

The background of the cover features a stylized illustration of a diverse group of people, including several individuals in wheelchairs. The figures are rendered in various colors (blue, orange, yellow, red) and are set against a warm, gradient background. The overall style is graphic and modern.

# POLICY BRIEF

## Inclusion of Trans and Gender Diverse Persons in Sexual and Reproductive Health Rights (SRHR) Services

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## **Introduction**

Trans and gender diverse (TGD) persons face significant barriers to accessing Sexual and Reproductive Health Rights (SRHR) services, including discrimination, lack of competent healthcare providers, and exclusionary policies. This brief outlines the evidence for inclusive SRHR policies and recommends concrete measures for health systems to ensure equitable access and affirming care for all gender identities.

## **Problem Statement**

Transgender and gender diverse individuals experience health disparities and face substantial obstacles when accessing SRHR services. Barriers include:



**Pervasive discrimination and stigma** within healthcare settings leading to widespread fear, mistrust, and avoidance of medical services. A study by Tranz Network Uganda (TNU) and Makerere University School of Public Health (MakSPH) reveals alarming trends—58% of TGD persons experience healthcare discrimination, with 68% of trans women and 62.5% of trans men reporting being denied care altogether. A 2024 analysis documented institutional failures, including denial of emergency care to a trans woman without accountability, underscoring how fear of outing and violence continues to deter TGD individuals from seeking essential healthcare in Uganda (<https://tranznetwork.org/inclusive-trans-healthcare-uganda/>.)



**Lack of provider training and competence** in addressing the specific sexual and reproductive health needs of TGD populations. Healthcare providers often lack specific knowledge about hormone therapies, their effects on fertility, appropriate screening protocols, and how to provide gender-affirming care. Gender affirming care generally brings together several specialties including endocrinologists, urologists, gynecologists and even plastic surgeons, and while this is a fairly new area of practice generally in Uganda, the lack of knowledge among medical professionals about specific healthcare needs for TGD persons tends to discourage health seeking behaviors and, in the worst cases, exposes TGD persons to ineffective and at times harmful treatments. According to Mwebaza (2023), transgender persons report that protocols and procedures on accessing gender affirming care in private health facilities are often aimed at protecting the health centres as well as the professionals in case something goes wrong, because such services are not approved by the government. These policies are thus unfriendly to the patients seeking care, as described by one participant in that study:

*“When you reach the place where you are directed it’s worse because there’s too much protocol. I was kept in a secluded room for long hours, with a few people checking on me and asking me questions about who are my parents, where I stayed and who I was staying with. Some even asked whether I was a believer or not. The endocrinologist came much later when I was already feeling exhausted. I did not go back.”*



**An unfriendly policy and legal framework:** Uganda’s legal and policy framework fails to recognise gender diversity, creating significant barriers for transgender and gender-diverse (TGD) persons in accessing essential services. The Anti-Homosexuality Act rigidly defines gender based solely on genitalia at birth, effectively erasing non-binary identities, while the Registration of Persons Act (2015) lacks provisions for adults to change their registered sex or name to match their gender identity. This legal silence and rigidity prevent TGD individuals from obtaining accurate identification, which in turn limits access to healthcare, employment, and social protection services. Additionally, discrimination at family, community, and institutional levels, coupled with limited access to justice, further exacerbates the marginalisation of TGD persons in Uganda.



### Gaps in current policy

International and regional human rights instruments, such as the UNHRC Resolution 55/14 (2024) and the African Commission on Human and Peoples' Rights Resolution 275 (2014), emphasise the universal right to health and protection from discrimination and violence. UNHRC Resolution 55/14 underscores the right of all individuals, including intersex persons, to the highest attainable standard of physical and mental health, rooted in principles of equality and non-discrimination. Similarly, ACHPR Resolution 275 calls on African states to prevent and address violence and human rights violations based on sexual orientation or gender identity, reinforcing the obligation to uphold the dignity and rights of sexual and gender minorities across the continent.

Unfortunately, despite their diverse healthcare needs ranging from contraception and reproductive counselling to gender-affirming care, TGD persons are often denied access to the full range of services that they need. Research shows that adopting a holistic, human rights-based approach greatly improves health outcomes for TGD populations.

## Policy Recommendations



**Establish Non-Discrimination and Inclusion Policies:** The Ministry of Health has laid a crucial foundation by acknowledging the specific health needs of TGD persons within the National HIV/AIDS Strategic Plan and championing equity through the National Equity Plan. This commendable work demonstrates the Ministry's commitment to achieving inclusive health outcomes. Building on this momentum, the Ministry must now ensure this protection is robust, explicit, and actionable across the entire health system by including gender identity and expression as protected grounds from discrimination, and ensuring access to mechanisms for redress in case a patient's rights are violated based on their gender identity or expression.



**Develop Gender-Affirming Healthcare Standards:** The Ministry of Health's Equity Plan is commendable, but it must be reinforced by creating clear clinical standards to guide practitioner behaviour and ensure quality of care for TGD persons seeking specific services related to gender affirming care.



**Strengthen Provider Competence and Training:** The Ministry of Health should mandate all healthcare providers involved in SRHR service provision to attend sensitivity training aimed at equipping them to provide stigma-free services for LGBTQ persons and TGD persons in particular.



**Modernise Health Information Systems and Documentation** by reviewing intake forms and electronic health records to allow patients to properly indicate their gender identity, especially for those not identifying as cisgender.



**Centre Community Voices and Lived Experiences:** To effectively plan for and support TGD persons to achieve the highest attainable standard of physical and mental health as mandated by regional and international law, it is necessary that the MOH engage with community organisations in order to directly work with and involve TGD individuals in policy development processes. This would ensure that the MOH is able to tailor specific solutions that address the specific needs and challenges of TGD persons.

## Conclusion

Including TGD persons in SRHR policies is both a human rights imperative and a health systems effectiveness issue. Evidence demonstrates that non-discriminatory, affirming policies improve health outcomes and reduce systemic disparities. Health systems must take deliberate action to remove legal and policy barriers, rigorously train providers, modernise data systems and, most critically, **centre the voices of TGD communities** in creating truly inclusive, life-saving SRHR services. The deliberate actions outlined above are necessary steps to fulfil Uganda's obligations under its own commitment to equity and international human rights law.



# Get in touch

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