trans care

IMPROVING ACCESS TO HEALTHCARE
FOR TRANSGENDER INDIVIDUALS

DELIVERABLE No: 2.1

Analysis Report on existing barriers and gaps to national health care systems regarding care for transgender people

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The Team

Consortium partner organizations

NAME	Role
ETHNIKO KAI KAPODISTRIAKO PANEPISTIMIO ATHINON (NKUA-ATTIKO HOSPITAL)	COORDINATOR – WP 1 LEAD
PANEPISTIMIO KRITIS (UOC)	PARTNER – WP 2 LEAD
COLOUR YOUTH - KOINOTITA LGBTQ NEONATHINAS (Colour Youth)	PARTNER
POSITIVE VOICE (RUA)	PARTNER
ORLANDO LGBT+ (Orlando)	PARTNER
IATRIKOS SYLLOGOS ATHINON (ISA)	PARTNER
HelMSIC - Hellenic Medical Students' International Committee (HELMSIC)	PARTNER – WP 4 LEAD
AKMI ANONIMI EKPAIDEFTIKI ETAIRIA (AKMI)	PARTNER
RESEARCH INNOVATION AND DEVELOPMENT LAB PRIVATE COMPANY (READALAB)	PARTNER – WP 3 LEAD

Deliverable contributors

NAME	ROLE	ORGANIZATION
CHRISTOS LIONIS	PRINCIPAL INVESTIGATOR	UOC
MARILENA ANASTASAKI	SCIENTIFIC INVESTIGATOR	UOC
AGAPI ANGELAKI	ADMINISTRATIVE SUPPORT	UOC
FILIPPOS PAGANIS	PROJECT MANAGER	ORLANDO LGBT+

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ELENA-OLGA CHRISTIDI	RESEARCHER	ORLANDO LGBT+

General Introduction

Transgender people suffer from gender discrimination, prejudice and health inequalities wide though EU Member States (1). Additionally, transgender individuals often anticipate or experience negative/discriminatory attitudes by healthcare providers, which leads to reluctant behaviors to receive any healthcare service (2). Transcare - Improving access to healthcare for transgender individuals is a two-year European funded project that addresses the urgent need of combating discrimination against transgender people and improving the overall health and well-being of transgender individuals in Greece by a) raising the awareness of the society about the problem and b) enhancing the capacity of clinic staff and providers in order to improve the access of transgender people to healthcare.

In doing so, TRANSCARE is expected to raise awareness for transgender equality and access to healthcare through public awareness activities, widespread hosted events and national info days. Additionally, the project will aim at combating discrimination against transgender people and improve their access to healthcare by developing and delivering training courses specifically addressed to clinic staff and providers with a view to create a welcoming environment for transgender people. TRANSCARE is expected to result in a better-informed environment for the rights of the transgender people and an improved accessibility to healthcare by increasing the capacity of clinic staff and providers about the healthcare rights and needs of transgender people and how to handle such cases. It will also contribute to the protection of transgender rights by addressing policy gaps and proposing potential solutions.

TRANSCARE is made up of four work packages (WPs). WP1 coordinates and supports all project WPs. WP2 provides background information and support regarding barriers to healthcare for transgender individuals, as well as the training needs of clinical staff professionals for improving care delivery for the target population. WP 3 focuses on building the capacity for the training of healthcare providers, including the development and delivery of online training programmes. WP4 serves network building and awareness raising for maximal project dissemination and sustainability,

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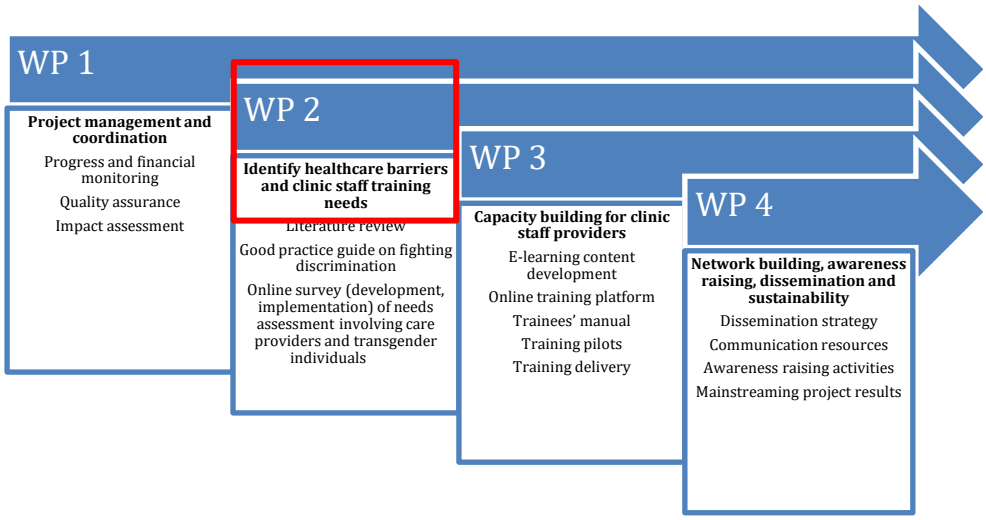
including the development of awareness resources, hosted events and national information days.

A specific task of WP2 – and the objective of this deliverable – is to analyze the existing barriers and gaps to national healthcare systems regarding care of transgender individuals (**Figure 1**).

Figure 1. The inter-relationships between WPs and the role of WP 2.



Executive summary

Background: Trans people face substantial barriers to care worldwide. In Greece, limited evidence regarding trans health and actions to improve accessibility in healthcare services are available. This study aims to identify barriers to care for transgender populations in order to discuss the potential gaps in healthcare providers' training towards this direction.

Methods: A scoping review was conducted in PubMed. Study eligibility criteria included: a) Reporting on at least one barrier to care for trans individuals or at least one educational need for healthcare providers, b) free full text availability, c) published from 2015 and afterwards. Discrepancies in study inclusion were discussed between the research team until consensus was reached.

Results: Out of 560 identified references, 64 were included in this study. Several individual- interpersonal and institutional-level barriers to healthcare for trans individuals were identified. These included discriminatory treatment by healthcare providers, lack of knowledgeable providers trained on trans-specific healthcare

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issues, lack of trusted and safe healthcare environments, health coverage-related issues and stereotypical system approaches to trans health.

Conclusion: Improving access to care for transgender people is a multidimensional issue that should be addressed at the societal, healthcare as well as research level. Actions for future professional education initiatives should focus on respecting transgender identity, protecting confidentiality, creating trusted provider-patient relationships and providing sufficient competency on trans-specific healthcare issues.

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Background

According to the World Health Organization (WHO), the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being. However, trans people worldwide experience substantial health disparities and barriers to appropriate healthcare services that keep them from achieving the highest possible health status. Barriers to healthcare experienced by trans communities include discriminatory treatment by healthcare providers, a lack of providers who are trained to offer appropriate healthcare to trans people, and refusal by many national health systems and health insurance programs to cover services for trans people (2). Access to healthcare is necessary to guarantee an adequate quality of life, not only to alleviate present suffering, but also to ensure good health in the long run. Prejudicial attitudes among health professionals and inherent heteronormativity in health services can deter LGBT persons from accessing medical care. Additionally, protection for LGBT people against discrimination in areas including access to healthcare and other services is limited in many European Union (EU) countries. Although existing law implementing the principle of equal treatment between women and men is to a certain extent relevant to discrimination on grounds of gender identity, there is no legal framework when it comes to discrimination on grounds of sexual orientation in any area outside employment (3–7).

Specifically, for Greece, the country's education system is highly centralized and sex education is not available in schools. Attitudes towards LGBT people are quite negative, although slowly changing. According to 2020 International Lesbian, Gay, Bisexual, Trans & Intersex Association (ILGA)-Europe's report, which assessed LGBTQI rights in European countries, Greece ranks 13th among 48 other European countries, with 48% improvement (8). However, this does not reflect the change in attitudes. In June 2013, The Pew Research Center found that a majority 53% of Greek respondents believed their society should accept homosexuality, while 40% believed not (9). Younger people (18-29) were more tolerant than older people (50 years and older).

However, local particularities including the strong and persistence societal influence of religion and church, the financial crisis that hit the country the last decade and the rise of far-right political views have multiplied homophobic and transphobic incidents. One of the most important measures against homophobia and transphobia that Greek LGBTQI organisations are bringing forward is education offered in schools, along with targeted training of public officials including teachers, police officers, clinic staff etc. (10). Furthermore, Greek LGBTQI+ organisations strongly advocate for a complete ban on practices that aim to change a person's gender identity and/or sexual orientation (known as conversion therapies).

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For the past four decades, trans identities had been classified as mental health disorders by both the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual of Mental Disorders (DSM). This pathologisation has contributed immensely to the stigma trans people face when accessing health services, limiting their access to both as well as other rights (e.g., access to legal gender recognition). In 2013, the 5th edition of DSM American Psychiatric Association (APA) renamed the category of Gender Identity Disorder to Gender Dysphoria, recognizing that trans identities are not per se pathological (11). In this edition of the DSM APA also states that gender identity is a non-binary concept, recognizing the existence of identities outside the binary man-woman. The complete depathologisation of trans identities happened in May 2019, when the General Assembly of WHO upvoted the 11th edition of ICD, in which "gender identity disorders" were substituted by "gender incongruence" and all diagnoses related to trans identities were removed from the category of Mental and Behavioral Disorders and included under a new category named "categories related to sexual health" (12). The aim was to remove the mental health stigma from trans identities, while assuring trans people's access to gender-affirming procedures. WHO allows for an adaptation period, until 2022, before the use of ICD-11 is enforces in all countries.

The aim of this WP2 deliverable (D2.1) is to document the existing situation regarding the barriers that transgender individuals face in terms of access to healthcare and to discuss the potential gaps in and needs for Greek healthcare providers' training towards this direction.

The research questions that guided this review were meant to explore individual-level barriers (e.g. gender, age), interpersonal-level barriers (e.g. healthcare professionals' beliefs) and institutional-level barriers (e.g. medical education, discriminatory practices, healthcare insurance) that trans individuals face in terms of healthcare seeking and more specifically:

- To what extent does the existing situation and beliefs of healthcare services affect the access of trans people to health care?
- How are the existing barriers affecting healthcare professionals in implementing the available best practices in healthcare services?
- Are there any institutional-level barriers that prevent the access of transgender people to health care?

Background knowledge gained from this deliverable will be used to inform the interventions of following WPs, including the definition of learning outcomes for the development of training modules for clinical staff and the creation of content and resources of widespread awareness raising activities.

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Methods

Design

A scoping review was conducted to provide a synthesis of the evidence from diverse healthcare studies to help inform policies and clinical practise (13). Rather than evaluating or weighting the findings of individual studies, scoping reviews provide a snapshot of an overlooked or emergent field of research. The current scoping review was conducted following the five-stage methodological framework which entails (a) identifying the research question; (b) identifying relevant studies; (c) selecting relevant studies; (d) charting the collected data; and (e) synthesizing, summarizing, and reporting the findings (14).

A review of international, Greek and grey literature was conducted to explore and report on the existing situation and beliefs prevailing healthcare services, focusing on the access of transgender individuals to healthcare.

Search strategy

The database of PubMed was used for the search of peer-reviewed articles and indexed publications. For grey literature, we hand-searched Google and Google Scholar. Grey literature was included in order to avoid missing reports and local documents including Greek papers or European reports. All research was conducted between September and October 2020.

We searched in English language for (synonyms of) the terms "transgender" (or "trans" or "transexual") AND "barriers" OR "access" (or "accessibility) AND "healthcare" (or "healthcare delivery"). A detailed presentation of the search strategy is provided in **Appendix 2**.

All reports were inserted in reference manager Mendeley to delete potential duplications. Two researchers assessed the relevance of identified documents by screening the title and the abstract and subsequently the full text of remaining papers. Articles were eligible for inclusion if they were:

- Reporting on at least one barrier to care for trans individuals or at least one educational need for healthcare providers
- Free full text availability
- Published from 2015 and afterwards

Documents were excluded if there was no full text available, or if merely hypothetical factors were reported (i.e., if there was no actual investigation of barriers or healthcare/educational needs). With the exception of literature reviews, reports and PhD dissertations, other documents that did not include primary data (e.g., protocols, conference abstracts etc.) were excluded. The exceptions were applied due to the lack of relevant peer-reviewed information for the local context. If there was doubt about

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the inclusion/exclusion of a document, this was solved by discussion and consensus between the research team.

Appraisal of methodological quality

A subjective appraisal of the methodological quality of identified papers was performed using the international guidelines of the Enhancing the QuAlity and Transparency of Health Research (EUATOR) Network (15), which (depending on the situation) included (but were not limited to) the Strengthening the Reporting of Observational studies (STROBE) statement (16), the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement (17) and the Consolidated Criteria for Reporting Qualitative Research (COREQ) (18).

Data extraction and analysis

Of all remaining documents, information on the authors, publication date, journal, type of study and setting (location, population) was extracted. Outcomes, namely barriers (and facilitators) to care for transgender individuals were subsequently extracted.

Reporting

The study is reported on the basis of the PRISMA statement guidelines (17).

Ethics

As part of the TRANSCARE project, the study was approved by the Research Ethics Committee of the University of Crete (Protocol Number: 150/15.07.2020).

Results

The initial PubMed search yielded 556 references. Of these, 234 were screened for eligibility, while 124 full texts were assessed. Eventually, 64 studies 10 articles were found relevant and included in the analysis. Four additional references identified from other sources were also included. The study flow-chart is presented in **Figure 2**.

Figure 2. Flow diagram of document selection.

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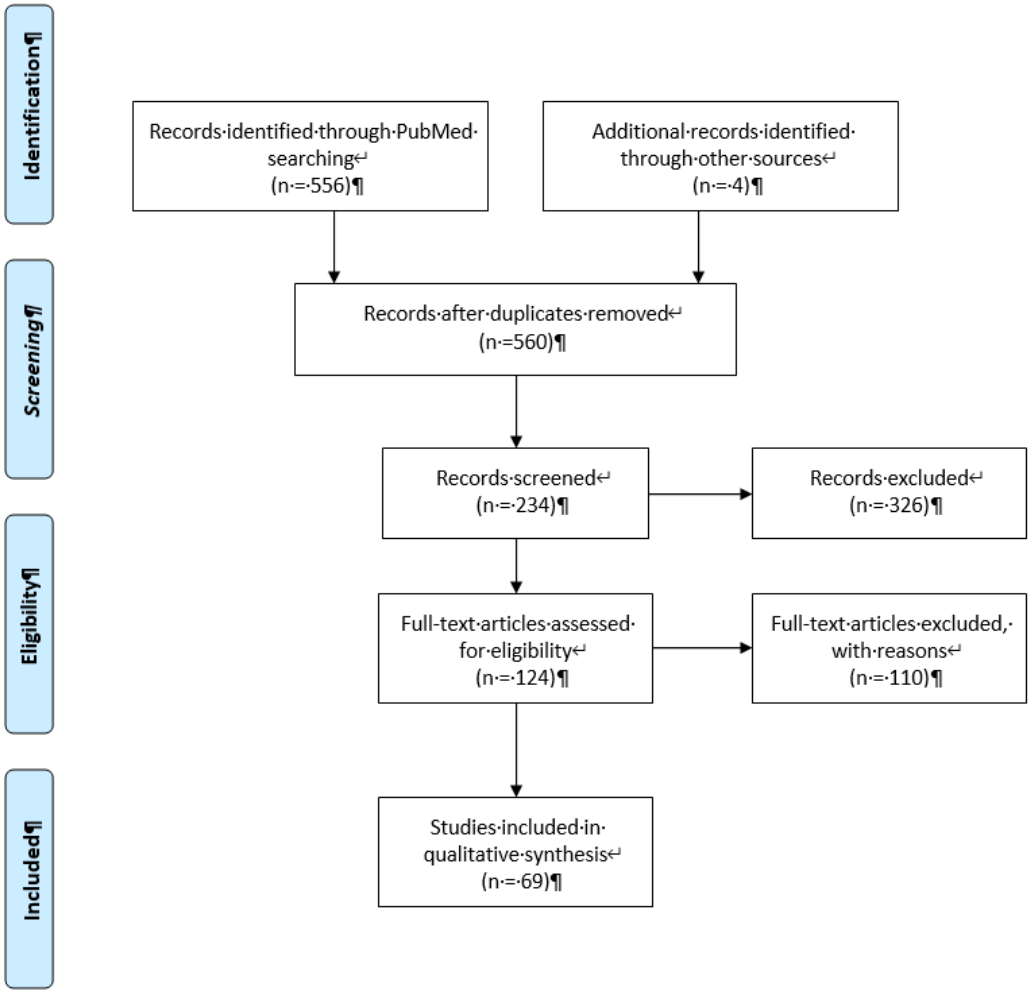

General characteristics were extracted from the selected documents and are provided in the tables of **Appendix 3**. The majority of identified research originates from the United States of America (USA) and features qualitative methodology or survey data analysis. Very limited evidence was identified from Europe and much less from Greece.

The wide range of information extracted from this literature review is summarized in **Figure 3**. Several individual, interpersonal and institutional-level barriers were determined, while respective facilitators for addressing these barriers on the societal, health system and research-levels were also noted (2,5,26–35,8,36–45,19,46–55,20,56–65,21,66–75,22,76–81,23–25).

Figure 3. Barriers (red) and facilitators (green) to care for transgender individuals, as identified in this review.

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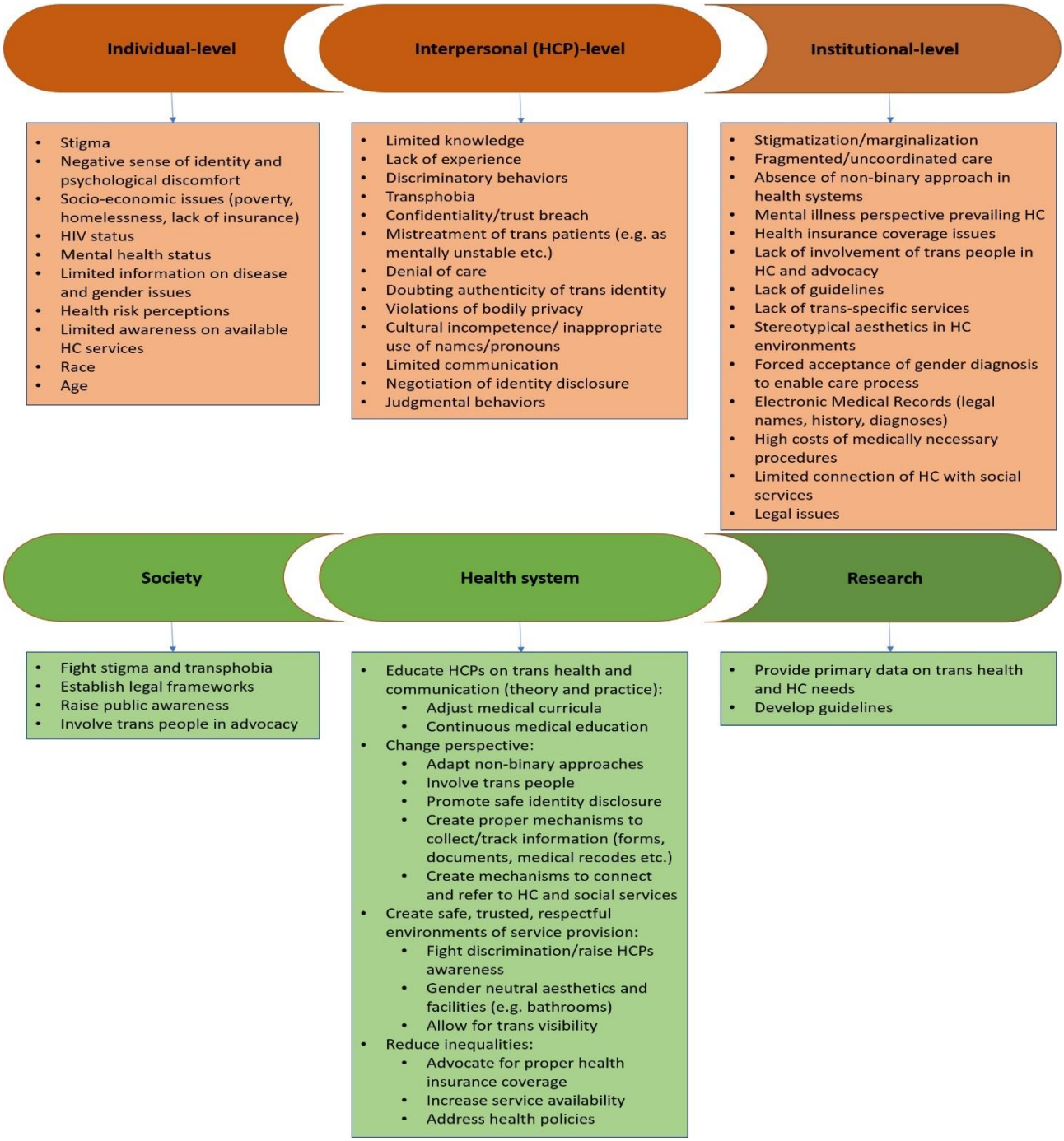

***Abbreviations**: **HCP**: healthcare provider, **HC**: healthcare*

Individual level barriers

One of the most frequently encountered barriers is related to the stigma that transgender people experience in healthcare services. Stigma is related to discriminatory behaviors towards trans patients by healthcare providers, as well as feelings of anxiety and fear of negative encounters on behalf of trans patients. Both

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significantly hamper access to care, resulting in avoidance or delay in healthcare seeking (on behalf of patients) and sub-optimal or, even, denial of care provision (on behalf of healthcare providers).

Some studies suggested that many transgender individuals may lack information about gender- and health-related issues thus having a low-risk perception (in the sense that certain high-risk behaviors may be perceived as less risky and followed at high rates without protective measures) or are faced with limited awareness regarding the availability of trans-specific and other healthcare services. These barriers may impede the search of competent care and contribute to worse health outcomes.

Social determinants of health, including personal finances and lack of healthcare along with other factors such as older age and non-Caucasian race were also identified as barriers that may postpone or prevent access to preventive care, medication or treatment for many transgender individuals.

Interpersonal-level barriers

The lack of knowledgeable and experienced healthcare providers was another significant factor impeding access to care, as reported in many studies. The gap in professional training resulting from the lack of education on trans-inclusive healthcare, especially regarding sexual health services trans people may need (e.g., access for trans men to pap smears, or for trans women to prostate exams) and gender-affirmative issues (e.g., hormone therapy, surgery), along with the lack of exposure to the transgender population, has been highlighted by both transgender individuals and healthcare providers as an important area of focus. Lack of medical guidelines and protocols, specific for transgender health issues also contributes to the limited competence of healthcare providers. Still, one study found that transphobia of care providers, rather than education, predicts professional knowledge on transgender health issues.

In the same direction, cultural competence (e.g., using the appropriate names and pronouns) and communication skills, essential parts of professional education, were identified by many studies as necessary factors for enhancing healthcare seeking by transgender individuals.

Many of the studies reported that transgender participants faced a lack of sensitivity, erasure or a doubt of their trans identity by healthcare providers. They indicated that healthcare professionals often expressed negative attitudes and transphobic or discriminatory behaviors, such as referring to them in a gender other than the one they identify with (misgendering). In many cases, transgender participants reported

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being mistreated or even denied care. Breaking confidentiality or privacy, gossiping or focusing on retrieving unnecessary personal -rather than clinical- information were reported as a form of trans patients' mistreatment.

In some cases, trans people may experience that their gender identity is perceived by healthcare professionals a sign of pathology, a mental health disorder, a hormonal disorder, depression or even a choice of cognitive control. Such perceptions may lead to misdiagnoses and inappropriate treatments, psychological trauma and avoidance of care.

In general, the lack of trusted, respectful and non-judgmental environments in healthcare services was also identified as an important barrier by many studies. Experiences or concerns of confidentiality loss and privacy violation account for substantial hesitations in disclosing trans identity and medical history during consultations, ultimately contributing to misdiagnoses, inappropriate care provision and compromised health status for trans individuals.

Institutional-level barriers

The persistent binary approach to gender and health prevailing most healthcare systems also contributes to this improper care delivery both in terms of general care provision and (especially) gender-affirming procedures (e.g., hormonotherapy, surgeries), as it forces people to accept a gender diagnosis or conform to gender assigned at birth, without addressing trans-specific healthcare needs. Still, even if trans identity disclosure is enabled, systems have not yet accounted for the mechanisms to appropriately collect and track information about transgender patients (e.g., non-binary medical history forms or registrations to electronic medical record systems).

Apart from the limited access to general healthcare services, the lack of trans-specific services was noted in many studies as a substantial barrier to care for transgender individuals. In the same context, many stretched the need of accounting for inclusive healthcare environments where transgender professionals are involved in care planning and decision making and where trans identity is visible and the general ambient aesthetics refrains from the stereotypical binary expression.

In the context of the high medical costs that may be related to essential healthcare needs of transgender patients, appropriate coverage by healthcare insurances is identified as crucial. In many cases, high-cost but necessary gender-affirming medical procedures or treatments (e.g., hormone therapies or surgeries) are not reimbursed

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by insurance companies, resulting in further exclusion and suboptimal outcomes for transgender individuals.

Fragmented systems also contribute to negative experiences with healthcare services. In many studies transgender individuals suggested that they would feel more enabled to seek for care if they knew that their healthcare provider could properly refer them to other health and/or social care professionals or if they could effectively navigate through the healthcare system.

Discussion

Comparison with other literature

Our scoping review identified several barriers to and gaps in care for transgender people. Our search yielded results that mainly originated from settings outside Europe, however they are consistent with the limited evidence from the European setting. Similar to our findings, the 2020 results of the European Union Agency for Fundamental Rights (FRA) survey, Lesbian, Gay, Bisexual and Trans (LGBT) suggests that LGBT people may not disclose their identity, due to fear of stigma or discrimination (82). On average, 37% of those surveyed would not be open about their LGBT status with any healthcare personnel.

According to the same report, one in 12 (8%) who accessed social services felt personally discriminated against by healthcare personnel. Among transgender individuals the level of discrimination was twice as high: almost one in five say they were discriminated against by healthcare (19%) personnel. Moreover, respondents who were open to medical staff about being LGBT were at least 50 % more likely than those who hide their LGBT identity to say they have experienced one of these situations.

Strengths and limitations

The scoping review conducted in this study will assist with initiating the discussion about transgender health in Greece and provide background knowledge for developing appropriate interventions and strategies for enhancing access to care for the country's transgender population. However, our study has several limitations. Firstly, we have searched in only one database, potentially missing relevant papers that are not included in PubMed. Although we noticed the majority of our identified factors reoccurred throughout the papers (leading to data saturation), publications from other databases may potentially result in a slight shift in key themes. Our search

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strategy did not also manage to track published, peer-reviewed papers from the European or Greek setting, although this might be attributed to the generalized lack of such particular evidence.

Implications for the Greek context and professional education

Our results indicate that improving access to care for transgender people is a multidimensional issue that should be addressed at the societal, healthcare as well as research level. However, Greece faces substantial challenges in regards to meeting the above requirements. According to the Eurobarometer on Discrimination (2015) reports (83), Greece shows high rates of discrimination on sexual orientation (71%) and discrimination on gender identity (73%). The annual Greek Racist Violence Recording Network (RVRN) data from 2012 until 2017 shows high rates of verbal and/or physical violence, with 934 incidents of racist violence incidents concerning more than 1,000 victims and, more specifically, 98 violent incidents against trans people between 2015-2018 (84–86). In 2014, a law on hate crimes and hate speech was upvoted from the Greek parliament, prohibiting hate crimes and hate speech on the basis of gender identity (N. 4285/2014). Two years later the legal framework on equal treatment and combating discrimination (N. 4443/2016) was also updated to include a prohibition of all forms of discrimination on the basis of gender identity, but only in the sectors of employment, and accessing services and goods(87).

According to Giannou (2017), trans people also seem to be excluded from healthcare due to negative stereotypes, stigma and general social assumptions (81). One of the most important steps regarding the protection of trans people's rights in Greece was the introduction of a new law on legal gender recognition in 2017 (L. 4491/2017), which allowed trans people to change their name and gender on their official documents, without the requirement for psychiatric evaluation or other medical procedures (e.g, hormone therapy or gender-affirming surgeries). However, the law has several shortcomings, among which the costly and lengthy procedure trans people are required to follow, the lack of gender options outside the binary and the exclusion of people who are married, as well as underage persons under 17 years old. As a result, despite the current legal reform, not all trans people can (easily) access official documents that reflect their gender identity (87).

As noted in the results, for trans people who wish to pursue gender-affirming medical interventions such as hormone-replacement therapy or surgeries, the high cost and general lack of specialised health professionals can be important obstacles. In Greece hormone-replacement therapy is covered by social health insurance, whereas all kinds of gender-affirming surgery are not. It is important to note that until ICD-11 is

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in enforced in Greece, trans people who want to access medical transition procedures are required to receive a psychiatric diagnosis of "Gender dysphoria" (88).

Furthermore, problems and contextual issues that have been observed in the implementation of healthcare services in Greece, including the lack of integrated care and lack of patient-centred approaches could affect the establishment of effective doctor-patient relationships, therefore the delivery of appropriate care for transgender people by disregarding their healthcare needs (81,89). Primary care has been proven to provide a fruitful ground for designing and implementing novel approaches to enhance care for transgender individuals (90).

Finally, there is no academic training focused on transgender issues in medical or health professional programs, sustaining the knowledge gap of healthcare professionals. However, specific training hours could be dedicated to existing courses that address doctor-patient communication or development of interpersonal skills. Further lack of Greek guidelines on transgender health also contributes to limited promotion of good health, best practice and healthcare outcomes for this population. Future professional training initiatives will be benefited from the involvement of transgender people in design and delivery and should focus on:

- Respecting transgender identity in clinical environments
- Protecting confidentiality and creating trusted provider-patient relationships, under effective communication styles
- Providing sufficient knowledge (theory or practice) on trans-specific healthcare issues and needs
- Advocating for patients, especially with other providers/services

Taking into consideration the extensive Primary Healthcare Reform and the changes of the curriculum of General Practice currently unfolding in the country (91), this study comes as timely as ever to provide space for action on transgender health in Greece.

Transgender people and Covid-19

The COVID-19 pandemic is an unprecedented global challenge that has exacerbated inequalities prevalent in all regions of the world. The United Nations General Assembly has acknowledged that "the poorest and most vulnerable are the hardest hit by the pandemic" and the UN Secretary General has noted that it is "highlighting deep economic and social inequalities and inadequate health and social protection systems that require urgent attention as part of the public health response" (92).

The LGBT community is a typical case of such vulnerable social group entailing a population at heightened risk in various realms. A global survey found that 23% of

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participants living with HIV had lost access to HIV care providers because of COVID-19 social isolation measures. People living with HIV, including LGBT people, struggle to access their medication as governments designated their typical points of medication distribution and medical attention as COVID-19 centers, meaning immuno-compromised people would be taking extra risks to go there to retrieve medication, or deprioritised the respective services.

In more details according to OCHA:

Access to Health Services: LGBTI people regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare. Laws that criminalize same sex relations or that target trans persons due to their gender identity or expression, exacerbate negative health outcomes for LGBTI people, as they may not access healthcare services for fear of arrest or violence. Examples of healthcare discrimination based on sexual orientation and gender identity/expression have been extensively documented in many countries. This discrimination can elevate the risk for LGBTI people from COVID-19.

De-prioritization of required health services: Given overloaded health systems, treatment of LGBTI people may be interrupted or deprioritized, including HIV treatment and testing, hormonal treatment and gender affirming treatments for trans people. Decisions about scaling back services should be medically-based and data-driven, and should not reflect bias against LGBTI people (93).

Therefore, there is clearly a need to propose specific measures and educate healthcare professionals accordingly so as to transform the whole COVID 19 experience into an opportunity window with regards to how the LGTB community should be treated in cases of public health emergencies.

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Appendix 1: Featured terminology

Heterosexual

"Heterosexual people are attracted to individuals of a different sex and/or gender identity from themselves". (WHO, 2016)

Lesbian

"Lesbian women and gay men are attracted to individuals of the same sex and/or gender identity as themselves". (WHO, 2016)

Bisexual

"Bisexual people may be attracted to individuals of the same or different sex and/or gender identity". (WHO, 2016)

Transgender

"An adjective that is an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth". (APA, 2015)

Cisgender

"Cisgender means having a gender identity that matches one's assigned sex". (WHO, 2016)

Queer

"Queer is an umbrella term which is commonly used to define lesbian, gay, bi, Trans, and other people and institutions on the margins of mainstream culture. Historically, the term has been used to denigrate sexual and gender minorities, but more recently it has been reclaimed by these groups and is increasingly used as an expression of pride and to reject narrow reductive labels". (WHO, 2016)

Heteronormativity

"Heteronormativity is the assumption that everyone is heterosexual, and that heterosexuality is superior to all other sexualities. Among both individuals and institutions, this can lead to invisibility and stigmatization of other sexualities and gender identities. Often included in this concept is a level of gender normativity and gender roles, the assumption that individuals should identify as men and women, and be masculine men and feminine women" (WHO, 2016).

Homophobia

"Homophobia is the term often used to describe discrimination on the basis of sexual orientation or gender identity and may, include verbal and physical abuse. However,

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others prefer to use the more inclusive term, heterosexism, to describe all forms of discrimination against people who encompass lesbian, gay, or bisexual sexual orientations". (WHO, 2016)

Transphobia

"Transphobia is the negative devaluing and discriminatory treatment of individuals who do not conform in presentation and/or identity to conventional conceptions of gender and/or those who do not identify with their assigned sex". (WHO, 2016)

Gender Identity

"A person's deeply-felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person's sex assigned at birth or to a person's primary or secondary sex characteristics. Since gender identity is internal, a person's gender identity is not necessarily visible to others. "Affirmed gender identity" refers to a person's gender identity after coming out as TGNC or undergoing a social and/or medical transition process". (APA, 2015)

Legal Gender Recognition

"The official procedure to change a trans person's name and gender identifier in official registries and documents such as their birth certificate, ID card, passport or driving license. In some countries, it's impossible to have your gender recognized by law. In other countries, the procedure is often long, difficult and humiliating". (TGEU, 2016)

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Appendix 2: Detailed search strategy

The detailed strategy for searching documents in PubMed and Medline is reported below:

Search: ("delivery of health care"[MeSH Terms] OR ("delivery"[All Fields] AND "health"[All Fields] AND "care"[All Fields]) OR "delivery of health care"[All Fields] OR ("health"[All Fields] AND "care"[All Fields]) OR "health care"[All Fields]) AND ("barrier"[All Fields] OR "barrier s"[All Fields] OR "barriers"[All Fields]) OR ("access"[All Fields] OR "accessed"[All Fields] OR "accesses"[All Fields] OR "accessibilities"[All Fields] OR "accessibility"[All Fields] OR "accessible"[All Fields] OR "accessing"[All Fields]) AND ("transgender persons"[MeSH Terms] OR ("transgender"[All Fields] AND "persons"[All Fields]) OR "transgender persons"[All Fields] OR "transgender"[All Fields] OR "transgendered"[All Fields] OR "transgenders"[All Fields]) Filters: Free full text, in the last 5 years

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Appendix 3: Characteristics of identified documents

Table 1. General characteristics of documents identified from PubMed search (N=64).

Authors	Journal	Publication Year	Study type	Population/sample	Country/setting	Area/disease of focus	Barriers	Facilitators
Goldenberg et al. (78)	Transgend Health	2020	Survey data	171 trans youth, 15-24 yo	USA	HC utilization	More positive sense of identity was associated with reduced difficulty accessing care for participants experiencing less stigma. Participants who experienced more anticipated stigma were less likely to use medical gender affirmation services.	Positive sense of identity, social support
Fung et al. (77)	Can Med Educ J	2020	Qualitative	11 medical residents	Canada	medical education	Lack of education, discomfort due to inexperience and lack of knowledge	
Ziegler et al. (76)	Transgend Health	2020	Qualitative	HCPs	Canada	PHC delivery	Lack of service coordination within organizations, lack of practitioner education	Continuing educational sessions, guidelines, and mentorship
Kcomt et al. (75)	SSM Popul Health	2020	Survey data	19,157 trans adults, 25-64 yo	USA	HC utilization	Discrimination, poverty, visual non-conformity	Having health insurance, disclosure of transgender identity
Dhillon et al. (74)	Am J Mens Health	2020	Scoping review	Trans men	Global	Cancer	Psychological discomfort and physical pain, sub-optimal patient-provider relationships, absence of a nonbinary approach to gender identity and health, lack of explanations, lack of sensitivity knowledge and experience, lack of cultural competence, including the use of appropriate pronouns, discrimination, “stereotypical” feminine/masculine aesthetics in HC services, challenges with health insurance	Establishing trusted relationship, accepting gender identity, safe and welcoming environment,
Lambrou et al. (73)	Transgend Health	2020	Qualitative	12 transmasculine adults, 18-35 yo	USA	HC delivery	Inadequate healthcare system that largely relies on essentialist, binary sex/gender framework, trans people being “forced” to accept a gender diagnosis, practitioners demonstrating “gatekeeping” power to withhold care	
de Dantis et al. (72)	Perspect Psychiatr Care	2020	Mixed-methods	75 trans women	USA	HC delivery	Gaps in healthcare insurance coverage, personal financial issues, fragmented HC services (multiple doctors, different locations), lack of LGBT people in healthcare, refusal of services, discrimination, unstable relationships, poor communication with HCPs.	Treated as “regular” not "special clients, connection and communication with HCPs, mutually developed care plans, trust, provider willingness to be educated, employment of trans patient/client advocates and educators
Gamariel et al. (71)	PLoS One	2020	Qualitative	9 trans women and 18 cis MSM, 19-47 yo	Mozambique	HC access	Stigma and discrimination due to sexual identity, HIV-related stigma, gossip, breach of confidentiality in HC services	Peer educators with broad scope, social media as a means of engaging with health messaging

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Kattari et al. (70)	SSM Popul Health	2019	Survey data	27,715 trans/nonbinary adults	USA	mental health	Individuals with mental health were significantly less likely to have a provider that treated them with respect and more likely to have needed to educate their provider on trans issues	
Zwickl et al. (68)	Int J Environ Res Public Health	2019	Online survey	928 trans adults	Australia	Needs assessment	Lack of trained HCPs, lack of gender services, lack of mainstreaming HC services in primary care	
Haviland et al. (69)	Oncol Nurs Forum	2020	Integrative literature review	LGBT adults	Global	Cancer care	Lack of cancer screening data and knowledge about screening guidelines by LGBTQ populations and providers	Provider-created welcoming environments and caregiver inclusion
Yan et al. (94)	Infect Dis Poverty	2019	Qualitative	>14 trans women	China	HC utilization	Long and challenging identity search, stigma and discrimination, poor access to trans-specific services and unmet needs for mental health care, culturally-shaped expectations, low perceptions of HIV risk	
Griffin et al. (67)	Transgend Health	2019	Survey data	66 trans adults	USA	Needs assessment	Lack of mental health support and community stigma and personal financial barriers were associated with poorer health perceptions. Perceptions of lack of safety were associated with poorer health perceptions.	
Hines et al. (66)	J Assoc Nurses AIDS Care	2019	Qualitative	18 trans women, 21-60 yo	USA	HC utilization	Clinicians who don't understand, fragmented care, lack of insurance, low volume of transgender-competent clinicians	Provision of gender-affirming care, fostering patient engagement, performing appropriate health screenings, willingness to learn about transgender health.
Fauk et al. (65)	PLoS One	2019	Qualitative	29 trans women with HIV	Indonesia	HIV care	Limited availability of the services, limited simplicity and convenience of accessibility to services and discomfort felt while accessing the services	HCPs' positive attitudes during care provision, social relationships between trans patients and HCPs, proximity to healthcare facilities, free access to the services, information sessions on HIV infection and prevention
Luvuno et al. (64)	Afr J Prim Healthcare Fam Med	2019	Qualitative	9 trans adults	South Africa	Sexual/reproductive care	Hostile and discriminatory behavior by HCPs, no disclosure of trans identity, inability to provide care, violation of bodily privacy and confidentiality, treating trans patients as mentally unstable, doubts expressed by HCPs about trans identity, being made to conform with assigned gender, unappealing service's environment, intimidating and offer religious behaviors	
Acosta et al. (63)	Psychiatr Q	2019	Qualitative	9 trans adolescents, 18 HCPs	USA	Psychiatric care	Incorrect use of preferred names/pronouns, legal name in electronic medical record as a barrier to engagement, HCPs uncertainty regarding the authenticity of patient's gender identity	Gaining understanding from patients as a resource to familiarize with terminology and process

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Harb et al. (62)	Transgend Health	2019	Survey data	17 trans/genderqueer assigned female at birth adults	USA	Sexual/reproductive care	Lack of personal awareness about HPV, limited availability of competent care, distress about seeking sexual care, unappealing healthcare setting characteristics	HCPs' role and relationship
Jennings et al. (60)	Prev Med Rep	2019	National survey data	73 LGB, 25 trans, 1830 cis adults	USA	HC utilization	Trans adults were 2.76 times more likely to report poor quality of care and 2.78 times unfair treatment when receiving medical care than cisgender adults	
Breland et al. (61)	Transgend Health	2019	Mixed-methods	33 Trans/gender nonconforming youth, 29 caregivers	USA	HC utilization	Lack of accessible mental health providers, difficulty scheduling mental health assessment appointments, geographic distance, length of time between the readiness assessment and hormone initiation.	Respectful care delivery, consistent use of patients' preferred name and pronouns, presence of a care navigator
Cicero et al. (59)	ANS ADV Nurs Sci	2019	Integrative literature review	Trans adults	Global	HC utilization	Stigma, prejudice, discrimination, restricted health insurance benefits for medically necessary care, barriers to primary and preventative healthcare due to scarcity of available, knowledgeable, and affirming clinicians.	Social gender affirmation
Phillips et al. (58)	AIDS Care	2019	Survey data	890 young MSM and trans youth assigned male at birth	USA	HC utilization	Low awareness of available services was associated with how and where trans youth seek care, with 76% reporting this as their primary reason for not seeking specific sexual health services.	
Velez et al. (57)	Transgend Health	2019	Survey data	52 trans/gender nonconforming adults	Puerto Rico	Social determinants of health	Lack of knowledgeable providers, discomfort during the encounter	
Frank et al. (56)	Transgend Health	2019	Survey data	273 young trans women	USA	Needs assessment	Avoiding healthcare due to cost and experiencing prior transgender-specific discrimination in a medical setting were associated with greater odds of having unmet healthcare needs.	
Stroumsa et al. (55)	Med Educ	2019	Online survey	223 primary care providers	USA	Medical education	Transphobia rather than education predicts provider knowledge of transgender health care.	
Harper et al. (54)	AIDS Patient Care STDS.	2019	Qualitative	66 trans/gender-diverse youth with HIV	USA	HIV care	Challenges in: confidentiality and privacy, service delivery, location of services, navigating the system, availability and awareness of services, discontinuity of care, negative provider interactions, instrumental support, disclosure of HIV status	
Marshall et al. (53)	Transgend Health	2018	Mixed-methods	96 trans and 28 cis adults	USA	Needs assessment	Challenges in: insurance coverage, access to and availability of transition-related care, and education of healthcare providers about trans issues.	
Shires et al. (52)	Ann Fam Med	2018	Survey data	308 primary care providers	USA	Care provision	Willingness to provide routine care decreased with provider age.	Willingness to provide Pap tests was higher among family physicians, those who had met a transgender person, and those with lower transphobia.
Kamen et al. (51)	Support Care Cancer	2019	Qualitative	273 LGBTQ adults with cancer	USA	Cancer care	LGBT patients with cancer: are affected by providers' LGBT-specific knowledge and skills, assumptions, and	

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							mistreatment, negotiate disclosure of identities based on the safety of clinical encounters, have different experiences based on multiple intersecting identities, receive more effective care when members of their support networks are included	
Brumer et al. (50)	PLoS One	2018	Qualitative	14 trans adults	USA	Social determinants of care	Stigma and discrimination in healthcare settings, health-related information attained through social networks and online, gender identity, race and pervasive marginalization are key social determinants of transgender health	
Greene et al. (80)	PLoS One	2018	Survey data	1010 HC students	USA	Medical education	While 70-74% of respondents felt comfortable treating LGBT patients, fewer than 50% agreed that their formal training had prepared them to do so.	
Coutin et al.(79)	Can Med Educ J	2018	Survey data	556 medical residents	Canada	Medical education	Only 17% of participants predicted they would feel competent to provide speciality-specific trans-care by the end of their residency and only 12% felt that their training was adequate to care for this population.	
Fisher et al. (49)	LGBT Health	2018	Survey data	228 trans/nonbinary youth, 14-21 yo	Puerto Rico	HIV care	Stigma and confidentiality concerns: Nearly half of respondents had not disclosed their identity to their provider due to concern about an unaccepting provider. One-quarter were less inclined to discuss identity and sexual health with their provider due to concern that their provider would disclose this information to parents	Being out to parents about gender identity and having received gender-affirming hormone therapy.
Gahagan et al. (48)	Int J Equity Health	2018	Survey data	283 LGBT adults, 109 HCPs	Canada	PHC delivery	Uncertainty about the level of LGBT-friendliness of their family doctor, their knowledge and cultural competence about, and the inclusiveness of the healthcare system. HCPs reported feeling discomfort when having to address LGBTQ specific issues with their patients, such as access to transition services for trans patients or family planning/reproductive health, mental health, domestic abuse and problematic drug use. Only 9.4% of HCPs indicated that they felt 'very knowledgeable' about issues related to gender identity/expression. HCPs identified the need for further education regarding LGBTQ populations (e.g. CME LGBTQ knowledge, communication skills, etc.), 43.4% considered inclusive signs and posters very important, and 49.1% considered language used in medical intake forms very important.	Self-care, personal coping skills, self-esteem, safe and inclusive social environment, social support, access to LGBT-friendly/safe spaces, community mental health resources
Beight et al. (47)	Transgend Health	2018	Qualitative	11 trans adults	Sweden	Mental health	Feeling objectification rather than subjectivity, need to confirm their identity rather than addressing mental health issues. Fearing the system (feelings of	Including trans persons as advocates or as mentors into the care plans.

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							dependence and obligation, distrust, inflexibility of procedures, burden to behave in particular ways, lack of communication, focus on personal life rather than the problem, judgmental services, delays in care)	
Heard et al. (46)	Peadiater Child Health	2018	Medical records/online survey	199 trans children/adolescents, 4.7-17.8 yo	Canada	Mental health	Adversity in healthcare settings, stress over long wait times for mental health services	Increasing HCPs' education on gender affirmative care, providing gender sensitivity training for HCPs, gathering preferred names and pronouns during triage, increasing visibility of support for LGBT+ persons in clinics, increasing resource allocation to this field and creating policies so all healthcare settings are safe places
Lykens et al. (45)	LGBT Health	2018	Qualitative	10 genderqueer/nonbinary youth, 23-33 yo	USA	HC utilization	Providers approaching trans from a binary transgender perspective. Consequently, participants sometimes "borrowed" a binary transgender label to receive care, modified the healthcare they were prescribed, or went without healthcare, feeling disrespected and frustrated	
Puckett et al. (44)	Sex Res Social Policy	2018	Survey data	256 trans/gender nonconforming individuals, 16-73 yo	USA	HC utilization	Finances and insurance issues (pursue of hormone therapy, surgery, puberty blockers), a lack of service availability (and competent professionals), and fears or worries (anxiety being asked invasive questions, stigma, denial of care). systemic issues (problematic guidelines, unsafe environment) and incidents of bias within medical and mental health fields, as well as a lack of medical provider awareness and education. Other themes were interpersonal barriers (e.g., fears of rejection); age and need of parental consent for minors; other medical issues; and a lack of information about how to acquire care.	
Lee et al. (43)	Epidemiol Health	2018	National cross-sectional survey	278 trans adults	Korea	Transition-related care	Costs, negative experiences in healthcare settings, lack of specialized healthcare professionals and facilities, social stigma against transgender people.	
Gonzales et al. (42)	Milbank Q	2017	National survey	1443 trans/gender non-conforming and 314450 cis adults	USA	HC utilization	Transgender adults were more likely to be nonwhite, sexual minority, and socioeconomically disadvantaged compared to cisgender adults. Trans women were more likely to have no health insurance compared to cisgender women; transgender men were more likely to have no health insurance and no usual source of care; gender non-conforming adults were more likely to have	

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							unmet medical care needs due to cost and no routine checkup in the prior year.	
Clark et al. (41)	Fam Pract	2018	Cross-sectional survey	923 trans youth, 14-25 yo	Canada	PHC delivery	Levels of comfort with family doctor were negatively correlated with foregone mental healthcare in the previous 12 months, cost barriers, previous negative experiences with HCPs, uneducated HCPs about trans issues	Comfort with a family doctor was positively correlated with both general health and mental health status, as was having a doctor who was aware of one's transgender status.
Hughto et al. (40)	Transgend Health	2017	Online survey	364 trans adults	USA	Transition-related care	Younger age, low income, low educational attainment, private insurance coverage, and healthcare discrimination were significantly associated with being unable to access transition-related care	
Dowshen et al. (39)	Transgend Health	2017	Mixed-methods	25 trans women, 16-24 yo	USA	HC utilization	Lack of respect for or misunderstanding of gender identity, mismatch of mental health needs with available provider skills, challenges in finding HIV prevention services	Importance of workforce diversity, including representation of trans women in care teams.
Ross et al. (38)	Transgend Health	2016	Qualitative	10 transgender adults, HCPs, friends/family	Canada	HC utilization		Knowledge of trans issues, respect though the encounter, willingness to make referrals, connection/communication, listening, normalizing the transgender experience, ensuring support systems in place, helping in informed decision making, writing letters of support, letting transgender individuals take charge of their transition, self-educating, careful planning of one's healthcare journey, viewing healthcare as a do-it-yourself project
Porsch et al. (37)	Transgend Health	2016	Online survey	113 trans adults	USA	HC utilization		assurance that staff received trans sensitivity training (mean 3.8), the existence of gender identity nondiscrimination policies (mean 3.7), and the availability of transgender-specific services, such as hormone therapy (mean 3.7).
Rodriguez et al. (36)	Arch Sex Behav	2018	Survey data	6106 trans adults	USA	HC utilization	Being recognized as transgender to any extent had a significant effect on perceived discrimination in health care. Always recognized as transgender showed	

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							significant associations with social service and mental health settings, sex work and other street economy were also significantly associated with discrimination in health-care settings.	
Spencer et al. (35)	PLoS One	2017	Qualitative	12 HCPs	South Africa	Care provision	a small minority of healthcare providers offer gender affirming care, this is almost exclusively on their own initiative and is usually unsupported by wider structures and institutions. The ad hoc, discretionary nature of services means that access to care is dependent on whether a transgender person is fortunate enough to access a sympathetic and knowledgeable healthcare provider.	
Hines et al. (34)	J Assoc Nurses AIDS Care	2017	Qualitative	18 trans women with HIV	USA	HIV care	Reluctance to face a diagnosis of HIV, concerns about lack of privacy and confidentiality, lack of support.	Psychosocial support, direct referrals from a provider, and guidance from a friend.
Muller (33)	BMC Int Health Hum Rights	2017	Qualitative	> 16 LGBT adults	South Africa	HC utilization	Lack of public health facilities and services, both for general and LGBT-specific concerns, HCPs' refusal to provide care to LGBT patients, articulation of moral judgment and disapproval of LGBT patients' identity, forced subjection of patients to religious practices, lack of knowledge about LGBT identities and health needs, leading to poor-quality care. Delayed or avoided seeking healthcare in the past, without seeking out accountability or complaint mechanisms within the health system.	
Rossman et al. (32)	J Homosex	2017	Qualitative	206 LGBT youth, 18-27 yo	USA	HC utilization	Providers not asking about identity, internalized stigma, and belief that health and LGBTQ identity are not related	
Johns et al. (31)	J Adolesc Health	2017	Survey data	250 trans women, 16-24 yo	USA	Social determinants of care	Having a history of unstable housing was associated with significantly higher odds of problems accessing both medical care and mental healthcare due to gender identity.	
Lavorgna et al. (30)	Mult Scler Relat Disord	2017	Online survey	307 LGBT adults	Italy	Multiple sclerosis	LGBT patients were associated with a smaller number of psychological consultations, compared to heterosexuals and more likely to change service compared to heterosexuals. The number of service changes was associated with service friendliness and occurrence of homophobic behaviors.	
Reisner et al. (29)	AIDS Behav	2017	Mixed-methods	48 trans women, 19 HCPs	Peru	HIV care	Stigma, lack of provider training or guidelines on optimal trans care, service delivery obstacles (e.g., legal documents, spatial placement of clinics, hours of operation).	Hiring of TW staff

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Logie et al. (28)	J Int AIDS Soc	2017	Qualitative	8 trans women, 18-30 yo	Jamaica	HIV care	HCP mistreatment, confidentiality breaches, and HIV-related stigma. Healthcare provider discrimination and judgment in HIV testing provision presented barriers to accessing HIV services (e.g. treatment), and resulted in participants hiding their sexual orientation and/or gender identity. confidentiality concerns (clinic physical arrangements that segregated HIV testing from other health services, fear that healthcare providers would publicly disclose their status, and concerns at LGBT-friendly clinics that peers would discover they were getting tested). Anticipating HCP mistreatment if they tested HIV positive.	individual (belief in benefits of knowing one's HIV status), social (social support) and structural (accessible testing) factors that can increase HIV testing uptake.
McPhail et al. (27)	Can Med Educ J	2016	Qualitative	30 trans adults, 11 HCPs	Canada	Medical education	Lack of knowledge that resulted in a denial of trans-specific care and also impacted general care. Transphobia was identified as a barrier to quality care	
Stinchcombe et al. (26)	Geriatrics (Basel)	2017	Scoping review	LGBT older adults	global	General and end-of-life care	Health status, fear of discrimination and lack of trust, lack of knowledge and preparedness, cultural competence in the healthcare system.	social support and chosen family, intimacy,
Barrington et al. (25)	J Healthcare Poor Underserved	2016	Qualitative	26 MSM and trans women with HIV	Guatemala	HIV care	Stigma and discrimination due to non-normative gender expressions and / or sexual orientation. Retention-specific determinants included HIV clinic dynamics and limited employment opportunities.	
Hughto et al. (24)	LGBT Health	2016	Survey data	5831 trans adults	USA	HC access	Being older, trans feminine, or a racial/ethnic minority, having low income and avoiding care due to discrimination were positively associated with care refusal	
Rocon et al. (23)	Cien Saude Colet	2016	Qualitative	15 trans adults	Brazil	HC access	Disrespect toward the adopted name, discrimination, and the diagnosis required for the gender reassignment process were major limitations to accessing the healthcare system.	
Safer et al. (5)	Curr Opin Endocrinol Diabetes Obes	2016	Brief literature review	Trans individuals	Global	HC access	Lack of sufficiently knowledgeable providers, financial barriers, discrimination, lack of cultural competence by providers, health systems barriers, and socioeconomic barriers.	
Albuquerque et al. (22)	BMC Int Health Hum Rights	2016	Systematic review	LGBT individuals	Global	HC access	Heteronormative attitudes imposed by HCPs, human rights violations in access to health services.	
Whitehead et al. (21)	PLoS One	2016	Survey data	LBGT adults	USA, rural	PHC utilization	Higher stigma scores were associated with lower utilization of health services for the transgender & non-binary group.	higher levels of disclosure of sexual orientation were associated with greater utilization of health services
Bauer et al. (20)	PLoS One	2015	Survey data	433 trans individuals, over 16 yo	Canada	PHC utilization	37.2% of transmasculine and 38.1% of transfeminine persons reported at least one trans-specific negative	

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							experience. Greater perceived physician knowledge about trans issues was associated with reduced likelihood of discomfort, and previous trans-specific negative experiences with a family physician with increased discomfort. Being previously married or having higher education associated with increased risk of discomfort among transfeminine persons.	
Torres et al. (19)	BMC Pediatr	2015	Qualitative	11 HCPs of trans youth (ages 13-21)	USA	HC access	Lack of access to services, lack of social support, challenges in navigating HC system, limited HCPs' education	

Abbreviations: ***HC****: health care,* ***PHC****: primary healthcare,* ***HCP****: healthcare professionals,* ***MSM****: men who have sex with men,* ***LGBT****: lesbian, gay, bisexual, transgender*

Table 2. General characteristics of selected documents identified from other sources (N=64).

Authors	Journal	Publication Year	Study type	Population/sample	Country/setting	Area/disease of focus	Barriers	Facilitators
Winter et al. (95)	Lancet	2016	Evidence review	Trans individuals	Global	Health, social, legislative issues	Transgender people live on the margins of society, facing stigma, discrimination, exclusion, violence, and poor health. They experience difficulties accessing appropriate health care, whether specific to their gender needs or more general in nature. Some governments are taking steps to address human rights issues and provide better legal protection for transgender people, but this action is by no means universal. The mental illness perspective that currently frames health-care provision for transgender people across much of the world is under scrutiny.	
ILGA-Europe (8)		2020	Report	LGBTI	Europe	Human Rights		
Roberts et al. (2)	Clin Biochem	2014	Evidence review	Trans individuals	Global	HC access	Barriers: Stigmatization, structural and financial barriers, lack of experienced HCPs Consequences: reluctance to disclose gender identity, consequences for long-term outcomes due to a lack of appropriate medical history including transition-related care. Even if a	

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							patient is willing to disclose their gender identity HC services lack the mechanisms necessary to collect and track this information.	
Giannou (81)	Durham theses, Durham University	2017	Qualitative	LGBT individuals	Greece	Health inequalities	a) Misinformation on health issues/needs b) Misdiagnosis c) Exclusion e from preventive health care d) Exclusion from sexual health information e) Misreading of lesbianism as virginity f) Exposure to inappropriate/ unsafe environments for disclosure g) Exposure to offensive comments/jokes/ derogatory opinions on LGBT identities h) Exposure to inappropriate questioning/ heterosexist assumptions i) Invalidation of same-sex couples within health care j) Lack of any acknowledgement of the challenges that LGBT carers face.	

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