



# LGBTI and Gender Non-Conforming people's right to health and the realisation of SDG 3: global needs, gaps and trends.

*Submission to the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity*

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This document has been prepared by ILGA World as a response to the [call for submissions](#) published by the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. It focuses on the current challenges that LGBTI and GNC persons face on their enjoyment of the right to health, including global COVID-19 pandemic effects on LGBTI persons, mental health outcomes due to discrimination based on sexual orientation, gender identity, and expression and/or sex characteristics (SOGIESC), sexual and reproductive rights for LGBTI+ women and the specific barriers faced by lesbian, trans and intersex persons in accessing health care. Moreover, this submission provides an overview of best practices and gaps on the implementation, in different regions, of the Sustainable Development Goal (SDG3) by showcasing statistics and case examples.

## Table of Contents

I.	Introduction.....	3
II.	LGBTI and GNC people’s healthcare needs: Statistics and country examples. ....	3
	Lack of disaggregated data.....	3
III.	Lack of access to healthcare and other particular health-related issues for LGBTI and GNC people (SD3, target 3.8).....	4
	Exclusion of LGBTI and GNC persons within medical settings and lack of SOGIESC-supportive healthcare services .....	4
	Mental health.....	5
	Barriers accessing HIV treatment (target 3.3, SDG3).....	6
	Trans and intersex specific health-related issues .....	6
	Covid-19 pandemic effects.....	7
IV.	LGBTI and GNC people’s sexual and reproductive rights: current issues. (SD3, target 3.7).....	7
V.	Implementation of SDG 3: LGBTI and GNC inclusion on state policies, programmes and national plans.....	9
	Examples of non-inclusive health national plans.....	9
	Examples of community-based support programmes for LGBTI and GNC people.....	10
VI.	Recommendations .....	10
VII.	Annex 1. ....	12

## I. Introduction

National and international development initiatives have repeatedly left behind LGBTI<sup>1</sup> and GNC<sup>2</sup> people; however, the adoption of the United Nations Agenda 2030<sup>3</sup> has consolidated an important effort to include ‘everyone’ in development processes. In this regard, although people with diverse SOGIESC are not explicitly mentioned through the Sustainable Development Goals (SDGs) framework, these communities shall be considered under the principle of “leave no one behind”, which alongside the principle of universality<sup>4</sup>, constitute a mandate that all states shall include LGBTI people in their development efforts.<sup>5</sup>

Health is an essential area of development activities. However, growing evidence shows that the health of LGBTI and GNC persons is severely impacted by exclusion and discrimination within state healthcare systems. For instance, many trans people are unable to obtain basic health care as well as gender-specific services, reproductive and sexual health care needs of lesbians are often ignored, and intersex persons are still subject to harmful and unnecessary surgeries and/or are given inadequate treatment due to the lack of understanding of sex characteristics.<sup>6</sup> Moreover, research has demonstrated that a disproportionate number of LGBTI and GNC people experience poorer physical and mental health outcomes and have a high risk of suicidal and self-harming behaviors. These health consequences are directly related to experiences of stigma, discrimination, violence and abuse based on their SOGIESC.<sup>7</sup>

## II. LGBTI and GNC people’s healthcare needs: Statistics and country examples.

**Question 1.** Research: understanding the health care needs of LGTBI and GNC people

### *Lack of disaggregated data*

One of the main challenges to achieving SDG3 in relation to LGBTI and GNC persons, is the lack of data disaggregated by SOGIESC collected by state health institutions. Worldwide, civil society organizations and other stakeholders have commonly been the primary sources generating this type of data. Nevertheless, there is still a lack of specific health-related statistics on LBTI women, trans and intersex persons. Similarly, the application of intersectional lens considering other intersecting identities, such as ethnicity or disability, while collecting health-related information is relatively scarce.

<sup>1</sup> Lesbian, Gay, Bisexual, Trans and Intersex

<sup>2</sup> Gender non-conforming persons

<sup>3</sup> United Nations (2015) [The 2030 Agenda for Sustainable Development Goals](#)

<sup>4</sup> The Sustainable Development Goals (SDGs), were agreed in 2015 and signed onto by 193 governments on the basis that they apply to everyone, everywhere and will ‘leave no one behind’.

<sup>5</sup> Park A. and Ramon Mendos L. (2019 ) [For all, the sustainable development goals and LGBTI people](#), p. 10

<sup>6</sup> Park A. and Ramon Mendos L. (2019 ) Ibid. p. 11

<sup>7</sup> LGBTIQ+ Health Australia, (2021), [“Snapshot of Mental Health and Suicide Prevention Statistics for LGBTIQ+ people”](#).

- In **Chile**, the adolescent suicide rate is five times higher within the LGBT population.<sup>8</sup> The statistics of the Forensic Medical Service only disaggregate by gender, but do not report the sexual orientation or gender identity of the deceased.
- In **Italy**, there is a lack of specific studies on LGBTI health and data disaggregated by SOGIESC. The data collected on these communities usually only refers to MSM<sup>9</sup> in STDs and HIV-related treatments. This leaves other groups such as lesbians and intersex persons rather invisible.<sup>10</sup>
- In 2020, the EuroCentralAsian Lesbian\* Community (EL\*C) conducted a **global analysis** of the representation of lesbian and other non-heterosexual women in health-related research on sexual minority populations. It was found that lesbian and other non-heterosexual women are underrepresented in research even within sexual minority populations.<sup>11</sup>

### III. Lack of access to healthcare and other particular health-related issues for LGBTI and GNC people (SD3, target 3.8)

**Question 2: Inclusion.** What are the main barriers, in law or practice, for persons affected by violence and discrimination based on sexual orientation and gender identity to receive care that meets their physical and mental health needs and rights?

LGBTI people are poorly considered across the healthcare sector due to discrimination, exclusionary health policies, lack of SOGIESC awareness by health-providers and inappropriate services.<sup>12</sup> This type of discrimination may have multiple forms such as physical violence and verbal abuse by health workers, denial of services, and a general context of ignorance concerning SOGIESC themes. These issues constitute a huge obstacle to achieve universal health coverage for all, impacting the consecution of SDG3 target 3.8 in multiple countries.

*Exclusion of LGBTI and GNC persons within medical settings and lack of SOGIESC-supportive healthcare services*

- Only 7.84% of LGBTI+ people approached health institutions or doctors due to their lack of confidence in the healthcare system and lack of support from healthcare providers (**Mauritius**, survey)<sup>13</sup>

<sup>8</sup> For more information see Guajardo Soto, G. (2017) [Suicidios Contemporáneos: Vínculos, Desigualdades y Transformaciones Socioculturales. Ensayos sobre Violencia, Cultura y Sentido](#), p. 213.

<sup>9</sup> Men who have sex with men

<sup>10</sup> Information provided by AMIGAY aps (Italian LGBTI and allies, medical and health workers).

<sup>11</sup> Eurocentralasian Lesbian\* Community (2020) [The state of lesbian organizing and the lived realities of lesbians in the EU and the accession countries](#).

<sup>12</sup> Stonewall International (2016) [The Sustainable Development Goals and LGBTI Inclusion](#), p. 3

<sup>13</sup> Information shared by Young Queer Alliance (2021)

- 32% of LBQ women and trans masculine persons feel they received poorer healthcare services; 27% were insulted or denied service based on SOGIE (**Haiti**, study).<sup>14</sup>
- LB women avoid health care because it is heteronormative, and they do not always disclose their sexual orientation, even when it is essential for their treatment (**Finland**, study on LB women’s health).<sup>15</sup>
- Health care practitioners have heteronormative attitudes and lack professional knowledge on LGBTI and GNC patients (**Portugal**, survey).<sup>16</sup>

### *Mental health*

- Many LGBTI victims of physical or sexual violence suffered mental health consequences, such as depression or anxiety in **EU** countries, **North Macedonia** and **Serbia** (FRA Survey).<sup>17</sup>
- 47% of trans masculine and non-binary people reported having received a diagnosis related to their mental health, the most frequent being depression (37%), anxiety (34.8%), post-traumatic stress disorder (10.6%), and borderline personality disorder (5.7%). Likewise, 58% have attempted committing suicide at least one time in their lives (Study in **Argentina**).<sup>18</sup>
- The most common issues on LGBTI person’s mental health are: suicide attempts, depression, anxiety, psychological distress and mental disorders. LGBTIQ+<sup>19</sup> people are two and a half times more likely to have been diagnosed or treated for a mental health condition (**Australia**, study).<sup>20</sup>
- **See in more detail: Annex 1.**

<sup>14</sup> FACSDIS, OTRAH, St. Vil, D., Theron, L., Carrillo, K., and Joseph, E. (2020) [‘From Fringes to Focus - “A deep dive into the lived-realities of Lesbian, Bisexual and Queer women and Trans Masculine Persons in 8 Caribbean Countries”](#). Amsterdam: COC Netherlands.

<sup>15</sup> Soinio JI, Paavilainen E, Kylmä JPO. [Lesbian and bisexual women’s experiences of health care: “Do not say, ‘husband’, say, ‘spouse.’”](#) J Clin Nurs. 2020; 29:94–106.

<sup>16</sup> De Oliveira JM, Almeida MJ, Nogueira C. [Exploring medical personnel’s discourses on the sexual health of lesbian and bisexual women in greater Lisbon, Portugal](#). Rev Colomb Psicol. 2014;23:297–309.

<sup>17</sup> European Union Agency for Fundamental Rights (FRA), (2020), [“A long way to go for LGBTI equality”](#). p. 42

<sup>18</sup> Aristegui, I., & Radusky, P. (2020). [Salud mental en masculinidades trans y personas no binarias: un estudio descriptivo en Argentina](#). 12do Congreso Internacional de Investigación y Práctica Profesional en Psicología, 27th Jornadas de Investigación y 16to Encuentro de Investigadores en Psicología del MERCOSUR (UBA2020), Buenos Aires, Argentina. Information shared by Fundación Huésped.

<sup>19</sup> This submission uses the acronym LGBTI to refer to all groups of people with diverse sexual orientation, gender identity and expression and sex characteristics. However, when a source of information uses another acronym for these groups or for referring to a specific composition of populations, we use the abbreviations employed on those sources. E.g. LGBT (lesbian, gay, bisexual and trans), LGBTI (lesbian, gay, bisexual, trans and intersex), LGBT+ (lesbian, gay, bisexual, trans and other), LGBTQ (lesbian, gay, bisexual, trans and queer), LGBTIQ (lesbian, gay, bisexual, trans, intersex and queer), LGBTIQ+ (lesbian, gay, bisexual, trans, intersex, queer and other), LBTQ (lesbian, bisexual, trans and queer), LGBTIQ2S (lesbian, gay, bisexual, trans, queer, intersex and Two-Spirit).

<sup>20</sup> LGBTIQ+ Health Australia, (2021), Ibid.

### *Barriers accessing HIV treatment (target 3.3, SDG3)*

In some regions, particularly in countries from the ‘Global South’, the existence of difficulties for LGBTI persons to access HIV and AIDS treatments is common. This fact severely impacts the achievement of target 3.3 of the SDG3 aiming to end the epidemic of AIDS. For this purpose, all people – including LGBTI and GNC persons– require integral access to essential health services.<sup>21</sup>

- Stigma attached to same-sex desire deterred MSM from attending state or private clinics. As a result, these men were less likely to access critical health resources, such as AIDS treatment and condoms to prevent HIV transmission (**India**, research).<sup>22</sup>
- Intersex and trans people face significant barriers in accessing gender-affirming health care. Health services for SOGIESC diverse persons are lumped under HIV-related clinical services for “Key Populations” such as cisgender<sup>23</sup> sex workers and MSM<sup>24</sup>, ignoring the needs of other groups (**East Africa**, research).

### *Trans and intersex specific health-related issues*

Pathologisation of trans and intersex persons remains a key factor preventing their access to health care. Worldwide, comprehensive informational resources<sup>25</sup> on trans-related health care are non-existent. Besides, even in countries with ‘trans health’ structures that are functional, the implementation of comprehensive and holistic approaches to the health and wellbeing of trans people continues to be a global objective to be achieved. For example, trans people usually get misgendered in health-related services, being in the constant need to repeatedly explain their identities and their bodies to health care providers.

- ‘Conversion therapy’ and medical experimentation is conducted by health care providers on trans patients without their full and informed consent. (**Sweden**, report)<sup>26</sup>
- Very few trans men access medical (hormones) or transitioning options as many attain it outside of any formal health provider (private or public) due to the lack of availability of these services. (**Haiti**, study)<sup>27</sup>

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<sup>21</sup> Mills E. (2015) [‘Leave No One Behind’: Gender, Sexuality and the Sustainable Development Goals](#). p. 15

<sup>22</sup> Mills E. (2015) *Ibid.* p. 14

<sup>23</sup> Cisgender: a term referring to those people whose gender identity and gender expression match the sex they were assigned at birth and the social expectations related to their gender. See [LGA Europe Glossary](#)

<sup>24</sup> Chivuli Ukwimi, East Africa Trans Health & Advocacy Network, (2020) [Legal Gender Recognition and Access to Trans-Affirming HealthCare in East Africa](#). P. 10

<sup>25</sup> Such as the [resources available by the National Centre for Trans Equality](#)

<sup>26</sup> Transhälsan (2021), Mistreatment of transgender persons in Sweden: submission to the 72nd session of the Committee against Torture (CAT).

<sup>27</sup> FACSDIS, (2020) Amsterdam: COC Netherlands. *Ibid.*

- In **Romania**, due to high costs of tests, treatments and interventions, and exclusion within the health system, many trans people choose unsafe health options, such as self-medication with hormones ordered from the Internet.<sup>28</sup>

Concerning intersex people, they are more likely to experience higher levels of ‘minority’ stress because of discrimination<sup>29</sup>. In addition, intersex communities face trauma caused by surgeries during childhood or adolescence.<sup>30</sup> Testimonies have documented profound negative consequences of the often-irreversible procedures employed on intersex persons, including permanent infertility/sterilization, incontinence, loss of sexual function and sensation, and experiences tantamount to rape (such as dilation, the repeated insertion of a device into a newly opened vaginal cavity), causing life-long pain and severe psychological suffering, including depression.

- **See in more detail: Annex 1.**

#### *Covid-19 pandemic effects*

Reduced access to healthcare services has been a general consequence of the COVID-19 pandemic. A survey on the pandemic’s impact on lesbians showed that almost one in four (23%) respondents experienced issues related to accessing special medical treatments (such as hormone treatments, fertility treatment, psychotherapy). For respondents subject to further intersectional discrimination, access to healthcare was even more difficult. For example, having a disability was also a major factor in limited access to healthcare.<sup>31</sup>

- In **Bolivia**, the state did not provide free biosecurity, hygienic and cleaning materials to the LGBTI population at higher risk, such as trans sex workers. As reported by local activists, many trans women lost their lives due to an ineffective health system and lack of adequate attention at the time of acquiring the COVID-19 virus.<sup>32</sup>
- **See in more detail: Annex 1.**

## IV. LGBTI and GNC people’s sexual and reproductive rights: current issues. (SD3, target 3.7)

- i. **Question 2: Inclusion.** To what extent are persons affected by violence and discrimination based on sexual orientation and gender identity included in policies and practice around sexual and reproductive health care?

<sup>28</sup> ACCEPT Association (2020) [Trans in Romania report](#), p.86.

<sup>29</sup> Jones T. (2018) Intersex Studies: [A systematic review of international health literature](#). SAGE Open.

<sup>30</sup> Thyen U., Lux A., Jürgensen M., Hiort O., Köhler B. (2014) [Utilization of health care services and satisfaction with care in adults affected by disorders of sex development](#) (DSD) *J. Gen. Intern. Med*

<sup>31</sup> EL\*C research on the impact of COVID-19 on lesbians. For more information see <https://europeanlesbianconference.org/wp-content/uploads/2021/06/Covid-Report-final-1.pdf>

<sup>32</sup> Information provided by Manodiversa, Bolivia

To achieve SDG3, sexual and reproductive health care (SRH) has become a pivotal area with a specific target (3.7) that includes education and family planning. However, to the current date, SRH, particularly directed to LGBTI+ women and people with female reproductive organs is still not universally accessible. In addition, LGBTI and GNC persons are often overlooked in national strategies, campaigns and educational policies for SRH, remaining hidden under stigmatized assumptions of gender and sexuality.

- In **Chile**, SRH care is very much focused on cisgender heterosexual women. As for LGBTI+ women, there have been few isolated projects in health centers such as hospitals and regional health centers<sup>33</sup>, where a working group for the sexual health of LBT women was set up a few years ago. This group is still in function.<sup>34</sup>
- In **Bolivia**, LB women and trans men are victims of ‘corrective rapes’. Despite this fact, little is known about this practice and its consequences (e.g. unwanted pregnancies), and there are no adequate laws and policies for them to access legal abortion, nor are reproductive health services, family planning or mental health services provided after a pregnancy termination.<sup>35</sup>
- Economic barriers play a key role for this population to access SRH. In **Switzerland**, only one STD test and only one preventative gynecological check-up in three years is covered by basic health insurance (already paid by a woman herself, approx. 400-500 CHF per month). Lesbian and other non-heterosexual women are generally more vulnerable economically, compounded by additional factors such as migrant status or disability, which impacts their access to crucial SRH services.<sup>36</sup>
- Furthermore, trans men are also impacted in their access to SRH. There is a general lack of knowledge and accurate information of health treatments for this group. For instance, the lack of discussion on trans pregnancy services, leads to stigma and prejudices for trans men who choose to get pregnant.<sup>37</sup>
- **See in more detail: Annex 1.**

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<sup>33</sup> San Borja Arriaran Hospital and Talcahuano Hospital

<sup>34</sup> Information shared by Agrupación Lésbica Rompiendo el Silencio. See <https://sstalcahuano.cl/atencion-de-salud-online-para-mujeres-lesbianas-y-bisexuales/>

<sup>35</sup> Information provided by Manodiversa, Bolivia

<sup>36</sup> Information provided by the EL\*C EuroCentralAsian Lesbian\*Community

<sup>37</sup> Information provided by Youth Coalition for Sexual and Reproductive Rights



## V. Implementation of SDG 3: LGBTI and GNC inclusion on state policies, programmes and national plans

### Question 3:

- i. What policies or programmes exist to address the mental health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity, specifically around depression and anxiety, suicidal ideation, and substance abuse?
- ii. What policies or programmes exist to assist the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity following the experience of assault or gender-based violence?

Despite the progress on LGBTI rights achieved by many countries during last decades, national health policies still have a long way to go when it comes to address the needs of these communities. SOGIESC-inclusive health-care policies and programmes need to extend beyond a historic focus on HIV to include mental and physical wellbeing, and access to essential health services more broadly<sup>38</sup>. They also need to consider the particularities of “minority groups within the minority” such as LBT women, intersex and GNC persons.

#### *Examples of non-inclusive health national plans*

- In **Chile**, the current National Mental Health Plan (2017-2025)<sup>39</sup> lacks of a specific gender approach and do not explicitly includes LGBTIQ communities. In this line, there are no specific state policies that address the needs of the LGBTIQ population.<sup>40</sup>
- Same-sex sexual acts and relations are criminalized in **Tanzania**. Health policies in the country deny sexual and gender minorities access to health services, which has resulted in adverse effects such as LGBTI persons living with HIV not accessing medication in public health centers.<sup>41</sup>
- In the current National Strategy for Sustainable Development 2030, important indicators such as 3.4.2, 3.5.1, 3.5.2, 3.7.1, 3.7.2, 3.8.1, 3.8.2 are not including references to the persons affected by violence and discrimination based on SOGI. (**Romania**)<sup>42</sup>

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<sup>38</sup> Mills E. (2015) Ibid. p. 15

<sup>39</sup> For more information see: <http://www.repositoriodigital.minsal.cl/handle/2015/889>

<sup>40</sup> Information shared by Agrupación Lésbica Rompiendo el Silencio

<sup>41</sup> Chivuli Ukwimi, East Africa Trans Health & Advocacy Network, (2020) [Legal Gender Recognition and Access to Trans-Affirming HealthCare in East Africa](#). P. 15.

<sup>42</sup> Information shared by the Euroregional Center for Public Initiatives

## *Examples of community-based support programmes for LGBTI and GNC people*

Although many state health policies have not been particularly inclusive of LGBTI and GNC people, and in some countries, laws have been even counter-productive for these groups, there are several examples of community-based programs established by associations and CSO that have filled this gap and can serve as ‘good practice’ examples for governments to advance the inclusion of people with diverse SOGIESC in their national health plans and their implementation of SDG3.

- The **Cameroon** National Association for Family Welfare (CAMNAFAW) has provided specialised health services, information and counselling to the LGBT community since 2008.<sup>43</sup>
- The project “Support for Lesbian, Bisexual and Queer Women in Russian-speaking Countries” has ensured psychological support for lesbians and other non-heterosexual women living mainly in **Russia** and **Ukraine**.<sup>44</sup>
- In the case of intersex people, multiple statements delivered by several intersex CSO around the world have made a call for an end to harmful practices and unnecessary medical interventions on intersex persons.<sup>45</sup>
- **See in more detail: Annex 1.**

## VI. Recommendations

- Improve research and data collection on LGBTI and GNC persons, by including tailored survey items and reporting data disaggregated by SOGIESC.
- Ensure that national health development actions focus on the barriers in healthcare access for LGBTI and GNC as well as possible health disparities this population face.
- Ensure that awareness-raising of healthcare professionals on the specific needs and living conditions of LGBTI and GNC persons (e.g., sexual health needs, heightened mental health vulnerability) is included in the design and implementation of policies on health.
- Design targeted campaigns and training for healthcare professionals with regard to the specific needs of LGBTI and GNC persons’ health with the direct involvement of civil society organisations.

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<sup>43</sup> Stonewall International (2016) Ibid. p. 3

<sup>44</sup> For more information see <https://europeanlesbianconference.org/locked-down-lesbians-listening-for-russian-speaking-lesbians-and-mental-health-issues/>

<sup>45</sup> The [Malta Declaration](#) 2013, the [Darlington Statement](#) 2017, the [Vienna Statement](#) 2017, the [African Intersex Statement](#) 2017, the [Statement of San Jose de Costa Rica](#) 2018, and the [Asian Intersex Statement](#) 2018.

- Finance community-based initiatives aimed at addressing existing gaps on access to healthcare for lesbian and other non-heterosexual women and specific health-related disparities for this population.
- Ensure that LGBTI and GNC persons are explicitly recognised as a target group in the implementation of the Agenda 2030, particularly in relation to countries' progress on achieving SDG 3.
- Develop comprehensive sexual education on SOGIESC, making it accessible for everyone and avoiding cis-heteronormative, racist and trans/GNC exclusionary content in health-related teaching programmes.
- Implement human rights and patient-centred approaches in national health programmes that consider the particularities of intersex people variations, avoiding rigid stereotypical sex and gender norms.
- Implement national guidelines on medical interventions for people born with variations in sex characteristics clearly outlining the requirements to obtain informed consent to medical interventions.
- Implement comprehensive educational and training programmes in medical institutions, universities and health systems to inform and educate healthcare providers about the medical needs of LGBTI and GNC people, promoting depathologization of gender identity and sex characteristics variations in medical guidelines, protocols and classifications.
- Ensure that public health services provide affirmative access to necessary and appropriate medical treatment, including surgeries and hormone treatment, psychosocial, psychosexual and psychological support.
- LGBTI and GNC persons should be included, assisted and guided in all related sexual and reproductive health care programs in line with human rights affirming standards of care.
- Address stigma and discrimination toward LGBTI+ women that are victims of so-called "corrective" rape. And implement strategic awareness campaigns to demystify uninformed notions of victim blaming and stigma.

## VII. Annex 1.

Annex 1 includes additional country examples of the subjects depicted in the main text of this submission.

### *Mental health and Sexual and Reproductive rights*

- In **Egypt**, access to healthcare for LGBTI women is particularly challenging, as same-sex sexual acts are repressed through charges of debauchery, and trans and intersex people's identities are pathologized. This results in institutional violence, torture, discrimination and arbitrary detentions, and therefore LGBTI women/persons might not even seek medical and psychological assistance, which puts them at a higher risk of illness and mental health conditions. Moreover, neither official nor private sectors in Egypt offer safe sexual and reproductive health services designed explicitly for LGBTI women.<sup>46</sup>
- **Romania** has not adopted a National Strategy or Plan for sexual and reproductive and the current National Health does not include any operational plan in this specific area. In the absence of this National strategy, there is no budget allocated to the sexual and reproductive needs of LGBTI and GNC people in Romania.<sup>47</sup>

### *Barriers accessing HIV treatment (target 3.3, SDG3)*

- In **Mauritius**, since 2019, there have been three cases in the Supreme Court involving six gay adults challenging the constitutionality of criminalization of consensual same-sex sexual acts. Such criminalization has prevented LGB persons from effectively accessing the plethora of free healthcare provided by the state owing to legal and structural barriers. This also contributed to the disproportionate and high infection rate of HIV (around 20%) and STIs among gay and bisexual men and boys, and other men having sex with men (MSM) and trans people (28% HIV, 47% Syphilis and 18% HCV) as compared to the population in general (around 1% HIV prevalence).<sup>48</sup>
- **Romania** has not addressed the needs of LGBTI and GNC people to HIV/AIDS through its National HIV Program. The lack of a National HIV Strategy or even a National HIV Plan, considerably impacts on these vulnerable populations. For instance, the HIV prevalence among key populations such as MSM is much higher and not known among GNC people.<sup>49</sup>

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<sup>46</sup> HRW (2020) [Egypt: Security Forces Abuse, Torture LGBT People. Arbitrary Arrests, Discrimination, Entrapment, Privacy Violations](#)

<sup>47</sup> Information shared by the Euroregional Center for Public Initiatives

<sup>48</sup> Information shared by Young Queer Alliance (2021)

<sup>49</sup> Information shared the Euroregional Center for Public Initiatives

### *Trans and intersex specific health-related issues*

- Harmful practices such as sterilization procedures: castration, gonadectomy, hysterectomy; feminization procedures: clitoral amputation, vaginoplasty and/or dilatations; and masculinizing surgeries: hypospadias "repair", are imposed on intersex people in an arbitrary manner. In some cases, within the Mexican public health system, coverage for intersex-related treatment is subject to age limits, resulting in the denial of necessary medical care to intersex adolescents or adults **(Mexico, report)**<sup>50</sup>

### *Covid-19 pandemic effects*

- During the pandemic, Human Rights Watch has documented health care discrimination based on sexual orientation and gender identity in countries including the **United States, Tanzania, Japan, Indonesia, Bangladesh, Russia, and Lebanon**.<sup>51</sup>
- 50% of trans feminine persons experienced barriers in accessing hormone treatment, 24.6% in accessing general medical care, 18.8% in accessing mental health care, 11.3% in accessing antiretroviral treatment, and 10.1% in accessing substance abuse treatment. They also avoided a sexual and reproductive health consultation for fear of experiencing discrimination or stigma because of their gender identity. **(Argentina, study)**<sup>52</sup>
- In **Bolivia**, no health care protocol has been generated for LGBTI people at higher risk during the pandemic. Trans people, together with LGBTI elderly people, were the populations who experienced more barriers in accessing health services, due to the discrimination and transphobia that still persist in the health system.<sup>53</sup>

### *Examples of community-based support programmes for LGBTI and GNC people*

- The GotoGyneco project networks lesbian, non-binary, bi and trans women with doctors and health practitioners trained in providing inclusive care. The project also offers trainings for practitioners to raise awareness about the specificities and discrimination suffered by those communities. **(Belgium)**<sup>54</sup>

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<sup>50</sup> Brújula intersexual (2018). [Mutilación Genital Intersex Violaciones de los derechos humanos de los niños con variaciones de la anatomía sexual](#). Informe de ONG para el 9o informe periódico de México sobre la Convención sobre la eliminación de todas las formas de discriminación contra la mujer (CEDAW)

<sup>51</sup> Human Rights Watch, 'Human Rights Dimensions of COVID-19 Response' <<https://www.hrw.org/news/2020/03/19/human-rights-dimensions-covid-19-response>> accessed 29 June 2020.

<sup>52</sup> Radusky, P. D., Cardozo, N., Duarte, M., Fabian, S., Frontini, E., Sued, O. & Aristegui, I. (2021). [Mental health, substance use, experiences of violence, and access to health care among transgender and non-binary people during the COVID-19 lockdown in Argentina](#). *International Journal of Transgender Health*. Information shared by Fundación Huésped.

<sup>53</sup> Information provided by Manodiversa, Bolivia

<sup>54</sup> For more information see <https://gotogyneco.be>

- In **France**, the association SOS Homophobie has published a brochure on the sexual health of lesbians that constitutes an indispensable tool to get essential advice.<sup>55</sup> (<https://www.sos-homophobie.org/article/sur-le-bout-des-levres>).
- The Lesbian and Queer Counseling Center of Cologne in **Germany** offers psychological support and therapy especially to lesbian and other non-heterosexual women and migrants in a very precarious and distressing situation.<sup>56</sup>

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<sup>55</sup> For more information see <https://www.sos-homophobie.org/article/sur-le-bout-des-levres>

<sup>56</sup> For more information see <https://www.cologne-counseling.com>