

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)
Email: tgddl@who.int

Cc Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organisation (WHO)
United Nations
Email: drtedros@who.int

Cc Mr Blair Exell
Deputy Secretary
Health Strategy, First Nations, and Sport
Australian Government
blair.exell@health.gov.au

Cc Chair
Guidelines Review Committee
World Health Organisation (WHO)
United Nations
Email: thomasre@who.int

Cc Prof Paul Kelly
Chief Medical Officer
Australian Government
paul.kelly@health.gov.au

5 July 2024

Dear Chair,

Re: Guideline Development Group on the health of trans and gender diverse adults

We are a coalition of Australian LGB and women's groups responding to your online announcement¹ of 20 June 2024 inviting public comment on the membership of the Guideline Development Group (GDG) for this proposed health guideline.

This submission follows submissions we made on 8 and 15 January 2024 responding to previous announcements regarding this group (enclosed below). We acknowledge your February clarification that the group will focus solely on adults and your more recent proposal to include additional members to expand the group's expertise, specifically in endocrinology, bioethics, mental health, and health policy and service delivery.

While we acknowledge these changes, we remain deeply concerned that the group lacks the diversity, balance, and expertise necessary to address this complex and sensitive topic. The group's establishment and membership selection also appear to have proceeded without due reference to WHO standard procedures, as set out in the WHO handbook for guideline development.² Non-compliance suggests poor internal risk management, which could result in a substandard health guidance.

Our submission identifies several deficiencies that we think present unacceptable risk to the development of an important guideline. We urge the World Health Organisation to address these deficiencies before progressing.

¹ [Update on the Guideline Development Group on the health of trans and gender diverse people](#), WHO, 20 June 2024

² [WHO handbook for guideline development, 2nd Edition](#), WHO, December 2014

PICO considerations: Missing voices

WHO procedures prescribe consideration of all relevant populations and subpopulations impacted by a proposed intervention or treatment. The handbook sets out a scoping process including the use of the ‘population, intervention, comparator, and outcome’ (PICO) format.

A health guideline that is focused on “gender-affirming care, including hormones,” must consider the diverse needs and experiences of *all* stakeholders throughout the care continuum, including those who have experienced adverse outcomes.

As currently constituted, the GDG lacks representation from an expanding cohort of people who can speak to the experiences and needs of those who have detransitioned or experienced regret following gender-affirming interventions. The proposed GDG also lacks representation from researchers, health program managers, or clinicians who specialise in the care of these people.

These omissions are particularly concerning because regret and detransition – including a decision to discontinue “gender affirming care, including hormones” – can themselves be a complex issues requiring specialised medical and psychological care.³ These needs are further compounded by the negative experiences detransitioners frequently encounter coming from medical and health systems and the LGBT+ community.⁴

The inclusion of these perspectives is also essential for informing adequate care of *all* trans and gender diverse adults. This is because many individuals who experience regret or detransition report receiving inaccurate or insufficient information prior to their transitions, including unrealistic prognoses that their underlying dysphoria would improve; indeed, in many cases, it worsens.⁵ Some have also reported undiagnosed comorbidities including ADHD and autism, or untreated trauma, which contributed to their gender dysphoria/ incongruence. Appropriate treatment for these conditions may have made hormones and other medical interventions unnecessary.⁶ Others report experiencing overt and internalised homophobia, and describe gender affirming care as a form of ‘gay conversion.’⁷

PICO considerations: Comparator treatments and diverse perspectives

The WHO handbook for guideline development also emphasises the importance of assessing comparator processes, that is, alternative interventions to the proposed treatment or care model. Chapter 7 on PICO methodology provides comprehensive guidance on this process.

The handbook further recommends that Guideline Development Groups specifically include people whose opinions are “known to differ” (6.10.1):

The 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.

Unfortunately, as currently constituted the GDG fails on both these counts. While the updated membership includes additional mental health care experts, none appear to have direct research or clinical experience in alternative treatments to the gender-affirming model of care, such as those that prioritise psychological support over medical interventions people

³ [A qualitative metasummary of detransition experiences with recommendations for psychological support](#), *International Journal of Clinical and Health Psychology*, April, 2024,

⁴ [Detransition-related needs and support: A cross-sectional online survey](#), *Journal of Homosexuality*, April 2021.

⁵ [Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who Subsequently Detransitioned: A Survey of 100 Detransitioners](#). *Archives of Sexual Behaviour*, December, 2023.

⁶ [Access to care and frequency of detransition among a cohort discharged by a UK national adult gender identity clinic: retrospective case-note review](#). *BJPsych Open*, October 2021.

⁷ [Medicine with a “Transgender Bias”](#), *City Journal*, November 2023.

suffering gender dysphoria/incongruence. Nor do they appear to have opinions that are known to differ on the efficacy of the gender affirmation model.

This is surprising and concerning given the growing body of expert opinion on alternative treatments and the existence of professional and community organisations dedicated to supporting these approaches. Numerous submissions in January and February of this year, including our own, suggested specific organisations that the WHO might consider as well the option of the WHO providing an open call for nominees to ensure balance – a process that is set out in section 3.2.1 of the handbook.

Failing to ensure that the GDG can adequately address alternatives to gender-affirming care also jeopardises the human right of all trans and gender-diverse people to informed consent for medical treatments. This right, enshrined in multiple human rights instruments – including the Universal Declaration of Human Rights and the International Covenant of Civil and Political Rights – mandates that individuals be fully informed of the potential risks, benefits, and alternative treatments before making any medical decisions.

Committee stacking?

The handbook explicitly warns of the risks of ‘committee stacking’ (p.71), that is, the selection of members who predominantly support a particular viewpoint or recommendation. We are concerned that a predominance of GDG members with ties to the World Professional Association of Transgender Health (WPATH) and its affiliate bodies – AusPATH, CPATH, EPATH, and PATHA all of whom endorse WPATH’s Standards of Care – may constitute such stacking. Our concerns are further compounded by reports of manipulated research underpinning these standards,⁸ political interference in their development process,⁹ and reservations expressed by some senior WPATH members about upholding these standards.¹⁰

Other stakeholder considerations: Women’s and girls’ rights

We note that the WHO’s update on this GDG includes the commendable aim that “the proposed guideline is guided by WHO’s vision of a world in which all people attain the highest possible level of health and well-being, leaving no one behind.”

We remain deeply concerned, however, that by including “legal recognition of self-determined gender identity for adults” as a focus area for the guideline, the WHO may undermine the rights of women and girls to female-only spaces and services in areas where females are vulnerable because of their sex. We and other groups outlined these concerns in our earlier submissions, as did the UN Special Rapporteur on violence against women and girls in her letter to the Director-General of the WHO.¹¹

We urge the WHO to remove its focus on legal recognition unless it can also demonstrate a tangible commitment to providing assurances that the rights of women and girls will be fully considered and protected throughout the guideline development process. The current GDG composition does not instil confidence in this regard.

⁸ [Research into trans medicine has been manipulated. Court documents offer a window into how this happens](#), *The Economist*, June 2024

⁹ [Biden Officials Pushed to Remove Age Limits for Trans Surgery, Documents Show](#), *New York Times*, June 2024

¹⁰ [The WPATH Files: Pseudoscientific surgical and hormonal experiments on children, adolescents, and vulnerable adults](#), *Environmental Progress*, March 2024.

¹¹ Letter from Reem Alsalem, Special Rapporteur on violence against women and girls, to Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organisation on [undermining the right to female-only spaces for females](#).

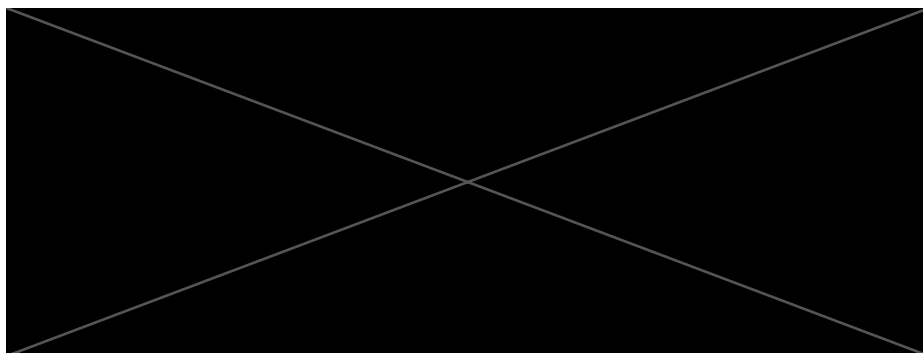
A contested area of health care

This proposed health guideline addresses a complex and rapidly evolving area of healthcare, with far-reaching implications. Such a contested issue demands a rigorous, transparent, and balanced development process.

Unfortunately, the current Guideline Development Group lacks the necessary diversity of expertise and perspectives to adequately tackle this challenge. This deficiency risks recommendations that could adversely affect the health outcomes of the very populations the guideline aims to serve.

We urge the WHO to reconsider its current approach and address the shortcomings outlined in our submissions. This includes upholding standard WHO procedures, which are essential to maintaining the organisation's legitimacy and authority.

Yours Faithfully,



per Affiliation of Australian Women's Action Alliances (AAWAA)
 Australian Feminists for Women's Rights (AF4WR)
 Coalition of Activist Lesbians (CoAL)
 LGB Alliance Australia (LGBAA)
 Women's Rights Network Australia (WRNA)



Affiliation of Australian Women's
 Action Alliances

womensactionall@gmail.com



Australian Feminists for
 Women's Rights

info@af4wr.org



Coalition of Activist Lesbians

admin@coal.org.au

LGB ALLIANCE AUSTRALIA

LGB Alliance Australia

contact@lgballiance.org.au



Women's Rights Network
 Australia

Australia@womensrights.network

ENCLOSURES

A. Letter, 8 January 2024, from an Australian coalition of women's and LBG groups to the Chair, Guideline Development Group for WHO Guidelines on the Health of Trans and Gender Diverse People re: WHO announcement of the development of a guideline on the health of trans and gender diverse people

B. Letter, 15 January 2024, from an Australian coalition of women's and LBG groups to the Chair, Guidelines Review Committee (GRC), World Health Organisation (WHO) re: Request immediate intervention to ensure integrity of WHO guideline development

ENCLOSURE A

Letter, 8 January 2024, from an Australian coalition of women's and LBG groups to the Chair, Guideline Development Group for WHO Guidelines on the Health of Trans and Gender Diverse People re: WHO announcement of the development of a guideline on the health of trans and gender diverse people

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)
Email: hiv-aids@who.int

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)

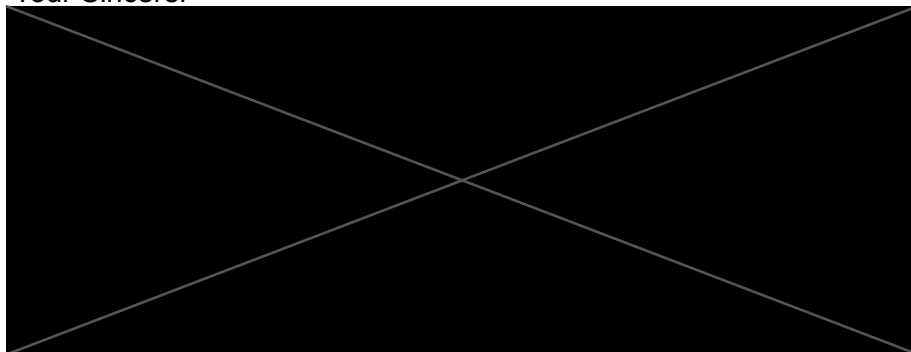
We ask you to acknowledge the evidence that “gender-affirming care, including hormones” is an increasingly contested approach to the care of trans and gender diverse people. A process for developing a WHO health guideline that does not engage “all relevant expertise and perspectives” (1.3, *Handbook*)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

Your Sincerel



per Affiliation of Australian Women's Action Alliances (AAWAA)
 Australian Feminists for Women's Rights (AF4WR)
 Coalition of Activist Lesbians (COAL)
 LGB Alliance Australia (LGBAA)
 Women's Rights Network Australia (WRNA)



Affiliation of Australian Women's
 Action Alliances

womensactionall@gmail.com



Australian Feminists for
 Women's Rights

info@af4wr.org



Coalition of Activist Lesbians

admin@coal.org.au

LGB ALLIANCE AUSTRALIA

LGB Alliance Australia

contact@lgballiance.org.au



Women's Rights Network
 Australia

Australia@womensrights.network

ENCLOSURE B

B. Letter, 15 January 2024, from an Australian coalition of women's and LBG groups to the Chair, Guidelines Review Committee (GRC), World Health Organisation (WHO) re: Request immediate intervention to ensure integrity of WHO guideline development

Chair
Guidelines Review Committee (GRC)
World Health Organisation (WHO)
United Nations
Email: thomasre@who.int

Cc Dr Tedros Adhanom Ghebreyesus
Director-General of the World Health Organisation
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blair.exell@health.gov.au

Cc Guideline Development Group
Department of Gender Rights and Equity (GRE-DEI)
World Health Organisation (WHO)
United Nations
Email: hiv-aids@who.int

Cc Prof Paul Kelly
Chief Medical Officer
Australian Government
paul.kelly@health.gov.au

15 January 2024

Dear Chair,

URGENT

Re: Request immediate intervention to ensure integrity of WHO guideline development

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.

On 18 December 2023, the WHO Department of Gender Rights and Equity–Diversity Equity and Inclusion (GRE-DEI) announced the [membership of a guideline development group](#) (GDG) constituted for the purpose of developing a [WHO guideline on the health of trans and gender diverse people](#) with five areas of focus.

The announcement sought comments on the membership of the GDG, which we provided by the 8 January deadline. Please see our comment at Enclosure 1.

We are writing to you, however, because our concerns extend beyond the issue of GDG membership to the process by which the WHO decided the rationale for this health guideline and the focus areas for its consideration. We understand that your Committee (the Guidelines Review Committee) was established to oversee the development of WHO guidelines to ensure that they comply with WHO principles and processes including those set out in the [Handbook for Guideline Development](#). We trust, therefore, that you are well-placed to answer our questions and to remedy salient shortcoming in the process.

Specifically, we ask that you immediately exercise your oversight to

1. Investigate and explain how the WHO determined the focus areas for the development of the trans and gender diverse people guideline, especially its exclusive focus on gender-affirming care, including hormones;
2. Clarify the target audience for this new guideline and unequivocally rule out children, and young adults with co-morbidities (such as autism and ADHD) as recipients.

3. Clarify the scope of the WHO's intention to make recommendations about a person's legal status, in particular the recommendation on self-determined gender;
4. Delay the development of this health guideline, pending wider engagement with diverse perspectives and expertise; and,
5. Commit to greater transparency and accountability in regards to this matter.

We address each of the above in turn.

1. Investigate and explain how the WHO determined the focus areas for the development of the trans and gender diverse people guideline, especially its exclusive focus on gender-affirming care, including hormones.

To protect the integrity of WHO guideline development, and to protect the people who could become subject to this proposed transgender health guideline, we ask that you act urgently and according to your [Committee terms of reference](#) to “ensure that all guidelines comply with the WHO handbook for guideline development.” We note that the *Handbook* for developing health guidelines suggests key preliminary questions to guide the WHO in formulating a health guideline. These include the consideration of WHO member states and public health necessity (“Have one or more sought the guideline?” 2.1.1). The *Handbook* also prompts consideration of timing and asks, “Why now?” – “Is this the best time to develop recommendations, or are new data expected to emerge in the near future?” (2.3.1).

Considering the diversity of approaches adopted by WHO member states in providing health care for transgender people, and the emergence of new evidence regarding poor outcomes and rates of regret for these interventions, we ask,

- Did the WHO seek to consult those WHO member states (such as Finland, Sweden, Denmark, France, Norway, and the UK) that have recently investigated best practice for transgender people and that have amended their practices accordingly? If not, why not?
- Was the WHO lobbied to develop guidelines specifically for “gender-affirming care, including hormones” by specialist medical professional organisations and/or civil society groups? If so, by whom?
- Noting that “generally WHO staff commission systematic review and guideline experts to assist in *formulating the key questions*” (our emphasis, 2.5.3), which experts were consulted? Did the WHO decide *not* to consult certain experts because these experts questioned the efficacy and safety of hormonal interventions?
- Did the WHO constitute a ‘steering group’ to formulate the focus areas for consideration? If so, when? Will the WHO make public details of this group and its deliberations as we understand has been the practice for other steering groups?
- What advice did your committee receive about the debates and controversies surrounding ‘gender-affirming care’ and the provision of hormones in particular?

2. Clarify the target audience for this new guideline and unequivocally rule out children, and young adults with co-morbidities (such as autism and ADHD) as recipients.

The *Handbook* emphasises that consideration be given early in the planning process to “who are the recipients of the interventions” (2.2.4). The 18 December 2023 announcement simply stated that the guideline would be for “trans and gender diverse people,” but a WHO spokesperson has since told media that the guideline will apply only to adults.

In light of this uncertainty, we ask your committee to

- Publish details of the scoping advice confirming that the guideline was envisaged for adults only; and,

- Confirm that the WHO has considered the special needs of young people with developmental comorbidities including autism and ADHD, noting the body of experts who recommend safeguards for this vulnerable cohort.

In this regard, we note that the GDG includes people with close associations with WPATH, which in 2022 controversially eschewed all age guidelines for medical interventions including hormones and surgery. The GDG also includes many high-profile advocates of puberty-blocking hormones for children.

If your investigations confirm that age thresholds and developmental comorbidities were only belatedly considered, it is imperative that the WHO returns to the planning stage for this guideline, including by reconsideration the focus areas for the guideline and the membership of the GDG.

3. Clarify the scope of the WHO's intention to make recommendations about a person's legal status, in particular the recommendation on self-determined gender.

We agree that in order for WHO to fulfil its mandate to improve population health it must attend to the social determinants of health, and that guideline developers should consider how a new guideline may contribute to the realisation of the right to health (Chapter 5, *Handbook*); however, the right to health of all stakeholders must be balanced.

We note that the 18 December 2023 statement includes “support” for “legal recognition of self-determined gender identity” as a focus area for the development of the guideline. We also note concerns elucidated by Ms. Reem Alsalem, United Nations Special Rapporteur on violence against women and girls, in her letter (4 January 2024) to the Director-General, WHO, and we strongly endorse her position on this matter.

Specifically, we ask you to confirm what mechanisms the WHO intends to use to ensure that the development of this guideline ensures adequate safeguards for women and girls in healthcare spaces, including the right to be treated by a person of the female sex. If your investigations confirm that the specific interests of women and girls to single-sex spaces and health care were not considered in the formulation of the focus areas, it is imperative that the WHO returns to the planning stage for this guideline.

4. Delay the development of this health guideline, pending wider engagement with diverse perspectives and expertise.

The *Handbook* notes that complex guidelines take time and that a compressed timeline can result in an end-product with a high risk of bias (2.3.3). Public comment on the composition of the guideline development group was due by 8 January 2024 (after the announcement on 18 December 2023, a period of only three weeks, and which fell over a holiday period in many nations), and the GDG is currently scheduled to meet in Geneva 19-21 February 2024 to examine the evidence for the announced focus areas, to formulate recommendations, and to suggest implementation considerations. This compressed timeline demands the postponing of the GDG's meeting in Geneva.

In our letter to the GDG, we put forward a number of recommendations about the evidence and perspectives that we think the WHO should introduce into the development of this guideline. Others have made similar suggestions. We look to you to exercise your proper authority in this matter and ensure full compliance in the development of this new guideline with the *Handbook's* principles, standards, and methods.

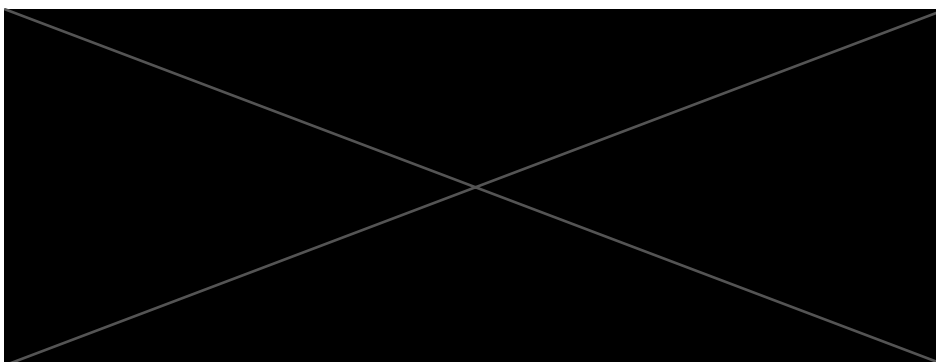
5. Commit to greater transparency and accountability in regards to this matter.

Finally, we call on your committee to ensure the WHO commits publicly to greater consultation in the development of this health guideline. Specifically, we request the timely release of the evidence base, including GRADE assessments, for the guideline, allowing adequate time for both public and expert feedback before proceeding with the formulation of recommendations.

Thank you for your prompt attention to these important issues.

We stand ready to answer any questions you or your office may have.

Yours Faithfully,



per Affiliation of Australian Women's Action Alliances (AAWAA)
 Australian Feminists for Women's Rights (AF4WR)
 Coalition of Activist Lesbians (COAL)
 LGB Alliance Australia (LGBAA)
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