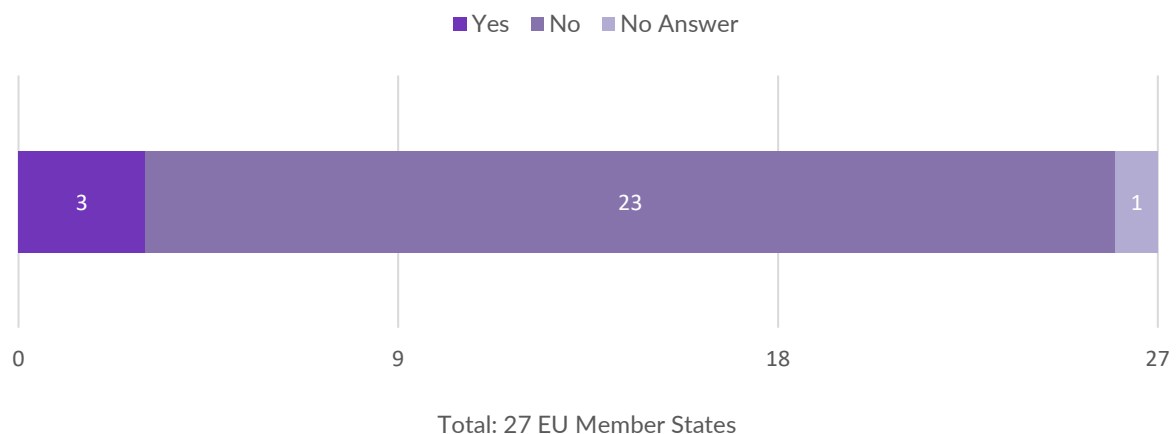


Figure 6: Awareness about National Contact Points among EU

⁴⁸ Karsay, D. (2014). Trans healthcare lottery: Insurance coverage for trans specific healthcare. <https://tgeu.org/wp-content/uploads/2017/12/TGEU-trans-healthcare-lottery.pdf>, p.14.

⁴⁹ Brink, M.v.d et al. (2018). Trans and intersex equality rights in Europe: A comparative analysis. available at: op.europa.eu/en/publication-detail/-/publication/f63460ca-ebac-11e8-b690-01aa75ed71a1/language-en, p.79.

⁵⁰ European Commission. (n.d.). Public Health. Available at: https://health.ec.europa.eu/cross-border-healthcare/overview_en.

⁵¹ European Commission. (2023). National contact points for cross-border healthcare. available at: health.ec.europa.eu/system/files/2023-03/cbhc_ncp_en.pdf.

Shockingly, only three country experts (FI, IT, LU) knew that National Contact Points exist. More alarmingly, some countries even explicitly prohibit cross-border coverage of TSHC. For instance, although **Cyprus** “is obliged by EU law to send trans persons abroad to complete their treatment... [because] no gender affirming procedures are carried [out] in [the country]... current law specifically prohibits [coverage of TSHC abroad].”⁵² A country expert from **Denmark**⁵³ similarly remarked that, though they can “technically... legally access healthcare in other countries, and get it covered by the public health insurance... transgender healthcare is classified as a highly specialised field [in Denmark]... and because of this we’re not eligible for this, as well as any other normal exceptions such as free choice of treatment location.”

Ultimately, country experts’ lack of knowledge about National Contact Points, combined with the fact that trans people often access TSHC abroad but have difficulty affording it, suggest that the EU healthcare mechanisms constructed to address cross-border access are not reaching trans communities. Programmes to build awareness of these mechanisms, along with enforcement against states that attempt to obstruct access to them, are needed.

⁵² N. Kamenou et al. (2019). Democracy and human rights: The LGBTI movement in Cyprus. Freidrich Ebert Stiftung. available at: library.fes.de/pdf-files/bueros/zypern/15949-20200213.pdf. p. 14.

⁵³ Amnesty International. (2014). The state decides who I am: Lack of legal gender recognition for transgender people in Europe. available at: www.amnesty.org/en/documents/eur01/001/2014/en/. P. 34.

KEY FINDINGS

TSHC legislation and policy, while increasing in volume, is largely outdated and in dire need of revision or replacement to reflect current international best practice. National legislation is an opportunity to lay down broad principles for care provision and rights recognition. We consider recognising the key principles of TSHC in national legislation and policy to be both good practice and a concrete method to ensure accountability of TSHC systems.

There is a huge difference between the existence of legislation and policy on TSHC, their enforcement, and accessibility for trans communities. Some EU Member States enact laws which they have no intention of – or resources to – meaningfully enforce, for example via initiatives like training those responsible for enacting and upholding them.

TSHC is provided or accessed in different ways, such as via centralised gender clinics, independent practitioners, the trans community, or produced by individuals themselves through DIY methods. The methods available are often a reflection of the control the authorities in a country wish to exercise over who accesses TSHC and under what conditions. The monopoly and centralisation of care in countries like **Ireland, Finland, and Denmark** make it difficult for trans people to see a healthcare professional on time. Monopolies, combined with the refusal of cost coverage for care by independent practitioners in these countries, often puts TSHC out of reach for many trans people. **The best approach to TSHC is one that encompasses a diversity of service points, including DIY, independent practitioners, multidisciplinary clinics, and community-led initiatives, without compulsion to use a particular route to ensure insurance coverage or governmental permission.** This approach will decrease bottlenecks, wait times, and increase options and dignity in care.

Currently, waiting times for a first appointment with a TSHC professional in most EU Member States are too long. Just under half of all countries have wait times of less than 6 months. This is deceptive. In practice wait times are usually only short when little to no TSHC is available or where coverage was recently introduced. In the former case, wait times may be short because there is no assessment bottleneck created by a centralised referral process and in the latter, because not many people have requested these services yet. Countries should proactively respond by decentralising care and providing greater resources. The service gap will not simply disappear if it is ignored, but will likely become more intense.

Shortages of medications used in hormone replacement therapy are an issue across the EU.

This may result in part from problems with production. States can mitigate this by allowing for alternative formulas to be covered by existing insurance schemes and placing these medications on their list of emergency pharmaceuticals.

People often travel abroad for TSHC. They do so for a variety of reasons, but primarily due to barriers in accessing TSHC in their own country. The backlash to TSHC is a growing concern and increasingly leading to anti-TSHC legislation, policy, and public commentary in several EU Member States. Accordingly, information about and support in accessing cross-border trans-specific healthcare services will likely grow in importance.

Trans people in all but one EU Member State have to pay – wholly or partially – out of their own pockets for TSHC received abroad. The trans community is largely unaware of the EU cross-border healthcare mechanism which allows TSHC received abroad to be reimbursed by their home country. In some countries, barriers are put in place to hinder or bar trans people from accessing care abroad (e.g. via policy in **Denmark** and law in **Cyprus**). National health authorities and the EU Commission must take action to increase the level of awareness about the EU cross-border mechanism as it pertains to TSHC, among the trans community and National Contact Points. It must also consider infringement procedures against Cyprus.

Overall, there is insufficient research and data on the availability and accessibility of TSHC as well as the structural barriers to care. This report was possible primarily because activists were willing to share their knowledge, expertise, and personal experiences about accessing TSHC in their respective countries. We call on individual EU Member States and the European Commission to set up a full-fledged research project to delve further into the questions considered in this report and the steps that EU Member States need to take to implement depathologisation as per ICD-11.



TGEU (Transgender Europe) is a trans-led non-profit for the rights and wellbeing of trans people. TGEU represents 215 member organisations across 50 countries in Europe and Central Asia.

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