



World Health Organization

REGIONAL OFFICE FOR Europe



Participatory approaches to reaching the Sustainable Development Goals: MALTA

Leaving no one behind – participatory development of policy on health services for transgender people



Key messages

Several key elements contributed to Malta's experience in the development of policy on health services for transgender people.¹

- **Co-creation and inclusivity guarantee successful policy uptake.**
Malta involved the target audience (future users) in all stages of the development process to ensure coverage of specific needs.
- **Contextualization is critical to assessing feasibility of action.**
Before starting the process of developing policy on gender-affirmative health-care services, Malta dedicated time to gaining a clear understanding of the existing legal and social contexts and what needed to be done.
- **Multipartner and multisectoral cooperation ensures that all aspects of the many-faceted services are covered.**
Malta's inclusion of all relevant ministries and activist communities in the process made it possible to develop a policy that meets the needs of the target audience and enables interdisciplinary collaboration.
- **Strong advocacy for a dedicated budget line facilitates smooth policy implementation.**
The allocation of a specific budget for the development of services for lesbian, gay, bisexual, transgender, intersex, and questioning (LGBTIQ) people kick-started the planning process.
- **Having a focal point makes for coherent policy implementation.**
In the early stages of policy implementation, the Ministry for Health designated a key person to support all stakeholders and communicate and liaise with clinicians and the LGBTIQ community. This has ensured that the policy on health services for transgender people is being implemented in a comprehensive manner.



¹ Referred to hereafter as "transgender people".

Summary

In 2018, Malta took concrete steps in the development of health services for transgender people (1). A high level of political commitment, the strong leadership of the Minister of Health and the adoption of a human-rights-based, gender-responsive approach were important factors in the design and planning of these services, which led to the opening of the Gender Wellbeing Clinic in November 2018. The Clinic provides gender-affirmative health-care services, tailored to the needs of the users by a multidisciplinary team (MDT), including an array of psychosocial and medical professionals. Malta's health-services policy for transgender people addresses Sustainable Development Goal (SDG) 3 (good health and well-being) and SDG 10 (reduced inequalities).



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Motivation

The impetus for action was a commitment made by the Government to improve the civil liberties of LGBTIQ people. This triggered a series of legislative actions that changed the local landscape regarding LGBTIQ rights. The Maltese *LGBTIQ Action Plan 2015–2017* details the legislative amendments made to combat discrimination on the basis of orientation or gender (2). Certain harmful conversion practices to repress a person's self-determined sexual orientation, or feelings of internal gender identity, were outlawed and criminalized (3). It also became legal for people to change their gender based on self-determination and without prior medical assessment or intervention (4). The next step focused on improving the quality of life of transgender people in providing them access to gender-affirmative health services and allowing them to change their appearance to better match their gender identity. The allocation of a dedicated budget triggered the planning and development of health services for transgender people, making it possible to move from aspirational statements to practical implementation.

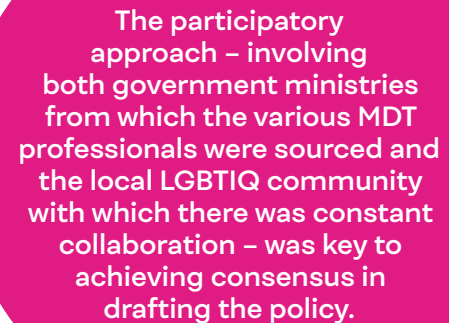
Development of policy on health services for transgender people

The main driver of this initiative is the Ministry for Health. From the outset, support has been provided by the Ministry for the Family, Children's Rights and Social Solidarity through the expertise of the MDT members, and the Ministry for European Affairs and Equality within which the LGBTIQ Consultative Council acts as an umbrella for all local LGBTIQ organizations. This involvement has led to a feeling of policy ownership by all involved.


During the planning and implementation stage, a multidisciplinary working committee, comprising medical and psychosocial professionals, was tasked with the formulation of clinical pathways led by public health specialists. This committee was also responsible for identifying the training needs of the MDT professionals and organizing generic sensitivity training for health-care staff across the general health services to promote gender inclusion. This training, which is being planned in conjunction with the Ministry for European Affairs and Equality, will include all staff, both medical and non-medical, who could be a client's first encounter with the general health services.

Policy formulation was innovative and inclusive from the start when policy-makers and users embarked on a process of co-creation. In drafting the policy document, while it was recognized that scientific evidence should remain the backbone in the development of clinical services, the adoption of a participatory approach (involving the government ministries from which the various professionals providing the services were sourced and the local LGBTIQ community) was key to achieving consensus. Civil society had ample possibility to provide feedback both through participation in stakeholder meetings and by commenting on the draft policy document that had been released for public consultation. Most of the responses received were from LGBTIQ organizations at the national and international levels. Being able to gauge user views made it possible to better tailor the final policy document and the services to their needs.

Malta provides universal health coverage for a comprehensive set of services that are free at point of use for people entitled to the statutory provision of these services. The first step in



The participatory approach – involving both government ministries from which the various MDT professionals were sourced and the local LGBTIQ community with which there was constant collaboration – was key to achieving consensus in drafting the policy.



the policy-development process was to ensure the legislative changes necessary to include “gender identity and sex-characteristics-related conditions” as a statutory condition, which permitted transgender people access to hormone therapy free of charge (5).

A core clinical team, comprising professionals already working in the public health sector was identified from among the members of the multidisciplinary working group. The team consisted of psychologists, family therapists, social workers, various specialists in endocrinology, psychiatry, urology and gynaecology, plastic surgeons, speech and language pathologists and a nurse coordinator. To ensure quality health care, the Ministry for Health is supporting capacity-building and specialized training for MDT members related to transgender health-care issues. In line with the local legislation and the activists' view on upholding the depathologization of gender identity (4), the lead clinician of the services for transgender people at the Gender Wellbeing Clinic is an endocrinologist, not a mental-health professional, which reduces the stigma associated with using them. Mental-health representation on the MDT remains important in view of the increased incidence of serious mental-health illness within this group.

Early in the policy-development process, it was concluded that the Maltese transgender population would best be served by the MDT with its concentration of expertise. It became a requirement that any prescription or service provided with an indication related to gender identity should be instigated by the MDT. The initiation of hormone therapy, for example, was to be determined by the endocrinologist, in conjunction with the client. Any decisions regarding surgery, however, would be taken by the MDT. Clients could opt to be followed-up by a community medical practitioner, or a private specialist, but their condition would still need to be reviewed periodically by the relevant MDT professionals with a view to taking joint decisions regarding health care. In considering clients' wishes and individual needs, the MDT could endorse a referral for surgery, or recommend further assessment.

To reinforce the inclusive approach adopted, which also reflects a shift from a paternalistic medical-care model, referrals to the General Wellbeing Clinic are accepted not only from medical doctors, but also from social workers and psychologists. These are often the first point of contact for transgender people who are often hesitant about accessing health services.



Impact

Since the Gender Wellbeing Clinic has only been receiving clients since November 2018, it is too early to quantify the impact of this service. It is already clear, however, that most of the referrals have been from people who are privately funding gender-affirmative health-care services either in or outside Malta. International estimates were used in planning and budgeting the services since there no local epidemiological data were available. Data collected by the Clinic in the future will permit the better planning and matching of clients' needs and resources. What is immediately apparent is the positive user response to the inclusive approach adopted in the policy and the heightened collaboration between the LGBTIQ community and the Department for Policy in Health. Users, who in the past tended to avoid the general health services, seem to be finding the services provided by the Clinic acceptable to their needs.

Lessons learnt

Contextualizing the policy was of paramount importance. Local legislation – *The Gender Identity, Gender Expressions and Sex Characteristics Act (2015) (4)* – defined the parameters of the services offered by the Gender Wellbeing Clinic and was key to their development. It was novel in that it legalized gender change based on self-determination and without the requirement of prior medical treatment. The Act (4) includes the depathologization of gender identity, ensuring that transgender or gender incongruence cannot be classified as a mental-health condition. It does not allow for disease classification and this creates an anomalous situation with respect to data collection and the identification of medical indications for which health care is available. In view of this, substantial legal input has been necessary to ensure conformity in implementing it. This situation is expected to be rectified with the adoption of the eleventh revision of the International Classification of Diseases. Eleventh revision (6), which classifies gender incongruence as a sexual-health condition.

The Government of Malta has committed to providing everyone the care they need to achieve lasting health and well-being. The services offered by the Gender Wellbeing Clinic are a clear testimony to the agenda of leaving no one behind and will mitigate the inequalities associated with this marginalized group. They were designed as an individualized approach, acceptable to its users, and include pathways to sex-specific screening tests to ensure that people would still be included even though they have changed their gender markers or physical appearance or undergone gender-affirming surgical procedures.

Multipartner cooperation both across ministries and with the activist communities in the development of the services offered by the Clinic, as well as a feeling of ownership among those involved, were key to their successful roll-out. During the initial implementation phase, having a representative of the Department for Policy in Health act as an intermediary between the MDT, the users and the Ministry for Health was useful in instilling confidence in the new services.

References²

1. Transgender healthcare. Valletta: Office of the Deputy Prime Minister, Ministry for Health; 2018 (<https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Transgender-Healthcare.pdf>).
2. LBIQT Action Plan 2015–2017. Valletta: Ministry for Social Dialogue, Consumer Affairs and Civil Liberties; 2015 (<https://meae.gov.mt/en/documents/lgbtiq%20action%20plan/lgbti%20action%20plan%20lo%20res.pdf>).
3. Ministry for Justice, Culture and Local Government [website]. Laws of Malta. Cap. 567. Affirmation of Sexual Orientation, Gender Identity and Gender Expression Act. Valletta: Ministry for Justice, Culture and Local Government; 2019 (<http://www.justiceservices.gov.mt/LOM.aspx?pageid=27&mode=chrono&gotoID=567>).
4. Ministry for Justice, Culture and Local Government [website]. Laws of Malta. Cap. 540. Gender Identity, Gender Expression and Sex Characteristics Act. Valletta: Ministry for Justice, Culture and Local Government; 2019 (<http://www.justiceservices.gov.mt/LOM.aspx?pageid=27&mode=chrono&gotoID=540>).
5. Ministry for Justice, Culture and Local Government [website]. Laws of Malta. Cap. 318. Social Social Security Act. Valletta: Ministry for Justice, Culture and Local Government; 2019 (<http://www.justiceservices.gov.mt/LOM.aspx?pageid=27&mode=chrono&gotoID=318>).
6. WHO releases new International Classification of Diseases (ICD-11). 10 June 2018. In: World Health Organization [website]. Geneva: WHO; 2019 ([https://www.who.int/news-room/detail/18-06-2018-who-releases-new-international-classification-of-diseases-\(icd-11\)](https://www.who.int/news-room/detail/18-06-2018-who-releases-new-international-classification-of-diseases-(icd-11))).

² All URLs accessed 16 February 2019.

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