Madam President,

This statement has been prepared in consultation with the Pacific Sexual and Gender Diversity Network (PSDGN).

We welcome the thematic report of the Special Rapporteur on health and fully support the themes identified in the report as priorities for the upcoming work of the mandate. We strongly support the intersectional approach adopted by the Special Rapporteur and the report’s multiple references to LGBTI persons, including LBTI women and gender-diverse persons.

There is a clear need for intersectional policies and projects addressing inequalities in health sector based on sexual orientation, gender identity, gender expression and sex characteristics, together with other grounds, notably gender.

For example, in 2020 the EuroCentralAsian Lesbian* Community (EL*C) conducted an analysis of the representation of lesbians in health-related research on LGBTI population at a global level. It has been found that out of the 230 health-related reviews, 51% (118) focused exclusively on gay, bisexual, and other non-heterosexual men. Another 40% (93) focused on mixed populations, and only 8% (19) on lesbian, bisexual, and other non-heterosexual women. Lesbian-inclusive research studies are predominantly conducted in very few progressive countries and are very poor or inexistent in Eastern Europe and Central Asia.

While LGBTI persons in general are experiencing discrimination and abuse in health care, for specific populations the problem is even more pronounced. For instance, according to ILGA-Europe’s Rainbow Index 2021, out of 49 European countries, 27 prohibit discrimination in health based on sexual orientation, 24 – gender identity, and only 6 – sex characteristics.

We are looking forward to engaging with the Special Rapporteur to make sure that intersectional struggles faced by our communities are made visible and adequately addressed.

We also welcome the Special Rapporteur’s report following the country visit to Fiji and its attention to LGBTI and gender non-conforming persons’ struggles.

The new mandate holder has identified reproductive cancers among her priorities. In Fiji, a shocking 2% of the 645 LBT women and gender non-conforming persons that have participated in DIVA’s


2 ILGA-Europe, Rainbow Index 2021, [https://www.ilga-europe.org/sites/default/files/Attachments/Rainbow%20Europe%20Index%202021_0.pdf](https://www.ilga-europe.org/sites/default/files/Attachments/Rainbow%20Europe%20Index%202021_0.pdf).
study, had ever had a mammogram screening. This is despite breast cancer being the most common cancer in Fiji. Only 10% percent of the respondents had ever had a pap smear test screening.

Younger LBT women and gender non-conforming persons in Fiji are at higher risks of substance abuse, depression and suicide than the mainstream population. Counselling services need to be provided to LGBTI young people finding it hard to cope with issues they face at home and in their communities because of their sexualities and identities. Support and protocols also need to be made available to community members who are already at frontline of responses when this happens to one of their peers.

Finally, there is a need for evidence-based discussion and dialogue on legislative, policy and programmatic support for social, legal and medical aspects of transitioning for transgender people in Fiji. It is important to affirm that there is no single way or right way to be transgender. For all transgender people, the human right to be recognised as one’s gender identity under the law and in practice, is a core human rights issue.

We call on our policy makers to prioritize training and gender sensitization of health professionals and practitioners on sexual orientation, gender identity, gender expression and sex characteristics so they are able to provide inclusive services to LGBTI people.

In addition, mental health services should be sufficiently funded and properly resourced.

I thank you, Madam President.

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4 ibid, p. 60.
5 ibid, p. 63.