



DELIVERABLE No 4.5

Roadmap of integration of the project results in health care systems



Co-funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020)



Project Acronym: Transcare
Project Title: Improving access to healthcare for transgender individuals
Grant Agreement No: 881952
EU Programme: Rights, Equality and Citizenship (2014-2020)
Project Coordinator: National and Kapodistrian University of Athens – School of
Medicine
Project Website: www.transcare.eu

Document Information

Author: University of Crete
Reviewer: Project Coordinating Committee
Dissemination Level: Confidential
Date: June 2023

Table of Contents

General Introduction	4
Executive summary	5
Background	7
General approach	8
Policy, legislation and finance	9
Education	11
<i>School education</i>	11
<i>Under and post graduate education</i>	12
<i>Continuous professional education</i>	13
Practice implementation and integration	16
Conclusion	18
References	19

General Introduction

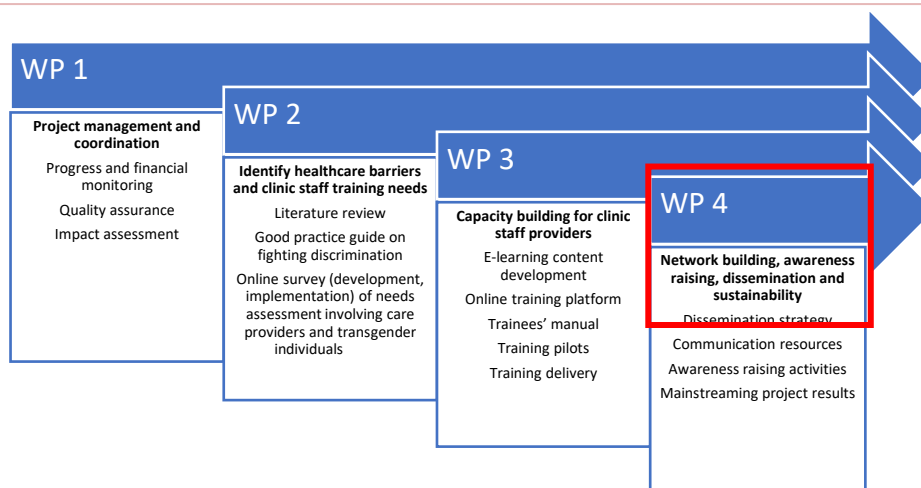
Transgender people suffer from gender discrimination, prejudice and health inequalities wide though EU Member States (1). Additionally, transgender individuals often anticipate or experience negative/discriminatory attitudes by healthcare providers, which leads to reluctant behaviors to receive any healthcare 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, including the development of awareness resources, hosted events and national information days.

A specific task of WP4 – and the objective of this deliverable – is to provide a roadmap of integration of the TRANSCARE project results into standard practice and the health system, so as to facilitate provision of quality care to transgender individuals (**Figure 1**).

Figure 1. The inter-relationships between WPs and the role of WP4.



Executive summary

The EU funded programme TRANSCARE aimed to improve access and support the provision of quality care to transgender individuals. Several project results have been delivered during its three-year duration, including a problem mapping literature review, two large-scale needs assessment surveys, an online eLearning training module for healthcare professionals, plenty of nationwide information and awareness raising activities and a full-scale policy recommendation report. In this study, we summarize the evidence provided by the TRANSCARE project results, identify key areas that should be addressed to improve care for transgender individuals and synthesize our experience into a roadmap of knowledge integration into healthcare systems.

As a public health concern and according to our roadmap, progress in transgender care requires integration into health policy, education and training of healthcare professionals, availability of essential gender-affirming medications and population-specific healthcare services, including medical as well as social care. The TRANSCARE Integration Roadmap (TIR) serves as a model for stakeholders to use to decide on necessary elements and steps for transgender care integration. According to World Health Organization's (WHO) Public Health Model that has been used to create roadmaps for the development of other fields of care (3), our TIR includes the synthesis of multiple actions to address:

1. transgender care inclusion in national health policy
2. legislation and finance
3. availability of essential gender-affirming medications, particularly hormone therapy
4. education and training of health care professionals

-
5. implementation of trans-specific care services at primary and secondary care services
 6. implementation of trans-specific services in social care services and linkage with medical care

Results and evidence from all project work packages is drawn to create a pathway with multiple nodes to guide the development of integrated transgender care and monitor respective progress. The project focuses in the health and social context of Greece, however our roadmap could be used as an example for adaptation in other settings as well. As with any public health issue, the implementation of the TIR requires both stakeholder engagement and policy actions in order to be piloted, tested and, eventually, adopted.

Background

Transgender people worldwide face substantial health disparities and barriers to appropriate healthcare, including discriminatory healthcare services, lack of appropriately trained providers and obstructions by health systems and insurance programs to cover trans-specific services (2). Discriminative attitudes among health professionals and inherent heteronormativity in health services prevent all LGBTIQI+ persons from accessing medical care, while legal protection of the population against discrimination in healthcare and other setting is limited in many European countries (4-8).

Specifically in Greece, attitudes towards the LGBT community are quite negative discriminatory (9,10). Greek LGBT organizations have been actively working towards bringing the issue forward in school education, along with targeted training of public officials including teachers, police officers and, particularly, healthcare professionals (11). Still, Greece shows high rates of discrimination and violence on sexual orientation and gender identity (12-15). In 2014, the law for prohibiting hate crimes and hate speech on the basis of gender identity was issued by the Greek parliament (N. 4285/2014), while 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 not in the sector of healthcare (16).

Although the law on legal gender recognition allowing trans people to change their name and gender on official documents, without the requirement for psychiatric evaluation or other medical procedures was launched 2017 (L. 4491/2017), this came along with several shortcomings, including the costly and lengthy procedure trans people are required to follow, the lack of gender options outside the binary and the exclusion of married and people and 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 (16). Furthermore, although hormone-replacement therapy is covered by social health insurance in Greece, all other kinds of gender-affirming surgery are not. People wishing to access medical transition procedures are still required to receive a psychiatric diagnosis of “gender dysphoria” since, although launched since 2022, ICD-11 (which removes the mental health stigma from trans identities and assures trans people’s access to gender-affirming procedures) is not practically adhered to in Greece (17).

Generic 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 further affect the delivery of appropriate care for transgender people (18,19). Transgender care is not part of any medical curricula, sustaining the knowledge gap of healthcare professionals

and the lack of country-specific guidance and resources on transgender health. Primary care has been proven to provide a fruitful ground for designing and implementing novel approaches to enhance care for transgender individuals (20), however even the recently launched Primary Healthcare Reform has not accounted for the integration of transgender health into the country's health system (21).

The EU funded programme TRANSCARE (<https://transcare-project.eu/>) aimed to improve access and support the provision of quality care to transgender individuals. Several project results have been delivered during its three-year duration, including a problem mapping literature review, two large-scale needs assessment surveys, an online eLearning training module for healthcare professionals, plenty of information and awareness raising activities and a full-scale policy recommendation report. A recent scoping literature review of our working group highlighted that Improving transgender care is a multidimensional issue that should be addressed at the societal, healthcare as well as research level, with future educational actions focusing on respecting transgender identity, protecting confidentiality, creating trusted provider-patient relationships and providing sufficient competency on trans-specific healthcare issues (22). The integration of educational programs and health policy recommendations into the healthcare system is crucial towards achieving community-integrated health and several frameworks and methods have been proposed by to guide process and monitor progress care integration organisations by organization such as the WHO and other organisations (3).

By leveraging the insights provided by all stakeholders, activities and results of the TRANSCARE project, this report aims to identify key areas that should be addressed and synthesize our experience into a roadmap of knowledge integration into healthcare systems to improve care for transgender individuals.

General approach

As a public health concern and according to our roadmap, progress in transgender care requires integration into health policy, education and training of healthcare professionals, availability of essential gender-affirming medications and population-specific healthcare services, including medical as well as social care. The TRANSCARE Integration Roadmap (TIR) serves as a model for stakeholders to use to decide on necessary elements and steps for transgender care integration. According to WHO's example of roadmap creation (3), the TIR includes the synthesis of multiple actions to address:

1. transgender care inclusion in national health policy

2. legislation and finance
3. availability of essential gender-affirming medications, particularly hormone therapy
4. education and training of health care professionals
5. implementation of trans-specific care services at primary and secondary care services
6. implementation of trans-specific services in social care services and linkage with medical care

Results and evidence from project work package is drawn to create a pathway with multiple nodes to guide the development of integrated transgender care and monitor respective progress. The project focuses in the health and social context of Greece, however our roadmap could be used as an example for adaptation in other settings as well. As with any public health issue, the implementation of the TIR requires both stakeholder engagement and policy actions in order to be piloted, tested and, eventually, adopted.

Policy, legislation and finance

As part of the TRANSCARE project, two Policy Roundtables were held under the coordination of the Medical Association of Athens, engaging representatives from public healthcare institutions and civil society organizations, aiming to develop policy proposals for the improvement of trans people's access to healthcare services in Greece. Among the key points emerge red from the round tables discussions and should be addressed by regarding policy making, legislation and finance activities to integrated transgender health into the healthcare system were:

- The need of a multifaceted strategy to guarantee trans people's access to health services
- The need to address discrimination based on gender identity and expression through institutional and practical interventions
- Trans people's active involvement in the planning and execution of interventions should be guaranteed
- The need to formulate policies to ensure equal treatment of transgender individuals at all levels. Specifically, the need to address the systemic and educational gaps that hinder trans people's access to healthcare, such as misgendering by healthcare providers, problematic diagnoses and pathologization and obstacles in obtaining prescriptions
- The need to tackle the absence of insurance funds for gender-transition procedures, the limited availability of trans-specific healthcare services resulting in appointment overload and delays and a shortage of specialized healthcare professionals. Consequently, the need to establish

specialized clinics for gender reassignment counseling, following the standards set by exemplary countries, was acknowledged

- The immediate need to upgrade of the entire healthcare system to align with the World Health Organization's new classification system, ICD-11, and the necessary adaptation procedures for accessing gender reassignment medical services
- The need to launch new legislations covering issues of transition therapies, to clarify the concept of consent and prioritize proper mental treatment of trans patients. Namely, it was suggested that health professionals involved in conversion therapies should be accredited by transgender individuals themselves, and psychiatrists should receive appropriate training, particularly in working with young audiences.

According to WHO's Public Health Model (3) in creating a roadmap of integration of transgender health into the healthcare system, formulating specific working groups that will elaborate on the aforementioned needs is essential. These groups should consist of national experts on transgender health, international consultants and representatives of the trans community and representatives from ministries and organisations responsible for health policy. Existing national health policies should be reviewed to set priorities based on the identified needs, approve additions and updates and, subsequently include transgender health in all health policies and documentation, including (among others) trans-specific areas of focus such as noncommunicable diseases, HIV, sexually transmitted and other infectious diseases, mental health and transition therapy (i.e. drug control) policies.

Legal expert groups should be further formed including the above stakeholders as well as legal, ethical and human rights experts. Their role is to review the legal components of health and drug policy, finance and the frameworks of transgender health integration, including for example potentially special licensing for establishing essential trans-specific facilities, registrations as medical services and workforce allocation (3).

Finally, a finance expert group with additional contribution of health economists, health system managers and health as well as social service providers is crucial for reviewing existing funding and service delivery models and determine the cost-effectiveness of delivering transgender health levels, including primary and secondary care as well as social care. Such expenses may include costs of establishing new facilities, salaries of personnel medication, equipment, and other direct and indirect cost (3).

All the above expert groups in collaboration with should further address issues related to insurance coverage for trans-specific care and medical procedures taking into consideration the socio-economic determinants of health for the transgender population. Another important area that requires collaborative

work is related to the integration of health and social care services and, importantly, who is responsible for their funding since in many countries like Greece, health and social care are funded by different Ministries. Other organisational issues including salaries, additional compensations for professionals providing out of hours trans-specific services and availability for external funding to promote transgender health should also fall into the agenda of policy, legal and finance elaboration (3).

Education

TRANSCARE has produced extensive results to identify and address the educational needs of healthcare professionals and the public on transgender health. Based on a literature review, observational studies among healthcare providers, medical students and trans individuals and two policy round tables, the TRANSCARE group has highlighted that transgender health should be integrated in all levels of education, namely:

- School education
- Under and post graduate education in medicine and other health and social sciences
- Continuous medical education of health and social care providers

Detailed information on necessities and actions that need to be taken in each level are summarized below:

School education

The results of the two TRANSCARE and policy round tables acknowledged the necessity and intention to revamp the primary and secondary education systems regarding sexuality education by incorporating topics on gender identity and sexuality, as well as transgender identities. Importantly, including Comprehensive Sexuality Education courses which are currently entirely lacking and merely resisted to from all school levels and university curricula in Greece and many other countries was highlighted as an immense need. Based on the results of the TRANSCARE field research, there seems to be an agreement regarding the need for education that will cover, among others, topics including basic concepts related to gender identity, sexual orientation, and gender characteristics, terminology and inclusive, non-stigmatizing communication and information concerning medical transitioning. Ensuring the staffing of educational units with well informed and educated professionals that respect the identities of intersex students, protect confidentiality and establish safe and trustworthy relationships and school environments is also crucial.

Under and post graduate education

In the framework of TRANSCARE a mixed-methods study including an online survey and qualitative research focus group discussions was conducted to assess awareness, attitudes, perceptions and training needs of health and psychosocial care professionals, as well as students of relevant faculties on gender identity, gender expression and trans identities, as well as to document trans people's own experiences from healthcare services. Based on the results of this research among 259 students from schools of medicine, nursing, psychology and social work the following needs were identified for the integration of transgender health in under and post graduate curricula:

- The need to clarify information on terminology, gender identity and sexual orientation issues, as about 25% of students believe that trans identities are a choice. Additionally clear references to trans issues in lessons are never (48%) or rarely (30%) made and references to gender identity issues in educational textbooks are absent (43%) or rare (27%), while, in cases where they do exist, 25% said that they are pathologizing.
- The need to provide explicit training as 86% of students agreed or strongly agreed that the staff at healthcare services is not adequately trained to provide services to trans people, while 63% of students reported that they had not received any kind of training outside the context of their university. Students also know little (38%) or not at all (44%) about the process a person needs to follow to start hormone therapy and, respectively, little (33%) or not at all (48%) know about the process required for surgery.

The TRANSCARE policy round tables further identified the following:

- The provision of inclusive services to trans people depends on educating health professionals at all levels and increasing awareness of the issue.
- The need for education that will cover topics including gender identity and sexual orientation, terminology and inclusive, non-stigmatizing communication, transition procedures (medicines, services, insurance coverage, protocols, preparation and support of individuals), specialized healthcare needs, protocols, guidelines and best practices in Greek, contemporary scientific data, mental health focus, sexual and reproductive issues, legal framework, prevention and combating of discrimination in the healthcare sector update of medical records and registration forms and family support.

According to WHO's Public Health Model (3) in creating a roadmap of integration of transgender health into the educational system of under and post graduate studies expert groups composed of deans of medical, nursing, psychology, pharmacy, and social work schools, education experts national and international transgender health experts and representatives of the trans community should

be formulated to review existing curricula and adapt evidence-based examples from other countries into the local context. The aforementioned core transgender health competencies should be integrated in such curricula and education must be both didactic and experiential with peer-to-peer learning and appropriate supervision. To facilitate the uptake of transgender health respective themes should be included in course examinations that are required for certification and licensure.

Continuous professional education

Identifying the educational needs of healthcare providers in order to develop an evidence-based and context-driven training module to improve access of transgender individuals to health care has been the core stone of the TRANSCARE project. **Figure 2** presents the barriers and facilitators to care for transgender individuals, as identified in a scoping literature review of TRANSCARE (22). These were later translated into educational recommendations through the work of the TRANSCARE policy roundtables, according to which continuous professional education programs should be based (among others) on the following principles:

- Promoting empowerment and inclusivity, reducing stigma and facilitating access to suitable healthcare for all individuals
- Respecting diversity and all gender identities, while avoiding pathologization
- Involving transgender and gender diverse individuals in the development and implementation of healthcare services
- Familiarizing with social, cultural, economic, and legal factors that may impact the health of transgender individuals, as well as their willingness and ability to access services
- Providing healthcare services (or refer to knowledgeable professionals) that affirm gender identities and expressions
- Tailoring treatment approaches to meet the specific needs of patients, taking into consideration their goals for gender identity and expression
- Focusing on promoting overall health and well-being and embracing harm reduction approaches when appropriate.
- Ensuring transgender and gender diverse individuals have complete and ongoing informed participation in decisions regarding their health and well-being
- Supporting and advocating for patients within their families and communities when appropriate

Figure 2. Barriers (red) and facilitators (green) to care for transgender individuals, as identified in the TRANSCARE scoping literature review.



Abbreviations: HCP: healthcare provider, HC: healthcare

Based on the above, a Massive Online Open Course educational program for healthcare professionals was developed by the TRANSCARE consortium to address the identified educational needs and promote transgender health and access to services (<https://e-learning.transcare-project.eu/>). The education program is structured into broad teaching units (modules), each of which incorporates specific lessons. Each lesson may also include individual lectures (units). In total, 4 units, 16 lessons, and 76 lectures were developed. In summary, the program covers the following topics:

- Basic concepts and terminology: Concepts (characteristics/expression/gender identity, sexual orientation,

terminology), gender transition (social, legal, medical), the transgender community in Greece (discrimination, invisibility, exclusion, hate crimes).

- Access to services - challenges and consequences: (De)pathologizing of LGBTQI+ identities (history and current state), challenges (healthcare system shortcomings, professional attitudes/perceptions, training needs, access to gender transition services), legal framework (recognition, discrimination, hate crimes/rhetoric, healthcare ethics codes, transgender rights), personal reflection (self-assessment).
- Creating inclusive health services: Inclusive structures (inclusion and accessibility, information recording, use of spaces, visibility enhancement, best practices), communication (patient-centered care, communication skills, non-verbal communication, trust/empathy, interaction), inclusive services (reception, medical history intake, examinations, collaboration/information sharing with colleagues, guidelines), interconnection (importance of collaboration with LGBTQI+ organizations and specialized services, recording incidents of violence/discrimination, support, initiatives).
- Specialized services: Mental health (stress, impact of discrimination, affirmative approach, transgender children and adolescents, guidelines), medical gender-affirming procedures (hormone therapies, surgeries, ICD-11, and access to services), sexual and reproductive health (trans individuals' needs, safe practices, reproductive issues and parenting choices, guidelines), intersectionality (definitions, challenges, best practices).

This was the first training program for healthcare professionals addressing care delivery and management of transgender individuals that was created in Greece through an ongoing process of collaboration, production, and feedback. The design of the program as a Massive Open Online Course (MOOC) was yet another innovation, with documented effectiveness in providing high-quality continuous education to healthcare professionals (23). The development and use of such programs, specifically designed on care delivery for transgender individuals are very limited internationally. However, individual studies highlight the interest of professionals and the urgent need for adequate training in this specific area (24). The structure and tools of this program address the immediate need for the creation of inclusive services and trained professionals with the aim of enhancing transgender individuals' access to healthcare and providing appropriate and high-quality services to this population. Ensuring the wide dissemination across professional networks and inclusion of this module in university curricula is an important for the integration of transgender health into the educational and healthcare system of Greece and other countries.

Practice implementation and integration

When it comes to implementation and integration of transgender health into medical and social care systems, gender affirmation is a key to address the needs of the population and a unique social determinant of health that affects trans people's lives (25). Gender affirmation refers to the process of being affirmed in one's gender identity and is comprised of at least four constructs: social (preferred name and pronoun), psychological (respected gender, resist stigma and transphobia), medical (hormone therapy, surgery), and legal (name change and gender marker change) (26). Gender-affirmative health care refers to care holistically addresses transgender people's physical, mental and social health needs while respectfully affirming their gender identity (25). To this direction, the TRANSCARE policy round tables have further resulted in the following recommendations that health environments and professionals should take into consideration in order to deliver gender affirming care:

- Ensuring respectful and humble communication with trans patients in order to achieve positive outcomes in consultations. These include acknowledging that not all trans people are the same, understanding that it is inappropriate to ask personal questions about their transitioning process or genitals unless willingly shared, avoiding assumptions about their sexual history based on their gender identity, providing an environment where support persons can accompany the patient, using simple language and encouraging questions, and involving patients in the decision-making process through informed consent.
- Creating a sensitive, safe and inclusive environment to facilitate more effective care for trans individuals. This includes intake and sign-in forms adapted to allow the use of chosen names and gender markers, offering an option for preferred/used names by asking trans patients directly and respecting their preferences and having a unisex or gender-neutral restroom to ensure the comfort and safety of transgender individuals.
- Safeguarding privacy and confidentiality while fighting discrimination and stigma. These include adhering to a strict privacy and confidentiality protocols, treating sex assigned at birth as confidential clinical information not be accessible to administrative staff and ensuring that gender history and status remain confidential at all times.

The following country-specific needs were further elaborated on in order to highlight the immense need of a multidisciplinary approach linking clinical care with mental and social services:

- The need to combat the unethical and abusive practices that transgender people, especially minors, encounter when seeking and receiving psychiatric treatment in Greece, agreeing that professional bodies such as

the Hellenic Psychiatric Association should take measures to ensure the appropriate training of their members in response to this issue.

- The need to train social structures to offer transgender people and their families inclusive support services.

In addition, several actions, mainly implemented in USA, that develop and deliver models of gender-affirmative care can be used as an example for the integration of transgender health into the systems of Greece and other countries, as long as this integration is supported by policy will and incorporated in any organization's culture. Such models include, among others:

- The Informed Consent Model which comprises a powerful tool in gender-affirmative care, allowing trans individuals to make decisions regarding their readiness for gender-affirming medical treatments. This model is based on trans people's self-determination and knowledge of their own needs and identities. It involves facilitating informed decision-making by providing access to information, discussing benefits and risks, and respecting the patient's autonomy (27).
- The Fenway Health model offers accessible, patient-centered, gender-affirmative care for transgender individuals where gender affirmation (eg, hormone therapy) is a routine part of primary care service delivery. Using an informed consent model of care the model removes unnecessary barriers to hormone therapy for trans patients, including prolonged mental health evaluations to obtain hormone therapy, that had long been embedded in existing standards of care. Trans patients complete a hormone readiness assessment, but mental health counseling is not automatically required (28).
- The Callen-Lorde Community Health Center model providing quality and sensitive medical and related services, including trans-inclusive registration forms, gender-neutral bathrooms and trans-affirmative signage and imagery and trans-identified staff. The model early adopted a customized electronic health record that allows appropriate documentation of identity and anatomy among transgender patients. Also in this model, transgender health is embedded in primary care, with primary care professionals offering comprehensive transgender health care, including hormone therapy, using the Informed Consent Model that removes unnecessary restrictions to hormone access. The center has onsite care coordination and legal services to assist with name changes, housing, and insurance navigation to address structural barriers to care. The center provides low cost or free hormones and education programs aiming to increase provider knowledge and clinical skills caring for transgender communities (29).

Conclusion

The TIR presented in this synthesis suggests that care systems and clinical settings should consider actions that integrate social, psychological, medical, and legal components for the development of transgender care. Holistic and culturally responsive transgender health must be tailored to the need of transgender communities, while addressing structural factors, namely stigma and transphobia in health care settings, is necessary to increase uptake of the full care continuum (eg, prevention, diagnosis, treatment and linkage to care) for the transgender population. Training of health care providers and improving systems of care delivery to be gender affirmative are integral components of any strategy to improve accessibility of transgender individuals to care. Involving transgender people in all aspects of care and working with transgender communities while forming meaningful engagement of local, national, and global transgender communities is paramount to ensure responsiveness of interventions and programs, as well as to increase trust and reciprocity between clinicians, researchers, patients, and participants.

Our roadmap identifies key tasks and obstacles that must be overcome for transgender care to be seriously included in the Greek healthcare agenda but can also be used to adapt respective actions in other countries. This is particularly relevant as transgender health is still underdeveloped worldwide and not many countries have key policies for transgender care to be accepted. Access to hormone therapy is still too difficult in many countries, limited proportions of the healthcare workforce have received trans-specific education and too few services are currently operating to meet the population needs. As any health issue, key to the integration of transgender care is the political will to reallocate care resources and to better manage health care costs.

References

1. Com I. Transgender people and HIV policy brief. 2015. Available from: www.who.int/about/licensing/copyright_form/en/index
2. Fantz CR. Barriers to quality healthcare for the transgender population. *Clin Biochem.* 2014;47:983–7
3. Callaway MV, Connor SR, Foley KM. World Health Organization Public Health Model: A Roadmap for Palliative Care Development. *J Pain Symptom Manage.* 2018;55(2S):S6-S13
4. Thomas R, Pega F, Khosla R, Verster A, Hana T, Sayc L. Ensuring an inclusive global health agenda for transgender people. *Bull World Health Organ.* 2017;97:154–6
5. European Commission Directorate-General Justice and Consumers Unit 0.4: Programme and financial management
6. Safer JD, Coleman E, Feldman J, Garofalo R, Hembree W, Radix A, et al. Barriers to healthcare for transgender individuals. *Endocrinology, Diabetes and Obesity.* 2016;23: 168–71
7. Clark TC, Lucassen MFG, Bullen P, Denny SJ, Fleming TM, Robinson EM, et al. The health and well-being of transgender high school students: Results from the New Zealand adolescent health survey (youth’12). *J Adolesc Heal.* 2014;55(1):93–9
8. Rowe D, Ng YC, O’Keefe LC. Addressing transgender patients’ barriers to access care. *Nurse Pract.* 2019;44(6):30–8.
9. Rainbow Europe 2020 - ILGA-Europe. Available from: <https://ilga-europe.org/rainboweurope/2020>
10. The New Sick Man of Europe: the European Union - Pew Research Center. Available from: <https://www.pewresearch.org/global/2013/05/13/the-new-sick-man-of-europe-the-european-union/>
11. Δικαιώματα και Διεκδικήσεις της LGBTQI+ κοινότητας – Athens Pride. [Available from: <https://athenspride.eu/diekdikiseis/>
12. Directorate-General for Justice and Consumers Věra Jourová
13. Racist Violence Recording Network - European Union Agency for Fundamental Rights. Available from: <https://fra.europa.eu/en/promising-practices/racist-violence-recording-network>
14. Working with Victims of Anti-LGBT Hate Crimes A Practical Handbook
15. Regional Office for Europe W. Regional Committee for Europe Strategy on the health and well-being of men in the WHO European Region.

16. ΣΥΜΠΕΡΙΛΗΨΗ ΚΑΙ ΑΝΘΕΚΤΙΚΟΤΗΤΑ / ΣΥΛΛΟΓΙΚΟ. Available from: <https://www.politeianet.gr/books/9789600121575-sullogiko-gutenberg-sumperilipsi-kai-anthektikotita-313339>
17. Παγάνης Φ. Οδηγός για νέα τρανς άτομα - Βασικές πληροφορίες για ζητήματα ταυτότητας φύλου. Αθήνα; 2019. Available from: <https://www.colouryouth.gr/wp-content/uploads/2020/03/ΟΔΗΓΟΣ-ΓΙΑ-ΝΕΑ-ΤΡΑΝΣ-ΑΤΟΜΑ.pdf>
18. Giannou D. “Normalized Absence, Pathologised Presence” Understanding the Health Inequalities of LGBT People in Greece. 2017. Available from: <http://etheses.dur.ac.uk>
19. Lionis C, Symvoulakis EK, Markaki A, Petelos E, Papadakis S, Sifaki-Pistolla D, et al. Integrated people-centred primary healthcare in Greece: Unravelling Ariadne’s thread. *Prim Heal Care Res Dev.* 2019;20(e113):1–7
20. Ziegler E, Valaitis R, Yost J, Carter N, Risdon C. “Primary care is primary care”: Use of Normalization Process Theory to explore the implementation of primary care services for transgender individuals in Ontario. Houle SKD, editor. *PLoS One.* 2019;14(4):e0215873
21. Greek health reform: opening of new primary healthcare units. 2017; Available from: <https://www.euro.who.int/en/countries/greece/news/news/2017/12/greek-health-reform-opening-of-new-primary-health-care-units>
22. Anastasaki M, Angelaki A Paganis F, Christidi EO, Papathanasiou N, Stoupa EP et al. Deliverable 2.1: Analysis Report on existing barriers and gaps to national health care systems regarding care for transgender people. TRANSCARE project. Available from: <https://transcare-project.eu/deliverables/>
23. Hew KF. Promoting engagement in online courses: What strategies can we learn from three highly rated MOOCs. *Br J Educ Technol* 2016;47:320–341
24. Canavese D, Motta I, Marinho MMA, Rodrigues JB, Benício LA, Signorelli MC, Moretti-Pires RO, Santos MB, Polidoro M. Health and Sexual Rights: Design, Development, and Assessment of the Massive Open Online Course on Lesbian, Gay, Bisexual, Transgender, and Intersex Health Promotion in Brazil. *Telemed J E Health.* 2020;26(10):1271-1277. doi: 10.1089/tmj.2019.0232
25. Reisner SL, Radix A, Deutsch MB. Integrated and Gender-Affirming Transgender Clinical Care and Research. *J Acquir Immune Defic Syndr.* 2016 Aug 15;72 Suppl 3(Suppl 3):S235-42
26. Sevelius JM. Gender affirmation: a framework for conceptualizing risk behavior among transgender women of color. *Sex Roles.* 2013;68:675–689
27. Chiang T, Bachmann GA. The informed consent model is adequate for

-
- gender-affirming treatment: issues related with mental health assessment in the United States. *J Sex Med.* 2023;20(5):584–587
28. Reisner SL, Bradford J, Hopwood R, et al. Comprehensive transgender healthcare: the gender affirming clinical and public health model of fenway health. *J Urban Health.* 2015;92:584–592
29. Lelutiu-Weinberger C, Pollard-Thomas P, Pagano W, et al. Implementation and evaluation of a pilot training to improve transgender competency among medical staff in an urban clinic. *Transgender Health.* 2016;1:45–53