

# Healthcare Access of Trans People in Rwanda

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## Introduction

In 1995, after the period of the genocide, Rwanda started its community health program. Currently, there are approximately 45,000 CHWs (Community Health Workers) aiming at increasing uptake of essential maternal and child clinical services through education of pregnant persons, promotion of 'healthy' behaviors, and follow-up and linkages to health services. The health system in Rwanda includes 406 health posts, 499 health centers, 44 district hospitals, and four referral hospitals countrywide.

Since its inception, Rwanda's community health program has grown to include an integrated service package that aims at malnutrition screening, treatment of Tuberculosis (TB), prevention of noncommunicable diseases (NCDs), community-based provision of contraceptives, and promotion of 'healthy' behaviors and practices including hygiene, sanitation, family gardens<sup>1</sup>. They likewise play an important role in the fight against HIV, AIDS and malaria.

However, the community health program to the present day fails to address the needs of trans and gender diverse people (TGD). The Rwandan health system does not mention trans and gender diverse people or their needs in documents, nor in any publications. Important aspects of trans healthcare, such as access to mental health services, sexual & reproductive health, HIV services, gender-affirming hormone therapy and gender affirming surgeries are neglected. Trans and gender diverse people's needs, and their access to healthcare were not publicly discussed in the past, nor are they in the present.

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1 Family gardens are small vegetable gardens owned by families. In my language they are called "akarima k'igikoni".

There is a common misconception that Rwanda does not criminalize homosexuality. While this may be true, it does not reflect the fact that homosexuality is not at all accepted in Rwandan society. In Rwanda, 'homosexuality' refers to everyone who identifies as Lesbian, Gay, Bisexual, Trans, and/or Queer in the country. As a result, TGD people are forcibly subsumed under this category. Most TGD people simply choose to not put themselves through the pain of trying to access healthcare, despite deterioration of their health, even when they have a health condition that may be fatal. In Rwanda, one has the right to have sex but not the right to talk about it, especially not about the health needs and issues that come with an active sexual life.

## **International Funding of Rwanda's Healthcare System**

The Country Operational Plan (COP) 2019 states that in the 2018-2020 Global Fund funding cycle, Rwanda has been allocated \$154 million for HIV programs, which represents an average of \$51.3 million per year. Additionally, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) total funding has fluctuated from \$78.5 million in fiscal year (FY) 2017 to \$80.9 million in FY 2018, to \$76 million in FY 2019 and to \$70 million in FY 2020. Despite internationally supported HIV & AIDS programs, Rwanda's plan to tackle HIV does not include trans people and there are no indications that it will in the near future.

## **Experiences of Trans People in Healthcare Settings**

Existing Health programs for trans people are limited to providing services like HIV tests, distributing lubricants and condoms. However, this approach completely leaves out mental health, other sexual & reproductive health issues, gender-affirming hormone therapy and gender affirming surgeries.

Rwanda's HIV and AIDS National strategic plan (NSP) 2018-2020 states that interventions are directed at groups especially susceptible to high transmission of the virus, such as (cis) female sex workers (FSW), (cis) men who have sex with men (MSM), and serodiscordant couples (SDC). Those more susceptible groups are offered pre-exposure prophylaxis (PrEP) as a new approach to prevention, along with behavioral and other supportive interventions. The NSP 2018-2020 aims to reduce new HIV infections by 2020 and

strengthen the capacity of health practitioners. Unfortunately, the NSP 2018-2020 does not once mention 'trans people' (RBC n.d.).

In order to obtain HIV services, trans women are forced to participate in programs designed for MSM, since they are excluded from FSW programming. When accessing MSM organizations, trans women are categorized as men who sleep with men, despite the fact that they are women and regardless of their actual sexuality.

Trans men are called 'ibishegabo', which translates to 'a woman who refuses to be a woman and makes herself a man'. Transmasculine people are often obliged to hide their trans identity in order to have access to HIV services. Many anecdotal cases have shown that as soon as someone discloses that they are a trans man, they become a spectacle for the whole health institution they have gone to. Healthcare practitioners start gossiping about having had a 'igishagabo' patient, revealing the person's trans identity for everyone else in that institution. This lack of professionalism by medical staff turns consultation rooms into interrogation rooms and unsafe environments for trans people. Trans patients are ridiculed on the basis of their gender identity and subjected to inappropriate questions about their genitalia. Segregation in health facilities where no health practitioner is at hand to assist trans people is deplorable; the isolation (separation) of gender minorities often based on their identification cards (IDs) and how they physically present and look is used to harass and mistreat trans people asking for medical care. Legal gender recognition, or procedures to change a person's name and gender marker based on a trans identity is not possible in Rwanda. The isolation is successful in health facilities based on how people physically look, dress, walk, their body language and even their voices and their IDs. There are also reported cases of sexual assault experienced by trans people in medical settings in Rwanda.

The discrimination and shaming of trans people inside healthcare institutions by healthcare providers discourages many trans people from seeking medical help. In Rwanda, it is acceptable for doctors to insult and call trans patients names during consultations, and to give advice based on Christian religious beliefs rather than medical research. Some trans people have reported being told by a doctor that if they would accept the 'Christian god', they would be healed of their 'disease'. Many Rwandans, including medical professionals, believe that a trans person may have a demon living inside their body that makes them ill.

It is almost impossible for a trans person to go to a hospital seeking sexual reproductive health services, especially in cases of rape. Frequently, trans men

are told that if they were 'really' men they would have been strong enough to protect themselves. Trans women, meanwhile, are reminded about how they have 'gone against the natural law', and that is the reason why they 'deserve to be punished' by being raped. Rape culture is common in Rwandan society, and in the experience of many trans people, rape is justified as a social force which 'corrects' people who do not conform to the gender binary.

*From my personal experience as a Rwandan trans man, before I was able to get an appointment with the endocrinologist, I was obliged to go through psychotherapy, if I wanted to pursue my HRT. I didn't refuse because in my head it was okay, if this would mean I could start the treatment. While doing my sessions I noticed that, not only was I paying from my pocket for the sessions to basically be a teacher to this therapist, but I was actually going through conversion therapy sessions. As I was trying to explain to this person who I am, I would get answers like "but if you changed and lived as God created you, you wouldn't have to go through all the issues you face, you wouldn't feel ashamed of yourself" and other comments like these. The therapy sessions became a way of reminding me that I could be happier, if only I accepted my womanhood and the fact that I am a woman. Each time I sat in that cell I would leave feeling worse than I felt before I left my house. I call it a cell, because now I know it was a sort of indirect prison, where I would take myself each day to listen to this person, telling me all the negative stuff about myself, while on the other side I tried to offer education to them, showed them medical research and facts, and basically taught them how to do their job right. Before I knew it, this therapist set up a meeting with The CHUK (University Teaching Hospital of Kigali) head of department of Mental Health back in 2018 and he gave me two appointments to meet with two different doctors. One doctor was a geneticist to analyze my genes and chromosomes and reproductive parts and the other one was an endocrinologist to 'analyze my gender'. I still did everything I was asked to do, because I hoped after they would see that nothing was wrong with me, I would be prescribed testosterone. Generally speaking, in an 'official' way, gender-affirming hormone therapy (GAHT) is illegal in Rwanda. When I tried to access GAHT in Kigali, a female doctor specialist in endocrinology at one of the biggest hospitals in Rwanda CHUK told me the order of doctors considered GAHT procedure the same as castration. Hence, I should accept that I am a 'beautiful woman' or go seek that treatment outside of Rwanda, because it was impossible in this country. And the reality hit me. I had taken myself to get humiliated, only to then getting humiliated even more!*

*I remember it was a long hall and I had to cross it 3 times a week for months and I would hear patients seated outside laughing loud, pointing fingers at me, saying slurs like “igishegabo” and “look at how she is dressed and walks like a man”. Seated outside of the therapy room cell, patients seated next to me whispered things like “she thinks she is a man, so she dresses like a man” or “yataye umuco” (revolter against the Rwandan culture). The hall was the longest I had to cross. Waiting to be called in was a traumatic event. But I was ready to go through anything if that meant having access to GAHT.*

Practitioners in mental health services in Rwanda are largely trained in matters of post-traumatic stress relating to the genocide. They understand gender abuse and rape only to affect cis heterosexuals. LGBTQ people seeking mental health support will usually instead experience some form of conversion therapy. Mental health practitioners will attempt to change you into what they believe you ‘should’ be.

## **The Rwandan Health Insurance System**

It is said that the poorest citizens in Rwanda are entitled to free health insurance, while the wealthiest pay premiums of \$8 per adult monthly. Approximately 90% of the Rwandan population is covered by this scheme. The government system is divided into: *La Rwandaise d'Assurance Maladie* (RAMA) for government civilian employees, MMI (Military Medical Insurance) for the security forces and *Mutuelle de Santé* (MdS), which covers the rest of the general population. Most TGD persons use MdS, which also determines what kind of treatment you will get. Through MdS, one usually does not receive expensive medication. Most drugs prescribed under this coverage are inferior and are prescribed only for the poor. Under the other insurance plans, for those with higher incomes, more expensive and more effective drugs are prescribed.

*I have never used Mutuelle de Santé, because using it in hospitals meant being in very long waiting lines, sometimes from the morning until late in the evenings. There was not even a guarantee that one would be treated the same day. Additionally, the attitude and the treatment by reception desk staff and medical practitioners towards trans people is very harsh.*

Because of the discriminatory environment in public hospitals, many trans people prefer to attend private clinics. However, not everyone can afford that, and MdS does not cover treatments in private health institutions.

### **Additional Barriers to Trans Healthcare**

Rwandan based non-governmental organizations (NGOs) that claim to work with and for LGBTQ people's access to healthcare services do not understand the particular needs of the trans community and who they are. There is lack of inclusion of trans people in LGBTQ specific projects and a lack of meaningful effort to raise awareness of trans issues. Once a Rwandan based NGO that has a vision for the Right to Health for all people, has answered to questions about health services for trans people by saying: "we have not found yet that trans health is an issue that needs to be addressed". The Rwandan trans community is often dependent on the aforementioned NGOs. However, these organizations rarely or even never seek insight or input from trans people themselves.

TGD persons in Rwanda have very little knowledge about potential health issues that affect their lives, because most have not had access to basic education. Additionally, knowledge about trans health on the internet is rarely accessible. Many Rwandans can't afford to access the internet and, in addition, most resources addressing trans health are in foreign languages that TGD persons in Rwanda don't understand.

The language barrier and the lack of basic education affects the Rwandan trans community in several ways. In surrounding countries and the broader region, trans people are becoming somewhat more widely represented: at conferences, in discussions of health provision, and in political settings. However, one rarely sees Rwandan trans people included. The Rwandan trans community has no access to these spaces, where they might learn from their peers and/or raise awareness about their specific health issues. This exclusion is broadly based on structural barriers; for example, that applications (i.e., for conference registration or conference/meeting scholarships) often need to be filled in languages that Rwandan trans people don't speak. Even if the application process is made more accessible, language barriers at a meeting or conference itself make it difficult to understand what is being talked about in those spaces. Many NGOs, who claim that they represent Rwandan trans people, often have no idea who or what they are representing, since they don't talk to the community. The trans community itself knows best what kind of

lives they live and the issues they face every day. Trans people are the experts, even though they can't all speak these foreign languages.

*I have been in the presence of western white researchers that come down to Rwanda to speak to the LGBTQ community, but as soon as they realize that we won't be able to understand each other because of the language, they have had the guts to make comments like 'the LGBTQ community in Rwanda is almost non-existent'. What is completely non-existent is English, and speaking it but not my community, and especially their will to want to understand us! Because translators exist or learn our language dammit, we have learnt yours!*

This attitude affects the trans community on many levels. There are few resources about the Rwandan LGBTQ community shared online (i.e., Google) and most of them are written by cis, heterosexual people, without having consulted the affected communities, because of the misconception that the affected community has no 'experience' to talk about their own issues. It is a vicious circle, as this information gets shared in international reports, giving out false information and negatively affecting the communities.

This is also made possible because trans people in Rwanda are terrified to speak up. Most Rwandese people are not accustomed to speaking up against injustice, because they have been raised in terror. Expressing personal thoughts can end a person's freedom, land them in jail or even get them killed.

Not speaking a foreign language (i.e., English) shouldn't be the reason why trans people from certain regions are constantly excluded. It shouldn't be an excuse to invite somebody else to speak on their behalf, who is not a member of the community and does not represent them. It shouldn't be the case that trans people have to learn a foreign language to participate in discussions that affect their lives. Likewise, financial barriers such as the high cost of conference registration shouldn't be a reason to prevent trans people from participating in these events.

## **COVID-19 and Trans Health in Rwanda**

COVID-19 has intensified poverty, mental distress, social and government discrimination against trans people in Rwanda.

Trans people already lived in poverty before COVID-19, not having access to basic needs like food and shelter has been a daily struggle. Often employers demand educational diplomas, which is based on the inadequate access

to basic education very difficult to provide for most of trans people living in Kigali. Many have been forced or dropped out of schools because of their gender identity and trans people had to leave those environments of physical and mental assaults. During the pandemic, trans people are confronted with the situation of nothing having a possibility to earn money for their daily meals, pay for their rent, medical bills and or even to buy water and soap.

Most trans people in Rwanda do not have running water in their homes. Before the COVID-19 pandemic started, they used to walk miles to get water. But during months of confinement and strict lockdowns, they were even more exposed to police violence, arrests, or even shoot dead, just because they left home to get water. It was a very desperate time for the most vulnerable and many trans people were left without water or soaps for an extended period of time.

Before the COVID-19 pandemic, trans people often gathered among themselves to share some tea, a good laugh or to talk about their daily lives. During the pandemic they were forced into isolation, aggravating the difficult situation in regard to trans people's mental health. Many had no one to talk to, because the majority of trans people in Rwanda do neither have access to internet, nor digital gadgets or to buy phone credit to make calls.

During the pandemic, the government distributed food and other necessities like soap in local areas. However, local leaders who had knowledge about where trans people live, often passed by their homes, refusing to give them food. Their excuse to this segregating behavior against trans people has been that in their opinion trans people deserve bad things happening to them, because trans people are seen as an abomination.

Healthcare providers have used the pandemic as an excuse to refuse care to the trans community. Even trans people with chronic conditions were turned away, based on priorities given to COVID-19 related matters. This situation has increased stigma and discrimination against trans people in the Rwandan medical sector and is causing even a greater burden on the mental health of this community.

To be able to cater for basic needs many trans sex workers in Rwanda still choose to take the risk to meet clients during the pandemic. Because of financial difficulties and not having had access to condoms, lubricants, and medical check-ups, many gave in to the demands of clients for unprotected sex, in exchange for more money.

Additionally, all of 2021 there was a GoFundMe link circulating online and it was meant to raise funds to help LGBTQ people living in Kigali when the

Covid-19 pandemic was raging. However, what was meant to help LGBTQ people in Rwanda, was an initiative to spread lies and humiliate the community.

The fundraising page read as follows (translated to English from Kinyarwanda):

“After being forced into homosexuality by foreigners who send them money and ask them to teach/convert others into homosexuality, some of the prominent homosexual activists have stopped being homosexuals.

After they stopped being homosexuals, the ones, who promised them miracles, are desperately waiting for them to be struck by extreme poverty/hunger, so they go back to being homosexuals and this has left them with many wounds including many diseases such as being obliged to wear pampers.

Help us lift them up and teach them how to mend for themselves, so the ones (foreigners sending them money) don't find them anymore.

They (the ones who stopped being homosexuals) have a project to travel all around the country (Rwanda) to testify about the dangers and consequences of homosexuality, and to work together for profit making such as making soap.

The projects will cost around 60 million Rwandan Francs (~ \$58.000). Help the parents and children who are hunted by the devil in these behaviors. Thank you.”

Besides struggling with the impact of the pandemic and the general poverty among this population, the local community in Rwanda was confronted with this blatant misrepresentation of LGBTQ people. Those lies portray a false picture of what homosexuality is about, which enforces a negative image about LGBTQ in Rwandan society. Also, the question is raised, who the people on the GoFundMe page photo are and if they are aware of the consequences this has for the LGBTQ community in Rwanda. Although the aim of this project is not entirely clear, it appears that this project aims to raise funds for conversion therapy and clearly shows that Rwandan LGBTQ people need to be protected from such kind of attacks.

## Changing the Current Situation

Overcoming these barriers will require attention and effort from people outside of the Rwandan trans community, people who have the power to take the first steps that are needed to include and elevate the voices. This is not an invitation for a takeover. Being a good ally means to educate oneself on trans healthcare needs, to listen to the community, to let the community speak for itself, to let them think for themselves and to let them do their own programming. Give the trans community access to the resources they need, include them in your research, in your publications, and decision making. Don't question them because not having education does not in any case mean that people with education know the trans community's needs better than they do and how to address these needs.

## References

- Times Reporter (2017): Sponsored: Health Service Delivery in Rwanda grows from strength to strength. In: The News Time, 08 September 2017 [online]. Available at: <https://www.newtimes.co.rw/section/read/219527> (Accessed 29 November 2021).
- Rwanda Biomedical Centre (RBC, n.d.): Rwanda HIV and AIDS National Strategic Plan 2013-2018. Extension 2018-2020 [Online]. Republic of Rwanda: Ministry of Health. Available at: [https://rbc.gov.rw/fileadmin/user\\_upload/stra2019/strategie2019/Rwanda%20Strategic%20Plan%20for%20HIV%20Extended%20to%202020.pdf](https://rbc.gov.rw/fileadmin/user_upload/stra2019/strategie2019/Rwanda%20Strategic%20Plan%20for%20HIV%20Extended%20to%202020.pdf) (Accessed 29 November 2021).