

CROSS-CUTTING RECOMMENDATIONS

ALL MEMBER STATES MUST:

1 Commit to ending stigma and discrimination based on sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) in the provision of healthcare services, including prevention, promotion, and treatment.

2 Ensure that LGBTI people are actively and meaningfully participating in framing health policy that is responsive and respectful to the needs of LGBTI people, and promote the Greater Involvement of People living with HIV and AIDS (GIPA) principle.

3 Collect and disaggregate data by SOGIESC for all indicators where possible.

4 Repeal punitive laws, policies, and practices that criminalize consensual same-sex behavior and self-determination of gender identity.

5 Legally prohibit non-consensual medical procedures, including intersex genital mutilation, forced sterilization, and forced anal examinations.

6 Ensure that healthcare professionals are technically trained and supported to responsively address health needs of LGBTI people in a non-discriminatory manner.

7 Fund community-based and LGBTI-led organizations and service providers, which are typically better positioned to reach LGBTI people and gather data about their health.

8 Ensure that sexual and reproductive health programs are tailored to the specific needs of LGBTI people, including hormone therapy, routine sexual and reproductive health screenings, sexually transmitted infection testing and treatment, and family planning services responsive to diverse family forms.

9 Eliminate barriers to affordable medicines linked to essential services for LGBTI people by implementing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities in accordance with the Doha Declaration, and other price containment mechanisms.

RECOMMENDATIONS FOR INDICATORS

When reporting on targets in SDG 3, Member States should:

HIV AND AIDS

- Disaggregate HIV incidence by sexual orientation and gender identity and expression, **for indicator 3.3.1**.
- Collect treatment coverage data disaggregated by sexual orientation and gender identity and expression.
- Measure stigma and discrimination in access to quality HIV services.

SEXUAL AND REPRODUCTIVE HEALTH

- Collect the number of services that address the sexual and reproductive health (SRH) needs of LGBTI people nationally.
- Measure access to reproductive health commodities relevant to LGBTI SRH.
- Document inclusion of LGBTI topics in comprehensive sexuality education.
- Ensure SRH care providers commit to non-discrimination and respect for human rights in provision of SRH information and services.

UNIVERSAL HEALTH COVERAGE

- Disaggregate coverage of essential services by SOGIESC, **for indicator 3.8.1**.
- Include gender affirmation and sex reassignment services as essential services.
- Provide viable options to alternative assisted reproductive technologies for LGBTI people with parenting intentions.
- Collect the number of people receiving services from LGBTI-led providers per 1000 population.
- Measure service denial, stigma, and delay experienced by LGBTI people while receiving treatment.

MENTAL HEALTH AND WELL-BEING

- Disaggregate national suicide mortality rate by SOGIESC, **for indicator 3.4.2**.
- Collect disaggregated data by SOGIESC on number and proportion of persons suffering from depression and anxiety.
- Collect the number of services that address preventative and mental health promotion for LGBTI people nationally.

DRUG AND ALCOHOL USE

- Concurrently collect the coverage of treatment interventions that are tailored for LGBTI people, **for indicator 3.5.1**.
- Disaggregate data by SOGIESC on the harmful use of alcohol, **for indicator 3.5.2**.
- Collect the number of services that address the use of stimulant drugs among LGBTI people nationally.
- Fully disaggregate all data about drug use by LGBTI people.

ACCESS TO AFFORDABLE MEDICINES

- Disaggregate by SOGIESC the proportion of population with access to affordable medicines, **for indicator 3.B.1**.
- Include anti-retroviral medicines, including anti-retroviral medicines used prophylactically, and hormone therapy medicines as essential medicines.

TRAINING THE HEALTH WORKFORCE

- Collect the number of medical and nursing qualifications that include components on LGBTI health related needs and SOGIESC sensitive care.
- Measure the inclusiveness of standards of care and assess technical skills on a range of specific LGBTI health needs.

HIV AND AIDS

Sustainable Development Goal Target 3.3



VULNERABILITY

Heightened vulnerability to HIV is driven by stigma, discrimination, and violence.

In low- and middle-income countries, compared with people in the general population:

19x

Gay, bisexual men and other men who have sex with men (MSM) are **19 times more likely** to be living with HIV. Median HIV prevalence is consistently higher among gay, bisexual and other MSM compared to the general population.

49x

Transgender women are **49 times more likely** to be living with HIV.

19%

19% of transgender women are estimated to be living with HIV.



AVAILABILITY OF PREVENTATIVE CARE AND TREATMENT

According to data from a 2014 global online survey, **only half** of or fewer than 2,312 men who have sex with men from 154 countries **perceived that condoms, lubricants, HIV testing, and HIV treatment were easily accessible**, and younger men generally reported comparatively lower access to all services.

In the same survey, trans MSM reported significantly lower odds of perceived access to HIV testing and condom-compatible lubricants than cisgender MSM.



HIV prevention programs for MSM is estimated to compose **just 2%** of total global and domestic investment in the HIV response.

Exclusion of gay and bisexual men and transwomen, as well as vulnerable lesbian and bisexual women, from national AIDS planning processes has contributed to **inadequately funded, inaccessible, and poorly targeted programs**.

Data on treatment coverage among gay and bisexual men and transwomen **is almost non-existent** because governments refuse or don't know how to safely and respectfully collect and report this data.

In low- and middle-income countries, transgender women are 49 times more likely to be living with HIV than the general population.



Kyrgyzstan

HIV prevalence among men who have sex with men in Kyrgyzstan is **6.3%**, compared to **0.3%** in the general population.



Ethiopia India Nigeria

Data from Ethiopia, India, and Nigeria, demonstrate that **countries that criminalize same-sex sexuality spend fewer resources on HIV services that could reach men who have sex with men.**



Botswana Namibia South Africa Zimbabwe

A survey of **591 women** who in the preceding year had had sex with a woman in these four countries found that **forced sex was the most important risk factor for self-reported HIV infection.**



China Indonesia Mongolia Myanmar Philippines Thailand Vietnam

Across China, Indonesia, Malaysia, Mongolia, Myanmar, Philippines, Thailand, and Vietnam, **prevalence of HIV among gay men under 25 years of age is over 5%.**

MEMBER STATES MUST:

1

Collect HIV incidence data disaggregated by sexual orientation, gender identity and expression, and sex characteristics (SOGIESC)

3

Measure and collect stigma and discrimination in access to quality HIV services.

2

Collect treatment coverage data disaggregated by SOGIESC

4

Invest in community-based LGBTI-led organizations for strengthened capacity development and expanded opportunities to strategize and lead in the HIV response.



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MENTAL HEALTH AND WELL-BEING

Sustainable Development Goal Target 3.4



POOR MENTAL HEALTH

Poor mental health represents one of the leading causes of **premature death and disability**. It is a common source of human misery.

Numerous studies have established that a higher burden of poor mental health exists among LGBTI people compared to the general population.

The mental health of **transgender** people is an acute concern.

LGBT people are at higher risk for mental disorders, including **depression, anxiety, suicidal ideation** and **deliberate self-harm**, compared to heterosexual people.



SUICIDE / SELF HARM

Gay and bisexual men have suicidal ideation rates **almost twice** those of heterosexual individuals.

LGBT youth demonstrate **higher rates** of emotional distress, symptoms related to mood and anxiety disorders, self-harm, self-stigma, suicidal ideation, and suicidal behavior compared to heterosexual youth.



DEPRESSION

Bisexual women, particularly younger women, have **higher levels** of depressive symptoms than lesbians.

The risk of depression in LGB people is at least twice that of heterosexuals.



DISPARITIES

Social exclusion, violence, discrimination, and criminalization perpetuate mental health and non-communicable disease disparities among LGBTI people.

The risk of depression in LGB people is at least twice that of heterosexuals.




India

In India the prevalence of depression among transwomen is high.



Kenya

In Kenya 16% of men who have sex with men experience depression, compounded by experiencing trauma or abuse, compared to 6% national prevalence of depression.



Philippines

Among Filipina sexual minority youth 27% experienced suicidal ideation versus 18.2% of heterosexual youth and 6.6% Filipina sexual minority youth attempted suicide versus 3.9% of heterosexual youth.



Russia

A study of men who have sex with men in Russia found 36.7% experienced depression and that depression increased 1.67-fold after the passage of the anti-gay laws.



U.S.A.

A U.S. national survey found 41% of transgender respondents reported ever attempting suicide compared to 4.6% of the general population.

MEMBER STATES MUST:

1

Disaggregate national suicide mortality rate by sexual orientation, gender identity and expression and sex characteristics (SOGIESC).

2

Collect disaggregated data by SOGIESC on number and proportion of persons suffering from depression and anxiety.

3

Collect the number of services that address preventative and mental health promotion for LGBTI people nationally.



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SEXUAL AND REPRODUCTIVE HEALTH

Sustainable Development Goal Target 3.7

Heteronormative framing of sexual and reproductive health continues to exclude men and LGBTI people, Quality, comprehensive, non-discriminatory SRH services remain out of reach for many LGBTI people. Draconian and discriminatory measures which seek to control sexual behaviors have not resulted in decreasing SRH problems.



HEALTH CARE WORKERS

The health care **workforce is ill-prepared** to address the sexual and reproductive health needs of LGBTI people.



STIS

Many countries have documented **high incidence** to common STIs among gay and bisexual men and transwomen yet fear of discrimination, cost, and lack of social support impede these communities from accessing SRH services.



FERTILITY AND REPRODUCTION

Women in same-sex partnerships who wish to become pregnant are often **directed to utilize assisted reproductive technology**, such as fertility medication, available through costly private health care.



PLEASURE

SRH service provision within LGBTI communities should **enhance autonomy, pleasure, and healthy relationships**.

Holistic responses to enhancing the SRH of LGBTI people could help people achieve a sense of sexual well-being and allows them to explore having the **best sex with the least harm**.

LGBTI people have **limited access** to SRH information relevant to their sexual lives and to their ability to protect themselves and their partners from sexual health risks, particularly when they are young adults.

The **fertility related needs of trans people** have been **understudied** and are compromised in many countries where legal gender recognition requires irreversible surgical reassignment, resulting in sterilization.

LGBTI people have limited access to SRH information relevant to their sexual lives.



Uganda

In Uganda, **one in three young adults** who have had same-sex sexual experiences reported unmet sexual health counselling needs in university health services.



Guatemala

In Guatemala, gay and bisexual men and trans women prefer clinics where they felt a sense of belonging.

MEMBER STATES MUST:

1

Collect the number of services that address the sexual and reproductive health (SRH) needs of LGBTI people nationally.

4

Ensure SRH care providers commit to non-discrimination and respect for human rights in provision of SRH information and services.

2

Measure access to reproductive health commodities relevant to LGBTI SRH including condoms, lubricants, dental dams, latex gloves and finger cots.

5

Legally prohibit non-consensual medical procedures, including intersex genital mutilation and forced sterilization.

3

Document inclusion of LGBTI topics in comprehensive sexuality education.

6

Provide viable options to alternative assisted reproductive technologies for LGBTI people with parenting intentions.



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DRUG AND ALCOHOL USE

Sustainable Development Goal Target 3.7



NO DATA

Most countries do not disaggregate data from national health surveys by sexual orientation and/or **do not ask questions** about gender identity.



NO SERVICES

LGBTI people are systematically disadvantaged, or actively **excluded**, from supportive drug and alcohol services.

Social exclusion and discrimination drive substance and alcohol abuse among LGBTI people, and **services are inadequate** for those who seek help.



DRUG USE

The use of drugs, especially **stimulants, is significantly higher** among lesbian, gay, and bisexual people when compared to heterosexual people.

Among gay men, use of cannabis, ecstasy, and methamphetamine were all at least **3 times higher** than heterosexual men.

LGBTI people experience a broad range of harms as a consequence of their drug use, including significantly **high rates of overdose** and drug induced mental trauma.



ALCOHOL USE

Higher levels of **problematic alcohol use** among lesbian and bisexual women compared to heterosexual women have been reported in numerous countries around the world.

Social exclusion and discrimination drive substance and alcohol abuse among LGBTI people, and services are inadequate for those who seek help.



Australia

Use of drugs by some intersex individuals was closely intertwined with experiences of bullying or used to help cope following genital reconstruction surgeries.

Use of any non-prescribed drug within the previous 12 months was **3 times higher** among lesbian and bisexual women.



Canada

Transgender people are significantly more likely to use cocaine and amphetamines compared to an age-matched reference population.

Gay and bisexual men were **7 times** more likely to have used stimulant drugs and **15 times** more likely to have used crystal methamphetamine compared to heterosexual men.



U.S.A.

Transmen and transwomen report high rates of marijuana, cocaine, crack, and amphetamine use, and that substance use differs by gender.

MEMBER STATES MUST:

1

Collect the coverage of drug use treatment interventions that are tailored for LGBTI people.

2

Disaggregate data by SOGIESC on the harmful use of alcohol.

3

Collect the number of services that address the use of stimulant drugs among LGBTI people nationally.



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HEALTH CARE ACCESS AND QUALITY

Sustainable Development Goal Targets 3.8 and 3.C



HIV AND CRIMINALIZATION

Criminalization is a key determinant in health care access, wherein arrests and convictions under anti-LGBTI laws have a strong negative association with **access to HIV prevention and care services**.



SRH TESTS

Lesbian and bisexual women may be more vulnerable to premature death from reproductive cancers as they are less likely than heterosexual women to access routine SRH checks, such as PAP tests, due to fear of discrimination and lack of sensitivity.

Low PAP test uptake among transmen are likely due in part to **lack of access** to providers with experience seeing transgender patients.



THE COSTS OF HEALTH CARE

Social marginalization based on SOGIESC may **limit incomes**, thus making high out-of-pocket costs more burdensome.

Intersex people experience significant distress as a result of their treatment in health care settings, including **surgery and other interventions without informed consent**, and lack of disclosure from parents and health care providers.

Respect for the parenting intentions of lesbians and gay men should provide options other than costly assisted **reproductive technologies**.



SERVICES ARE ESSENTIAL

Gender affirmation, hormone therapy, and sex reassignment services must be considered essential services for trans people.

Even in contexts where there is growing social acceptance of LGBTI people, health workers may feel unprepared to provide quality care to LGBTI patients due to a **lack of knowledge** of health concerns particular to LGBTI people and SOGIESC terminology.

In other contexts, discriminatory attitudes held by health care workers reflect homophobia and transphobia prevalent in the general population.

Health workers may feel unprepared to provide quality care to LGBTI patients due to a lack of knowledge.



Brazil

In Brazil, the **negative attitudes of health workers** toward LGBTI service users have been documented in primary, secondary and tertiary health care.



U.S.A.

A U.S. national survey found **28%** of trans people had **postponed health care**, due to discrimination, and **28%** reported **being harassed** by health workers when they did seek out care.

MEMBER STATES MUST:

1

Collect the number of people receiving services from LGBTI-led providers per 1000 population. This would give governments an indication of the essential need for community-led services.

5

Update nurses and doctors on latest standards of care, as set out by the World Health Organization and other UN agencies.

2

Measure service denial, stigma, and delay experienced by LGBTI people while receiving treatment.

6

Strengthen technical skills on a range of specific LGBTI health needs.

3

Respectfully and meaningfully involve LGBTI people, as well as include principles of greater involvement of people with living with HIV and AIDS (GIPA), in framing health care policy and Universal Health Coverage promotion.

7

Support health workers with managing “dual loyalty” situations, whereby same-sex relations and/or self-determined gender identity is criminalized, the health worker ensures his/her principle ethical duty is to “do no harm” to patients.

4

Record the number of medical and nursing qualifications that include components on LGBTI health related needs and SOGIESC sensitive care.



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