

Chair  
Guideline Development Group for WHO Guidelines on the Health of Trans and Gender  
Diverse People  
WHO Departments of  
    Gender, Rights and Equity - Diversity, Equity and Inclusion (GRE-DEI)  
    Global HIV, Hepatitis and Sexually Transmitted Infections Programmes (HHS)  
    Sexual and Reproductive Health and Research (SRH)  
World Health Organisation (WHO)  
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8 January 2024

Dear Chair,

**Re: WHO announcement of the development of a guideline on the health of trans and gender diverse people**

We write in response to your 18 December 2023 [announcement](#) regarding your proposed development of a guideline on the health of trans and gender-diverse people. We note your invitation for public comment on the composition of the guideline development group (GDG), which has been tasked with developing this guideline.

We are a coalition of Australian women's and LGB groups advocating to protect the rights and safety of women and girls, and of same-sex attracted people. We advocate against gender stereotyping and homophobia. We are independent and not aligned with any political party or church.

We respect the WHO's global mandate to promote healthier lives, and your ongoing commitment to the right to health of trans and gender-diverse people by seeking to increase their access to quality and respectful health services.

However, we are concerned that the proposed health guideline will endorse the medicalisation of gender non-conformity especially in [girls](#) who on current trends are dominating referrals to gender clinics where they are prescribed a range of options to suppress their biological sex. This includes hormone therapy and surgery, now linked to numerous [complications](#) including sterilisation and reduced [brain](#) and [bone](#) development and function in females.

We are also concerned about the health needs of people presenting with co-morbid conditions – including autism, trauma, and depression – and of same-sex attracted people whose transgender identity may be transient and, in a number of [documented cases](#), a reflection of socialised homophobia and the pathologising of same-sex attraction (a variation of [normal](#) human sexuality), which has a long history of repressive social control through law and medicine. In this regard, we are also troubled by gender-affirming practices that constitute a form of '[gay conversion](#).' Finally, the health treatment of children warrants an extra duty of care and ethical practice.

**Conflicts of interest**

Your announcement says the GDG members for development of the guideline have been selected by WHO technical staff, and we are not privy to their internal methods. Your announcement also says that the GDG has been formed to address five nominated areas of focus, which we are not invited to comment on. We therefore confine our discussion here to the announced group membership, noting *inter alia* your reference to WHO policy on conflict of interest, and your stated intention to follow WHO guidance for guideline development as per the prescribed *Handbook for Guideline Development* (2nd ed.).

We regret, therefore, to discern your incomplete adherence to the *Handbook's* conflict of interest policy applicable to guideline development. Specifically, we reason there are obvious conflicts of interest raised by the announced GDG membership, as we outline below.

In the first instance, we draw your attention to the published evaluation of the proposed GDG by [the Society for Evidence-Based Gender Medicine](#) (SEGM), which found members to have publication and research records that predominantly favour 'gender affirmative care,' despite the poor evidence base for this approach, and despite alternative, robust evidence being available to support different models of care. Moreover, SEGM notes that members of the committee have publicly declared strong opinions or positions that support gender-affirmation only, and that members also have affiliations with organisations advocating products or services – such as [off-label puberty inhibitors for children](#) – related to the subject matter of the guideline. SEGM notes that these are all non-financial conflicts of interest, according to the *Handbook* (6.2, 6.9), and they are interests that could be reasonably perceived to affect an individual's objectivity and independence while working with WHO.

This bias is especially true of those members who have held leadership roles with the World Professional Association for Transgender Health (WPATH), an advocacy organisation for gender-affirming medical interventions – including surgery and hormones – for people who identify as trans or gender-diverse.

Noting that group constitution influences decision-making, the *Handbook* recommends GDGs contain people whose opinions are known to differ, and warns of the risk of 'committee stacking' through the selection of members that support a particular recommendation (6.10). Further, a GDG "should be composed of individuals with diverse perspectives, training and experiences *to keep the recommendations from reflecting a single viewpoint* that was conceived before examining and discussing the systematic review of the evidence," as stated in the *Handbook* (our emphasis, 6.10.1).

Regrettably, the announced GDG is dominated by high-profile advocates of a single viewpoint. We estimate that fourteen members have close associations with the World Professional Association of Transgender Health. Dr Walter Pierre Bouman, co-author of the WPATH standards of care and whose clinical practice involves "prescribing, dosing and monitoring of gender affirming hormone treatment" and "providing referrals for gender affirming surgeries and other gender affirming medical interventions" should be expressly excluded from the GDG on the basis of an obvious conflict of interest.

Notably absent are researchers who have critically examined and reached different conclusions regarding the evidence base for the affirming model. Moreover, the GDG falls short in representing the 'variety of stakeholders' essential to evaluate the impact of its proposed health guideline, and it does not appear to consider the voices of detransitioners who undertook medical interventions that they now regret and are seeking to reverse.

Any presumption that the guideline will prefer the single viewpoint of 'gender-affirming' treatment pathways, including hormones, occurs at the expense of acknowledging the many uncertainties surrounding youth gender care, including the low evidence base supporting [medical interventions for trans-identifying youth](#). We commend the Cass Review's [Interim Report](#) to you, which identified adherence to a single viewpoint such as gender affirmation via specialist gender clinics as clinically sub-standard for children. The proposed WHO guideline is likely to disproportionately impact children, and we are particularly disappointed that the focus areas do not acknowledge this and that the nominated membership does not reflect comprehensive expertise in the mental and physical health and well-being of children.

Chair, we urge you and your committee to include in the GDG

- Researchers who have critically examined the evidence for the gender-affirming/WPATH model and who *do not* assess that the evidence supports medical interventions, including hormones
- Clinicians who have developed alternative approaches for the care of transgender and gender-diverse people
- People who can speak to the experience of ‘detransitioners’ and others who have suffered irreversible harm and mental distress as the result of these medical interventions. (These include people who subsequently believe their transgender identity was in fact mistaken and they were in fact simply same sex-attracted.)
- Advocates who have urged caution on the legal recognition of self-determined gender identity to ensure adequate safeguards against abuse by those who simply wish to access the spaces and protections provided women and girls for our safety.

The *Handbook* contains suggestions for resolving a GDG beset with conflicts of interest, and we strongly recommend you consider them.

### **Publishing an open call for nominees to the GDG**

We urge you to publish an open call for nominees to this group (3.2.1, *Handbook*). In addition, the GRE-DEI should reach out to the medical authorities and societies in those WHO member states – and to sub-national entities – that have examined the evidence base for the gender-affirming care model and generally concluded that there is not enough evidence to support the clinical effectiveness or safety of the model. These include the

- [Danish Health Authority](#)
- [Finnish Medical Society](#)
- [Council for Choices in Health Care](#) (COHERE, Finland)
- [Norwegian Healthcare Investigation Board](#) (UKOM, Norway)
- [National Board of Health and Welfare](#) (Socialstyrelsen)
- [Clinical Advisory Network on Sex and Gender](#) (UK)
- [Society for Evidence Based Gender Medicine](#) (SEGM)

The GRE-DEI should also reach out to people with experience of alternative approaches to the care of transgender and gender-diverse people as well as to those who have experienced harm as a result of the model. These include

- [Post Trans](#)
- [Therapy First](#) (Gender Exploratory Therapy Association)
- [Genspect](#)
- [Beyond Trans](#)
- [Transgender Trend](#)

We also recommend that – because the GRE-DEI has directed the group to examine the “legal recognition of self-determined legal identity” – you also include a diversity of views on this issue, including those of

- The UN Special Rapporteur on violence against women and girls, and
- Legal experts on human rights such as Professor Robert Wintermute, Professor of Human Rights Law, King’s College London.

### **A contested area of health care**

Chair, it should be noted that the very first page of the *Handbook* emphasises the value of evidence-based health care:

WHO’s legitimacy and technical authority lie in its rigorous adherence to the systematic use of evidence as the basis for all policies. (1.3)

We ask you to acknowledge the evidence that “gender-affirming care, including hormones” is an increasingly contested approach to the care of trans and gender diverse people. A process for developing a WHO health guideline that does not engage “all relevant expertise and perspectives” (1.3, *Handbook*) will fail to provide a credible outcome, bring into question

the legitimacy of WHO guidance and result in poor health outcomes for trans and gender-diverse people.

We call on you to return to the *Handbook's principles of guideline development* and make every effort to reduce these patent conflicts. Failing to comply with *Handbook* procedures will likely fail to deliver the promised benefits of quality and respectful health services. Only objective and independent advice from members can deliver the trustworthy guidance that WHO values.

Tragically, a substandard process will put at risk the health care of many vulnerable people.

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