

Report

Second National Symposium on LGBTQI+ Health



Theme: Setting Health Research and Policy Agenda for Action

Executive Summary

Background: With the India's Supreme Court verdicts that decriminalized adult consensual same-sex relationships (2018) and recognized the rights of transgender persons to self-affirm their gender identities (2014), India's legal climate looks promising for promoting the rights and health of Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) people. To leverage this enabling environment to advance research and actions, and share best practices in LGBTQI+ affirming healthcare, a "Second National Symposium on LGBTQI+ Health" was held in December (9-11) 2021, in New Delhi, India.

Key Points: In this hybrid mode-symposium with 14 sessions, 130+ persons attended in person and 1000+ people watched the live-streamed proceedings. Speakers/panelists identified several gaps in LGBTQI+ health research, policies and programs. Speakers noted that in relation to men who have sex with men (MSM) and transfeminine people, the government's focus has been on HIV prevention and care, with inadequate attention on mental health, alcohol/substance use, online HIV prevention interventions. Only a few state governments reimburse costs of or provide free gender-affirmative hormones/surgeries for transgender persons. Limited understanding of the health needs of LGBTQI+ people, secondary to misinformation in medical curricula, lack of institutional policies on gender categories in outpatient/inpatient intake forms and access to restrooms were discussed. Intersex activists reported ongoing practice of medically unnecessary surgeries on children with intersex variations and conflation of intersex people with transgender people. The lack of reliable estimates of LGBTQI+ populations poses a challenge for planning and budget allocation.

Current evidence and national programs focus on HIV-related issues of MSM and transfeminine people, with little work in relation to mental health, stigma reduction, and health of lesbian/bisexual women, transmasculine people and people with intersex variations. There is a need to support research programs and build the capacities of young researchers in health research, especially researchers from the LGBTQI+ communities.

Next steps: This national symposium helped in bringing together diverse key stakeholders and provided a snapshot of the progress and gaps in LGBTQI+ health. A brief action plan for various stakeholders has been drafted to improve LGBTQI+ health, especially in relation to creating LGBTQI-specific policies, programs and research agenda.

Background



India's legal climate for promoting the rights of Lesbian, Gay, Bisexual, Transgender, Queer and Intersex (LGBTQI+) people has become positive and promising. In September 2018, India's Supreme Court decriminalised adult consensual same-sex relationships; and in April 2014, the Supreme Court passed a historical judgement that transgender people have the right to choose their gender (self-affirmation of gender identity) without the need for any medical or surgical procedures. In 2019, the Transgender Persons (Protection of Rights) Act came into effect, with the corresponding 'Rules' in 2020, which articulated the rights of transgender people in various sectors (e.g., education, health, workplace) and what can be done to improve the welfare of transgender persons. Also in 2019, a landmark verdict of the Madras High Court banned unnecessary genital surgeries on intersex infants born with ambiguous genitalia.

The National Planning Commission's Approach paper¹ (p-89, 2011) states that "the health policy must focus on the special requirements of ...lesbian, gay, bisexual, and transgendered

¹https://niti.gov.in/planningcommission.gov.in/docs/plans/planrel/12appdrft/approach_12plan.pdf
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(LGBT) community”. Recently, NITI Aayog’s ‘Strategy for New India@75’² (2018) has a separate subsection on transgender people, with this explicit objective: “To ensure a life of dignity, social security and safety for transgender persons, enabling them to actively participate in economic development and the nation building process” (p-159). NITI Aayog has also included transgender people in its SDG³ India – Index and Dashboard 2019/20.⁴ In consistent with attaining SDG-3 goal (Health), MoSJE too, in its expert committee report⁵ called for the need to advance the health of transgender persons and people with intersex variations, and proposed several action points.

At the global level, UNDP has created an LGBTI inclusion index and indicators,⁶ in order to make Sustainable Development Goals (SDGs) inclusive of the needs, including health needs, of LGBT people. Thus, there is a growing national and international commitment to advance the health of LGBT people. However, to convert these positive environments into actions, concrete steps need to be taken to advance the health of LGBTI people, and LGBTI-specific health issues need to be explicitly mentioned in health policies and programmes of the Indian government. In India, the National AIDS Control Organisation (NACO) has specific projects to prevent HIV among men who have sex with men (MSM) and transgender people, while the Health Department under the Ministry of Health and Family Welfare does not have any LGBTI-specific health programmes. UNDP recently commissioned a welfare framework document for transgender people, which offers several suggestions on what can be done in relation to improving the health of transgender people, including the need for creation of a national health research agenda.

An ongoing scoping review that is being conducted by C-SHaRP and University of Toronto has highlighted the lack of studies focusing on the health of LGBTQI+ people. Most studies primarily focus on HIV-related issues among men who have sex with men and transgender women, and not much studies have been conducted on health aspects of LB women, transmasculine people and people with intersex variations. To create a comprehensive evidence based on LGBTQI+ health to guide health policies and programmes, research studies, including studies that focus on implementation of interventions, programmes and policies, are essential. Thus, this three-day National Symposium on LGBTQI+ Health focused on what has been done in relation to LGBTQI+ health in India, good practices and gaps/challenges, and what can be done.

²NITI Aayog. (2018). Strategy for New India@75. New Delhi. http://niti.gov.in/sites/default/files/2019-01/Strategy_for_New_India_2.pdf

³Sustainable Development Goals

⁴https://niti.gov.in/sites/default/files/SDG-India-Index-2.0_27-Dec.pdf

⁵<http://socialjustice.nic.in/writereaddata/UploadFile/Binder2.pdf>

⁶Badgett, M.V.L., & Sell, R. (2018). A Set of Proposed Indicators for the LGBTI Inclusion Index. New York: UNDP



Objectives

- To assess and document the current status of LGBTQI+ health (in policies, programmes and research) in India
- To assess and document the current status of LGBTQI+ people's access to and use of health services, with a focus on reducing discrimination in health settings
- To identify solutions for advancing the health of LGBTQI+ people in India, especially focusing on formulation of a national research agenda on LGBTQI+ health

Co-organisers and funding support

This symposium was co-organised by the Humsafar Trust and (C-SHaRP), with support from UNDP and USAID, in collaboration with the National AIDS Control Organisation (NACO), MoHFW. Other supporters and collaborators include John Hopkins University, ACCELERATE JHU, The Fenway Institute, DBT/Wellcome Trust India Alliance, SAATHII, TISS, Univ. of Toronto, Univ. of Washington, and Albert Einstein College of Medicine.



Participants

During the three days of the Symposium, a daily average of 137 persons attended the Symposium in person. The participants included representatives from the National AIDS Control Organisation, UNDP, UNAIDS, USAID, ICMR, Tata Institute of Social Sciences, State AIDS Control Societies, National Health Mission, DBT/Wellcome Trust India Alliance, and SAATHII. Over 1000 people watched livestreaming of the Symposium proceedings.



“It starts with family. It starts with trained counselors, or psychologists, psychiatrists who could talk to them (LGBTQI+ youngsters) without making anybody feel that this is a bimari, (that) this is an ailment – that’s very important.”

- **Shri. Alok Saxena, Additional Secretary and Director General, NACO**

Thematic Summary

| Symposium Sessions | |
|---|---|
| <ol style="list-style-type: none"> 1. Government policies and programs in relation 2. Health needs of LGBTQI+ adolescents and youth 3. Emerging strategies to enhance HIV prevention and care among MSM & trans people 4. Stigma and Resilience 5. LGBTQ+ Mental Health 6. Health of Lesbian and Bisexual Women 7. Health of People with Intersex Variations | <ol style="list-style-type: none"> 8. Health of Transmasculine People 9. Gender-affirmative medical services & health care for transgender people 10. LGBTQI health education and training in medical, nursing and related field 11. Legal issues, human rights 12. Methodological issues and strategies for conducting research among LGBTQI+ communities 13. LGBTQI+ health research priorities, research training and research funding 14. LGBTQI+ health policies and programs and a panel discussion on the way forward |

SESSION 1: Government's health programs/projects to improve LGBTQI+ health

Chair: Dr. Naresh Goel, **Co-Chair:** Dr. Muniraju SB, **Moderator:** Dr. Chiranjeev

Bhattacharjya Speakers: Dr. Shobini Rajan, Dr. Sridhar Subbiah, Dr. Janakiram, Dr. S. K. Harikumar, Dr. Seemi Azam, Ms. Sonia Behera

The session deliberated upon the existing policy frameworks available through the National AIDS Control Organisation (NACO), National Human Rights Commission (NHRC), and initiatives taken by the state governments of Tamil Nadu, Kerala and Odisha for LGBTQI+ health and social welfare. Key findings included acceptance of diverse community demands including their overall health, gender, human rights, and social needs. Project champions from Kerala and Tamil Nadu insisted on providing multi-speciality out-patient consultations, with a multi-disciplinary team of endocrinologist, urologist, plastic surgeon, obstetrician and gynaecologist, psychiatrist, and dermatology. The session also provided information on the Tamil Nadu AIDS initiative that has formed an association of 20,000 trans persons for providing health services to its members by operating through rural health clinics and their helpline 'manasu' emerging as a model state. The session speakers emphasised the need to provide uninterrupted supply of antiretroviral treatment (ART), HIV testing, medical (hormone therapy) and gender-affirmative surgeries for trans people, and mental health and counselling services in at least district level hospitals.



Key recommendations:

- Develop a framework to look into the diverse community demands in the NACP programme.
- Link Drop-in-Centers run in HIV prevention intervention projects of NACO with existing primary care such as Community Health Centres (CHCs), where appropriate.
- Draw from Tamil Nadu and Kerala models for providing free to low-cost options of inclusive health coverage (especially gender-affirmative services).
- Ensure the inclusion of elderly members of the LGBTQI+ community.
- Conduct research on the synergetic interactions between substance abuse, stress and mental health.
- Remove gender-affirming surgery and hormone therapy from the cosmetic surgery spectrum - both in govt. and private health insurance schemes.
- Promote One-stop health centre including services for hormone therapies and other gender-affirming care.
- Train medical practitioners to provide affirming care to community members and work with professionals such as Indian Medical Association (IMA).
- Promote Mobile and e-health services in pandemic times and for those residing away from state/district headquarters.

SESSION 2: Health needs of LGBTQI+ adolescents and youth

Chair: Ms. Nidhi Kesharwani, **Co-chair:** Dr. Zoya Ali Rizvi, **Moderator:** Mr. Vivek Raj Anand
Speakers: Dr Bitra George, Ms. Anjali Siroya, Nikita Shringarpure, Aarav Singh, Mr. Sudhanshu Latad, Atul Shendge, Dr. Kavita Arora

The session deliberated upon the need to identify adolescents from the community who are under 18 years of age and are missed by the existing programmatic coverage for accessing healthcare. In order to do so, thought must be given to develop digital spaces where access to new vocabulary and spaces to explore one's identity can be provided by initiating forums to speak and participate in anonymously. Moreover, initiating services like separate toll free numbers for different communities under the LGBTQI+ umbrella in different languages for the youth can benefit them. The focus should be to create an enabling environment at healthcare centres by having a multidisciplinary approach that is holistic and sustainable, keeping in mind the children who are not present at the conference but who accept social discourses as universal truths by internalising their experience of the self and its mismatch with society.



Key recommendations:

- Work with the National Human Rights Commission (NHRC) and develop guidelines on imparting dignity to people belonging to LGBTQI+ umbrella with strict guidelines on what counts as a human rights abuse.
- Need for better media representation in terms of creating more LGBTQI+ characters on screen that can become community superheroes and icons, and can become mascots for community health programmes.

- Need to offer non-pathological spaces in terms of support groups and need to focus on building partnerships with such existing peer support groups.
- Need to focus on an inclusive educational policy to prevent drop-outs from schools, combat bullying in educational institutions, access to washrooms in a safe and dignified way, including gender sensitive training of teachers and staff members.
- Need to provide safe and enabling environments to the hidden population from lesbian, bisexual women and trans masculine people who have greater invisibility due to social structures and identify their health needs that include STIs, fertility options, access to safe screenings and ultrasound.
- Form linkages with trauma and rehabilitation centres for connecting with survivors and victims of 'corrective' rapes and forced conversions from those within the community.

SESSION 3: Emerging strategies to enhance HIV prevention and care among MSM and trans persons

Chair: Dr. Shobini Rajan , **Co-chair:** Dr. Lokesh Gabane , **Moderator:** Ms. Sukhvinder Kaur

Speakers: Dr Bhawani Singh, Dr. Kenneth Mayer , Dr. Sunil Solomon, Mr. Aditya Singh, Dr. Jalpa Thakkar, Ms. Smriti Acharya, Dr. Vanita Gupta, Dr. Joyeeta Mukherjee, Dr. Rupa Patel, Dr. Kevin Ard

NACO's representative provided the highlights of a white paper on the new initiatives for LGBT people under National AIDS Control Programme-V, which include launching a comprehensive health package with linkages to screening for health services beyond HIV and STI management. Additionally, there is a plan to launch a centre of excellence for gender-affirmative care at a tertiary care centre at the All India Institute of Medical Sciences (AIIMS). Speaking new modalities and strategies to optimize PrEP adherence among MSM, a speaker reported structural factors (cost, access, insurance) and anticipated side-effects as major barriers. Further, the importance engaging communities in all stages of a programme (from conceptualization to implementation to evaluation) was highlighted. A speaker spoke of how 'Mitr' clinics run by transfeminine people created a sense of community ownership by involving trans communities at all stage of the project. Another speaker shared experiences from implementing an online appointment reservation platform called 'Safe Zindagi' that captures basic information, risk assessment, preferred HIV testing site (public, private, NGO-based). Key findings from talks on virtual interventions indicated that they could reach new populations that were not reached through traditional physical outreach venues.



Key recommendations:

- Creating linkage-referral chains of health care service providers from primary health care centres to tertiary care centres including endocrinologists and public health workers .
- Develop ways of easing the financial burden associated with PrEP.
- Linkages for sexual and reproductive health services for queer and trans community members (especially cis-queer women and transmasculine people).
- There is a need for programmes to be individually tailored but at the same time they need to be flexible and adaptable.
- Develop intervention for populations using virtual platforms, incorporating lessons learnt from the recent/ongoing models.
- Setting up of community advisory boards in relation to (programmatic mapping and population size estimation.
- Formation of a National Working Group for community systems strengthening.
- Taking care of multiple entry points into clinics and therefore need to develop multiple outreach approaches
- Need to take a hybrid approach – having both online and offline interventions.

SESSION 4: Stigma and Resilience

Chair: Dr. A. K. Puri , **Co-chair:** Dr. KP/ Ketki Ranade

Speakers: Dr Rajesh Rana, Boyan Konstantinov, Ms. Maya Sharma, Dr. Viraj Patel, Dr. Venkatesan Chakrapani, Dr. Steven A Safren, Mr. Midnight, Dr. Jasvir Kaur, Dr. Peter A Newman.

The sessions highlighted the critical need to understand of the impact of multiple stigmatised identities of certain LGBTQI+ people – for example, a transfeminine person who is living with HIV and engaging in sex work. A study presented evidence for the link between stigma and low HIV testing uptake. A speaker stressed on the need for having a client-centred approach and providing non-discriminatory care. Given that the COVID-19 lockdown had a deep impact on the mental health of community, there is a greater need to provide mental health services and livelihood support. A focus on an integrated approach towards tackling mental health issues strategically with the National Mental Health Programme was discussed. Another speaker called for addressing mental health issues such as depression, suicidality, anxiety disorder and substance abuse, which were particularly escalated during the pandemic by building the capacities of local peer support groups.



Key recommendations:

- Develop research evidence that link multiple stigmas with low HIV testing rates, and act on the existing evidence on the same.
- Need to identify types of stigmas and their impact on the community members, and design appropriate psychosocial interventions.
- Greater need to support resilience of communities and sustainability of community organisations especially in COVID-19.
- Act on the current evidence on the associations between economic distress, loneliness, violence and stigma, and poor mental health.
- Ensuring family (both chosen and natal) social support systems for building resilience.
- Urgent need to strengthen local peer support groups and provide capacity-building and safe spaces for mutual sharing.

SESSION 5: LGBTQI+ Mental Health

Chair: Dr. Shekhar P. Seshadri , **Co-chair:** Dr. Rinku Sharma, **Moderator:** Dr. KP/ Ketki Ranade

Speakers: Dr. Aleena Sebastian, Vinay Chandran, Ms. Advaita Nigudkar and Ms. Jagruti Wandrekar, Dr. KP / Ketki Ranade, Dr. Jayakumar, Dr. Alex Keuroghlian.

The session on LGBTQI Mental Health underscored the need for intersectional approaches including effects of heterosexism and queer-transphobia across different age groups including children and elderly, understanding multiple determinants of minority stress (including disability, class, caste, religion), and the importance of addressing economic distress, loneliness, fear of violence and stigma, and poor negotiation life skills as compounded factors leading to increased mental health issues. Furthermore, mental health needs of transgender and gender diverse children and young people were highlighted - especially impact of growing up as a queer or trans person in cis-gender, heteronormative family, educational and social structures. Bullying, harassment and abuse of gender-diverse children in families, school settings and need for addressing the same was discussed.

While emphasizing the need for culturally-competent training of mental health professionals to be queer affirmative, speakers also highlighted the urgent need to strengthen local peer support groups and provide capacity-building and safe spaces for mutual sharing. They called for strategies to break the barrier between the practitioner and the community persons, and for media sensitisation in news coverage and reporting relating to mental health of LGBTQI persons.



Key recommendations:

- Need to understand stigma through the lens of double inequality/discrimination of being PLHIV and LGBTQI+, and address mental health through intersectional dimensions including effects of heterosexism and queer-transphobia across diverse age groups including children and elderly.
- Training and inclusion of peer mental health experts in caring for LGBTQI+ community members
- Need to invest, develop and have partnerships with existing mental health mobile apps and social media platforms.
- Develop studies to address multiple stigmas at various levels and to screen for and address psychosocial issues.
- Need to strengthen and develop research on themes and issues related to LGBTQI+ mental health.
- Sensitisation training for teachers, child rights NGOs, and mental health practitioners working with children and young people.

SESSION 6: Health of Lesbian and Bisexual Women

Chair: Dr. Uday Bhanu Das , **Co-chair:** Ms. Maya Sharma, **Moderator:** Dr. Maninder Manihani

Speakers: Shruta Rawat, Sonal Giani, Ms. Archana Shetty, M. Pinki Singha, Dr Sneha Rooh

A scoping review of peer-reviewed literature on health of LGBTQ+ people, only a meagre 11.4% (8 studies out of 142) focused on LBQ women in the past decade. Out of these, only 2 focussed on health-related aspects of LBQ women communities and 6 focussed exclusively on LBQ women while the remaining two included transmasculine people as well. Three papers were co-authored by teams from the Humsafar Trust, partners of this Symposium. The session highlighted the invisibilisation of LBQ women from research studies and policy interventions. A speaker highlighted pressure of marriage experienced by LBQ women from family and society, and refusal to marry leading to women being forced to see mental health professionals, who in the absence of adequate training often pathologise queer women and their choices. Further experience sharing revealed that many self-identifying queer women may not be aware of the risk they may face from STIs, and are unaware of options of fertility preservation and safer sex practices.



Key recommendations:

- Need for research to identify needs and health seeking behaviour of LBQ women in India.
- Develop toolkit for both medical practitioners and LBQ women, and strategies on how to reach out to closeted queer women.
- Intersectional advocacy about LBQ women issues with platforms that talk about body weight and appearance issues
- Need to generate statistical evidence to link substance use and family violence among LBQ women and publish data on their lived experiences
- Create awareness generation on sexual and reproductive health, and encourage more free screenings at safe centres in a confidential manner.
- Innovation to create more safer sex products for LBQ women and sensitize the gynaecology departments and have standardised guidelines to deal with problems faced by LBQ women.
- Awareness on options for fertility prevention and options for Copper-T and other interventions including partner counselling.

SESSION 7: Health of People with Intersex Variations

Chair: Dr. L. Ramakrishnan, **Co-chair:** Dr. KP / Ketki Ranade

Speakers: Sakthisri Maya, Dr. L. Ramakrishnan, Ms. Daniel Mendonca, Neeraja Sajan.

The session highlighted the importance of intersex individuals in the LGBTQI+ movement. The speakers noted the continued conflation of the intersex people with transgender people, especially as intersex people are also included under the ‘transgender’ umbrella term in the Transgender Persons (Protection of Rights) Act, 2019. For example, ‘transgender’ English term is translated in Hindi as ‘ubhaylingi’, which actually refers to people with intersex variations. Key recommendations from this session were the need to educate healthcare providers and policymakers about the differences between sexual orientation, gender identity and expression, and sex characteristics; and to provide appropriate medical management for the nearly 40 intersex variations when, and only when, necessary. Positive impact stories were also shared in the session that included the landmark Madurai High Court Judgment of 2019 that banned medically unnecessary surgeries on intersex infants/children with intersex variations.



Key recommendations:

- Need to create awareness about intersex variations and bust myths surrounding intersex bodies.
- Need to make modules drawing on the UN factsheet 2014 for intersex people and subsequent developments including the consensus statements on people with intersex variations (Lee et al 2016).
- Education on the difference between transgender people and people with intersex variations.
- Ban non-essential genital surgeries done on intersex infants.
- Learn from the example of Germany when it comes to recognising intersex individuals as “diverse”.
- Need to cultivate non-binary thinking in clinical history taking, and be cognizant of medical histories of intersex individuals.
- Need to have communication and policy directives that do not conflate gender identity, sexual orientation and sex characteristics.
- Need to have more dialogue on intersex experiences within the rest of the LGBTQI+ spectrum.
- Frame laws/policies (or modify existing ones) for the protection of intersex individuals.

SESSION 8: Health of Transmasculine People

Chair: Dr Sangeeta Kaul, **Co-chair:** Shaman Gupta

Speakers: Dr. Ayden Scheim, Mr. Dicky Baruah, Vihaan Peethambar, Ms. Maya Sharma, Aryan Somaiya.

This session called for the urgent need to generate data on the health needs of transmasculine people. Some of the concerns shared by the speakers include: lack of expertise on the gender-affirmative surgical care and high cost of such surgical procedures, negative experiences in healthcare settings. A speaker highlighted lack of consent before asking medicals students to see the physical examination of transmasculine people. Key recommendations were to sensitize health care providers about transmasculine people and to provide competent, non-discriminatory health care.

Key recommendations:

- Generate data that is inclusive of the health needs of transmasculine people, based on research designed with community input and implemented with community involvement.
- Sensitize HCPs on doing physical examinations, including not doing them when unnecessary.
- Guidelines for conducting gender-affirming surgeries, including caps on the costs.
- Provision for inclusive, separate, and/or gender-neutral toilets in healthcare and other facilities.
- Support for multiple stages of surgical and non-surgical medical interventions for transmasculine people who need them.

Session 9: Medical gender transition services for transgender people

Chair: Dr. Sanjay Rai, AllMS; **Co-chair:** Simran Bharucha

Speakers: Julie Thompson, Dr. Shruti Chandrasekaran, Air Cmde (Dr) Sanjay Sharma (Retd), Mr. Raj Kanaujiya, Dr. Shivaprakash Srinivasan, Dr. Prachi Rathore

The session speakers provided an overview of primary care and gender-affirmative hormone therapy as well as shared experiences in providing gender-affirmative services in community settings. Furthermore, the session discussed studies of mortality in trans individuals receiving treatment with cross-sex hormones through an integrated approach with the aim of increasing access and increasing comprehensive care to facilitate affirmation and alleviate gender dysphoria. The session also highlighted the importance of using national guidelines or standards of care for persons with gender incongruence and people with differences in sex

development. Experience-sharing from transmasculine persons revealed the lack of surgical expertise in India in conducting 'bottom' surgery (especially penile construction) for transmasculine people. As a result of increasing privatisation of medical services for gender transition, the services have become more expensive and beyond the reach of many transgender people.



Key recommendations:

- Include Gender-Affirming medical procedures in health insurances of PM (Ayushman Bharat) and CMs.
- Provision for hormone therapy and gender-affirmative surgeries in govt. hospitals and community-based clinic settings, with referral linkages for complex surgeries to tertiary or speciality hospitals
- Proper guidelines for gender-affirmative hormone therapy and gender-affirmative surgeries for transfeminine and transmasculine people. These guidelines can be built on WPATH guidelines (as suggested in Transgender Persons Act/Rules) and other scientific guidelines proposed in India.
- Ensure the support from mental health professionals (MHPs) before and after medical gender-affirmative procedures.
- Incorporate emerging learnings from currently implemented *Mitr* model of providing non-HIV services and then bridging it with HIV and ART services in clinics staffed predominantly by community members.

SESSION 10: LGBTQI+ health education and training in medical, nursing and related fields

Chair: Dr. B Srinivas, **Co-chair:** Dr. Aqsa Shaikh, **Moderator:** Dr. L. Ramakrishnan

Speakers: Dr. L. Ramakrishnan, Dr. Harikeerthan Raghuram, Dr. Praneeth Pillala, Ms.

Randhoni Lairikyengbam, Mr. Vignesh Dhananjayan, Mr Dhaval Shah, Mr. Pushpesh Kumar

The session deliberated on the dire need to revise the medical curriculum to remove derogatory content and misinformation from medical textbooks, particularly at the under-graduation level (e.g., MBBS and nursing students). Moreover, the session highlighted the need to include relevant content for positive inclusion of LGBTQI+ people. Improving primary health care and building on patient-doctor interaction and relationships were seen as critical in strengthening the existing healthcare models.

Key recommendations:

- Importance of having LGBTQI+ health in medical, nursing and paramedical curricula.
- Removal of derogatory content and misinformation regarding LGBTQI+ people in medical, nursing and paramedical curricula.
- Need for training primary care providers on LGBTQI+ health.
- Need for mental health support for LGBTQI+ students in medical colleges.
- Need for building surgical expertise for trans people, especially for transmasculine people.
- Need to sensitise technical and para-medical staff, and healthcare providers towards non-discriminatory and inclusive treatment of LGBTQI+ people.

SESSION 11: Legal issues, Human Rights and LGBTQI+ health

Chair: Dr. Naresh Goel, **Co-chair:** Dr. R. Giriraj **Moderators:** Ms. Zainab Patel

Speakers: Jay Gilliam, Suraj Sanap, Ms. Rachana Mudraboyina, Rajashree Raju, Dr. L. Ramakrishnan.

The session deliberated on the existing legal framework for LGBTQI people in relation to same-sex marriage, adoption and surrogacy, under the NHRC report. Currently, the recently-passed Surrogacy Bill in India denies the right to queer people to become parents. The speakers also wanted focus on the impact of violence suffered in natal families and intimate partner violence on the physical and mental health of LGBTQI+ people.



Key recommendations:

- LGBTQI+ people need to think beyond Section-377 and move towards equality in civil rights.
- Create a cohort of young minds to work for the LGBTQI+ people, especially in research to build capacities by empowering the community members so that they can take up the lead roles and move forward.
- Scale up awareness programs on transgender issues among healthcare providers and scale up health literacy.
- Integration with women and child development programmes to improve access of health for LGBTQI_ people to use the necessary services.
- Work towards addressing the dearth of data in LGBTQI+ people by investing in research that focuses on health inequities and bring out community voices.

SESSION 12: Methodological issues and strategies for conducting research among LGBTQI+ communities

Chair: Dr Rajesh Kumar **Co-chair :**Dr. Chinmoyee Das , **Moderators:** Ms. Sukhvinder Kaur
Speaker: Nilesh Gawde, Dr. Paromita Saha, Mr. Fazlur Rahman Gulfam, Dr. Venkatesan Chakrapani, Ms. Aakriti Gupta

The session underscored the need to recognise the central role of LGBTQI+ people in contributing to LGBTQI+ health and stressed that the research findings need to be accessible

to all. Furthermore, bridging the gap between community and non-community members for conducting research and knowledge building were also seen as critical for mutual sharing and capacity-building.

Given the restrictions imposed by the COVID-19 pandemic, much of the research has started taking place through online platforms, therefore, the session highlighted the need to revise their policies on issues of confidentiality, privacy, and data security more strictly to ensure that there are no data leaks.



Key recommendations:

- Need for community involvement in research projects on LGBTQI+ health.
- Create academic and community partnership platforms to encourage more research on health of LGBTQI+ communities.
- Creation of community advisory boards, where relevant, to get inputs on conducting ethical and inclusive research among LGBTQI+ people.
- Build the capacity of researchers to encourage peer-reviewed publications.
- Ensure that the informed consent forms used in the research studies are comprehensible to potential research participants, especially to those who could not read and write.

Session 13: LGBTQI+ health research priorities, research training and research funding

Chair: Dr. Rajesh Kumar **Co-chairs:** Dr. Sunil Solomon, **Moderator:** Dr. Venkatesan Chakrapani

Speakers: Dr. Reelina Basu, Dr. Seema Sahay, Dr. Debjit, Ms. Vinita Verma, Dr. Giriraj, Dr. Manmeet Kaur, Dr. Seemi Azam, Dr. Rajat Adhikary

The session highlighted the need for revisions of medical, nursing and paramedical educational curricula. A key suggestion was the dire need to revise the medical curriculum to remove derogatory content and misinformation from the medical curriculum and textbooks and include relevant positive content on the health of LGBTQI+ people. Such a step will go forward in leading the way towards banning “conversion therapies” (which are unscientific and unethical) in India. The speakers emphasized the need for inclusive pedagogical content in school curricula to be more aware and sensitive towards LGBTQI+ community issues. Such steps become a catalyst for having an anti-bullying school policy (against bullying based on presumed or actual sexual orientation, sexual identity, gender identity, or gender expression). The session suggested designing toolkits for creating knowledge about LGBTQI+ issues in various local languages with standardised modules. These include LGBTQI-affirmative content for strengthening partnerships with various stakeholders as a sustainable way to remove stigma. Good practices in training primary care providers, frontline health workers, developing a ‘trans care’ module, and field learnings from Manipur, Odisha, Gujarat, Kerala and Tamil Nadu were shared.



Key recommendations:

- Need to capture sexual orientation and gender identity in national health surveys to understand health inequalities. And invest in getting baseline information and then use the outcomes to benefit them.
- Make research demand-driven than grant-driven.
- Look into the demands and training needs of communities and then look into the resources and try to utilise it mainly for training researchers.
- Cut down the bureaucracy to save time in initiating the research.
- Even within the Ministry of Health and Family Welfare and Department of Health Research, more sensitisation is needed to ensure the inclusion of the LGBTQI people.
- Give adequate attention to conducting research on mental health and non-communicable diseases, and research among parents of LGBTQI+ people (e.g., understanding needs of parents to promote family acceptance).



Key Recommendations

Implications for LGBTQI+ research (priorities, funding and training)

1. **Earmarked funds:** Develop studies to address multiple stigmas at various levels and to screen for and address psychosocial issues to generate data that is inclusive of the health and mental health needs of lesbian and bisexual women, trans-masculine people, and people with intersex variations based on research designed with community input and implemented with community involvement. Funds can be earmarked by premier research funders such as ICMR and other relevant government bodies (e.g., ICSSR) for conducting health-related research among LGBTQI+ people.
2. **Training:** Train young researchers on conducting health research among LGBTQI+ people, and train all researchers on how to be inclusive of LGBTQI+ people in relevant studies.
3. **Research agenda:** Generate data inclusive of health and mental health needs of lesbian, bisexual women and transmasculine persons, including studies on experiences of these groups in accessing health services and their experiences with service providers offering 'cure' for their gender and/or sexuality.
4. **Collecting SOGIESC information in health surveys:** In current (and relevant future) periodic national health surveys, capture information on sexual orientation, gender expression and sexual characteristics (SOGIESC). While Census 2011 captured information about "Other" in the gender category, the gender category can be inclusive of binary transgender people (trans women and trans men) as well as gender non-binary trans people.

Implications for LGBTQI+ health policies, programs and practice

1. **Composite health framework:** Advocate with natal families to promote understanding and inclusion critical to LGBTQI+ health by strengthening local peer support groups. Include lesbian and bisexual women in welfare schemes (state and centre) related to shelter, crisis intervention, educational support and scholarships, livelihood support and loans, among other schemes or support.

2. **Providing services for adolescents:** Identify <18 years/adolescents and bring them under existing programme coverage by developing digital spaces to ensure access to new vocabulary and reach youth in nonurban areas who do not have access to Internet.
3. **Inclusive insurances and free/subsidized gender transition services in government hospitals:** Include gender-affirming medical procedures in CM and PM health insurances with referral linkages for complex and advanced needs (surgeries) by taking gender-affirming surgery and hormone therapy out of the cosmetic surgery spectrum. Build the expertise of government healthcare providers to perform quality gender-affirmative surgeries – for both transfeminine and transmasculine people.
4. **Revision of medical/health curricula:** Revise the medical curriculum by including relevant content for positive inclusion of LGBTQI people and train medical practitioners to provide affirming care to community members and work with professionals such as Indian Medical Association.
5. **Linkages:** Create linkage-referral chains of health care service providers from primary health care centres to tertiary care centres including endocrinologists and public health workers.
6. **Ban unnecessary surgical procedures among people with intersex variations:** Ban forced “curative and conversion treatments” for LGBTQI+ people across different branches of medicine including allopathy, naturopathy, ayurveda, yoga, unani, siddha or any other indigenous systems of health care, and develop affirmative frameworks for responding appropriately to those seeking conversion treatments voluntarily.

Way forward

“The biggest success that we can look at is the agenda itself...to make these policy level decisions and to have that empowerment which we are looking forward to, it’s very important and the need of the hour is to concretize, to institutionalize these kinds of forums which are very important.”

- **Abhimanyu Saxena, OIC-Health & Governance, UNDP**

The symposium ended with a hope for a future where there will be an inclusive understanding of the health needs of LGBTQI+ people. Serving as a successful forum with over 1000 plus participants from all over the world, the symposium was an instant hit laying down the future pathways towards the third chapter next year.

“It is important to have these kinds of national platforms to highlight the progress and challenges and way forward to improve the health of LGBTQI+ people. All stakeholders, including the government and communities, need to work together to advance the health of LGBTQI+ communities.”

- **Vivek R Anand, CEO, The Humsafar Trust**



Action Plan

| Recommendations | Strategies | Action Points | Key Stakeholders | Timeline |
|--|---|--|---|---------------------------|
| A. RESEARCH & EVIDENCE ON LGBTQI+ HEALTH | | | | |
| Ensure that research evidence to advance LGBTQI+ health and to inform policies and programs are available | <ul style="list-style-type: none"> Having a national LGBTQI+ health agenda | <ul style="list-style-type: none"> Conduct multi-stakeholder consultation to prepare the national LGBTQI+ health research agenda, endorsed by government and key stakeholders (MoH, NACO, ICMR) Developing RFPs or research program announcements based on priority LGBTQI+ health research agenda (ICMR, MoH, NACO, ICSSR) Developing HIV program-related research agenda and RFPs by NACO (NACO) Certain areas for further research include mental health needs, barriers to service access, stigma/discrimination and violence, needs of adolescents/youth with diverse sexual orientation and gender expression/identity | MoH&FW, NACO, DHR/ICMR Community agencies State governments' health and research departments UNAIDS, UNDP, USAID, WHO. | Short term (2022 & 2023) |
| | <ul style="list-style-type: none"> Dedicated funding for LGBTQI+ health by relevant departments and ministries – alone or in joint calls | <ul style="list-style-type: none"> Assign dedicated funds for conducting LGBTQI+ health research in the overall research funds (MoH, NACO, ICMR, ICSSR) | DHR/ICMR, MoH&FW, NACO, ICSSR | 2022 & 2023 (and ongoing) |

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| | | | State governments' health and research departments | |
| | <ul style="list-style-type: none"> Capacity building of young researchers who focuses on LGBTQI+ health | <ul style="list-style-type: none"> Conduct in-person and online training workshops on conducting LGBTQI+ health research (ICMR, MoH, in collaboration with research institutions that specialize in LGBTQI+ health research) | DHR/ICMR MoHFW NACO ICSSR Academic & Research Institutions USAID, UNDP, UNAIDS. | 2022 & 2023 (and ongoing) |
| | <ul style="list-style-type: none"> Use and build the available health service data (e.g., gender clinics in government hospitals) to inform policies and programs | <ul style="list-style-type: none"> Training of gender clinics in government hospitals on database management and analysis, and reporting – to inform policies and programs, and to improve quality and satisfaction (MoH, State governments, Local academic institutions and research institutions) | MoHFW NACO State governments' health departments Govt. hospitals NGOS/CBOs USAID, UNDP | |

| Recommendation | Strategies | Action Points | Key Stakeholders | Timeline |
|---|--|--|--|---------------------------------------|
| B. MENTAL HEALTH OF LGBTQI+ COMMUNITIES | | | | |
| Improving access to LGBTQI affirmative mental health care services | <ul style="list-style-type: none"> Inclusion of LGBTQI affirmative mental health care in existing services under the National Mental Health Policy, 2014; National Mental Health Programme, 1982; District Mental Health Programme (DMHP), 1996 as well as Adolescent Health and Wellness Centres under Ayushman Bharat, Rashtriya Kishor Swasthya Karyakram, School Health Programme (Ayushman Bharat as well as National Education Policy) Inclusion of LGBTQI issues in state-run helpline services for mental health support and other digital interventions | <ul style="list-style-type: none"> Training of mental health professionals, CHWs, Health and Wellness Ambassadors under Ayushman Bharat for inclusion of mental health care of LGBTQI persons. Specific focus on following issues: <ul style="list-style-type: none"> Issues of LGBTQI young persons Assessment of gender dysphoria and providing letters of support Dealing with requests for conversion treatments through making gender-sexuality affirmative responses, family psychoeducation Dealing with mental health crisis and familial violence Appropriate psychosocial assessment and intervention | <p>MoHFW NACO MoSJE</p> <p>Central and State Mental Health Authorities</p> <p>State Nodal Officer for DMHPs</p> <p>State and District Committees for adolescent health under RKSK</p> <p>Implementation mechanisms of Ayushman Bharat</p> <p>UNDP, USAID, UNESCO</p> | Long Term. To start in 2022 & 2023 |
| Capacity building of mental health professionals, CHWs, barefoot counsellors and | <ul style="list-style-type: none"> Developing training materials (audio-visual, short films, manuals, online courses) for different cadre of mental | <ul style="list-style-type: none"> Training (offline and online) at state and district levels | Mental health teaching and training institutions at State and National level | Medium Term. Plan in 2022 & 2023, and |

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| <p>peer supporters on LGBTQI affirmative mental health care</p> | <p>health care professionals and workers</p> <ul style="list-style-type: none"> • Training of trainers • Developing supervision modules for different cadres of professionals and mental health workers | | | <p>implement thereafter periodically</p> |
| <p>LGBTQI Mental Health Advocacy</p> | <ul style="list-style-type: none"> • Seeking ban on forced curative and conversion treatments as well as ban on unnecessary surgical interventions for persons with intersex variations | <ul style="list-style-type: none"> • Create a legal/ policy brief on ill effects of curative and conversion treatments on LGBTQI persons from a health, human rights and medical ethics perspective | <p>MoHFW NACO MoSJE National Medical Council NHRC Rehabilitation Council of India Council for Allied Health Care Professionals Act UNDP, USAID</p> | <p>Short term (2022 & 2023) and ongoing, as needed</p> |

| Recommendation | Strategies | Action Points | Key Stakeholders | Timeline |
|--|---|---|--|---------------------------|
| C. GENDER-AFFIRMATIVE MEDICAL AND SURGICAL THERAPIES | | | | |
| <p>Improve access to gender-affirmative medical and surgical therapies for transgender people and competent care for people/children with intersex variations</p> | <ul style="list-style-type: none"> • Support for preparing national guidelines for gender-affirmative care in healthcare settings and guidelines for medical/surgical gender-affirmative therapies to be provided in government hospitals • Discussions with relevant insurance authorities to incorporate support for medical/surgical gender-affirmative therapies (hormone therapy and gender-affirmative surgeries for transfeminine and transmasculine people) in national and state health insurances • Identification of government hospitals to initiate provision | <ul style="list-style-type: none"> • Provide quality gender-affirmative therapies (using national guidelines adapted from WPATH international standards of care) for transgender people,⁷ and providing respectful care for people with intersex variations using international guidelines (e.g., Cools et al's consensus statement)⁸ • Support gender-affirmative therapies such as hormone therapy and surgeries (including operative and post-operative care costs, and follow-up surgeries) undertaken in private sector (private health insurance, subsidised/co-financed by government through insurance schemes of Chief Minister or Prime Minister) | <p>MoHFW NACO MoSJE</p> <p>National and State authorities on Health Insurance Government hospitals (especially district level and tertiary hospitals)</p> <p>Community based Organizations</p> <p>WHO, UNAIDS, USAID, UNDP</p> | <p>2022 & ongoing</p> |

⁷ Note that WPATH guidelines focuses on transgender people, and do not cover care of people with intersex variations

⁸ Cools, M., Nordenstrom, A., Robeva, R., Hall, J., Westerveld, P., Fluck, C., . . . Pasternski, V. (2018). Caring for individuals with a difference of sex development (DSD): a Consensus Statement. *Nat Rev Endocrinol*, 14(7), 415-429.

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| | <p>of medical/surgical gender-affirmative procedures (hormone therapy and gender-affirmative surgeries for transfeminine and transmasculine people)</p> | <ul style="list-style-type: none"> • Train a cadre of healthcare providers in identified government hospitals who can provide an inter-disciplinary gender-affirmative care (surgical, medical and psychosocial support) to transgender people, and clinical and psychosocial care for people/children with intersex variations • Train doctors on providing gender change certificate by following the procedures stated in per the TGP(PoR) Act/Rules | | |
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| Recommendation | Strategies | Action Points | Key Stakeholders | Timeline |
|--|--|---|--|---|
| D. DISCRIMINATION-FREE GENERAL HEALTHCARE SERVICES FOR LGBTQI+ COMMUNITIES | | | | |
| Train healthcare providers and integrating LGBTQI+ health in medical, nursing and allied health fields' curricula | <ul style="list-style-type: none"> Prepare or adapt training modules on LGBTQI+ health to train healthcare providers | <ul style="list-style-type: none"> Training for healthcare providers and other healthcare staff on health needs of LGBTQI+ people Incorporating information about who LGBTQI+ people are and on the health needs of in the undergraduate and postgraduate medical, nursing and allied health sciences curricula | <p>MoHFW NACO NMC</p> <p>Community based Organizations</p> <p>USAID, UNDP</p> | 2022 & 2023 (& incorporate trainings in existing systems for training healthcare providers) |
| Develop anti-discrimination policies for LGB people and implement steps to eliminate discrimination against transgender people and people/children with intersex variations | <ul style="list-style-type: none"> Support development of anti-discrimination policies and guidelines against LGB people (i.e., discrimination against sexual orientation/identity and gender expression) Convene consultations and offer technical support to prepare guidelines for sensitive and inclusive hospital registration and admission policies, and non- | <ul style="list-style-type: none"> Developing LGB-specific anti-discrimination guidelines and clauses to protect LGB people in various settings, including in healthcare settings Implementing anti-discrimination guidelines (as stated in the TGP(PoR) Act/Rules) and enforcement of those rules/guidelines, and oversight Issuing guidance on trans-sensitive intake/registration forms, hospital accommodation (ward | <p>MoHFW NACO MoSJE</p> <p>NGOs/CBOs</p> <p>Academic Institutions (like TISS).</p> | 2022 & 2023 |

| | discriminatory policies in hospitals | allocation), restroom accessibility and records maintenance (safety/confidentiality). | | |
|--|--|--|---|--------------|
| Recommendations | Strategies | Action Points | Key Stakeholders | Timeline |
| E. INCLUSION OF LGBTQI+ HEALTH ISSUES IN MEDICAL EDUCATION | | | | |
| Ensure that curricula of medicine (undergraduate, postgraduate, nursing, clinical psychology, and other health professions) is LGBTQI+ inclusive and that unethical practices such as conversion therapy are banned | <ul style="list-style-type: none"> Leverage the Madras High Court orders in Sushma vs. Commissioner of Police (2021) and the response by National Medical Commission | <ul style="list-style-type: none"> Circulate the Madras High Court orders, NMC advisory, and NMC report to MoHFW. | National Medical Commission, MoHFW, State Medical Councils, Directorates of Medical Education in all states, Rehabilitation Council of India, State Mental Health Authorities, Professional Medical Associations, Professional Nursing Associations, Publishers of textbooks. | By June 2022 |
| | <ul style="list-style-type: none"> Supporting relevant stakeholders by providing technical expertise as needed, and facilitating discussions with key stakeholders, including NGOs/CBOs and LGBTQI+ communities | <ul style="list-style-type: none"> Completion of the revision of competence-based curriculum for all subjects (currently psychiatry and forensic medicine only have been completed) by expert committees to be convened by NMC, RCI and other bodies. | NMC State Medical Universities, where relevant NGOs/CBOs | By June 2022 |

| Recommendations | Strategies | Action Points | Key Stakeholders | Timeline |
|-----------------|--|--|--|------------------------------|
| | <ul style="list-style-type: none"> Supporting advocacy efforts of NGOs/CBOs and LGBTQI+ communities | <ul style="list-style-type: none"> Issue directives from NMC to curriculum setting bodies of government private institutions for change of textbook content in keeping with the curriculum change. | NMC State Medical Universities, where relevant NGOs/CBOs | By Aug 2022 |
| | <ul style="list-style-type: none"> Providing technical expertise as needed, and facilitating discussions with key stakeholders, including NGOs/CBOs and LGBTQI+ communities | <ul style="list-style-type: none"> Incorporate the revisions in undergraduate and post-graduate courses. | NMC State Medical Universities, where relevant | Academic year beginning 2023 |
| | <ul style="list-style-type: none"> Supporting advocacy efforts of NGOs/CBOs and LGBTQI+ communities | <ul style="list-style-type: none"> Issue directives on Conversion therapy to the State Mental Health Authorities and Professional Medical Associations to establish reporting mechanisms and action-taken | NMC State Medical Universities, where relevant Professional Medical Associations | 2022 |

| Recommendations | Strategies | Action Points | Key Stakeholders | Timeline |
|--|---|--|---|-------------|
| F. HEALTH ISSUES OF EOPLE WITH INTERSEX VARIATIONS | | | | |
| Country-wide ban on unnecessary genital surgeries on infants with ambiguous genitalia (exception for life-threatening situations) | <ul style="list-style-type: none"> Leverage Arun kumar and Sreeja vs. Registrar verdict of Madras High Court and Government Order from Health and Family Welfare Department Sensitization meetings with relevant government stakeholders, along with NGOs/CBOs that work with LGBTQI+ communities | <ul style="list-style-type: none"> MoHFW to circulate order to all state Departments of Health and Family Welfare State to issue GO and set up an expert committee to evaluate life-threatening situations on a case-to-case basis Committee to have pediatric surgeons, endocrinologists, urologist, social worker/psychologist and intersex/LGBTI activist. State to send notice to all public and private delivery facilities with GO. | MoHFW, State Department of Health and Family Welfare, and Directorates of Medical Education NGOs/CBOs that work with LGBTQI+ communities | 2022 & 2023 |

| Recommendations | Strategies | Action Points | Key Stakeholders | Timeline |
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| Recommendations | | | | |
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| Timeline | | | | |
| G. ADDRESSING THE HEALTH NEEDS OF LBQ+ WOMEN | | | | |
| Further research-based evidence on LBQ+ women's health and social issues | <ul style="list-style-type: none"> Developing a community-led research agenda for LBQ+ women | <ul style="list-style-type: none"> Conduct multi-stakeholder consultation to prepare the national LBQ+ women's health research agenda, endorsed by government and key stakeholders (MoH, NACO, ICMR) | LBQ+ women and support groups across India; CBOs/NGOs working with LBQ+ women | 2022 & 2023, On-going. |
| | <ul style="list-style-type: none"> Securing dedicated funding for LBQ+ women | <ul style="list-style-type: none"> Identifying avenues for funding research for LBQ+ women within national- and international collaborators | CBOs/NGOs working with LBQ+ women; academic institutions; funding agencies with focus on womxn's health | 2023 |
| Focus on community-mobilization within LBQ+ women for a structured response | <ul style="list-style-type: none"> Developing community mobilizing strategies with community inputs | <ul style="list-style-type: none"> Conduct multi-stakeholder consultations to identify strategies for community mobilization | LBQ+ women individuals and support groups across India; CBOs/NGOs working with LBQ+ women; government and key stakeholders (MoHFW, NACO, MoSJE, NITI Aayog), UN, USAID | 2023 |
| | <ul style="list-style-type: none"> Develop and facilitate access to safe spaces | <ul style="list-style-type: none"> Identifying strategies and conducting LBQ+ women's | LBQ+ women individuals and support | |

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| | with focus on peer- /community support | needs assessment to create safer spaces for LBQ+ women via community consultations or research- based approaches | groups across India; CBOs/NGOs working with LBQ+ women; government and key stakeholders (MoHFW, NACO, MoSJE; womxn's organizations) | |
| | | <ul style="list-style-type: none"> Identifying avenues for funding/dedicated programs for LBQ+ women from national and international- collaborators | CBOs/NGOs working with LBQ+ women; funding agencies with focus on womxn's health; government and key stakeholders (MoHFW, NACO, MoSJE; womxn's organizations), UN Women, UNFPA, ILO | 2023 |
| Sensitization and awareness of stakeholders such as law enforcement; Healthcare providers and shelter homes | <ul style="list-style-type: none"> Developing stakeholder specific modules for addressing issues experienced by LBQ+ women with that stakeholder group | <ul style="list-style-type: none"> Collaborations between CBOs/NGOs, academic institutions; resource people to develop stakeholder specific advocacy/sensitization content for LBQ+ women | MoSJE, NITI Aayog, MoHFW, NGO/CBOs | 2023 |
| | <ul style="list-style-type: none"> Sensitization- and advocacy workshops for stakeholders | <ul style="list-style-type: none"> Dedicated stakeholder specific programs facilitated and planned by collaborative efforts between communities; policy makers and stakeholder institutions | LBQ+ women support groups; law enforcement, healthcare providers and shelter homes; policy makers and government bodies/ministries | 2022-23 |
| Improve uptake of sexual- and mental health services among LBQ+ women | <ul style="list-style-type: none"> Develop and facilitate access to safe spaces offering sensitive mental- | <ul style="list-style-type: none"> Identifying sexual-/mental- health concerns and needs among LBQ+ women via | LBQ+ women individuals and support groups across India; CBOs/NGOs working | 2023 |

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| | and sexual health services for LBQ+ women | consultative/research community- | with LBQ+ women; government and key stakeholders (MoHFW, NACO, MoSJE; womxn's organizations), UNDP, UN Women, USAID | |
| | | <ul style="list-style-type: none"> Identifying avenues for funding/dedicated programs for LBQ+ women offering sensitive mental- and sexual health services for LBQ+ women from national and international- collaborators | CBOs/NGOs working with LBQ+ women communities; funding agencies with focus on womxn's health; government and key stakeholders (MoHFW, NACO, MoSJE; womxn's organizations) | 2023 |
| | <ul style="list-style-type: none"> Sexual and mental awareness campaigns dedicated to LBQ+ women | <ul style="list-style-type: none"> Creating sensitive and informative campaign that aim to improve awareness and uptake of mental/sexual health services among LBQ+ women. Campaigns can be disseminated via hybrid (virtual + in-person) approaches | CBOs/NGOs working with LBQ+ women; funding agencies with focus on womxn's health; media platforms | 2023 |
| | <ul style="list-style-type: none"> Capacity-building and training workshops for mental-/ sexual health providers | <ul style="list-style-type: none"> Capacity building and training programs facilitated and planned by collaborative efforts between communities; policy makers and sexual-/mental health providers can be conducted across states. | LBQ+ women support groups; healthcare providers; policy makers and government bodies/ministries; health organizations | |
| Crisis support and guidance for LBQ+ women in distress | <ul style="list-style-type: none"> Develop new/facilitate access to existing safe spaces and shelter | <ul style="list-style-type: none"> Crisis redressal and referral initiatives formed for connecting LBQ+ women in | CBOs/NGOs working with LBQ+ women; funding agencies with | |

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| | homes that offer Crisis support for LBQ+ women facing violence in home environments | Crisis situations to safer options. These can be integrated in existing HIV interventions or can be worked as stand-alone programs operated by LBQ+ women CBOs/support groups. | focus on womxn's health; government and key stakeholders (MoHFW, NACO, MoSJE, NHRC; womxn's organizations); women's shelter homes | |
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| Recommendations | Strategies | Action Points | Key Stakeholders | Timeline |
|---|---|--|--|--|
| H. MAINSTREAMING OF LGBTQI+ HEALTH IN VARIOUS HEALTH PROGRAMMES & POLCIIES | | | | |
| Ensure that health programmes and policies (e.g., Non-communicable diseases; National Mental Health Policy; programmes on children/adolescents health) are inclusive of LGBTQI+ people | <ul style="list-style-type: none"> Creation of training modules and organising trainings (or include LGBTQI+ health in existing training programs) Creation of specific IEC materials related to LGBTQI+ people's health to educate them about health promotion and availability of services in national health programmes and government healthcare settings | <ul style="list-style-type: none"> Training personnel in different health programmes on LGBTQI+ inclusivity and LGBTQI+ specific health needs (audit on 'LGBTQI+ inclusivity' of policies and programmes) Tailoring training to meet the needs of the healthcare staff: e.g., training counsellors on mental health challenges faced by LGBTQI+ people Including information about specific challenges needs of LGBTQI+ people in health programmes, including those on 'non-communicable diseases' and mental health | <p>MoHFW – all divisions</p> <p>NACO</p> <p>State Health Departments</p> <p>UN Agencies, Bilateral Agencies.</p> | <p>2022 & 2023 for preparation and pilot implementation of training programs and creation of IEC materials.</p> <p>Then ongoing.</p> |

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| | | programmes (e.g., cervical cancer screening for transmasculine people, breast cancer screening among transfeminine people on feminising hormones, HBV/HCV screening – especially for GB men and transfeminine people) | | |
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Annexure: Agenda



Second National Symposium on **LGBTQI+ Health**

Theme: *Setting a national health policy and research agenda*

December 9 - 11, 2021

Venue: Hotel Eros, Nehru Place, New Delhi



AGENDA

Day 1: December 9, 2021 (Thursday)

9 - 9.30 AM | Registration

9.30 to 10.15 AM | INAUGURATION

Welcome address : Dr. Chiranjeev B, National Programme Manager, UNDP India
Key notes : Mr. Suhail Abbasi, Chairperson, The Humsafar Trust
 : Dr. Venkatesan Chakrapani, Chairperson, C-SHaRP
 : Mr. David Bridger, Country Director, UNAIDS India
 : Ms. Veena Reddy, Mission Director, USAID
 : Ms. Shoko Noda, Resident representative, UNDP India
 : Dr. Reeta Rasaily, Scientist G & Head, RH, MCH & Nutrition, ICMR
 : Ms. Nidhi Kesharwani, Director, NACO
 : Smt. Radhika Chakravathy, Joint Secretary (Social Defence), MoSJE
 : Sri. Alok Saxena, Additional Secretary and Director General, NACO
Vote of Thanks : Ms. Vandana Stapleton, Deputy Director (HO), USAID

10.15 to 10.45 AM | High Tea

10.45 AM to 12.00 PM

SESSION 1

Govt. policies and programs in relation to LGBTQI+ health

Chair: Shri Alok Saxena, Additional Secretary and Director General, NACO
Co-Chair: Dr. Muniraju SB, Deputy Advisor, NITI Aayog
Moderator: Dr. Chiranjeev Bhattacharjya, UNDP

Speakers

Topic

Dr. Shobini Rajan, Deputy Director General, NACO

Initiatives from NACO on LGBTQI+ Health

Dr. Sridhar Subbiah
Associate Prof. and Head, Endocrinology & Transgender Clinic Co-ordinator, Madurai Medical College

Gender-affirmation medical services in a government gender clinic: Experiences from Govt Rajaji Hospital, Madurai, Tamil

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| Dr. Janaki Ram, Deputy Director, TI M&E and TI(i/c), TANSACS | Tamil Nadu experiences of Govt. policies and programs in relation to LGBTQI+ |
| Dr. S. K. Harikumar, Team Leader TSU of Kerala SACS | Gender sensitive social protection policy of Government of India |
| Dr. Seemi Azam, Research Officer, NHRC | NHRC's study findings and NHRC's activities in relation to LGBTQI+ people |
| Ms. Sonia Behera, JS, SSEPD Dept., Govt. of Odisha | Initiatives for LGBTQI Welfare by Govt. of Odisha |

12.00 to 1.15 PM
SESSION 2 | Health needs of LGBTQI+ adolescents and youth
Chair: Ms. Nidhi Kesharwani, Director, NACO

Co-chair: Dr. Zoya Ali Rizvi, Deputy Commissioner, Ministry of Health & Family Welfare, Govt of India
Co-chair: Mr. Vivek Raj Anand, CEO, The Humsafar Trust

| Speakers | Topic |
|--|--|
| Dr Bitra George, Country Director, FHI360 | STI/RTI health care needs of LGBTQI+ adolescents and youth |
| Ms. Anjali Siroya, Recruitment Coordinator, TRANScend, The Humsafar Trust; & Core member, Yaariyan | Trans woman 2021 |
| Nikita Shringarpure, Clinical Psychologist & Research Assistant, HST | Health and social needs of youth lesbian, bisexual, and queer women |
| Aarav Singh, Project TRANScend, The Humsafar Trust | Transmasculine youth's perspectives: Health and relationships |
| Mr. Sudhanshu Latad, Assistant Advocacy Manager at The Humsafar Trust Yaariyan | How the Queer Youth vibes! |
| Atul Shendge, Counsellor at NETREACH, The Humsafar Trust | Struggles within: A short poem on coming to terms with one's HIV status |
| Dr. Kavita Arora, Psychiatrist, Delhi | Identity-affirming psychiatric care to LGBTQI+ and gender-diverse children and adolescents |

Neeraj Kumar, Nazariya: Queer feminist resource group and Unsound Project | Heterosexism and gendered violence by family

1.15 to 2.15 PM | Lunch

2.15 to 3.45 PM

SESSION 3

Emerging strategies to enhance HIV prevention and care among MSM & trans people

Chair: Dr. Shobini Rajan, DDG NACO
Co-Chair: Dr. Lokesh Gabane, JD(TI), MSACS
Moderator: Ms. Sukhvinder Kaur, USAID

| Speakers | Topic |
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| D. Bhawani Singh, NACO | Emerging strategies on prevention initiatives among LGBT people under NACP/MoHFW - White paper |
| Dr. Kenneth Mayer, Co-Chair and Medical Research Director, The Fenway Institute at Fenway Health | PrEP: Current status, new modalities on the horizon and strategies to optimize adherence |
| Dr. Sunil Solomon, Chief of Party Project ACCELERATE; & Associate Prof. of Medicine, | Implementation experience from ACCELERATE initiative |
| Mr. Aditya Singh, Executive Director & Deputy Chief of Party, ACCELERATE, Johns Hopkins University School of Medicine | Virtual interventions and PrEP as an HIV prevention tool among MSM and trans people; TAAL and PrEP services (Pune Model) |
| Dr. Jalpa Thakkar, Director Programs, JHU ACCELERATE | HIV self-testing among MSM and trans people |
| Ms . Smriti Acharya , National Program Manager, NetReach , The HumsafarTrust | Virtual Interventions to address sexual health issues of LGBTQI+ communities (Net Reach) |
| Dr. Vanita Gupta, Ex-P D Chandigarh SACS; & Ex-Director Health Services cum Mission Director, Chandigarh | Experiences of Implementing Internet Outreach in Chandigarh |
| Dr. Joyeeta Mukherjee, Senior Manager, R & D Programs, IAVI. | Acceptability of broadly neutralizing antibodies (bNAbs) as HIV prevention products among MSM and TGW in India – Preliminary findings from a qualitative study |
| Dr. Rupa Patel, PrEP Program Director, Washington University in St. Louis | Capacity building needs among PrEP Providers |
| Dr. Kevin Ard, Medical Director, National LGBTQIA+ Health Education Center, Fenway Health; and Asst. Prof. of Medicine, Massachusetts GH | STI Treatment and Prevention for Transgender People |

3.45 to 4.00 PM | Tea Break

4.00 to 5.30 PM

SESSION 4

Stigma and Resilience

Chair: Dr. A. K. Puri (TBC), Deputy Director General, NACO

Co-chair: Dr. KP/ Ketki Ranade, Faculty, TISS

| Speakers | Topic |
|--|--|
| Dr. Rajesh Rana, Director – Global Fund, Plan India; Ex-National Consultant, NACO | Initiatives under NACP on addressing stigma and discrimination against LGBTQ people |
| Boyan Konstantinov, Policy Specialist - Key populations, LGBTI rights and inclusive development, UNDP | Learnings from UNDP's "Being LGBTI" Programme |
| Ms. Maya Sharma, Program Coordinator, Vikalp Women's Group | Stigma and resilience among LBQ+ women: Experience and ground learnings |
| Dr. Viraj Patel, Associate Prof. of Medicine, & Associate Director, Behavioral and Implementation Science Core, Albert Einstein | Multiple stigmas and treatment adherence among MSM and transfeminine people living with HIV: a longitudinal cohort study |
| Dr. Venkatesan Chakrapani, C-SHaRP | The impact of multiple/intersectional stigmas on syndemic production and HIV risk among MSM and transfeminine people |
| Dr. Steven A Safren, University of Miami, Department of Psychology/Center for HIV and Research in Mental Health, The Fenway | A resilience-based intervention to address stigma and sexual minority stress for men who have sex with men in India |
| Mr. Midnight, Executive Director, APCOM | Resilience and LGBTQI+ |
| Dr. Jasvir Kaur, Senior Nursing Officer, PGIMER | Associations between HIV-related stigma, mental health and HIV testing uptake among TGW |
| Dr. Peter A Newman, Professor, Factor-Inwentash Faculty of Social Work, University of Toronto; & Canada Research Chair in Health & Social Justice (former) | #SafeHandsSafeHearts: A peer-delivered eHealth intervention to support LGBTQI+ people amid the COVID-19 pandemic |

Day 2: December 10, 2021 (Friday)

9.00 – 10.15 AM

SESSION 5

LGBTQ+ Mental Health

Chair: Dr. Shekhar P. Seshadri, Psychiatrist and Adolescent/Child Psychiatrist, NIMHANS

Co-Chair: Dr. Anil Kumar, DDG, MoHFW

Moderator: Dr. KP/ Ketki Ranade, Faculty, TISS

| Speakers | Topic |
|--|---|
| Dr. Aleena Sebastian, Asst. Prof., NIAS, Bangalore | COVID-19's impact on the mental health of men who have sex with men: A mixed methods study |
| Vinay Chandran, Executive Director, Swabhava and Peer Counsellor, Sahaya Counselling Services | The Advantage of Experience–LGBTQIA+ and Peer Support Groups |
| Ms. Advaita Nigudkar and Ms. Jagurti Wandrekar, Consultant psychologists | SAAHAS- A queer affirmative CBT-based group therapy intervention for LGBTQIA+ individuals |
| Dr. KP / Ketki Ranade, Faculty, TISS | Building Curriculum on Queer Affirmative Mental Health Interventions (QAMHI) for Mental Health Practitioners in India |
| Dr. Jayakumar, Associate Professor, CPSSDM, NIMHANS | Development of Holistic Modules for Psychosocial support of LGBTQI Communities in India |
| Dr. Alex Keuroghlian, Director of Education & Training Programs, Fenway Health; & Associate Prof. of Psychiatry, Harvard Medical | Behavioural Health Care for Transgender and Gender Diverse People |

10.15 to 11.00 AM

SESSION 6

Health of Lesbian and Bisexual Women

Chair: Dr. Uday Bhanu Das, DDG, NACO

Co-chair: Ms. Maya Sharma

Co-chair: Dr. Maninder Manihani, NACO

| Speakers | Topic |
|--------------|--|
| Shruta Rawat | Scoping review on lesbian and bisexual women's health in India |
| Sonal Giani | Experiences of LB women in accessing health services |

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|---|---|
| Ms. Archana Shetty, Communication Manager, The Humsafar Trust | Navigating relationships and family spaces from LBQ+ women's perspectives |
| M. Pinki Singha, Project Officer at NETREACH, The Humsafar Trust & LGBTQIA+ Activist. | Health of Lesbian, Bisexual & Queer Women in NorthEast India |
| Dr Sneha Rooh, Bisexual palliative physician and Founder of Orikalankini | Inclusion in Palliative care and challenges |

11 to 11.15 AM | Tea Break

11.15 AM to 12.00 PM
SESSION 7 | Health of People with Intersex Variations

Chair: Dr. L. Ramakrishnan, Vice President, SAATHII
 Co-chair: Dr. KP / Ketki Ranade, Faculty, TISS

| Speakers | Topic |
|---|--|
| Sakthi Srimaya, Co-Founder of Intersex Human Rights India (IHRI) | LGBTIQA+ Health issues |
| Dr. L. Ramakrishnan, Vice President, SAATHII | Banning genital surgeries on infants with ambiguous genitals: progress since the Madurai verdict |
| Ms. Daniel Mendonca, Co-Founder of Intersex Human Rights India (IHRI) | Intersex persons in the world of health |
| Neeraja Sajan, TISS | Experiences of Intersex People |

12.00 to 1.00 PM
SESSION 8 | Health of Transmasculine People

Chair: Dr Sangeeta Kaul, Chief - HIV Division, USAID
 Co-chair: Shaman Gupta, Tweet Foundation & Steering Committee, Our Health Matters: Indian Transmen and Transmasculine Health Study

| Speakers | Topic |
|--|---|
| Dr. Ayden Scheim, Asst. Professor, Epidemiology and Biostatistics, Drexel University | Research on transmasculine health globally and in India: Gaps and opportunities |

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|---|-----|---|
| Mr. Dicky Baruah, Research Associate, The Humsafar Trust | The | Access to and use of gender transition services for transmasculine people in Mumbai and Chennai |
| Vihaan Peethambar, Member of National Council for Transgender Persons | | Experience-sharing and recommendations |
| Ms. Maya Sharma, Vikalp Women's Group | | Transmasculine people: social support and access to services |
| Aryan Somaiya, Psychologist, Guftagu Psychotherapy, Mumbai (TBC) | | Transmasculine concerns in psychotherapy (TBC) |

1.00 to 2.00 PM | Lunch

2.00 to 3.45 PM
SESSION 9 | Gender-affirmative medical services & health care for transgender people

Chair: Dr. Sanjay Rai, AIIMS
 Co-chair: Simran Bharucha, Director - Transgender Health, Johns Hopkins University School of Medicine – ACCELERATE

| Speakers | Topic |
|--|--|
| Julie Thompson, Fenway Health | Overview of primary care and gender-affirmative hormone therapy |
| Dr. Sruti Chandrasekaran, Endocrinologist, Chennai | Experiences in providing hormone therapy to trans people in Chennai |
| Air Cmde (Dr) Sanjay Sharma (Retd), CEO & MD ATHI, Board Member WPATH | Indian Standards of Care for persons with gender incongruence and people with differences in sexual development / sexual orientation |
| Mr. Raj Kanaujiya, Recruitment Officer in TRANScend 2.0, The Humsafar Trust | Current status of access to gender-affirmative medical services for transmasculine people in India (Experiences) |
| Dr. Shivaprakash Srinivasan, Consultant Psychiatrist, Youth Mental Health program at | Should transgender people see mental health professionals? |
| Dr. Prachi Rathore, Medical Officer, Mitr Clinic - Hyderabad | Experiences of Mitr Clinic, Hyderabad, in providing gender-affirmative medical services |

3.45 to 4.00 PM | Tea Break

4.00 to 5.00

SESSION 10

LGBTQI health education and training in medical, nursing & related fields

Chair: Dr. B Srinivas, Assistant Director General (Medical Education), MoHFW

Co-chair: Dr. Aqsa Shaikh, CMO, COVID Centre; and Dept. of Community Medicine, Hamdard Univ.

Moderator: Dr. L. Ramakrishnan, Vice President, SAATHII

| Speakers | Topic |
|---|--|
| Dr. L. Ramakrishnan, Vice President, SAATHII | <i>Implications of the Chennai High Court judgement and MCI directive</i> |
| Dr. Harikeerthan Raghuram, Project Coordinator, TransCare, Sangath | TransCare: MedEd – Developing Competencies for Trans-Affirmative Healthcare |
| Dr. Praneeth Pillala, Family Physician & Researcher, Co-Founder GeneAccurex | <i>Creating “Medical Safe Spaces”: Training HCPs on LGBTQI+ Primary Health Care</i> |
| Ms. Randhoni Lairikyengbam, Assistant Director, SAATHII | Building capacity of healthcare professionals and frontline health workers on LGBTQI+ care |
| Mr. Vignesh Dhananjayan, Medical student and a Member of South Indian Medical | Experiences of a queer medical student in addressing homophobia in curriculum |
| Mr Dhaval Shah, Director, Programs and Strategy at Safe Access | Community Wellbeing Project, A Peer Support Initiative by Safe Access |

6.00 to 8.00 PM | **Meet-N-Greet (High tea and Mocktails)**

Venue: Hotel Eros, Nehru Place

Day 3: December 11, 2021 (Saturday)

9:00 – 10.45 AM

SESSION 11

Legal issues, Human Rights and LGBTQI+ health

Chair: Dr. Naresh Goel, Ex-DDG, NACO

Co-Chair: Dr. R. Giriraj, Deputy Director (Training), Social Defence, NISD, MoSJE

Moderator: Ms. Zainab Patel, Director - Inclusion and Diversity, KPMG; and Western India representative in the National Council for Transgender Persons, GoI

| Speakers | Topic |
|--|--|
| Tripti Tandon, Advocate and Lawyers Collective | Reviewing the socio-political and legal environment for rights of LGBTQI persons post Navtej |

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|---|--|
| Jay Gilliam, LGBTQI+ Sr. Coordinator, USAID | Advancing on human rights of LGBTQI+ persons around the world (Diversity, Equity and Inclusion strategy) |
| Suraj Sanap, Centre for Health Equity, Law and Policy (C-HELP) | Anti-discrimination laws, Marriage equality and other civil rights |
| Ms. Rachana Mudraboyina, State Technical Expert, Mitr Transgender Clinic, Telangana | <i>LGBTQI+ inclusion and legal rights</i> |
| Rajashree Raju, Board Member, Queerala | <i>Seeking legal justice against “conversion therapy” in Kerala: possibilities and limitations</i> |
| Amritananda Chakravorty | Identifying and addressing malpractice in gender-affirmation procedures: Delhi-West Bengal-Kerala cases |

10.45 to 11.15 AM | Tea Break

11.15 AM to 1.00 PM
SESSION 12 | Methodological issues and strategies for conducting research among LGBTQI+ communities

Chair: Dr Rajesh Kumar, Technical Advisor, Health Systems Transformation Platform, Delhi; & Ex-Dean (Academic), PGIMER
 Co-Chair: Dr. Chinmoyee Das, NACO
 Moderator: Ms. Sukhvinder Kaur, USAID

| Speakers | Topic |
|---|--|
| Nilesh Gawde, Asst. Professor, Centre for Public Health, School of Health Systems Studies, TISS; & Member, The Humsafar | Research ethics and LGBTQ+ - virtual communities and interventions |
| Dr. Paromita Saha, Sr. Programme Specialist, IAVI | New qualitative approaches – SBE, gamification, and human-centered design approaches |
| Mr. Fazlur Rahman Gulfam, Senior Strategic Analyst, India HIV/AIDS Alliance | Strategies to recruit and retain a cohort of MSM and trans women living with HIV: Experiences from implementing a three-wave virtual longitudinal cohort study |
| Dr. Venkatesan Chakrapani, Chairperson, Centre for Sexuality and Health Research and Policy (C-SHaRP) | The impact of multiple/intersectional stigmas on syndemic production and HIV risk among MSM and transfeminine people |

Dr. Paul Boyce, Sr. Lecturer in Anthropology and International Development in the School of Global Studies at the University of Sussex

Visual research methods, use of stories and narratives and LGBTQ+ Health

Ms. Aakriti Gupta, Technical Officer – Research & Evaluation, India HIV/AIDS

Validity of a scale on ‘gender affirmation in healthcare settings’ among trans women living with HIV

1.00 to 2.00 PM | Lunch

2.00 to 3.30 PM

SESSION 13

Panel Discussion: LGBTQI+ health research priorities, research training and research funding

Chair: Dr Rajesh Kumar, Technical Advisor, Health Systems Transformation Platform, Delhi; & Ex-Dean (Academic), PGIMER

Co-chairs: Dr. Sunil Solomon, JHU

Moderator: Dr. Venkatesan Chakrapani, C-SHaRP

Speakers

Topic

Dr. Reelina Basu, Grants Adviser, DBT/Wellcome Trust India Alliance (IA)

Funding opportunities from DBT/Wellcome Trust India Alliance (IA)

Dr. Seema Sahay, Scientist-G, ICMR-NARI

All these panelists will be involved in free-flowing, but structured, discussion on:

Dr. Debjit, ICMR-NICED

- *LGBTQI+ health research priorities - What topics and among whom?*
- *Building a cadre of researchers to engage in LGBTQI+ research in India*
- *LGBTQI+ and sustainable development goals*
- *Potential in the government's funding mechanisms to support LGBTQI+ health research and training*
- *Inclusion of SOGI in national health surveys (Data for action)*
- *Inclusion of gender identity in Census ('Other' in 2011 census)*

Ms. Vinita Verma, PO, NACO

Dr. Giriraj, Dy. Director, NISD, MoSJE

Dr. Manmeet Kaur, Prof. of Health Promotion, DCM & SPH, PGIMER

Dr. Seemi Azam, Research Office, NHRC

Dr. Rajat Adhikary, WHO India

3.30 to 3.45 PM | Tea Break

3.45 to 4.30 PM

SESSION 14

Panel Discussion: LGBTQI+ health policies and programs - Next steps

Chair: Dr. Chinmoyee Das, ADG, NACO

Co-Chair: Dr. Giriraj, NISD, MoSJE

Moderator: Dr. Chiranjeev Bhattacharjya, UNDP

Panelists:

Mr. Vivek R Anand, The Humsafar Trust

Ms. Maya Sharma, Vikalp Women's Group

Mr. Raj Kanaujia, TRANScend 2.0, The Humsafar trust

Ms. Swetha Shri M, Community Resource Person, Sahodaran; & Volunteer, Orinam

Dr. Sathish Kumar, Country Director, SAATHII

Dr. Sangeeta Kaul, Chief - HIV Division, USAID

Dr. Pradeep Kumar, PO Surveillance, NACO

Dr. Marjolein Jacob, SI Advisor, UNAIDS

Dr. Rajat Adhikary, WHO India

Ms. Sarita Jadav, UNESCO

Dr. Chiranjeev, UNDP

4.30 to 4.45 | Summary

Dr. Venkatesan Chakrapani, C-SHaRP; & Dr. L. Ramakrishnan, SAATHII

4.45 to 5.15 | Valedictory function and Vote of Thanks

Closing Remarks:

Mr. Vivek R Anand, CEO, The Humsafar Trust

Ms. Sukhvinder Kaur, Lead Strategic Information, USAID

Mr. Abhimanyu Saxena, OIC-Health & Governance, UNDP

Shri. Alok Saxena, Additional Secretary and Director General, NACO

Votes of Thanks:

Dr. Chiranjeev B, UNDP