ENDING PATHOLOGICAL PRACTICES against Trans and Intersex bodies in Africa

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WHAT'S THIS BOOKLET ABOUT?

The purpose of this booklet is to create a basic, accessible and user-friendly tool for understanding the links between access to gender affirming health-care, human rights, depathologisation of trans and gender diverse identities, and the current review process of the International Classification of Diseases (ICD). The ICD is an international classification that has been developed by the World Health Organization (WHO). It contains a complex list of diseases, disorders, injuries, and factors influencing contact with healthcare services. Some of the diagnoses in the ICD directly affect trans, gender diverse, and intersex communities.

In early 2015, Iranti-org took up the campaign in the African continent on the depathologisation of trans and gender diverse identities joining the global campaign led by the Global Action for Trans Equality (GATE). We see this as an important advocacy focus because of the existence of reparative treatments, stigmatisation, pathologisation and lack of access to gender affirming care on the continent for trans and gender diverse people, as well as the continued pathologisation of, and human rights violations against intersex people by the medical community. Increased engagement with the ICD Reform process by African trans and gender diverse activists is also important considering the global nature of the classification, and the Western biomedical bias therein which fails to acknowledge indigenous knowledge systems and the lived experiences of our communities in different regions and contexts. We therefore seek to increase the level of knowledge and awareness that exists within the growing trans movement in Africa around the ICD and the significance of understanding ICD codes in relation to human rights, access to healthcare, legal recognition, and decolonisation.

Just like all states, human rights bodies, groups and individuals need to promote, protect and respect the human rights of all people regardless of sexual orientation, gender identity or any other status, the WHO as an agency of the UN needs to be held accountable. Through the ICD the WHO has and does contribute to the harm and stigma faced by the LGBTI community through its previous pathologisation of homosexuality and continued pathologisation of intersex variations and gender identity. And so we think it is important that we engage with the WHO to look at those challenges. Part of this publication is, therefore aimed at exploring how gender affirming services can be provided from a framework that is affirming rather than stigmatising, and to challenge ourselves, and the medical community to do and be better.

Our hopes for this publication

We hope that this publication serves as an accessible guide to understanding the importance of depathologising trans health-care.

- Is used across communities; by clinicians, by activists, by trans and gender diverse persons, intersex persons, scholars, NGOs, etc.
- Ignites a growing interest in the campaign to depathologise gender affirming healthcare, getting more people and organisations from the region involved.
- Challenges the power dynamics that exist in the access to gender affirming healthcare.
- Highlights the intersection between depathologisation and the decolonisation of our identities.

Jabu Pereira: Director at Iranti-org
Joshua Sehoole: Regional Manager at Iranti-org


NO TO INTERSEX GENITAL MUTILATI
NO DSD
DECOLONIZE KNOWLEDGE
GENDER


TAIDEN


STAY CITY


MY CHOICE
MY CHOICE

ACKNOWLEDGEMENTS

We wish to acknowledge AJWS and OSF whose generous support made the publication of this guide possible.

A special thanks to Tahila Pimentel, Tanya Pretorius, and Joshua Sehoole for invaluable assistance and expertise with this project. And **thank you** to organisations who continue to produce knowledge around this area, without which this guide would not have been possible, including ***GATE, STP, TGEU*** and the ***APTN*** *as well as individual activists and allies around the world.*

And of course...all the trans, gender-diverse and intersex organisations and activists who shared their views with us, and who continue to do amazing work to promote and protect the human rights of our communities.

This information is current at the time of publication. Understanding, expertise, and resources continue to change and evolve.

GLOSSARY

Cisgender – someone whose gender identity conforms to the sex assigned to them at birth.

Depathologisation – To stop treating something as a medical disorder.

De-psycho-pathologisation – to stop treating something as a psychological disorder.

Diagnosis – a name for a medical condition.

Gender Affirming Healthcare – refers to all healthcare – surgical, hormonal, psychological or otherwise – aimed to affirm a person's gender identity and/or allow them to express it freely. Gender affirming procedures must be driven by the desire of the person who seeks them.

Homophobia – The fear and hatred of or the discomfort with people who love and sexually desire members of the same sex.

Intersex – Intersex is an umbrella term used to describe a wide range of natural bodily variations. Intersex people are born with sex characteristics (including genitals, gonads and chromosome patterns) that do not fit typical binary notions of male or female bodies. In some cases, intersex traits are visible at birth while in others, they are not apparent until puberty. Some chromosomal intersex variations may not be physically apparent at all.

Pathologisation – The treatment of something as a medical disorder.

Psycho-pathologisation – the treatment of something as a psychological condition, not a condition of the body, but a condition of the mind.

Psycho-social support – is a scale of care and support which influences both the individual and the social environment in which people live and ranges from care and support offered by caregivers, family members, friends, neighbours, teachers, health workers, and community members on a daily basis but also extends to care and support offered by specialised psychological and social services.

Reform – make changes in (something, especially an institution or practice) in order to improve it.

Transphobia – The irrational fear or hatred of transgender people.

Transgender – Transgender (or simply, "trans") is an umbrella term for those individuals whose gender identity differs from the sex the doctor marked on their birth certificate (assigned sex). **Gender identity** is a person's internal, personal sense of being a man or a woman (or someone outside of or in between that gender binary). For transgender people, the sex they were assigned at birth and their own internal gender identity do not match. Though transgender is generally a good term to use, it is not universal, and many different cultures, contexts and regions have their own words to refer to and acknowledge gender diversity. We use "gender diverse" to acknowledge this reality.

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ACRONYMS

GDX	Gender DynamiX
GATE	Global Action for Trans Equality
TGEU	Transgender Europe
APTN	Asia Pacific Transgender Network
STP	Stop Trans Pathologisation (Spain)
GIC	Gender Incongruence of Childhood
GIAA	Gender Incongruence of Adolescence and Adulthood
ICD	International Classification of Diseases
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
NGO	Non-Governmental Organisation
SOGI	Sexual Orientation and Gender Identity
WHO	World Health Organization

1 GETTING STARTED

Understanding ICD Reform Process

The International Classification of Diseases (ICD) is the standard diagnostic tool for epidemiology, health management and clinical purposes – it is a long, comprehensive and complex list of diseases, injuries, disorders and other health-related situations, compiled and produced by the WHO. It is applied by health professionals and systems all over the world. Presently, its tenth edition, known as ICD-10 (adopted in 1990), is the one in force. It is currently being reviewed to reflect changes and advances in the medical field, and have better, more accurate coding.

PHASES IN REVISION PROCESS

The revision process consists of four phases, as described below:

Phase 1: Working Group and draft recommendations

There are different topic advisory groups and working groups focusing on different chapters and areas during the ICD reform process. Trans and gender-diverse related diagnoses are being reviewed by the Working Group on Sexual Health and Sexual Disorders, while intersex related diagnoses largely fall under the Genito-Urinary Reproductive Medicine (GURM) TAG.

Phase 2: Field Testing and Public Consultation

The WHO needed to test out the revisions proposed in Phase 1. They are doing this through three ways –field testing, using the Global Clinical Practice Network as well as general public comment through the ICD 11 beta website. WHO Field testing is being done through international field study centres, which are academic institutions in Mexico, South Africa, Lebanon, Brazil and India. Country teams containing a range of health professionals/experts are involved in the field testing process. Parallel field testing that is self-funded is taking place in the Netherlands, UK, Germany, Sweden and will also feed into WHO process.

The **Global Clinical Practice Network (GCPN)** is an international network of mental health and primary care professionals, established by the World Health Organization as a core mechanism for the development of the classification of mental and behavioural disorders in the next version of WHO's International Classification of Diseases and Related Health Problems (ICD-11). GCPN members are part of a global community of professionals who have volunteered to lend their clinical expertise by reviewing materials, providing feedback about ideas and concepts that are being developed as part of the ICD-11, and participating in internet-based field studies.

Physical Field tests in the 5 WHO-selected countries are testing clinical utility and validity – checking whether the revised codes correctly and accurately identify and diagnose a health condition, and whether they correctly facilitate appropriate treatment. Field tests also include a legal and policy analysis of revised codes.

The ICD 11 is open for public comment on WHO Beta Platform, and various expert networks are engaging in submitting input around the reform process. The structured input that will be provided by submitters will be peer reviewed by experts in the field.

Phase 3: Secretariat review and modification

The secretariat will take input and make final revisions before submitting full revised ICD to WHO Executive Board. Member states will vote on the submission. The Executive Board is likely to be where political discussions on revisions will take place.

Phase 4: Approval by World Health Assembly

The submission then goes for final approval at the World Health Assembly, afterwhich ICD 11 becomes the official version that the WHO disseminates through regional and country offices to member states.

WHY IS THE ICD RELEVANT TO US?

Before getting into this booklet, it is important to understand the terms "pathologise" and "depathologise".

"***To pathologise***" is "***to represent something as a disease or illness***" or "***to view or characterise something as medically or psychologically abnormal***". Psycho-pathologisation in particular means to represent, view or characterise something as a mental illness specifically.

- Access to healthcare: Currently, access to healthcare, and gender affirming health-care in particular holds various barriers and challenges for trans and gender diverse people in the African continent. Wide-spread pathologisation has not led to access to gender affirming healthcare, and often mental health diagnosis are rather used to justify "conversion therapy". Psycho-pathologisation also creates an additional barrier to accessing care, as psychologists and psychiatrists are often only available at tertiary facilities in towns, and scarce in rural areas and primary healthcare settings. We need to reflect and engage in the process in a way that improves our lived realities.
- The continuing practice of Intersex Genital Mutilation (IGM) and other human rights violations of intersex people in (and outside of) medical settings frequently occur across the world. The relationship between classification and medical interventions needs to be interrogated from a human rights framework.
- The use of an international manual: The ICD is one of the most important international classification systems, affecting how health systems in many countries operate, and is increasingly used. The ICD affects us whether we engage with it or not – we need to ensure the effect is positive.
- It pertains to our identities: The ICD directly pathologises intersex and trans/gender diverse identities, so we need to be a part of the decision making process. Nothing about us without us!
- The depathologisation movement: We understand the depathologisation movement to be part of the broader discourse on decolonisation. In a global classification like the ICD, we challenge the Western biomedical understanding of gender and bodily diversity; its current pathologisation and applicability to different global contexts, such as in Africa, and its relation to our lived realities.

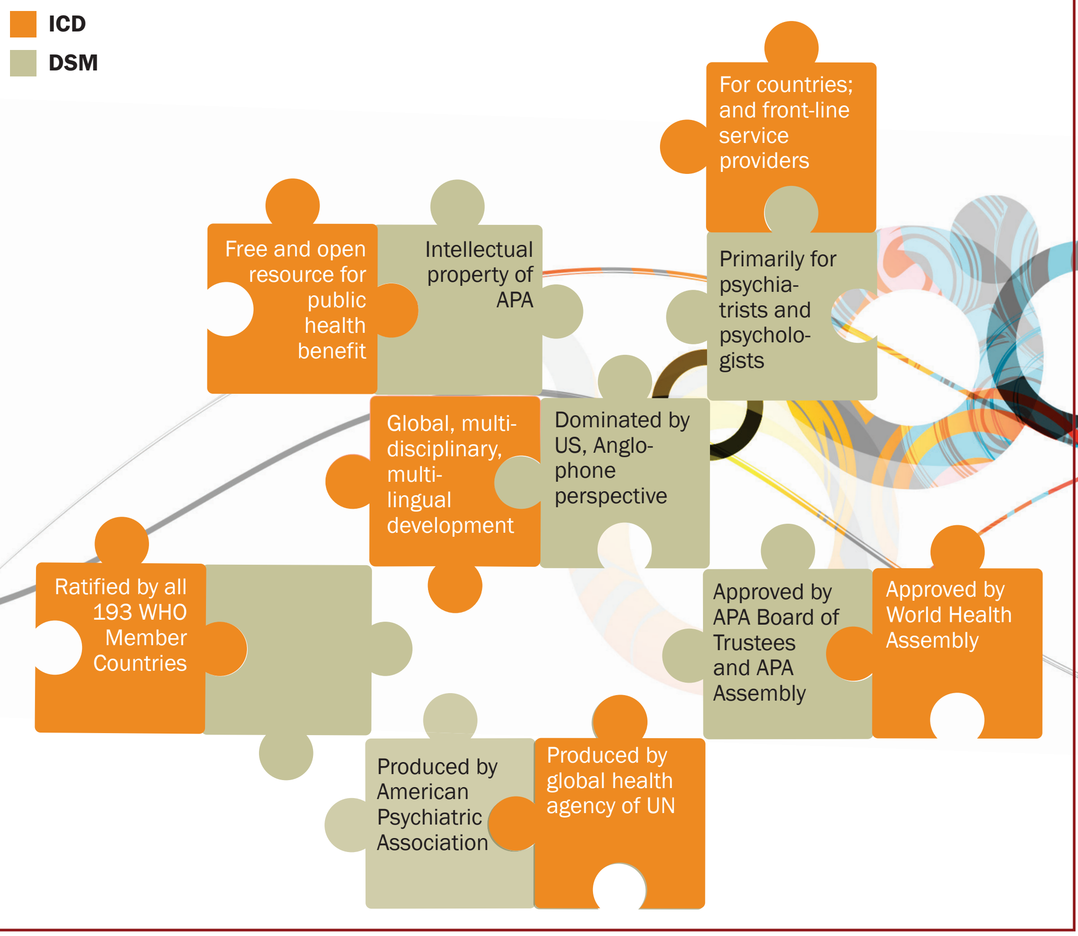
DID YOU KNOW?

On 12 May 2016 – Speaking ahead of the International Day Against Homophobia, Transphobia and Biphobia on 17 May, a group of United Nations and international human rights experts called for an urgent end to the pathologisation of lesbian, gay, bisexual and trans (LGBT) adults and children. The UN Committee on the Rights of the Child, a group of UN human rights experts, the Inter-American Commission on Human Rights, the African Commission on Human and Peoples' Rights and the Commissioner for Human Rights of the Council of Europe urged Governments worldwide to reform medical classifications and to adopt measures to prevent all forms of forced treatments and procedures on LGBT persons. They acknowledged that pathologisation of LGBT adults and children – branding them as ill based on their sexual orientation, gender identity or gender expression – has historically been, and continues to be, one of the root causes behind the human rights violations that the community faces.

The international character of the ICD is part of why we direct our energies toward ICD reform, rather than the DSM reform processes.

- Taking a moment to breathe
- If you're holding this booklet in your hand, you may be triggered by the way in which the medical sector describes our bodies and identities. Practice self-care and allow yourself to take breaks between sections, go for walks, call friends, and engage with the booklet at your own pace.
- If you're a cisgender ally, take a moment to question and reflect on what informs the categorisation of a body or identity as healthy, or ill, and how these classifications can affect people's lived realities.

How Does the ICD Differ from the Diagnostic and Statistical Manual of Mental Disorders (DSM)?



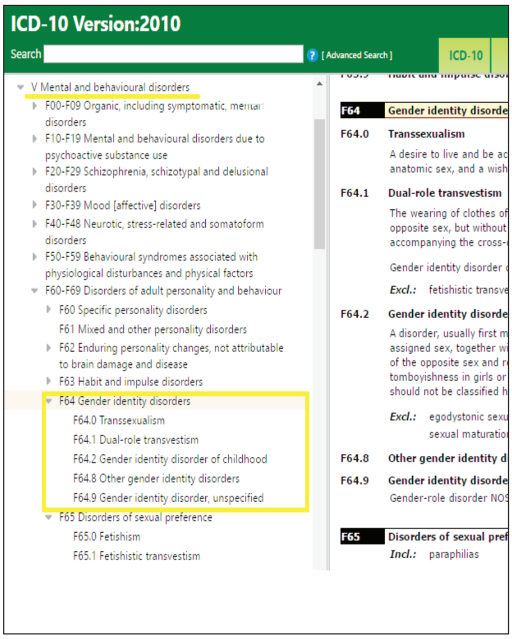
2 WHERE ARE WE NOW?

Trans/gender diverse adults and adolescents in ICD 10

In ICD-10, trans and gender diverse persons fall under one chapter; **Chapter IV: Mental and Behavioural Disorders**. Diagnoses are positioned within the sub-chapter: **Gender Identity Disorders**.

WHAT IS THE DSM?

The DSM offers a common language and standard criteria for the classification of mental disorders. It is used, or relied upon, by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, the legal system, and policy makers together with alternatives such as the ICD. The ICD is distinguished from the DSM in that it covers health as a whole. The DSM is now in its fifth edition, DSM-5, published on May 18, 2013.



V Mental and behavioural disorders
- F00-F09 Organic, including symptomatic, mental disorders
- F10-F19 Mental and behavioural disorders due to psychoactive substance use
- F20-F29 Schizophrenia, schizotypal and delusional disorders
- F30-F39 Mood [affective] disorders
- F40-F48 Neurotic, stress-related and somatoform disorders
- F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors
- F60-F69 Disorders of adult personality and behaviour
  - F60 Specific personality disorders
  - F61 Mixed and other personality disorders
  - F62 Enduring personality changes, not attributable to brain damage and disease
  - F63 Habit and impulse disorders
  - F64 Gender identity disorders
    - F64.0 Transsexualism
    - F64.1 Dual-role transvestism
    - F64.2 Gender identity disorder of childhood
    - F64.8 Other gender identity disorders
    - F64.9 Gender identity disorder, unspecified
  - F65 Disorders of sexual preference
    - F65.0 Fetishism
    - F65.1 Fetishistic transvestism

F64 **Gender identity disorde**

F64.0 **Transsexualism**
A desire to live and be ac
anatomic sex, and a wish

F64.1 **Dual-role transvestism**
The wearing of clothes of
opposite sex, but without
accompanying the cross-
Gender identity disorder
Excl.: fetishistic transve

F64.2 **Gender identity disorde**
A disorder, usually first m
assigned sex, together wi
of the opposite sex and r
tomboyishness in girls or
should not be classified h
Excl.: egodystonic sexu
sexual maturatio

F64.8 **Other gender identity d**

F64.9 **Gender identity disorde**
Gender-role disorder NOS

F65 **Disorders of sexual pref**
Incl.: paraphilias

Figure 1. ICD 10, showing F64 "Gender Identity Disorders", which falls under "Disorders of Adult Personality and Behaviour", which is a sub-chapter of Chapter 5 "Mental and Behavioural Disorders". See http://apps.who.int/classifications/icd10/browse/2010/en#/F64

As you can see from Figure 1, “Gender Identity Disorders” pathologise gender diversity as a mental disorder. This classification is problematic in a global classification by a UN body as;

- It reinforces cisnormative ways of categorising between a healthy and pathological gendered experience (e.g it is “normal” to be cisgender but abnormal to be transgender)
- It reinforces a system that limits the autonomy of trans and gender-diverse people (e.g classification as a mental illness means you need to be evaluated by a pshychiatrist to check if you meet the diagnostic criterea, a form of gatekeeping)
- It affords the Western biomedical system dominance in a document for global use, ignoring differing views on how other healing systems in different regions view gender diversity
- It can promote or justify “corrective” or “reparative” treatments;
- It is a barrier to access gender affirming healthcare; (for treatment to be provided at primary care level, without psychiatry, classifications need to change)
- It creates dependence on diagnosis for access to basic human rights such as legal recognition.

> “The general issue with the way it is now is that Gender Identity is classified under Mental Illness, you know, it’s diagnosed as a disorder, which makes me feel as a trans person that there is something wrong with me (...) Generally I don’t feel like I’m odd, abnormal or sick, you know, it’s just that my physical biology doesn’t reflect my inner self. I think for me, being classified as an ill person for who I am is not within my right set of mind. It is disheartening and it is painful to think about it.”
>
> *Jholer Timbo, 2015*
> *Activist, Namibia*

Gender Diverse Children in ICD 10

The pathologisation of gender diverse children has been one of the most controversial issues of ICD reform, due to the strong opposition from parents, activists, researchers and medical practitioners globally. This is because gender diverse children **do not need any medical interventions** such as puberty suppressants, hormone therapy or gender affirming surgery. Rather children need information, understanding, freedom and support in expressing and exploring their gender identity and expression and dealing with environments that are hostile to gender diversity. A diagnosis sends the message that there is something wrong with the child because of their gender diversity, and this diagnosis **justifies so-called reparative therapies.**

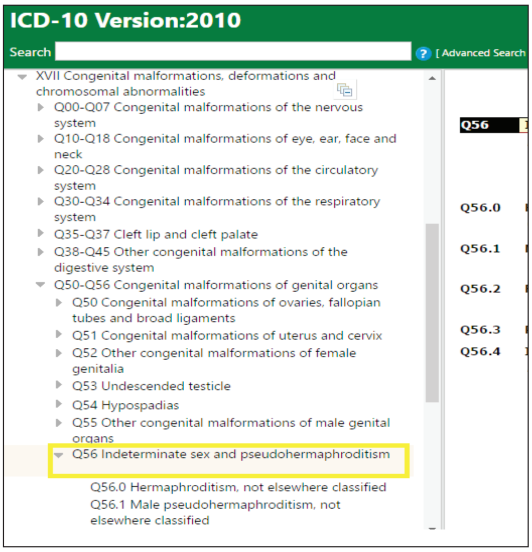
Figure 1 shows F64.2 “Gender Identity Disorder of Childhood”. It’s important to note that it **explicitly excludes children who have reached or are entering puberty**, who may therefore need puberty suppressants, but is rather specifically focused on pre-pubescent children. It also refers to “a profound disturbance of normal gender identity”, positioning gender diversity as abnormal. Like some other diagnoses in the F64 block, it reinforces the gender binary and characterises diversity as disorder.

DID YOU KNOW?

In July 2014, a group of 40 trans/ gender diverse and intersex-focused health practitioners, advocates, activists, researchers, family members, parents, and members of the trans community signed what is known as the Cape Town Declaration. They represented 11 different African countries, in which they demanded that the WHO discards the current Gender Identity Disorder of Childhood diagnosis of ICD 10, and refrain from replacing it with any new pathologising diagnosis, including the proposed GIC.

Intersex persons in ICD 10

Unlike trans-related diagnoses which are contained in one chapter, there is a plethora of intersex-related diagnoses in ICD 10, spanning across three different chapters. Although these chapters do not specifically use the word ‘Intersex’, they diagnose intersex variations under several different diagnoses. The chapters are; **Chapter IV on Endocrine, nutritional and metabolic diseases; Chapter XIV on Diseases of the genitourinary system** and **Chapter XVII on Congenital malformations, deformations and chromosomal abnormalities.**



- XVII Congenital malformations, deformations and chromosomal abnormalities
  - Q00-Q07 Congenital malformations of the nervous system
  - Q10-Q18 Congenital malformations of eye, ear, face and neck
  - Q20-Q28 Congenital malformations of the circulatory system
  - Q30-Q34 Congenital malformations of the respiratory system
  - Q35-Q37 Cleft lip and cleft palate
  - Q38-Q45 Other congenital malformations of the digestive system
  - Q50-Q56 Congenital malformations of genital organs
    - Q50 Congenital malformations of ovaries, fallopian tubes and broad ligaments
    - Q51 Congenital malformations of uterus and cervix
    - Q52 Other congenital malformations of female genitalia
    - Q53 Undescended testicle
    - Q54 Hypospadias
    - Q55 Other congenital malformations of male genital organs
    - Q56 Indeterminate sex and pseudohermaphroditism
      - Q56.0 Hermaphroditism, not elsewhere classified
      - Q56.1 Male pseudohermaphroditism, not elsewhere classified

Figure 2. One example of the many diagnosis spread across ICD 10 in three different chapters, pathologising intersex variations. This is Q56 "Indeterminate sex and pseudohermaphroditism" found under "Congenital Malformations of the Genital Organs", which is part of Chapter XVII on "Congenital Malformations, Deformations and Chromosomal Abnormalities".

The terms used to describe intersex bodies are incredibly pathologising and overwhelmingly negative. The medical sector is often seen to be using scientific language and terminology that is meant to be objective and unbiased. However when words like "malformation, deformation, abnormality, disorder" are used to classify intersex bodies, there is a clear link between the pathologising language in the ICD, and human rights violations against intersex people in medical settings. The pathologising nature of the language used in the ICD points doctors toward intervention and "correction", even where there is no medical need, contributing significantly to the wide-spread phenomena of "'normalising' procedures" often undertaken on the basis of socio-cultural and psychological fears as opposed to medical necessity. These interventions violate the right to physical and mental integrity, the right to freedom from torture and medical abuses, the right to not being subjected to experimentation, the right to take informed choices and give informed consent, the right to privacy and, in general, sexual and reproductive rights of intersex people.

Advocacy at the World Health Organisation (WHO) from a depathologisation framework is aimed at ensuring that the ICD reform process is not only scientifically accurate, but also in line with human rights standards, protects and promotes the health and wellbeing of all people regardless of their gender identity, sex characteristics or any other status, ensures access to consensual gender-affirming and general quality healthcare, and does not amount to harm or contribute to gross human rights violations.

There is a clear link between the pathologising language in the ICD, and human rights violations against intersex people in medical settings.

Depathologisation and the ICD:

A timeline[1]

GUESS

See if you know the various years during which there were ICD changes made, or significant events took place.

A	B	C	D	E
Gender Identity is psychopathologised in the ICD. Homosexuality gets depathologised in the ICD.	ICD 10 is approved.	First Intersex demonstration against paediatricians (In North America).	First International Day of Action for Depathologisation. In a 2006 Consensus statement on management of intersex disorders, a system of nomenclature based on "disorders of sex development" was proposed for clinical use. The Yogyakarta Principles include language against medical abuses.	First paper on Gender Incongruence of Adolescent and Adults and Gender Incongruence of Childhood. For the first time a Gender Identity Law depathologises access to gender recognition and access to gender affirming procedures. (Argentina) Forty eight cities in different regions of the world hosted more than one hundred activities on the International Day of Action for Trans Depathologisation, organised by Stop Trans Pathologisation (STP). The Public Health Program at the Open Society Foundations released: "Transforming Health: International Rights-Based Advocacy for Trans Health", which called on WHO to stop pathologising gender diversity and trans identities.

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[1] This timeline is based on GATE's 2016 timeline used at a global activist meeting during the World Professional Association for Transgender Health (WPATH) Biennial Symposium in Amsterdam, 2016

F	G	H	I	J
The Special Rapporteur on Torture addresses human rights violations in medical settings, including those against intersex people. An article published in the WHO Bulletin recommends deleting F66 codes for ICD-11. WPATH meets and votes 14/14 on Gender Incongruence of Childhood. Third Intersex International Forum (Malta). A Critique and Proposal of Gender Incongruence of Childhood is submitted to WHO.	The Cape Town Declaration is written.	For the first time a law prohibits doctors to "normalise" sex characteristics on the base of psycho-social rationales. (Malta). Activists from Asia and the Pacific release a statement on Gender Incongruence of childhood. Intersex Submission to the GURM TAG. The Office of the High Commissioner for Human Rights organises an Expert Meeting on Intersex identities. The EU Parliament speaks against Gender Incongruence of Childhood.	ILGA releases its statement against Gender Incongruence of Childhood. Letter of Concern on the South African Field Testing Process with regards to Gender Incongruence of Childhood is submitted to the WHO.	ICD-11 to be approved.

ANSWERS	
A	1990
B	1992
C	1996
D	2006
E	2012
F	2013
G	2014
H	2015
I	2016
J	2018

3 WHERE ARE WE GOING?

Trans/gender diverse adults and adolescents in ICD 11.

After organising a work group to revise a number of chapters, the WHO's BETA draft version of ICD 11 has made the following changes with regard to trans-related diagnoses:

- A Change in Name – The parent category has been changed from "Gender Identity Disorders" to "Gender Incongruence", and the diagnosis from "Transexualism" to "Gender Incongruence of Adolescence and Adulthood" This name change can be considered an improvement as there is no longer a mention of "disorder", and is unlikely to change during this revision. The notion of "incongruence" and "congruence" is still cisnormative, and activists around the world have varying opinions on what the best name would be.
- A Change in description – The description of the diagnosis has been amended.
- A Change in Placement – Gender Incongruence diagnoses as a whole have moved from a chapter on "Mental and Behavioural Disorders" to a new chapter called "Conditions Affecting Sexual Health". Differences of opinion exist with regard to the ideal placement of the diagnoses, but most agree that de-psychopathologisation is a welcome development.

It is important to think about whether these changes will enable or diminish the possibility of the best possible access to care.

It is also important to note that the ICD 11 Beta Draft is not final nor is it yet approved for the WHO, and is still open for input.

CHANGES IN CHAPTERS, SUB-CHAPTERS AND CODES CONCERNING TRANS AND GENDER DIVERSE ADOLESCENTS AND ADULTS

ICD-10 Chapter IV: Mental and Behavioural Disorders

Sub-Chapter	Codes
F.64 Gender Identity Disorders	F64.0 Transsexualism F64.1 Dual-role transvestism *F64.2 Gender identity disorder of childhood** F64.8 Other gender identity disorders F64.9 Gender identity disorder, unspecified

PROPOSED CHANGES IN ICD-11 (BETA VERSION)

ICD Chapter 5 – Conditions related to sexual health

Sub-Chapter	Codes
Gender Incongruence	5A40. Gender Incongruence of Adolescence and Adulthood *5A41. Gender Incongruence of Childhood**

**The categories of Gender Identity Disorder of Childhood and Gender Incongruence of Childhood do not deal with adults and adolescents but with pre-pubertal children, and are therefore not relevant in this section. See pages (....) for more on pre-pubertal children.*

ACTIVIST VOICES ON THE LINK BETWEEN PATHOLOGISATION AND ACCESS TO CARE

> "Globally, at the International level, I don't think there has been a strong African voice, or any consultation, and I think that's why a lot of us are feeling very removed from the conversation, because these are the last stages of the conversation. But when it started, people were not even familiar with the terms or with the language of what we are talking about (...). I have many issues really, mostly with the language that it uses. But also with the fact that if we are going to talk about gender identity, not as a mental illness, if we are going to depathologise it, then how do we do that in a document that is about diseases?"
>
> ***Neo Musangi, 2015***
> ***Activist, Kenya***

> "If we get rid of all codes, then with how the world is now, then only rich people will be able to have access to those medical procedures. So, it's a very tragic choice that is not only inspired by depathologisation as a framework, but also social and economic justice as a framework."
>
> ***Mauro Cabral, 2015***
> ***Co-Founder of GATE, Argentina***

> "The teenagers and the adults need access to hormones and to surgery, some of them, not all of them, to bring their bodies in line with their gender identity. Now, that does mean access to health practitioners for quite big issues and most but not all people feel that on the basis of that, including by the way many transgender people, that it's okay to have an adult diagnosis and a teen diagnosis."
>
> ***Simon Pickstone-Taylor***
> ***Psychiatrist, South Africa***

CAN ACCESS TO GENDER-AFFIRMING HEALTHCARE OCCUR WITHOUT PATHOLOGISATION?

On 8 May 2012, Argentina passed the ground-breaking Gender Identity Law, allowing for all persons access to gender affirming surgical interventions and hormonal treatments, and obligating the state to cover gender affirming healthcare. There is no need of judicial intervention, diagnosis of "gender identity disorder" or any other diagnosis. This law was a strong message that access to gender affirming healthcare can be depathologised. There have subsequently been other countries taking similar steps.

Globally, a group of international transgender health experts convened by GATE have developed different alternative models to facilitate access to healthcare coverage without diagnosis. This has included for example, placement in their own chapter; placement in what is known in ICD 10 as the "Z-codes" – codes under a non-pathologising chapter called "Factors Influencing Health Status and Contact with Health Services" (meant for factors influencing a person's health status that are not in and of themselves an illness or injury); as well as different models entirely, like the proposal to have a "Starfish model", enabling access to gender affirming care through linking different chapters and codes in the ICD.

Interested in reading more in depth on alternative proposals? See https://goo.gl/623rR7

WHAT DOES ACCESS TO HEALTHCARE LOOK LIKE RIGHT NOW?

Various reflections follow of a number of common experiences that trans persons go through while accessing or attempting to access gender affirming health-care:

- A lack of access to public care in general, and to gender affirming health in various regions worldwide.

> "I mean if you want to go through any gender reaffirmation procedures then you must have the money. Not just because of your gender identity but also because the health care system in Kenya really doesn't work, for people who don't have money. So the public hospitals are cheap but then they don't have services (...). So already that system is broken. And for anything including trans specific care, you need money to see a private practitioner or to go to a private hospital because that's where you might find stuff. A lot of us speak from a position of privilege that, I could afford to pay a consultation fee that probably someone else can't afford."
>
> ***Neo (Kenya)***

> "The private health services in Namibia are general especially if you're working for a very good company and there's medical aid involved, you know you can access, you can go to any doctor without any discrimination and stuff. But then when it comes to public health it's quite difficult you know because when you go to a hospital for instance, you are being ridiculed you know by nurse and medical staff like... Yah you know the reason why you're sick right it's because of those things that you do or because of who you are, and all these funny comments being thrown all around. Which makes a lot of trans people not want to go seek medical attention and help because not everybody has a nice job. Not everybody has medical aid you know."
>
> ***Jholer (Namibia)***

- In some countries, a continued legal prohibition or lack of available professionals performing gender affirming surgeries.
- The presence of self-medication, self-intervention and medical treatments in unsafe conditions, fostered by the lack of access to state-covered, high-quality trans health care.
- Lack of affirming psycho-social support to deal with often violent socio-political contexts, transphobia, family rejection, etc.

> "I remember I tried accessing hormonal therapy and services. And then I was told that some of the things that I may need are not allowed to enter the country."
>
> ***Tampose (Lesotho)***
>
> "In Burundi we don't have access to hormones. It's difficult to find a doctor who would prescribe it. Even if you find a doctor, you won't find the hormones at the pharmacy."
>
> ***Monaliza (Burundi)***
>
> "The endocrinologists in Abidjan only work with (cis) women. They don't want to work with trans people."
>
> ***Malika (Ivory Coast)***

In countries where public coverage of gender affirming health care exists, the following experiences are common:

- A continued existence of 'conversation therapies' or 'reparative therapies' and other forms of institutional violence and non-consensual treatments directed towards trans and gender-diverse persons: the re-enforcement of this through the diagnosis language used in the ICD.
- Access barriers related to the restrictive character of diagnostic criteria.
- Continued presence of an external evaluation model in accessing gender-affirming treatments, and gate-keeping by medical health practitioners.
- Insufficient quality of gender affirming surgeries in public health systems, or simply lack of qualified personnel to perform these surgeries in general.
- The pathologisation and medicalisation of gender expressions and identity reflected in both ICD 10 and proposed ICD 11 categories.

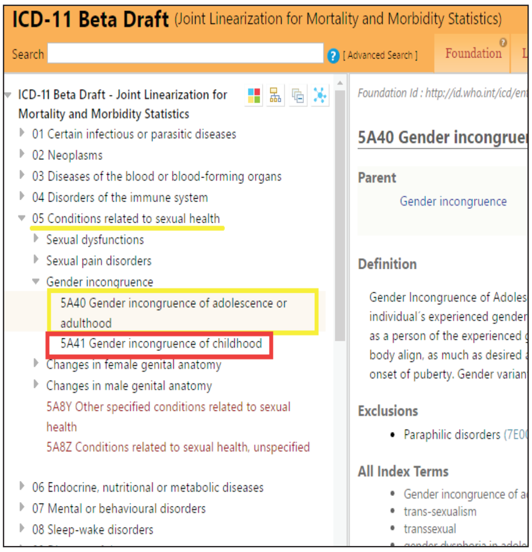
Our approach to the current reform process cannot be ignorant of the reality of how the healthcare system currently operates. We need to consider different contexts, different sectors (medical and legal for example), and need different strategies

> Being a transgender person accessing gender affirming health is not easy at all, because the health sectors and the health practitioners do not understand or even know trans issues, so to navigate the place is difficult. Back home, in Lesotho, I did manage to do blood testing in one of the health sectors because the LGBTI organisation in Lesotho did the sensitisation to the management and the staff. I feel like this whole process it is not fair because it is not accessible to everyone in the rural area even in the urban if one does not know anyone who can help to give out the information. Again the waiting period (in South Africa) for one to start even taking hormones is insane.
>
> *Bokang (Lesotho)*

> "I have approached some medical doctors to try to explain to them what it means to be a trans person. But they think it's a pathology that needs to be treated to get us to identify with the gender we were assigned at birth."
>
> *Monaliza (Burundi)*

in the short, medium and longer terms to ensure full access to gender affirming care from a framework of depathologisation, decolonisation and socio-economic justice.

Gender Diverse Children in ICD 11



ICD-11 Beta Draft - Joint Linearization for Mortality and Morbidity Statistics
- 01 Certain infectious or parasitic diseases
- 02 Neoplasms
- 03 Diseases of the blood or blood-forming organs
- 04 Disorders of the immune system
- 05 Conditions related to sexual health
  - Sexual dysfunctions
  - Sexual pain disorders
  - Gender incongruence
    - 5A40 Gender incongruence of adolescence or adulthood
    - 5A41 Gender incongruence of childhood
  - Changes in female genital anatomy
  - Changes in male genital anatomy
  - 5A8Y Other specified conditions related to sexual health
  - 5A8Z Conditions related to sexual health, unspecified
- 06 Endocrine, nutritional or metabolic diseases
- 07 Mental or behavioural disorders
- 08 Sleep-wake disorders

Foundation Id : http://id.who.int/icd/ent

5A40 Gender incongrue

Parent

Gender incongruence

Definition

Gender Incongruence of Adoles
individual's experienced gender
as a person of the experienced
body align, as much as desired
onset of puberty. Gender varian

Exclusions

- Paraphilic disorders (7E0

All Index Terms

- Gender incongruence of a
- trans-sexualism
- transsexual

Figure 3. In ICD 11, you can find 5A41 "Gender Incongruence of Childhood" under Chapter 5 "Conditions Related to Sexual Health".

While we welcome the good news for the de-psychopathologisation of trans adolescents and adults, we cannot forget that in the context of the same process of ICD revision and reform, **WHO is proposing the category of Gender Incongruence of Childhood (GIC) for pre-pubertal children. Trans activists, organizations and networks, health researchers and providers, as well as human rights institutions, firmly oppose the introduction of GIC in ICD-11**. As previously affirmed, that category is not only unnecessary, but also dangerous: it perpetuates the pathologization of gender identity, gender expression and bodily diversity in childhood and justifies so-called reparative therapies. **Gender diverse children – and all children exploring their identities, expressions and sexualities – and their families can be adequately supported without the need of pathologizing categories.**

When looking at the ICD and issues of depathologisation, it's important to distinguish between children – that is, individuals ***below*** the age of puberty, one the one hand, and adolescents (pubescent children) and adults on the other hand. The onset of puberty is an important marker between the two categories of Gender Incongruence of Childhood (5A41) also referred to simply as "GIC" and Gender Incongruence of Adolescence and Adulthood (5A40), referred to as "GIAA".

WHY WE SAY NO TO GENDER INCONGRUENCE OF CHILDHOOD (GIC)

Continuing to pathologise gender diverse children is in contradiction with the WHO's commitment to not pathologising sexual diversity. Research shows that it's impossible to tell between preadolescent children who will grow up to be trans or gender diverse, and preadolescent children who will grow up to be gay, lesbian or bisexual. Therefore the category of GIC amounts to re-pathologising sexual diversity. The category of GIC not only pathologises healthy gender diversity in childhood, justifying reparative therapies and other damaging treatments, it also poses a serious risk for intersex children who often undergo "normalising" procedures aimed at creating bodily congruence, through removing "incongruent" organs or tissue, or surgical removal of tissue to create better "congruence"

*When looking at the ICD and issues of depathologisation, it's important to distinguish between children – that is, individuals **below** the age of puberty, one the one hand, and adolescents (pubescent children) and adults on the other hand. The onset of puberty is an important marker between the two categories of Gender Incongruence of Childhood (5A41) also referred to simply as "GIC" and Gender Incongruence of Adolescence and Adulthood (5A40), referred to as "GIAA".*

with the stereotypical male and female anatomies. The category of GIC is therefore a dangerous category for the health and human rights of all LGBTI children, re-pathologising sexual diversity, as well as continuing to pathologies gender and bodily diversity.

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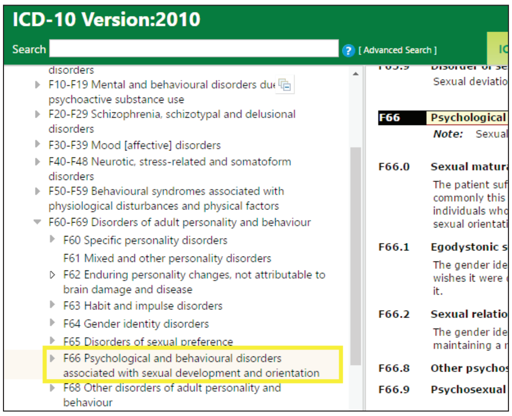


ICD-10 Version:2010

Search [Advanced Search]

- disorders
- F10-F19 Mental and behavioural disorders du… psychoactive substance use
- F20-F29 Schizophrenia, schizotypal and delusional disorders
- F30-F39 Mood [affective] disorders
- F40-F48 Neurotic, stress-related and somatoform disorders
- F50-F59 Behavioural syndromes associated with physiological disturbances and physical factors
- F60-F69 Disorders of adult personality and behaviour
  - F60 Specific personality disorders
  - F61 Mixed and other personality disorders
  - F62 Enduring personality changes, not attributable to brain damage and disease
  - F63 Habit and impulse disorders
  - F64 Gender identity disorders
  - F65 Disorders of sexual preference
  - F66 Psychological and behavioural disorders associated with sexual development and orientation
  - F68 Other disorders of adult personality and behaviour

Sexual deviatio

F66 **Psychological**

Note: Sexual

F66.0 **Sexual matur**

The patient suf
commonly this
individuals whc
sexual orientati

F66.1 **Egodystonic s**

The gender ide
wishes it were
it.

F66.2 **Sexual relatio**

The gender ide
maintaining a r

F66.8 **Other psychos**

F66.9 **Psychosexual**

Figure 4. The WHO has recommended deleting the entire block of F66 codes, recognising that exploration, incorporation, expression, and reaction-management of sexual orientation should not be pathologised. These diagnoses no longer appear in ICD 11. Perplexingly, the same approach has not been taken with young gender diverse children, who engage in similar developmental processes, but linked to gender identity.

In 2013 GATE held a Civil Society Expert Working Group in Buenos Aires, From April 4-6. This resulted in a ***Critique and Alternative Proposal to the "Gender Incongruence of Childhood" Category in ICD-11***. Read it here: https://goo.gl/9qAbqR

Arguments Against GIC
GIC is inconsistent with WHO's approach of depathologising similar issues regarding exploration of self, for example F66 codes.
GIC re-pathologises sexual diversity
GIC can justify "reparative" and "corrective" treatments
The notion of "incongruence" in terms of GIC poses a specific risk to the bodily autonomy of intersex children.
GIC promotes the view of sexual orientation, gender identity or intersex status as medical conditions in and of themselves
Children do not have medical needs related to gender diversity, such as hormone therapy or surgical procedures that require diagnosis. GIC is therefore not a useful diagnosis.

Arguments Against GIC
GIC is not a valid predictor of health needs. Research has repeatedly affirmed that there is no way of reliably forecasting gender identity/expression in adolescence and adulthood based on gender variance in childhood. This lack of predictive capacity and poor specifity strongly discourage the use of the diagnosis on children.
GIC has no significant global utility. From a decolonial framework – in many cultural settings, a children's experiences of gender variance do not necessarily imply suffering or distress and do not require any medical intervention.

DEBUNKING GIC MYTHS

DID YOU KNOW?

Key transgender health and rights organisations worldwide have spoken out against GIC. They include ILGA (International Lesbian, Gay, Bisexual, Trans and Intersex association), ILGA-Europe, STP (Stop Trans Pathologisation) and TGEU (Transgender Europe). There are also statements arising out of two international meetings examining transgender health, one in Cape Town, South Africa, and the other in Taipei, Taiwan. And the European Parliament in the so called "Ferrara Report" published in July 2015 called on the European Commission to "intensify efforts to prevent gender variance in childhood from becoming a new ICD diagnosis". This call was reaffirmed in a European Parliament Resolution passed in September 2015.

But with no GIC, we will not be able to establish history of gender variance prior to puberty. A documented history may be useful in establishing a need for puberty-blocking hormones at a later stage. History can be established without a pathologising diagnosis. We note that the Working Group has recommended that healthcare helping young people who experience discrimination on grounds of their sexual orientation can be provided by way of non-pathologising codes in Chapter 21 of ICD-10 entitled “Factors Influencing Health Status and Contact with Health Services”. These are the so-called “Z Codes” in Chapter 21 of ICD-10 (currently Q Codes in the ICD-11 Beta Draft, and placed in Chapter 24). Certain Z Codes may be useful in cases where a person is seeking healthcare for reasons associated with stigma and prejudice. We believe a similar Z Code approach should be taken with gender diverse children below the age of puberty (and their caregivers) who require support from the healthcare system.

What about children who face challenges such as family opposition, bullying at school or social rejection due to gender variance? They should be able to access services through codes that address these hostile environments without pathologising the child. Parents, other family members and relevant individuals like teachers should similarly be able to access information, counselling and support through codes that target their specific needs, without projecting their own distress on the child. This can be achieved through non-pathologising codes (Z/Q codes).

GIC provides a foundation for research and training. Won’t the depathologisation of GIC stifle research that could help gender diverse children? No. We do not believe that research or training in relation to childhood gender diversity would suffer if there were no GIC diagnosis in ICD-11. We note that research into same sex attraction and relationships has thrived since homosexuality diagnosis was removed from the diagnostic manuals decades ago. We believe too that knowledge about the healthcare needs of gay and lesbian youth is better now than it was when homosexuality was a diagnosis. Projecting a diagnosis on children cannot be done on the flawed argument that it is somehow the only facilitator of research, when this is clearly not the case.

Intersex persons in ICD 11

Diagnostic categories in the ICD defining intersex identities highlight the existence of stereotypical and binary understandings of what healthy female and male bodies are. They play an important role in informing biomedical understandings of intersex bodies, establishing medical approaches, informing clinical protocols, defining surgical, hormonal and other treatments. Most of these fall under an extremely pathological language.

> “ICD 10 doesn’t include the word intersex, and we don’t necessarily want that word to be included as a diagnosis. What we need is that the categories included in ICD that concern intersex people, have better names, and we want them to have better definitions, definitions that are not stigmatising, that are not pathologising (...). When you read the ICD, you get to know how wrong your body is. Those types of definitions are so negative that even when there is nothing prescribing surgery that kind of description of the bodies are really calling for intervention.”
>
> *Mauro Cabral, 2015*
> *Co-founder of GATE*

These diagnoses play a role in informing and directing the medical sector toward interventions aimed at ‘fixing’ and ‘normalising’ intersex bodies through surgical and hormonal means. The procedures of ‘normalisation’ include, often unconsensual surgeries and treatment with steroids or sex hormones. Many of these procedures are performed during infancy and early childhood when intersex individuals cannot provide full, free and informed consent. We join intersex activists in asserting that current classifications contribute to stigma and discrimination against intersex people; they provide appropriateness to medical attempts to “fix” or “normalise” intersex bodies through surgical and hormonal means. Diagnostic classifications of intersex bodies have a direct impact on socio-medical management, including protocols, treatments and procedures regarding informed consent. We note with concern that the ICD-11 (beta) draft contains no provision for the treatment of parental distress or discomfort associated with the birth of an infant with an intersex variation.

JOIN US

in coordinating and mobilising your networks in being vocal against GIC! Get in touch with organisations active in your regions around ICD Reform such as GATE, TGEU, ATPN, STP Gender DynamiX and Iranti-org. Draft statements and petitions, demonstrations and other shows of solidarity. Let’s amplify our voices to the World Health Organisation!

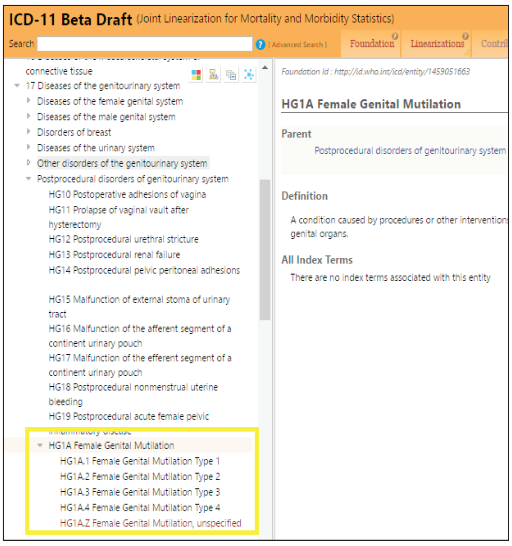
We join intersex activists in asserting that current classifications contribute to stigma and discrimination against intersex people; they provide appropriateness to medical attempts to “fix” or “normalise” intersex bodies through surgical and hormonal means.

CHAPTERS, SUB-CHAPTERS AND CODES CONCERNING INTERSEX PERSONS

Chapters regarding intersex-related codes

ICD 10	In ICD-11 (Beta version)
Chapter IV on Endocrine, nutritional and metabolic diseases.	Chapter 6. Endocrine, nutritional and metabolic diseases
Chapter XIV on Diseases of the genitourinary system	Chapter 17. Diseases of the genitourinary system
Chapter XVII on Congenital malformations, deformations and chromosomal abnormalities.	Chapter 20. Developmental anomalies

The Third International Intersex Forum in Malta, December 2013, a meeting of activists and experts took place in Geneva, in September 2014, on revision and reform of the International Classification of Diseases (ICD) by the World Health Organization (WHO). The meeting aimed to develop a collective analysis of intersex issues in the ICD.



ICD-11 Beta Draft (Joint Linearization for Mortality and Morbidity Statistics)

connective tissue
17 Diseases of the genitourinary system
  Diseases of the female genital system
  Diseases of the male genital system
  Disorders of breast
  Diseases of the urinary system
  Other disorders of the genitourinary system
  Postprocedural disorders of genitourinary system
    HG10 Postoperative adhesions of vagina
    HG11 Prolapse of vaginal vault after hysterectomy
    HG12 Postprocedural urethral stricture
    HG13 Postprocedural renal failure
    HG14 Postprocedural pelvic peritoneal adhesions
    HG15 Malfunction of external stoma of urinary tract
    HG16 Malfunction of the afferent segment of a continent urinary pouch
    HG17 Malfunction of the efferent segment of a continent urinary pouch
    HG18 Postprocedural nonmenstrual uterine bleeding
    HG19 Postprocedural acute female pelvic
    HG1A Female Genital Mutilation
      HG1A.1 Female Genital Mutilation Type 1
      HG1A.2 Female Genital Mutilation Type 2
      HG1A.3 Female Genital Mutilation Type 3
      HG1A.4 Female Genital Mutilation Type 4
      HG1A.Z Female Genital Mutilation, unspecified

Foundation Id : http://id.who.int/icd/entity/1459051663

HG1A Female Genital Mutilation

Parent

Postprocedural disorders of genitourinary system

Definition

A condition caused by procedures or other intervention
genital organs.

All Index Terms

There are no index terms associated with this entity

Two apparent changes between ICD 10 and ICD 11 are firstly the introduction of *Disorders of Sex Development (DSD)* as the main diagnostic category using language from the 2006 Clinicians Consensus Statement; re-medicalising and reasserting medical authority over intersex bodies; and secondly the introduction of "*female genital mutilation*" indicating a clear intention to address genital cutting.

GLOBAL ADVOCACY BY INTERSEX ACTIVISTS

From discussions at the Third International Intersex Forum in Malta, December 2013, a meeting of activists and experts took place in Geneva, in September 2014, on revision and reform of the International Classification of Diseases (ICD) by the World Health Organization (WHO). The meeting aimed to develop a collective analysis of intersex issues in the ICD, identify connections between diagnoses and treatments, and to highlight human rights issues related to current biomedical management practices. Following the meeting, this report was submitted in November 2014 to the WHO Topic Advisory Group for Genitourinary, Reproductive & Maternal Health (GURM TAG) for the ICD revision.

> "There is always that element of they are trying to correct you, they are trying to fix you. Should you not do this, then you are not going to be acceptable in the society, you are not going to be normal. I was born with internal testes, they are basically inside me and the doctor who first diagnosed me said 'oh by the way you were born with internal testes, so we are going to remove them because it will be cancerous later.' So then they removed them, in the meantime I wasn't realizing that they (the testes) were doing a good job, that they were actually okay for my body. That there were protecting me from hot flashes, and all other things. And again yes I know he would debate that at the time that we did it I had to sign a consent form, but if I had understood what I had I would have decided differently."
>
> ***Bonnie Simelane, 2015***

The submission addresses specific concerns related to intersex issues in the ICD reform process. It was edited by Morgan Carpenter and Mauro Cabral, with substantive contributions from the intersex activists, experts and allies convened by GATE. We join intersex activists and allies in affirming that intersex bodies are a healthy manifestation of human bodily diversity. People with intersex variations, like other people, may have health issues, however, the disordering and pathologisation of intersex creates disorders where no disorder may otherwise exist. The voices and human rights of intersex people must be taken into account in the ICD reform process, in healthcare diagnoses, rationales for treatment, treatment protocols, and the production of knowledge. The reform process must critically review assumptions and conceptions regarding sex.

We support the recommendations by intersex activists to the WHO and GURM TAG to:

1. Comprehensively review and consider intersex issues within the context of human rights of intersex people, and in the context of the medical ethical principle of “*do no harm*”.
2. Engage with intersex activists regarding intersex-related diagnoses in the ICD reform process.
3. Conduct a critical review of assumptions regarding the sex binary norms underlying those diagnoses.
4. Ensure that diagnoses focus on issues of clear and evidenced medical necessity, rather than social, cultural and/or normative understandings of sex.
5. Remove diagnostic categories arising from social or cultural norms regarding sexual difference from the ICD. Social stigma, gender or sexual stereotypes and/or parental distress must not drive the classification of intersex-related diagnoses.
6. Introduce references to enable the management and mitigation of distress arising from stigma and discrimination, including parental distress.
7. Introduce references to mitigate trauma and distress arising from “*changes in intersex anatomy*”, such as intersex genital mutilation.
8. Introduce references to grant intersex people full access to healthcare in different institutional settings, including access to information, counselling and support.
9. Consider with particular attention those diagnoses affecting newborns, infants and children.
10. Contribute to the dismantling of the pathologisation and stigmatization of bodily diversity.

DID YOU KNOW?

In April 2015, Malta passed the Gender Identity, Gender Expression and Sex Characteristics (GIGESC) Act, which encompasses, in a new and radical combination, legal recognition, protection and anti-discrimination measures for trans and intersex people. The Maltese Act is the most comprehensive, introducing a radical change to other gender identity laws – and to any other human rights legislation in recognising a right to ‘bodily integrity and physical autonomy’ as an integral part of the Right to Gender Identity [3(d)]. In doing so, it declares illegal medical intervention on the sex characteristics of a minor that can be deferred until informed consent can be provided, and explicitly states that “medical intervention which is driven by social factors without the consent of the minor, will be in violation of this Act. [14(2)]”. The Maltese GIGESC Act makes a fundamental contribution to intersex people’s human rights by recognizing in law the pervasive role that “social factors” play in justifying medically unnecessary procedures aimed to “normalize”intersex bodies. The Maltese Act explicitly exposes the vulnerability of intersex infants, children and adolescents in medical settings, while affirming, at the same time, that this can be successfully addressed as a matter of law.

> “Several operations were done to normalise me. I still don’t know what normal means. My parents fought all the time because they disagreed on my gender. Mom wanted me to be raised as a girl, and dad wanted to raise a boy. At one stage I changed names from Themba (a male name) to Thembelani (a gender neutral name) and then to Thembani (a female name). The operations didn’t help much, all they did was to remove my gonads without my full understanding and knowledge.”
>
> ***Thembani Vela, 2015***
>
> ***Intersex Activist***

The voices and human rights of intersex people must be taken into account in the ICD reform process, in healthcare diagnoses, rationales for treatment, treatment protocols, and the production of knowledge.

The full-text of the submission can be found at http://wp.me/a1djE5-aw

What to learn more about intersex issues? Check out Organisation Intersex International (https://oiiinternational.com/) and the United Nations page for Intersex Awareness (https://www.unfe.org/intersex-awareness/), reach out to local intersex organisations and activists.

4 WHY IS IT IMPORTANT TO ADVOCATE FOR DEPATHOLOGISATION?

> "The struggle for depathologising our lives while ensuring full access to human rights – including healthcare and legal gender recognition – is being carried out by trans activists worldwide. We are involved in different initiatives at different levels. We are following and informing the ICD revision and reform process, promoting legal reforms, training health providers, monitoring the implementation of public policies on health, conducting research, writing guidelines and papers, challenging insurance companies, demanding governments change their laws and policies, reporting to human rights institutions, organising resistance, demonstrating in the streets, and celebrating a new Day of Action for Trans Depathologisation. All around the world there are trans activists with the skills, the expertise, and the commitment to transform the reality we do our best to survive in. Most of us face one of the most enduring and negative consequences of trans pathologisation: we are very rarely recognised as true knowledge-makers, and given formal opportunities to be agents of those changes we all want to see in the world."
>
> ***Mauro Cabral and Masen Davis, GATE***

1. Because it is important to challenge the power dynamics that exist between medical health practitioners and trans, gender diverse and intersex people in the access healthcare as they affect our lived experiences in real, and often damaging ways.
2. Because the diagnostic categories in the ICD are pathologising, stigmatising and dehumanising for trans, gender diverse and intersex identities.
3. Because the existence of "reparative treatments", stigmatisation, pathologisation and lack of access to gender affirming care all around the continent for trans and intersex people is reflected in the way trans and intersex bodies and/or identities are described in the ICD.
4. The classification is of global nature, and thus affects trans, gender diverse and intersex people all over the world – for this reason it is important that we come together and make our voices heard in the decision making processes.
5. The language and decision making process is very concentrated in the West – other regions, and indigenous knowledge systems and communities have been silenced and invisibilised.
6. Because it is important to increase the level of knowledge and awareness within the community around issues that are relevant to them when they access basic services such as health and legal recognition.
7. Because it is a matter of basic human rights – the ICD classifications concerning trans, gender diverse and intersex identities are a violation of the community's basic human rights.
8. Because the WHO, as an agency of the UN needs to be held accountable for the continuous violations in medical settings of the human rights of non-conforming gender identities and bodies.

5 WHAT CAN I DO?

For activists, communities and allies

Inform yourself
After reading this publication, it is important to further your knowledge and for that, we have a list of resources that include various platforms that we hope will further your knowledge on the ICD reform process. This will provide you with the necessary tools to engage in further advocacy and activism in depathologising health and legal systems.

Share the knowledge with other activists and the community
Share the importance of advocating for the depathologisation of trans, gender diverse and intersex bodies and identities in ICD

11 by sharing your knowledge with other activists, fellow colleagues and members of the community.

Promote education and training
One of the ways that can include fellow activists, colleagues and community members in this advocacy process can be by promoting informational and educational workshops in your own platforms in relation to this topic and to share this booklet with others.

- **Support trans and intersex leadership in the process. We encourage you to get involved with the formal process through getting in touch with trans and intersex organisations coordinating ICD Reform advocacy in your region such as GATE, TGEU, APTN, Iranti-org and Gender DynamiX.**
- **Work on Legal Depathologisation Depathologisation is not just a medical endeavour. Get involved with local efforts to persue legal depathologisation by removing unnecessary diagnostic requirements in legal processes.**

DID YOU KNOW?
The **International Campaign Stop Trans Pathologisation** (STP) has been coordinating the International Day of Action for Trans Depathologisation every year on 22 October since 2009. In August 2016, STP had enjoyed the support of 402 activism groups and networks, public institutions and political organizations from Africa, Asia, Europe, Latin America, North America and Oceania. Join the 2017 International Day of Action – the last one before the ICD May 2018 deadline!

For donors and funders

Support the advocacy process by taking a stance and funding
Donors and funders have a crucial paper to play in this advocacy process. It's important to further your knowledge in the ICD reform process and to take a public stance against the pathologisation of trans, gender diverse and intersex bodies and/or identities. Moreover, in order for organisations and activists to continue advocating for this it is important to allocate funding for this specific issue.

Support and fund research
Further research is needed in the field, and for this to happen, funding specifically focusing on this is needed. It is also important to focus on the broader African region and other areas in the Global South.

For health practitioners

Take a public and formal stance
Medical practitioners can also join organisations by taking a stance and issuing statements that oppose the pathologisation of trans, gender diverse and intersex bodies and/or identities.

Take an individual stance
Various medical practitioners have made the decision of refusing to use pathologising diagnoses when helping gender diverse children, using alternatives such as Z-codes. Practitioners have also refused to perform unconsensual surgeries on intersex children. If you are a medical practitioner, do your part by refusing to do these surgeries while providing affirming and accessible consensual gender affirming healthcare, engaging with advocacy organisations and activists, and educating your peers.

For researchers

Join organisations and activists by furthering research in the field
In order to continue producing much needed knowledge not only in relation to the ICD reform process but around the depathologisation of trans, gender diverse and intersex bodies and/or identities broadly, researchers can contribute by conducting research and sharing conclusions and results in various platforms. We especially encourage researchers to engage meaningfully with trans, gender diverse and intersex organisations and communities.

To produce accessible knowledge
Research, particularly academic research

can often become inaccessible and only available in specific platforms that the general community is not able to access. It is important to not only further the knowledge, but to share it in more accessible and user-friendly ways with grassroots organisations, activists and the community. We encourage publishing in open-access journals, as well as in languages other than English, and exploring other distribution strategies with trans, gender diverse and intersex organisations.

6

WHERE CAN I READ MORE?

Below is a select list of resources that were used to write this publication and that can be used to further your knowledge. If you're typing this into your web browser, remember that the URLs below are case sensitive!

The ICD

1. ICD-10
   Available on: https://goo.gl/ykomB8
2. ICD-11 Beta version.
   Available on: https://goo.gl/yTUn0e

GATE and STP reports and submissions on the ICD revision process

1. It's time for reform: Trans* Health issues in the ICD – A report on the GATE Experts Meeting, 2011.
   Available on: https://goo.gl/HOsZMX
2. Critique and Alternative Proposal to the "Gender Incongruence of Childhood" Category in ICD-11 – GATE Civil Society Working group, 2013.
   Available on: https://goo.gl/z9gi0E
3. Reflections on the ICD Revision Process from a Depathologisation and Human Rights Perspective – STP 2012.
   Available on: https://goo.gl/dn10Mi
4. Recent Developments related to the DSM and ICD Revision Processes, STP.
   Available on: https://goo.gl/G700Zs
5. Reflections from STP regarding the ICD revision process and publication of the DSM-5, STP.
   Available on: https://goo.gl/oAY3ke

GIC Statements

1. Cape Town Declaration: Gender Incongruence of Childhood
   Available on: https://goo.gl/p8bE2w
2. The GIC diagnosis revisited: A statement from Clinicians and Researchers
   Available on: https://goo.gl/w4HIkM
3. The ILGA Asia Trans Pre-Conference Statement on GIC
   Available on: https://goo.gl/4QHTer

Intersex Issues in the ICD

Available on: https://goo.gl/BjWa29

Iranti-org Resources

1. ICD Website link: https://goo.gl/zPCfqz
2. ICD Africa Trans* Workshop Video, 2015: https://goo.gl/cYRTXM
3. ICD Intersex Workshop Video, 2015: https://goo.gl/LCinH4
4. Both ICD workshops with Portuguese subtitles: https://goo.gl/oMMWK8 and https://goo.gl/YuHb1m
5. African Trans Stories: https://goo.gl/aXcmqd

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In this ACTIVIST GUIDE TO THE ICD REFORM PROCESS we break down the meaning of the International Classification of Diseases (ICD), its reform process and the activism and advocacy that has taken place globally and regionally. The publication shares the experiences of trans, gender diverse and intersex activists, and how a pathologising system has consequences on their access to health and legal recognition. We hope that this is a user friendly resource that helps to grow interest in the campaign to depathologise gender affirming healthcare, getting more people from different regions involved. May you find this to be a useful tool across different communities including trans, gender diverse and intersex activists and communities, family, medical practitioners, researchers, legal bodies and state actors.