Right to the highest attainable standard of health and access to healthcare for LGBTI people in Europe

STEERING COMMITTEE
ON ANTI-DISCRIMINATION,
DIVERSITY AND INCLUSION (CDADI)

Committee of Experts on Sexual Orientation,
Gender Identity and Expression,
and Sex Characteristics (ADI-SOGIESC)

Third Thematic review of the implementation of the Council of Europe Committee of Ministers Recommendation CM/Rec(2010)5 to member states on measures to combat discrimination based on sexual orientation or gender identity

COUNCIL OF EUROPE

CONSEIL DE L'EUROPE

Right to the highest attainable standard of health and access to healthcare for LGBTI people in Europe

Third thematic review of the implementation of the Council of Europe Committee of Ministers Recommendation CM/Rec(2010)5 to member states on measures to combat discrimination based on sexual orientation or gender identity

2024 European Thematic Report

STEERING COMMITTEE ON ANTI-DISCRIMINATION, DIVERSITY AND INCLUSION (CDADI)
Prepared by the Committee of Experts on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (ADI-SOGIESC)

Council of Europe

French edition:
Personnes LGBTI en Europe : droit au meilleur état de santé possible et à l'accès aux soins

Council of Europe
F-67075 Strasbourg Cedex France
E-mail: sogi@coe.int

Cover design and layout: Documents and Publications Production Department (SPDP), Council of Europe
Cover photo: @Shutterstock

This publication has not been copy-edited by the SPDP Editorial Unit to correct typographical and grammatical errors.

Printed at the Council of Europe

Contents

Glossary of terms

Cisgender	Persons whose sense of personal identity and gender corresponds with the sex assigned to them at birth. Cisgender refers to persons who are not transgender.
Conversion practices (also known as Sexual Orientation or Gender Identity / Expression Change Efforts (SOGIECE); previously known as so-called "Conversion therapy")	Umbrella term to describe interventions of a wide-ranging nature, all of which have in common the belief that a person's sexual orientation and/or gender identity and expression (SOGIE) can and should be changed or suppressed. Such practices aim (or claim to aim) at changing people from gay, lesbian or bisexual to heterosexual and from trans or gender diverse to cisgender. Depending on the context, the term is used for a multitude of practices and methods, some of which are clandestine and therefore poorly documented.
Depathologisation	Recognition that being LGBTI is not a disease in itself. Depathologisation allows people to access trans-specific healthcare without a mental health assessment or diagnosis.
Endosex	Persons whose innate sex characteristics fit the normative medical or social understandings of typical female and male bodies. Endosex refers to persons who are not intersex.
Gender diverse	Umbrella term which refers to people who have culturally specific gender identities that do not fit under the trans/transgender umbrella. Typically, the term "trans and gender diverse" is used in human rights contexts to be as inclusive as possible.

Gender expression	Each person's presentation of their gender through physical appearance (including dress, hairstyles, accessories, cosmetics), mannerisms, speech, behavioural patterns, names and personal references. This may or may not conform to the socially expected expressions typically associated with a person's gender identity.
Gender identity	Each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.
Heteronormative/ heteronormativity	The concept that heterosexuality is the preferred or normal mode of sexual orientation, and thus those who do not 'conform' to heterosexual relations or identities are then treated as 'deviants' from the norm. Heteronormativity can be seen as a set of social norms, practices and institutions that: (1) promote the binary alignment of biological sex, gender identity and gender roles; (2) assume heterosexuality as a fundamental and natural norm; and (3) privilege monogamous, committed relationships and reproductive sex above all other sexual practices.
Intersex	Persons who have innate sex characteristic(s) (including chromosomal, gonadal, anatomical, or hormonal) that vary from the societal and/or medical understanding(s) of typical female and male bodies. In some national contexts, intersex persons are sometimes also referred to as persons with variations of sex characteristics.
Intersex genital mutilation (IGM)	Non-vital surgical, hormonal and other medical interventions and practices that aim at altering a person's sex characteristics without their personal, prior, free and fully informed consent. IGM is performed to make the body of a person perceived as having a variation of sex characteristics fit dominant societal and medical norms about what is understood to be a male or female body.

Legal gender recognition	Process of legal recognition of a person's gender identity, including name, legal gender or sex and other gender-related information, which may be reflected in surnames, social security numbers/personal identification numbers, titles etc., in public registries, records, identification documents (identity cards, passports, driving licences) and other similar documents (educational certificates etc.).
Minority stress	Impact of social stress experienced by LGBTI persons related to sexual orientation, gender identity and expression and/or sex characteristics driven by, 1) prejudiced incidents such as discrimination or violence, 2) internalised homophobia, transphobia or intersexphobia, 3) expectations of rejection, 4) and/or the stress associated with concealment.
Non-binary	Umbrella term for gender identities that fall outside the gender binary of male or female. This includes individuals whose gender identity is neither exclusively male nor female, a combination of male and female or between or beyond genders. Similar to the usage of transgender, people under the non-binary umbrella may describe themselves using one or more of a wide variety of terms (ECRI GPR No. 17). Non-binary persons can be endosex or intersex. Non-binary persons may use the pronouns they/them/theirs instead of he/him/his or she/her/hers. Some non-binary persons consider themselves to be transgender or trans; some do not because they consider transgender to be part of the gender binary.
Sex	Anatomical classification based on a combination of biological characteristics including chromosomes, hormones, internal and external reproductive organs, and secondary sex characteristics. Sex is often assigned at birth, generally by the doctor or midwife based on the appearance of a person's external anatomy and usually reflected in the official birth registration.

Sex characteristics	Each person's physical and biological features relating to sex, including genitalia, sexual and reproductive anatomy, gonads, chromosomes, hormones, and distribution of body hair, fat and muscle mass. Sex characteristics naturally occur on a spectrum.
Sexual orientation	Each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of a different gender or the same gender or more than one gender.
Trans or transgender	Umbrella terms for persons who have a gender identity that is different from predominant social expectations based on the sex assigned at birth, and for persons who wish to portray their gender identity in a different way to the expectations generally based on the sex assigned at birth. Trans persons may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer, gender-fluid, non-binary, crossdresser, trans man, trans woman and several others. A trans person may choose to modify their bodily appearance or function by medical, surgical, or other means as well as other expressions of gender, including dress, speech and mannerisms. Transgender men or trans men are persons who identify as men and who were assigned female at birth. Transgender women or trans women are persons who identify as women and who were assigned male at birth.
Trans-specific healthcare	Psychosocial support and/or medical interventions a person may opt to undergo, in order to better express their gender identity. This process may, but does not have to, involve hormone therapy or surgical procedures. A human rights-based approach to this care should be based on self-determination and informed consent.

List of acronyms

ADI-SOGIESC	Council of Europe Expert Committee on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics
ART	Assisted Reproductive Technology
CDADI	Steering Committee on Anti-Discrimination, Diversity and Inclusion
CoE	Council of Europe
CM/Rec(2010)5	Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity
CPT	European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment
CSO	Civil Society Organisations
ECHR	European Convention on Human Rights
ECRI	European Commission against Racism and Intolerance
ECSR	European Committee of Social Rights
EU	European Union
FRA	Fundamental Rights Agency of the European Union
HCPs	Healthcare professionals
ILGA-Europe	International Lesbian, Gay, Bisexual, Trans and Intersex Association-Europe
INGOs	International Non-Governmental Organisations
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex persons
LGR	Legal Gender Recognition
NGOs	Non-Governmental Organisations
OII - Europe	Organisation Intersex International-Europe
PACE	Parliamentary Assembly of the Council of Europe
SOGIESC	Sexual Orientation, Gender Identity and Expression and Sex Characteristics

SRHR	Sexual and Reproductive Health and Rights
TGEU	Transgender Europe
TSHC	Trans-specific healthcare
WHO	World Health Organization

1. Introduction

1.1. Background to the thematic report

1. The present thematic report stems from the Committee of Minister's decision to complement the comprehensive review[1] of the implementation of Recommendation CM/Rec(2010)5[2] of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity, with thematic reviews on one of the themes covered by CM/ Rec(2010)5. In autumn 2021, the Council of Europe's Committee of Ministers tasked the Steering Committee on Anti-Discrimination, Diversity and Inclusion (CDADI) to review annually a thematic dimension of the Recommendation and to prepare a comprehensive review of the Recommendation by the end of 2025. This mandate was extended to the Expert Committee on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (ADI-SOGIESC), when the Committee of Ministers established this Expert Committee in November 2023 (CM(2023)131-addfinal).

2. The thematic reviews serve three main goals: i) to identify gaps between Recommendation CM/Rec(2010)5 and national legislation, policies, implementation, and impact concerning a specific topic; ii) to identify promising practices identified in member states; and iii) to provide recommendations and a list of possible actions to improve the situation and bridge these gaps.

3. Two thematic reviews have so far been completed: i) Thematic Report on Legal Gender Recognition in Europe in 2022;[3] and ii) Thematic report on Hate Crimes and other Hate-motivated Incidents based on Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics (SOGIESC) in 2023.[4]

1. Two comprehensive reviews have been carried out to date in 2013 (see: https://search.coe.int/cm/Pages/result_details.aspx?ObjectID=09000016805c859a) and 2020 (see: https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809f9ba0)
2. Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination on grounds of sexual orientation or gender identity, available at: https://www.coe.int/en/web/sogi/rec-2010-5
3. 2022 - Thematic Report on Legal Gender Recognition in Europe available at: https://rm.coe.int/thematic-report-on-legal-gender-recognition-in-europe-2022/1680a729b3
4. 2023 – Thematic Report on Hate Crimes and other Hate-Motivated Incidents based on Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics (SOGIESC) available at: https://rm.coe.int/gt-adi-sogi-2023-3-en-european-report-sogiesc-based-hate-crime-final-t/1680ac3c18

1.2. Current thematic report

4. This current (and third thematic) review focuses on paragraph 33 under Section VII "Health" of Recommendation CM/Rec(2010)5: *"Member states should take appropriate legislative and other measures to ensure that the highest attainable standard of health can be effectively enjoyed without discrimination on grounds of sexual orientation or gender identity; in particular, they should take into account the specific needs of lesbian, gay, bisexual and transgender persons in the development of national health plans including suicide prevention measures, health surveys, medical curricula, training courses and materials, and when monitoring and evaluating the quality of health-care services."* Other articles within Section VII concerning health are: *"Appropriate measures should be taken in order to avoid the classification of homosexuality as an illness, in accordance with the standards of the World Health Organisation" (paragraph 34); "Member states should take appropriate measures to ensure that transgender persons have effective access to appropriate gender reassignment services, including psychological, endocrinological and surgical expertise in the field of transgender health care, without being subject to unreasonable requirements; no person should be subjected to gender reassignment procedures without his or her consent" (paragraph 35); "Member states should take appropriate legislative and other measures to ensure that any decisions limiting the costs covered by health insurance for gender reassignment procedures should be lawful, objective and proportionate" (paragraph 36).*

5. The Recommendation does not cover "sex characteristics", however this current review incorporates data, analysis and recommendations regarding intersex people. This inclusion is justified by significant developments that have occurred at international, European and national levels since the Recommendation was adopted, aimed at combating discrimination on the basis of sex characteristics. Furthermore, the ADI-SOGIESC is mandated by the Committee of Ministers, to produce a draft Council of Europe Recommendation on the equality of rights of intersex persons in 2025.

6. This review covers four topics that address the healthcare needs of LGBTI people[5], as well as areas where LGBTI people experience significant barriers to health: i) trans-specific healthcare (TSHC); ii) healthcare for older

5. We recognise that some LGBTI people may understandably resist fixed identity categories such as lesbian, gay, bisexual, trans and intersex, but such categories can be useful when aiming to understand the health inequalities associated with LGBTI people's lives, in order to inform future healthcare training, practice and policy initiatives.

people;[6] iii) sexual and reproductive health and rights (SRHR); and iv) mental health. In comparison to the previous thematic reports of the Recommendation CM/Rec(2010)5, which have had a more defined focus (i.e. legal gender recognition; hate crime), health is comparatively much broader. Whilst this has been addressed through the selection of key topics within health as a focus for the report, these areas are still extensive, and as such the report is unable to provide a comprehensive insight into each. However, the report will provide a snapshot of gaps between the Recommendation CM/Rec(2010)5 on health, as well as provide recommendations to address these gaps, using examples of promising practices.[7]

7. For this third thematic review, the methodology was adapted to address the challenges of reviewing an extensive topic such as 'health'. In 2023, Bosnia and Herzegovina (BiH) volunteered to participate in this thematic review as an opportunity to advance their national reform process. In-depth information and an informed dialogue on healthcare access for LGBTI people took place at the national level via a national report and a national multi-stakeholder roundtable in December 2023. In addition, four multi-stakeholder international roundtables were held, each focussing on one of the above-mentioned key topics, as well as a European multi-stakeholder roundtable in Strasbourg on 15 November 2023 focussing on key cross-cutting issues.[8]

8. This thematic report will provide: 1) an overview of the state of play of international standards and case-law relating to healthcare for LGBTI people; 2) an overview of reviews and recommendations relating to healthcare for LGBTI people; 3) a summary of key issues relating to healthcare for LGBTI people, including data collection issues; 4) an overview of national legislation, policies, strategies, and programmes relating to healthcare for LGBTI people; 5) examples of promising practices in relation to healthcare for LGBTI people; 6) areas for further dialogue and support from the relevant bodies of the Council of Europe; and vii) recommendations for member states.

---

6. Terms like elderly and senior are viewed as ageist and can lead to negative stereotypes. Older persons/older people are more age-inclusive terms and as such will be used throughout the thematic report.
7. The term "promising practices" is used to describe different situations that could be considered positive and successful in a country and could inspire other member States and can include legislation, policy, strategy, national plans, data collection, indicators, and projects etc.
8. For more information on the Roundtable held in Strasbourg in November 2023 on Advancing Healthcare Access for LGBTI people in Europe, see here: www.coe.int/en/web/sogi/-/europe-an-roundtable-on-advancing-healthcare-access-for-lgbti-people-in-europe-15-november

2. International standards and case law relating to LGBTI people's access to healthcare

9. Non-discriminatory access to and provision of healthcare is one of the basic principles within health law and medical ethics.[9] As an aspect of the right to the highest attainable standard of health, it constitutes a human right and is anchored in various international treaties such as the preamble of the Constitution of the World Health Organization of 1948[10] and the Universal Declaration of Human Rights.[11] This section summarises Council of Europe, European Union, and other relevant international standards and how they protect equity in access to healthcare for LGBTI people.

2.1. Council of Europe standards

10. The European Convention on Human Rights (ECHR)[12] does not specifically guarantee a right to health and does not include any explicit references to sexual orientation, gender identity, gender expression or sex characteristics. However, health-related cases specifically relevant to LGBTI people and health have been brought before the European Court of Human Rights (hereafter: "the Court") and have most frequently been lodged for alleged violations of Article 2 (right to life), Article 3 (prohibition of torture and inhuman and degrading treatment or punishment) and Article 8 (right to respect for private and family life). In the case of LGBTI people, a violation of the said Articles may also be in conjunction with Article 14, which prohibits discrimination.

9. Hartlev, M. (2013). Available at: https://www.jstor.org/stable/48713134
10. Constitution of the World Health Organization. Available at: https://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf
11. Universal Declaration of Human Rights. Available at: https://www.un.org/en/about-us/univer-sal-declaration-of-human-rights#:~:text=Everyone%20has%20the%20right%20to%20
12. European Convention on Human Rights. Available at: https://www.echr.coe.int/documents/d/echr/convention_ENG

11. Despite the limited case law related to access to healthcare for LGBTI people,[13] there are several cases where violations have been upheld in relation to the provision or restriction of TSHC. The Court considers that given the numerous and painful interventions involved in gender reassignment surgery and the level of commitment and conviction required to achieve a change in social gender role, it cannot be suggested that there is anything arbitrary or capricious in the decision taken by a person to undergo gender reassignment (*I. v. the United Kingdom* [GC], 2002, § 61; *Christine Goodwin v. the United Kingdom* [GC], 2002, § 81; *Van Kück v. Germany*, 2003, § 59; *Y.Y v. Turkey*, 2015, § 115). The Court held that a refusal by the domestic courts of a request for access to gender reassignment surgery has repercussions on the right to gender identity and the right to personal development and thus amounts to an interference with the right to respect for private life within the meaning of Article 8 § 1 of the Convention (*Y.Y v. Turkey*, 2015, §§ 66-122).

12. The requirement of sterilisation as a prerequisite for undergoing gender reassignment surgery has also been considered by the Court as an "interference" with the right to private life that cannot be considered "necessary" in a democratic society, and the denial of gender reassignment surgery based on this requirement has been adjudged as a violation of Article 8 of the Convention (*Y.Y v. Turkey*, 2015, §§ 66-122). In the case *Van Kück v. Germany*, 2003, the domestic courts rejected the applicant's claim to reimbursement of medical expenses in respect of trans-specific healthcare (hormone treatment and "gender reassignment surgery"). The Court held that there had been a violation of Article 6§1 (right to fair hearing) and violation of Article 8 (right to respect for private and family life). In the case *Schlumpf v. Switzerland*, 2009, the applicant's health insurers refused to pay the costs of her gender reassignment surgery on the ground that she had not complied with a two-year waiting period before surgery, as required by the case-law as a condition for payment of the costs of such operations. The Court held that there had been a violation of Article 8 (right to respect for private and family life) of the Convention in the applicant's case, finding that the waiting period had been applied mechanically without having regard to the age (67) of the applicant, whose decision to undergo an operation was likely to be affected by that delay, thus impairing her freedom to determine her gender identity, which it qualified as one of the most basic essentials of self-determination (Van Kück, § 73).

13. See 2022 - Thematic Report on Legal Gender Recognition in Europe for an overview of case law pertaining to legal gender recognition. Available at: https://rm.coe.int/thematic-report-on-legal-gender-recognition-in-europe-2022/1680a729b3

13. There is no case law relating to conversion practices. Article 14 provides that *"the enjoyment of the rights and freedoms set forth in this Convention shall be secured without discrimination on any ground…".* Since conversion practices target specific groups based on sexual orientation and/or gender identity, this could amount to a violation of the Convention in conjunction with Article 14. There is also no case law for intersex genital mutilation, however in the case *M v. France (42821/18) Decision 26/04/2022,* the claimant had complained that the French authorities had breached the Convention (under Article 3 – inhuman or degrading treatment or punishment) in that they had refused to conduct investigation on the "sex-assignment" medical interventions the claimant had been subjected to during childhood and adolescence, without informed consent. The complaint was found inadmissible on procedural grounds, but it sets the basis for the qualification of medical interventions carried out in the absence of any therapeutic necessity and performed on intersex persons, without their informed consent, including genital mutilation and sterilisation, as reliable to constitute ill-treatment within the meaning of article 3 of the Convention.[14]

14. The European Social Charter,[15] the human rights treaty on social and economic rights, guarantees the right to protection of health in Article 11 which complements Articles 2, 3 and 8 of the ECHR. In addition, the charter is the first human rights treaty provision to specifically protect the rights of older people and tackles age discrimination outside employment in different areas, including healthcare, in Article 23 – "*Every elderly person has the right to social protection".* Article E – non-discrimination of the Charter also states that: *"The enjoyment of the rights set forth in this Charter shall be secured without discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national extraction or social origin, health, association with a national minority, birth or other status".* The European Committee of Social Rights (ECSR),[16] which monitors compliance with the Charter, has issued important conclusions and decisions on member states' obligations with respect to the rights enshrined in the Charter, including on the right to protection of health. For example, by decision of 15 May 2018, on the merits of the complaint *Transgender Europe and ILGA-Europe v. the Czech Republic*[17,] the ECSR concluded that there was a violation of Article 11§1 of the Charter

14. https://hudoc.echr.coe.int/eng#{%22tabview%22:[%22document%22],%22itemid%22:[%22002-13664%22]}
15. Available at: www.coe.int/en/web/european-social-charter/charter-texts
16. European Committee of Social Rights - Social Rights. Available at: https://www.coe.int/en/web/european-social-charter/european-committee-of-social-rights
17. ECSR, Transgender Europe and ILGA-Europe v. the Czech Republic, complaint no. 117/2015, 15 May 2018, available at: https://hudoc.esc.coe.int/eng?i=cc-117-2015-dmerits-en

due to the requirement of sterilisation imposed on transgender persons wishing to change their personal documents so that they reflect their gender identity. Article 3 of the Convention on Human Rights and Biomedicine[18] (the Oviedo Convention, **the only international legally binding instrument** on the protection of human rights in the biomedical field), aims at ensuring equitable access to healthcare. Another relevant article within this Convention, specifically for trans and intersex persons, is the prohibition of non-consensual medical interventions as declared in Chapter 2 on Consent, Article 5.

15. The Recommendation of the Committee of Ministers (CM/Rec(2010)5)[19] to member states on measures to combat discrimination on grounds of sexual orientation or gender identity, contains a section dedicated to health. Member States are requested to adopt measures ensuring effective enjoyment of the highest attainable standard of healthcare without discrimination on grounds of sexual orientation or gender identity (**see Section 1*).

16. In its resolutions, the Parliamentary Assembly of the Council of Europe (PACE) has called on member states to provide effective protection against discrimination on grounds of gender identity in access to healthcare (Resolution no. 2048 (2015)[20] *Discrimination against transgender people in Europe*) and to ensure that intersex people have effective access to healthcare throughout their lives (Resolution no. 2191 (2017),[21] *Promoting the human rights of and eliminating discrimination against intersex people)*. Furthermore, PACE has called on member states to ban "conversion therapy" (Resolution no 2395 (2021)[22] *Strengthening the fight against so-called "honour" crimes*.

2.2. European Union

17. Regarding primary legislation, Article 35 of the European Union Charter of Fundamental Rights[23] states that "*Everyone has the right of access to preventive health care and the right to benefit from medical treatment under*

18. Oviedo Convention and its Protocols. Available at: www.coe.int/en/web/bioethics/oviedo-convention#:~:text=It%20is%20a%20framework%20Convention,application%20of%20biology%20and%20medicine.
19. Recommendation CM/Rec(2010)5 of the Committee of Ministers to member States on measures to combat discrimination on grounds of sexual orientation or gender identity, available at: www.coe.int/en/web/sogi/rec-2010-5
20. Resolution no. 2048 (2015). Available here: https://assembly.coe.int/nw/xml/xref/xref-xml2html-en.asp?fileid=21736
21. Resolution no. 2191 (2017). Available here: https://assembly.coe.int/nw/xml/XRef/Xref-XML2HTML-en.asp?fileid=24232
22. Resolution no. 2395 (2021). Available here: https://pace.coe.int/en/files/29494/html
23. EU Charter of Fundamental Rights. Available at: https://fra.europa.eu/en/eu-charter

the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities". The Charter maintains in Article 21 the right to non-discrimination on any ground including sexual orientation. However, explicit policy measures to achieve compliance with the principle of equality in access to healthcare are not specifically mentioned in the primary-law instruments. The issue of discrimination in healthcare on the grounds of sexual orientation or gender identity is not specifically addressed under EU secondary law. However, the EU equality directives have one pertinent provision: Recital 3 of the Gender Recast Directive (2006/54/EC)[24] introduced an explicit reference in relation to discrimination based on 'gender reassignment' for the first time in EU law.

18. There are relevant European Parliament resolutions concerning health and LGBTI people. For example, the European Parliament Resolution of 1 March 2018 (2017/2125(INI)) urged member states to ban LGBTI "conversion therapies" and pathologisation of trans identities.[25] The European Parliament Resolution 2018/2878(RSP) on the rights of intersex people (2019) strongly condemns sex-"normalising" treatments and surgery and encourages EU member states to adopt similar legislation as in Malta and Portugal, which prohibits such surgery.[26]

19. The LGBTIQ Equality Strategy 2020-2025[27,28] also sets out a number of targeted key objectives and actions, which aims to protect and promote LGBTI people's physical and mental health.

24. Directive 2006/54/EC. Available here: LexUriServ.do (europa.eu)
25. European Parliament Resolution of 1 March 2018 (2017/2125(INI)) Available here: www.europarl.europa.eu/doceo/document/TA-8-2018-0056_EN.html
26. European Parliament Resolution 2018/2878(RSP). Available here: https://oeil.secure.europarl.europa.eu/oeil/popups/summary.do?id=1573889&t=d&l=en
27. European Commission LGBTIQ Equality Strategy 2020-2025. Available here: https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/combatting-discrimination/lesbian-gay-bi-trans-and-intersex-equality/lgbtiq-equality-strategy-2020-2025_en
28. European Commission LGBTIQ Equality Strategy 2020-2025 Factsheet. Available here: https://commission.europa.eu/system/files/2020-11/lgbtiq_factsheet_2020-2025_en.pdf

2.3. Other international standards/instruments

20. The United Nations International Covenant on Economic, Social, and Cultural Rights[29] recognises the right to health in *Article 12:1 - The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. The UN Committee on Economic, Social and Cultural Rights (see General Comment 14, UN, 2000[30]), clarifies the concept of the right to the highest attainable standard of health and recalls that the covenant forbids any discrimination in access to healthcare on the grounds of sexual orientation or other statuses, which has the intention or effect of nullifying or impairing the equal enjoyment or exercise of the right to health. In addition, the committee (General Comment No.20, UN, 2009[31]) also stated that gender identity is protected against discrimination.

21. Although all international human rights instruments apply equally to individuals regardless of their sexual orientation, gender identity, gender expression and/or sex characteristics, there is no international convention specifically dedicated to address discrimination against LGBTI people. The Yogyakarta Principles[32] are a universal guide to human rights which affirm binding international legal standards with which all States should apply without discrimination based on SOGI, and provide guidance on how international human rights law can be applied, including in the specific context of respecting, protecting, and promoting the right to health. Relevant principles to health include Principle 17 *"Everyone has the right to the highest attainable standard of physical and mental health, without discrimination on the basis of sexual orientation or gender identity. Sexual and reproductive health is a fundamental aspect of this right".* [33] Additionally, Principle 18

29. International Covenant on Economic, Social and Cultural Rights. Available here: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights
30. General comment no. 14 (2000), The right to the highest attainable standard of health (article 12 of the International Covenant on Economic, Social and Cultural Rights). Available here: https://digitallibrary.un.org/record/425041?ln=en&v=pdf
31. General comment no. 20 (2009), Non-discrimination in economic, social, and cultural rights (article 2 of the International Covenant on Economic, Social and Cultural Rights). Available here https://www.refworld.org/legal/general/cescr/2009/en/68520
32. Yogyakartaprinciples.org – The Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity. Available here: https://yogyakartaprinciples.org/
33. Relating to the Right to the Highest Attainable Standard of Health (Principle 17). Available here: https://yogyakartaprinciples.org/relating-to-the-right-to-the-highest-attainable-standard-of-health-principle-17/

requires the protection from medical abuse, stating that *"no person may be forced to undergo any form of medical or psychological treatment, procedure, testing, or be confined to a medical facility, based on sexual orientation or gender identity"*. This is particularly relevant regarding trans and intersex people. In 2017, the principles were supplemented (YP+10)[34], expanding on gender expression and sex characteristics, and included principles related to health such as Principle 32 – *The Right to Bodily and Mental Integrity*; and Principle 35 - *The Right to Sanitation*.

34. Yogyakarta Principles plus 10. Available here: https://yogyakartaprinciples.org/principles-en/yp10/

3. Reviews and recommendations relating to LGBTI people's access to healthcare

22. This section provides a non-exhaustive summary of recent reviews and recommendations relevant to LGBTI people's access to healthcare.

3.1. Council of Europe

23. The second comprehensive review covering 2014-2018 examined the extent to which legislation of member states complies with the Recommendation[35] and considered the measures (or lack thereof) implemented in the fields of access to high quality healthcare. Relevant recommendations are outlined in the review including: *"Member states should ensure that trans-specific healthcare (hormonal treatment, surgery and psychological support) is accessible and are invited to ensure that it is reimbursed by the public health insurance schemes, taking into account national budgetary constraints".* The thematic report on legal gender recognition (2022)[36] also highlights some issues for further attention relevant to this current thematic report, such as the pathologisation of the legal gender recognition procedures in the majority of member states. The European Commission against Racism and Intolerance[37] (ECRI) of the Council of Europe monitors efforts in member states to combat racism, discrimination (on grounds of "race", ethnic/national origin, colour, citizenship, religion, language, sexual orientation, gender identity and sex characteristics), xenophobia, antisemitism, and intolerance. The ECRI issues General Policy Recommendations (GPRs) addressed to the governments of all member states. In 2023, it issued General Policy Recommendation 17[38] (GPR 17) to provide member states with practical guidance

35. Comprehensive review available here: https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809f9ba0
36. Thematic Report on Legal Gender Recognition in Europe available at: https://rm.coe.int/thematic-report-on-legal-gender-recognition-in-europe-2022/1680a729b3
37. https://www.coe.int/en/web/european-commission-against-racism-and-intolerance
38. ECRI General Policy Recommendation 17 available here: https://rm.coe.int/general-policy-recommendation-no-17-on-preventing-and-combating-intole/1680acb66f

to address intolerance and discrimination against LGBTI people in Europe. Among others, ECRI recommends to member states to implement measures to ensure equal protection, and rights enjoyment for LGBTI individuals in all aspects of life, including healthcare (Rec. 1) at all administrative levels (Rec. 2), formulating evidence-based laws and policies, reflecting the lived experiences of discrimination faced by LGBTI people (Rec. 6), define and prohibit discrimination based on SOGIESC, across all areas of life, including healthcare (Rec. 7) and to establish a system for collecting accurate data on LGBTI individuals (Rec. 5). It specifically recommends to: prohibit SOGIESC based discrimination in access to assisted reproductive technologies (ART) (Rec. 20); to prohibit conversion practices aiming to convert or change the sexual orientation and/or gender identity (Recs. 22, 23); guarantee legal gender recognition without abusive requirements such as involuntary sterilisation and/or medical procedures, mental health diagnoses, disproportionate financial costs, or evidence of so-called "real life experience" of living in accordance with their gender identity (Rec. 25); prevent the de-medicalisation of legal gender recognition from hindering access to necessary gender-affirming healthcare for transgender individuals (Rec. 30) and ensure rules regulating insurance coverage for gender-affirming healthcare do not discriminate, respecting rights to private life and non-discrimination (Rec. 31); adopt legal measures prohibiting medically unnecessary surgeries on intersex children, emphasising the right to bodily integrity through free and informed consent (Rec. 32); and to provide comprehensive training to healthcare professionals (HCPs), including medical students, emphasising the right to bodily integrity for intersex people, with their active involvement (Rec. 36).

24. ECRI country monitoring reports recommend that the authorities draw up and adopt action plans to combat homophobia and transphobia in all areas of everyday life, including healthcare, and that they provide awareness-raising and training for healthcare staff enabling them to deal with the specific questions raised by LGBTI people.[39] ECRI also recommends that intersex children's right to physical integrity and bodily autonomy should be effectively protected. Medical interventions on a persons' sex characteristic(s), without their prior, free, informed, express and documented consent should be prohibited. Where it does not already exist, the authorities should swiftly enact legislation that prohibits medical interventions on intersex persons not able to provide consent, unless, in exceptional cases, there is a pressing need to prevent significant harm, such as a threat to the life or serious damage to health through the particular intervention. They should also establish

39. See, for example, ECRI, *Compilation of ECRI country reports recommendations pertaining to LGBT persons* (5th monitoring cycle), available at: https://bit.ly/3IXD5iV and ECRI, *Factsheet on LGBTI issues*, 1 March 2021, available at: https://bit.ly/3IPc0OL

services with low-threshold access that provide counselling and assistance to intersex persons and their parents.[40]

25. The 2021 Commissioner for Human Rights Issue Paper "Protecting the right to health through inclusive and resilient health care for all"[41] noted that LGBTI people experience multiple, diverse barriers to accessing healthcare throughout Europe, which exacerbate inequalities and discrimination, ultimately impacting negatively on both their physical and mental health. The Commissioner recommended member states to proactively remove existing barriers to inclusive and non-discriminatory access to health with a view to safeguarding effectively the health rights of all persons. The Issue Paper also recommends that "Human rights and non-discrimination education should be included in medical and health care curricula, as should discussion of LGBTI issues". In 2023 there was a Human Rights comment on conversion practices calling for all CoE member states to take decisive measures to eliminate SOGIE conversion practices.[42] In 2024, the Commissioner for Human Rights released a report "Sexual and Reproductive Health and Rights in Europe – Progress and Challenges"[43] highlighting that LGBTI people continue to experience intersectional discrimination within sexual and reproductive health and rights and calls on member states to "establish effective measures to tackle intersecting forms of discrimination that limit the enjoyment of sexual and reproductive health and rights". In an update to the 2009 Issue Paper on "Human Rights and Gender Identity"[44], in March 2024 the Commissioner for Human Rights released the Issue Paper "Human Rights and Gender Identity and Expression"[45]. The paper addresses a range of issues relating to

40. ECRI, 6th cycle report on Switzerland (see https://rm.coe.int/ecri-report-on-switzerland-sixth-monitoring-cycle-/16809ce4bd) § 23; ECRI, 6th cycle report on Austria (see https://rm.coe.int/report-on-austria-6th-monitoring-cycle-/16809e826f) § 31; ECRI, 6th cycle report on Germany (see https://rm.coe.int/ecri-report-on-germany-sixth-monitoring-cycle-/16809ce4be) § 34; See also, Commissioner for Human Rights, *Human rights and intersex people*, 2015, available at: https://bit.ly/3Hi55gC
41. Commissioner for Human Rights, Issue Paper, *Protecting the right to health through inclusive and resilient health care for all*, February 2021, pp. 20-21, available at: https://bit.ly/34kAdNR
42. Human Rights Comment, 16 Feb 2023. Available here: https://www.coe.int/en/web/commissioner/-/nothing-to-cure-putting-an-end-to-so-called-conversion-therapies-for-lgbti-people
43. Commissioner for Human Rights report "Sexual and Reproductive Health and Rights in Europe – Progress and Challenges (Feb, 2024) Available at: https://rm.coe.int/follow-up-report-on-the-2017-ip-on-srhr-sexual-and-reproductice-health/1680aea9b4
44. Commissioner for Human Rights report "Human Rights and Gender Identity" (July, 2009). Available at: https://rm.coe.int/human-rights-and-gender-identity-issue-paper-commissioned-and-publishe/16806da753
45. Commissioner for Human Rights report "Human Rights and Gender Identity and Expression" (March 2024). Available at: https://rm.coe.int/issue-paper-on-human-rights-and-gender-identity-and-expression-by-dunj/1680aed541

trans people's enjoyment of human rights, including healthcare, as well as 15 recommendations for CoE Member States, which include recommendations relating to TSHC, as well the call for member states to ban and sanction the advertising and conduct of conversion practices.

3.2. Others

26. The UN Independent Expert (on protection against violence and discrimination based on sexual orientation and gender identity) report on the right to the enjoyment of the highest attainable standard of physical and mental health of persons, communities and populations affected by discrimination and violence based on sexual orientation and gender identity in relation to the Sustainable Development Goals[46] found that LGBTI people face discriminatory and often violent barriers impeding their full and equal enjoyment of the right to the highest attainable standard of physical and mental health. The report calls on States to ban so-called "conversion therapies" and intersex sex-"normalising" surgeries. In the "Report on Conversion Therapy" (2020) the Independent Expert (on protection against violence and discrimination based on sexual orientation and gender identity) called for a global ban on practices of "conversion therapy" after concluding that they are a form of cruel, inhuman, and degrading treatment or punishment under international human rights law.[47]

27. The United Nations Population Fund (UNPF, 2019)[48] produced a report calling for a comprehensive approach to SRHR which *"entails adopting the full definition of SRHR and providing an essential package of SRHR interventions with a life course approach, applying equity in access, quality of care, without discrimination, and accountability across implementation*" and explicitly recognises SRHR needs of vulnerable groups (including LGBTI people), including barriers to accessing care.

46. Report available here: www.ohchr.org/sites/default/files/2022-06/A_HRC_50_27_AdvanceUneditedVersion.docx
47. Report available here: www.ohchr.org/sites/default/files/ConversionTherapyReport.pdf
48. Sexual and reproductive health and rights: An essential element of universal health coverage (2019). Report available here: https://www.unfpa.org/sites/default/files/pub-pdf/UF_SupplementAndUniversalAccess_30-online.pdf

4. Summary of key issues relating to LGBTI people's access to healthcare

4.1. Access to healthcare for LGBTI people – general overview of the situation

28. There is a substantial body of global research which demonstrates that LGBTI people experience significant health inequalities in terms of health outcomes (physical and mental health), healthcare service provision, and health risk factors in comparison to non-LGBTI populations.[49] Findings from the 2020 EU Agency for Fundamental Rights (FRA) LGBTI Survey found that 34% of LGBTI people answered that they have a long-standing illness or health problem which has lasted, or is expected to last, for 6 months or more. This statistic increased to 46% of intersex people and 45% of trans people reporting an enduring health problem.[50] The survey also showed that: i) 16% of LGBTI people experienced discrimination within the past 12 months when using healthcare or social services. This increased to 34% for trans respondents (up to 40% of trans minors) and 35% for intersex respondents; ii) 14% of respondents specified that they had experienced inappropriate curiosity or comments when using or trying to access healthcare services due to being LGBTI – this increased to 24% for trans people and 20% for intersex people; and iii) 46% of respondents were not open about being LGBTI to any medical staff and/or HCPs. This increased to 62% for bisexual women and bisexual men. This number increased to 84% for 15-17-year-old respondents, and 64% for 19-24-years-old respondents. Health inequalities experienced by LGBTI people have worsened during the COVID-19 pandemic.[51] A rapid assessment report of European and Central Asian countries showed how pre-existing limitations in LGBTI-affirming healthcare were exacerbated as healthcare systems redirected their resources, mental health services were

49. Zeeman et al. (2017). State-of-the-art study focusing on the health inequalities faced by LGBTI people: State-of-the-Art Synthesis Report (SSR). Available here: https://cris.brighton.ac.uk/ws/portalfiles/portal/469871/stateofart_report_en.pdf
50. https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer
51. McGowan et al. (2021). Life under COVID-19 for LGBT+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations | BMJ Open. Available here: https://bmjopen.bmj.com/content/11/7/e050092.full

interrupted or experienced huge increases in demand, and access to sexual and reproductive health (SRH) was negatively impacted.[52]

29. The causes of inequalities experienced by LGBTI people occur due to the consequences of a range of interacting factors including: cultural and social norms that preference and prioritise being heterosexual, cisgender, endosex, and of a binary gender/sex; minority stress associated with being marginalised due to one's sexual orientation, gender identity and expression and/or sex characteristics; alongside experiences of victimisation, discrimination, and stigma.[53],[54] A European Parliament pilot study of the health inequalities experienced by LGBTI people (Health4LGBTI, 2018)[55], found a number of barriers faced by LGBTI people when accessing healthcare including prejudicial attitudes or discriminatory behaviour of staff, and unequal treatment of LGBTI people, as well as denial of access to treatment. LGBTI people reported cases where they saw themselves being refused healthcare services due to their sexual orientation, gender identity or sex characteristics. Barriers faced by HCPs when providing care for LGBTI people included: i) HCPs' assumptions including assumptions that people were non-LGBTI by default; that being LGBTI was irrelevant; and that LGBTI people did not experience significant discrimination; ii) HCPs found it difficult to challenge anti-LGBTI attitudes from both colleagues and patients; iii) a lack of knowledge and cultural competence concerning the lives and healthcare needs of LGBTI people; as well as iv) outdated medical and health sciences literature. Institutional barriers faced by LGBTI people when accessing healthcare included: i) a lack of specialist mental health services and counselling services for LGBTI people; and ii) a lack of relevant documentation and protocols (e.g. processes for recording patient information and care pathways) appropriate for LGBTI patients.

30. Gaps in cultural competencies regarding LGBTI health, lack of awareness and knowledge of the unique health and healthcare needs of LGBTI patients, along with non-inclusive attitudes can contribute to LGBTI health

52. COVID-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report (ILGA-Europe, 2020). Available here: https://www.ilga-europe.org/sites/default/files/covid19-lgbti-assessment-2020.pdf
53. Zeeman et al. (2017). State-of-the-art study focusing on the health inequalities faced by LGBTI people: State-of-the-Art Synthesis Report (SSR). Available here: https://cris.brighton.ac.uk/ws/portalfiles/portal/469871/stateofart_report_en.pdf
54. Pachankis & Bränström (2018) Hidden from happiness: Structural stigma, sexual orientation concealment, and life satisfaction across 28 countries. Available here: https://psycnet.apa.org/record/2018-17848-001
55. Health4LGBTI: Reducing health inequalities experienced by LGBTI people. Available here: https://health.ec.europa.eu/social-determinants/projects/european-parliament-projects_en

inequalities.[56,57] A report[58] into the knowledge, attitudes, experience, and training needs of health professionals from five European countries (Bulgaria, Hungary, Italy, Poland and Spain) found that health professionals have a low awareness on LGBTI issues and the specific needs of LGBTI patients, highlighting the need for training for health professionals on issues impacting LGBTI people and their health.

4.2. Data collection issues

31. The specific health needs of the sexual and gender minority population are largely unknown as most national and cross-European health surveys do not collect data on the population's sexual orientation and gender identity, making LGBTI people, and their health needs, invisible to those responsible for promoting public health.[59] Monitoring of sexual orientation and gender identity can facilitate the allocation of resources to sexual and gender minority health needs, the development of clinical interventions, and effective preventive activities to reduce health inequalities impacting this group. Discussions at the European Roundtable (November 2023)[60] called for the disaggregation of data to fully understand the health needs of different groups within the LGBTI population, particularly for women, trans, and intersex people as well as differences within each population group based on characteristics such as age, disability, gender, migrant status, race or ethnicity and religion. This was also recommended by the EU Fundamental Rights Agency (FRA) 2024 report on LGBTIQ Equality[61]. The UN Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity has also noted that: *"improving health outcomes for LGBTI persons and monitoring progress on the commitment to leave no one behind will*

56. McGlynn et al. (2019) Healthcare professionals' assumptions as barriers to LGBTI healthcare. Available here: https://www.tandfonline.com/doi/full/10.1080/13691058.2019.1643499
57. Yu et al. (2023). LGBTQ + cultural competency training for health professionals: a systematic review. Available here: https://link.springer.com/article/10.1186/s12909-023-04373-3
58. Open Doors – Comparative Report – Attitudes, experiences, and training needs of health professionals with regard to LGBTI people in five European countries (2020). Available here: https://opendoorshealth.eu/sites/default/files/attachments/opendoors_comparativereport.pdf
59. Bränström et al. (2019). European-wide monitoring of sexual and gender minority health: a necessary and feasible task for advancing health equity. Available here: https://academic.oup.com/eurpub/article/29/2/199/5407695?login=false
60. For more information on the Roundtable held in Strasbourg in November 2023 on Advancing Healthcare Access for LGBTI people in Europe, see here: www.coe.int/en/web/sogi/-/european-roundtable-on-advancing-healthcare-access-for-lgbti-people-in-europe-15-november
61. Report available here: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2024-lgbtiq-equality_en.pdf.

require a radical transformation in how data and evidence of discrimination and violence based on sexual orientation and gender identity is gathered, analysed and acted on".[62]

32. Several member states assess sexual orientation and gender identity in their national health surveys to differing extents, including Austria, Denmark, Finland, Germany, Ireland, Norway, Spain, Sweden, Switzerland and the UK.

33. Data from the Swedish National Public Health Survey, collected annually since 2004, have shown that (i) most people are willing to disclose their sexual orientation and gender identity, (ii) including questions about sexual orientation and gender identity does not influence overall response rates and the willingness to respond to such questions has increased during the past 10 years and, (iii) pooled over several years, samples of these minority populations can be large enough to estimate both disease prevalence and group-specific disease determinants.[63]

4.3. National legislation relating to healthcare for LGBTI people

34. There is no universal approach to addressing healthcare for LGBTI people across member states, and national legislation and policies differ widely. The second comprehensive review of the implementation of the CM/Rec(2010)5 Recommendation (2018), found that 34 responding States reported having measures in place to ensure the enjoyment of the highest attainable standard of health without discrimination on grounds of SOGI. However, only a few States adopted measures specifically referring to SOGI.[64] According to the 2023 Rainbow Europe Map[65] (ILGA-Europe's annual benchmarking tool), 8 member states had legislation prohibiting discrimination in the field of health on the basis of sexual orientation, gender identity, and sex characteristics – Belgium, Bosnia and Herzegovina, Denmark, Finland, Iceland, Montenegro, Serbia, Spain. 17 member states had legislation prohibiting discrimination in the field of health on the basis of sexual orientation

62. Report available here: www.ohchr.org/sites/default/files/2022-06/A_HRC_50_27_AdvanceUneditedVersion.docx
63. Bränström et al. (2019). European-wide monitoring of sexual and gender minority health: a necessary and feasible task for advancing health equity. Available here: https://academic.oup.com/eurpub/article/29/2/199/5407695?login=false
64. Comprehensive review available here: https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809f9ba0
65. Rainbow Europe Map and Index 2023 | ILGA-Europe. Available here: https://www.ilga-europe.org/report/rainbow-europe-2023/

and gender identity – Andorra, Bulgaria, Croatia, Czechia, France, Georgia, Germany, Hungary, Luxembourg, Moldova, North Macedonia, Norway, Slovakia, Slovenia, Sweden, Switzerland, UK. Other member states only covered sexual orientation (some regions in Austria, Ireland, Lithuania, Romania), gender identity (Estonia), or sex characteristics (Malta). 16 member states did not explicitly legislate against discrimination on the basis of sexual orientation, gender identity, or sex characteristics – Albania, Armenia, Azerbaijan, Belarus, Cyprus, Greece, Italy, Latvia, Liechtenstein, Monaco, Netherlands, Poland, Portugal, San Marino, Turkey, and Ukraine). Therefore, in practice, non-discriminatory and effective access to healthcare for LGBTI people remains a challenge in many member states.

35. In 2018, 25 member states indicated that the specific needs of LGBTI people were taken into consideration in national health plans.[66] Healthcare is also addressed within LGBTI action plans of some member states (e.g. Albania[67], Bosnia & Herzegovina[68], Germany[69], Italy[70], Malta, Norway[71]). For example, Malta's LGBTI Equality Strategy and Action Plan (2023-2027)[72] contains many measures regarding healthcare, including TSHC, monitoring of medical interventions of intersex children, mental health, and sexual health. Portugal is the only member state to currently have a national LGBTI health action plan.[73]

66. Comprehensive review available here: https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809f9ba0
67. Albania National Action Plan for LGBTI People 2021-2027. Available here: https://rm.coe.int/lgbti-nap-2021-2027-en-final-2022/1680a584cf
68. 2021-2024 Action Plan to Improve the State of Human Rights and Freedoms of LGBTI people in Bosnia and Herzegovina. Available here: https://arsbih.gov.ba/wp-content/uploads/2023/06/AP-LGBTI-ENG-27.09.pdf
69. German National LGBTI Action Plan. Available here: https://www.bmfsfj.de/resource/blob/205126/4826d1e00dc9d02e48f46fa47bb0c3e9/aktionsplan-queer-leben-data.pdf
70. Italy National LGBTI Action Plan. Available here: https://unar.it/portale/documents/20125/113907/Strategia+nazionale+LGBTI%2B+2022+rev+A.pdf/8f04f55a-ee93-92b5-2bf3-d5bd59e7c163?t=1665040970207
71. The Norwegian Government's Action Plan on Gender and Sexual Diversity (2023–2026). Available here: https://www.regjeringen.no/en/dokumenter/the-norwegian-governments-action-plan-on-gender-and-sexual-diversity-20232026/id2963172/?ch=7
72. LGBTIQ Equality Strategy and Action Plan 2023 – 2027. Available here: https://humanrights.gov.mt/en/Documents/LGBTIQ%20Equality%20Strategy%20and%20Action%20Plan%202023%20%E2%80%93%202027%20EN.pdf
73. Health Strategy for Lesbian, Gay, Bisexual, Trans, and Intersex People, 2019. Available here: www.dgs.pt/documentos-e-publicacoes/estrategia-de-saude-para-as-pessoas-lesbicas-gays-bissexuais-trans-e-intersexo-lgbti-pdf.aspx

4.4. Promising practices relating to healthcare for LGBTI people

36. Promising practice examples of national legislation

- Iceland - The 2018 Act on Equal Treatment Outside the Labour Market[74] prohibits discrimination in healthcare on the basis of sexuality, gender identity, gender expression or sex characteristics.
- Bosnia and Herzegovina - The Law on Prohibition of Discrimination[75] prohibits discrimination in healthcare on the grounds of sex, sexual orientation, gender identity, sex characteristics.
- Spain – The "Trans Law" (4/2023)[76] seeks to ensure that the strategies, plans, programmes and actions developed in the field of health policies consider the specific needs of LGBTI people and that health professionals are trained in LGBTI people's specific health needs. The law improves protections for LGBTI people more broadly by expanding access to ART; strengthening sexuality education; banning medically unnecessary, "normalising" surgeries for intersex children before they can consent.
- Malta - The Maltese Gender Identity, Gender Expression and Sex Characteristics Act[77] is considered a promising example of a law that protects intersex people against violations of their right to bodily integrity. The Act provides clear and human rights-based definitions of terminology (e.g. sex characteristics) and makes a distinction between treatments that address an actual health need of a person, and surgeries and other medical interventions that are cosmetic, deferrable and performed for social reasons. It prohibits any sex-"normalising", sex-"assigning" or sex-altering treatment and/or surgical intervention on the sex characteristics of a minor that could be deferred until a time when the minor is able to make their own decision and provide informed consent.

74. Government of Iceland - Equal Treatment of Individuals Regardless of Race and Ethnic Origin. Available here: https://www.government.is/topics/human-rights-and-equality/equality/legislation/equal-treatment-of-individuals-regardless-of-race-and-ethnic-origin/
75. Law on Prohibition of Discrimination, Bosnia and Herzegovina. Available here: https://www.osce.org/files/Law%20on%20Progibition%20of%20Discrimination_0.pdf
76. Ley 4/2023 available here: https://www.boe.es/boe/dias/2023/03/01/pdfs/BOE-A-2023-5366.pdf
77. Gender Identity, Gender Expression And Sex Characteristics Act. Available here: https://legislation.mt/eli/cap/540/eng/pdf

37. Promising practice example of a national LGBTI Health Strategy

- Portugal - A National Health Strategy for LGBTI people[78] has been in place in Portugal since 2019, with a model of implementation that crosscuts primary care, hospitals, and special intervention centres. In 2023, the Strategy was renewed and a Monitoring Group was set-up to assess the implementation of the strategy, including the gaps that persist in terms of prevention, health promotion, access and provision of care for LGBTI people, especially with regard to the functioning of the care network for trans and intersex people and administrative and other procedures associated with access and provision of this care.

38. Promising practice examples of data collection / health surveys

- The Subgroup on Equality Data[79] has produced a guidance note on the collection and use of data for LGBTIQ equality (2023).[80] The report *"sets out the challenges in collecting data on SOGIESC and highlights promising paths to a more standardised and consistent approach, while reflecting the different national contexts and the varying requirements for the collection of equality data based on SOGIESC".* Policymakers and other stakeholders can review the actions set out in the guidelines that align with member state need.
- UK[81] and Malta[82] are the only two CoE member states to include questions on sexual orientation and gender identity in their latest national census (2021). The UK Office of National Statistics (ONS) developed the questions through focus groups, cognitive interviews, and experimental testing, which included participants of diverse sexual orientations and gender identities. The ONS is reviewing questions on gender identity.

78. Health Strategy for Lesbian, Gay, Bisexual, Trans, and Intersex People, 2019. Available here: https://www.dgs.pt/documentos-e-publicacoes/estrategia-de-saude-para-as-pessoas-lesbicas-gays-bissexuais-trans-e-intersexo-lgbti-pdf.aspx
79. Composed of representatives from EU member States and Norway, the European Commission, Eurostat, Eurofound, EIGE and FRA, and provides a forum for relevant national authorities and EU institutions, to discuss challenges and opportunities in improving the collection and use of equality data.
80. Guidance note on the collection and use of data for LGBTIQ equality. Available here: commission.europa.eu/document/download/66adbc7e-99cb-4d88-a653-d7fbfba9d7e8_en?-filename=Guidance note on the collection and use of data for LGBTIQ equality_FINAL.pdf
81. Office for National Statistics – UK, Census. Available here: https://www.ons.gov.uk/census/aboutcensus/censusproducts/analysis/sexualorientationandgenderidentityanalysisplans
82. National Statistics Office – Malta, Census. Available here: https://nso.gov.mt/themes_sources___met/census-in-malta/

- Norway includes questions on sexual orientation and gender identity in national population health surveys[83] with the aim of collecting disaggregated data for sexual orientation and gender identity. Sweden's Public Health Agency survey[84] includes questions on sexual orientation and gender identity. The Ministry of Health in Austria launched the first LGBTIQ+ Health Survey in 2022 to address the lack of data and published a comprehensive report in 2023.[85]
- On behalf of the city of Ghent (Belgium), the Transgender Infopunt (2020) developed a model for inclusive gender registration that all official surveys will have to use.[86]

39. Promising practice – training for healthcare professionals[87]

The training of healthcare professionals (HCPs) to improve knowledge and cultural competencies regarding the health needs of LGBTI people is a fundamental step to addressing health inequalities in healthcare settings.

- Health4LGBTI – The EU funded Health4LGBTI training course[88] was developed by a consortium of European partners from Belgium, Italy, Poland, and the UK on behalf of the European Parliament. The course aims to increase HCPs' knowledge of LGBTI health needs, and healthcare inequalities, as well as at improving their attitudes and skills to provide inclusive healthcare for LGBTI patients. The training course is not dedicated to any single health profession or a specific country/region. Moreover, support staff working in healthcare settings (e.g. front-line staff who are in contact with patients) may also benefit from the training course. The training programme with the trainer's manual is free. The course has been adapted for trainee auxiliary and healthcare practitioners with components used in workshops with undergraduate nursing students, midwifery students, psychiatrists in training, medical students, and occupational therapy students.

83. Quality of life – SSB. Available here: https://www.ssb.no/en/sosiale-forhold-og-kriminalitet/levekar/statistikk/livskvalitet
84. Public Health Agency of Sweden (2022) - Public Health Survey. Available here: https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/public-health-reporting/
85. LGBTIQ+ Gesundheitsbericht 2022. Available here: https://www.gesundheit.gv.at/dam/jcr:1f1c5f5a-d437-4f96-963c-5a9c744228c3/LGBTIQ+%20Gesundheitsbericht%202022.pdf
86. https://www.transgenderinfo.be/sites/default/files/2022-10/Adviesnota-2020-sept.pdf
87. Examples of healthcare professional training in relation to the specific topics covered in this review (e.g. older people, mental health) can be found in later sections of the report.
88. Health4LGBTI: Reducing health inequalities experienced by LGBTI people. Available here: https://health.ec.europa.eu/social-determinants/projects/european-parliament-projects_en

- Open Doors[89] implemented an international research, training, and awareness raising project which aimed to promote inclusive and competent healthcare for LGBTI people. The project was carried out by a partnership of universities and LGBTI organisations from Bulgaria, Hungary, Italy, Poland, and Spain. Two publications were produced: i) a short guide,[90] which summarises key information about LGBTI people, their health needs, and practical tips to avoid discrimination and creating inclusive spaces; and ii) a detailed handbook[91] covering existing research, relevant legislation, and practical tips to avoid discrimination and creating inclusive spaces. The project also adapted the Health4LGBTI training materials for national contexts, including development of local training videos, free e-learning modules, as well as in-person training.

40. The following sections will now consider key areas where LGBTI people experience significant barriers to health, and which were the focus of the topic-specific roundtables, namely: trans-specific healthcare (TSHC), healthcare for older LGBTI people, sexual and reproductive health and rights (SRHR), and mental health.

89. https://opendoorshealth.eu/en
90. https://opendoorshealth.eu/sites/default/files/attachments/opendoors_guide_en.pdf
91. https://opendoorshealth.eu/sites/default/files/attachments/opendoors_handbook_EN.pdf

5. Trans-specific healthcare

5.1. General overview of the situation

41. Trans people face significant challenges in receiving trans-specific healthcare (TSHC) that is accessible, affordable, respectful, and of high quality. This is especially the case for young trans people, who often face additional barriers including laws that limit or ban trans-specific healthcare for minors, as well as provider knowledge gaps and lack of social support. Overall, it has been estimated that at least 27% of trans people in Europe fail to access TSHC.[92] In 2018, TSHC services were reported to exist in 26 CoE member states. However, in most member states, specialised mental health, endocrinological, and surgical services are not adequate in quality nor quantity, often having personnel lacking specific training on trans issues.[93] This report finds (see table 1) that six member states (Austria, Belgium, Denmark, Portugal, Spain, Sweden) have measures in place to ensure that trans people have effective access to appropriate gender affirming specialised psychological, endocrinological and surgical services without being subjected to unreasonable requirements. 26 member states[94] have partial access in this regard, which may entail the availability and accessibility of some services, availability only in certain regions, ongoing legislative efforts, or conditional access based on certain criteria, including age restrictions or parental consent requirements. In 14 member states[95], gender-affirming medical services either remain unavailable or are inaccessible due to practical constraints such as lengthy waiting times, prohibitively high costs, or unreasonable requirements such as sterilisation and real-life tests. In Ukraine, due to the

92. Overdiagnosed but Underserved: Trans Health Survey (TGEU, 2017). Available here: https://tgeu.org/overdiagnosed-but-underserved-trans-health-survey/
93. Comprehensive review from 2018 available here: https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809f9ba0
94. Andorra, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Norway, Poland, Serbia, Slovenia, Türkiye, United Kingdom
95. Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Latvia, Liechtenstein, North Macedonia, Romania, Slovak Republic, Switzerland, Republic of Moldova, San Marino, Ukraine

ongoing war, trans people are reporting significant challenges in accessing TSHC, including shortages of hormones.[96]

42. Trans identities were depathologised in May 2019 in the 11th revision of the World Health Organization's International Classification of Diseases (ICD-11), meaning that a mental health diagnosis is not needed to access TSHC such as hormonal treatment or surgical care. Iceland, Malta, and Spain[97] are the only countries in CoE member states, which currently do not require a psychiatric diagnosis to access TSHC, with most other member states still requiring a psychiatric diagnosis. Self-determination and informed consent models of care[98] are recognised by the World Professional Association of Transgender Health[99] (WPATH) as the standard of care, and aligns with the 2015 Parliamentary Assembly of the Council of Europe resolution, which called on states to "explore alternative trans health-care models, based on informed consent".[100] However, access to TSHC in most CoE member states is conditional on HCPs' criteria and gatekeeping, rather than the patient's decision and informed consent.[101]

43. A key structural barrier to accessing TSHC is a lack of or limited insurance coverage. The Committee of Ministers (CM/Rec(2010)5) called on member states for any limitation in insurance coverage for TSHC to be *"lawful, objective and proportionate"* and the European Court of Human Rights (ECHR) has ruled that member states must not discriminate in their provision of insurance coverage for TSHC (e.g. *see Van Kuck v Germany*). However, a report

96. Ukraine – ILGA-Europe. Available here : https://www.ilga-europe.org/sites/default/files/2023/ukraine.pdf
97. Although the "Trans Law" (3/2023) does provide for depathologisation of trans identities, healthcare in Spain is decentralised and individual regions have to implement depathologisation through state laws and policies. Andalusia is an example of a region which has depathologised TSHC.
98. *"In this model, the role of the health practitioner is to provide transgender patients with information about risks, side effects, benefits, and possible consequences of undergoing gender confirming care, and to obtain informed consent from the patient"* – Schulz et al. (2018). Available here: https://journals.sagepub.com/doi/full/10.1177/0022167817745217?casa_token=zAyYuIz6XJ8AAAAA%3ADQuOFYzIIk0cmqA6Tey7xCe4p28tpMz3ub_QgU7KgCFv2EaWPSpYxnlS0sFu6D9f4Vq_-s4XTcM
99. www.wpath.org/publications/soc; https://www.apa.org/about/policy/transgender-non-binary-inclusive-care.pdf
100. The professional offers the objective and necessary information about the different possibilities and refrains from making assumptions about a person's needs based on their gender or trans status during the process, so that the trans person can make free and informed decisions
101. Comprehensive review available here: https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=09000016809f9ba0

(conducted between 2016 and 2017) found that public insurance coverage for TSHC in 17 countries in Europe[102] was inadequate across most countries. No country had public or private insurance schemes that would provide fully comprehensive coverage of TSHC costs, and where 4 countries covered most costs, there were still significant barriers in place.

44. A similar finding was noted in the second comprehensive review of the implementation of the CM/Rec(2010)5 Recommendation (2018), where full reimbursement of at least some TSHC medical procedures was guaranteed in 17 CoE member states and only partial reimbursement was possible in six other member states. This report finds that only eight member states (Austria, Belgium, Denmark, Norway, Portugal, Slovenia, Spain and Sweden) cover the full or partial costs of all TSHC medical procedures, while 21 member states[103] cover some TSHC medical procedures in full or in part.

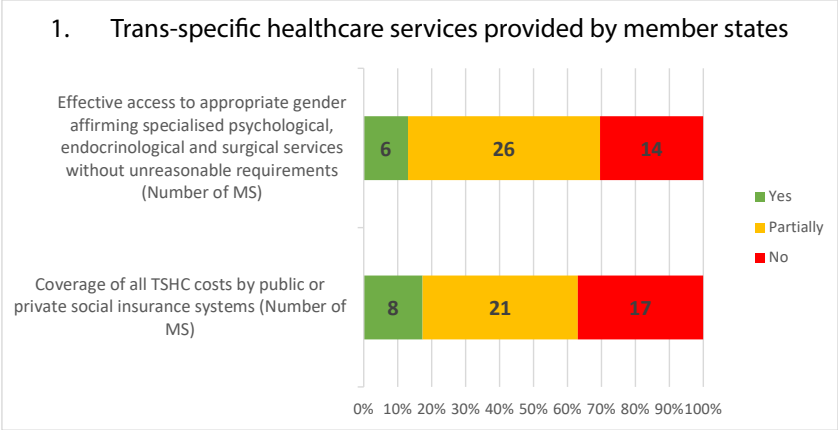

Table 1: Trans-specific healthcare services provided by member states

45. Portugal is one of the few countries in Europe where cost coverage for trans-specific healthcare is guaranteed by national legislation. In Malta, TSHC has also been included under the National Health Service (NHS) following an amendment to Schedule V of the Social Security Act in 2018. In September 2022, the Prime Minister of Malta announced that Malta would also provide

102. Trans healthcare lottery – Insurance coverage for trans specific healthcare. An overview on the basis of 17 countries in Europe (TGEU, 2020): Available here: https://tgeu.org/tgeu-report-on-trans-healthcare-in-the-eu/

103. Croatia, Czechia, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands, Poland, Serbia, Slovak Republic, United Kingdom.

genital surgery for free (not previously available via the NHS), however this has yet to be implemented.[104]

46. Timely access to TSHC is an important indicator of high quality and accessible care; however, waiting times are long at all points of the care pathway with the longest waiting period being for an initial appointment with a HCP. Waiting times are likely to be worsened due to the ongoing consequences of the COVID-19 pandemic, as well as an increased demand reported across services. Individuals should not have to wait longer than 8 weeks[105] between requesting and receiving an initial appointment with a TSHC provider. However, reported waiting times for TSHC in member states frequently exceed this by months, and in some cases years (e.g. Belgium, Ireland, Netherlands, Slovakia, Sweden, and the UK).[106] Access to hormone treatments is also a challenge for trans individuals across member states. Contributing factors include COVID-19, production capacity issues, as well as lack of alternatives available under the public health funding system. In Romania, the anti-doping law passed in 2021 restricting the use of testosterone[107] (among other substances), presents additional barriers to accessing TSHC.

47. Inequalities in TSHC may be compounded by other socio-demographic factors including age. There are unique and fluctuating challenges for children and young people accessing TSHC across CoE member states. Major changes to the provision of healthcare and, in some countries, rollbacks, has led to concerning developments relating to TSHC for children and young people. In countries that do provide TSHC for children and young people the waiting lists are very long (e.g. Netherlands and UK) effectively meaning that TSHC for young people is at a standstill. For example, in England, approximately 8000 young people are on the waiting list for gender clinics with an approximate waiting time of five years for first appointment.[108] There are also other challenges for young people in accessing TSHC in member states. For example, the Italian Ministry of Health ordered an inspection of Careggi Hospital in Florence, which provides trans- specific healthcare for children and

104. https://www.maltanewsagency.com/2022/09 malta-abela-announces-free-gender-reassignment-surgeries/
105. Maximum acceptable waiting times – ONVZ. Available here: https://www.onvz.nl/vergoedingen/maximaal-aanvaardbare-wachttijden
106. The State of Trans-specific Healthcare in the EU (TGEU, 2023). Available here: https://tgeu.org/the-state-of-trans-specific-healthcare-in-the-eu/
107. https://www.anm.ro/_/LEGI%20ORDONANTE/Lege%20310-2021.pdf
108. UK service wait times - Gender Construction Kit. Available here: https://genderkit.org.uk/resources/wait-times/

young people, potentially hindering access to puberty blockers for minors.[109] In May 2024, the French Senate adopted a draft law that would ban hormonal treatments for young people before the age of 18 and would heavily restrict prescriptions of puberty blockers.[110] A number of critical issues were identified by the Directorate-General for Health Planning who invited the Tuscany Region to implement, within a defined deadline, a series of corrective actions that were duly identified, particularly in relation to the administration of puberty blockers, and, consequently to report the results to the Dicastery.[111] In 2023, NHS England announced that it would limit puberty blockers only to children and young people enrolled in a clinical trial.[112] The Swedish National Board of Health and Welfare has also recommended the restricted use of puberty blockers and hormones to clinical trials.[113] There are ethical implications of only offering treatment to a small group of patients, potentially violating the fundamental ethical principles governing research (e.g. Council of Europe Additional Protocol to the Oviedo Convention on Human Rights and Biomedicine, concerning Biomedical Research (2005) Article 13 e: *"the persons being asked to participate in a research project shall be informed [...] of their right to refuse consent or to withdraw consent at any time without being subject to any form of discrimination, in particular regarding the right to medical care",* [114] and Regulation (EU) No 536/2014 of the European Parliament and of the Council Chapter v: "*no undue influence…is exerted on subjects to participate in the clinical trial"*;[115]) as for many young people the only way to receive treatment is to participate in the trial, therefore calling into question whether consent can be constituted as free and informed in these situations. Trans people at the intersection of multiple marginalised identities can face unique and additional barriers when accessing TSHC. For example, trans people with disabilities are often denied care on the grounds of disabilities, trans people in prison may have to discontinue TSHC, and trans asylum seek-

109. https://www.agedonazionale.org/appello-di-259-genitori-al-ministro/
110. https://www.vie-publique.fr/loi/294305-enfants-transgenres-proposition-de-loi-encadrer-les-pratiques-medicales
111. https://www.senato.it/japp/bgt/showdoc/frame.jsp?tipodoc=Sindispr&leg=19&id=1412235
112. NHSE interim policy, 2023. Available here: engage.england.nhs.uk/consultation/puberty-suppressing-hormones/user_uploads/interim-policy-on-puberty-supressing-hormones-for-gender-incongruence-or-dysphoria.pdf
113. https://www.socialstyrelsen.se/om-socialstyrelsen/pressrum/press/uppdaterade-rekommendationer-for-hormonbehandling-vid-konsdysfori-hos-unga/
114. Explanatory Report to the Additional Protocol to the Convention on Human Rights and Biomedicine, concerning Biomedical Research. Available here: https://rm.coe.int/16800d3810
115. Regulation (EU) No 536/•2014 of the European Parliament and of the Council - of 16 April 2014 - on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC. Available here: https://health.ec.europa.eu/system/files/2016-11/reg_2014_536_en_0.pdf

ers may be forced to discontinue treatment or pay from personal funds to access care while awaiting asylum decisions.[116]

48. In line with the increase in referrals to gender clinics there is a growing demand for clinical training among HCPs to improve competencies and skills for providing appropriate care to trans and gender diverse people. Current training available is short (e.g. one hour/half a day), optional (i.e. not mandatory), and differs in content and delivery. However, evidence suggests that training does improve attitudes, knowledge, and/or skills to achieve clinical competency.[117]

Delivery of trans-specific healthcare

49. TSHC is delivered in both centralised (i.e. interdisciplinary institution that can provide all relevant TSHC at one location) and decentralised (i.e. provision of TSHC by different institutions) settings. It is increasingly recognised that health service delivery can influence the quality and outcome of TSHC. In 2022, 15 EU member states provided TSHC that was delivered in multidisciplinary gender identity clinics, predominantly centralised in major urban settings.[118] In a small number of member states (Austria, Greece, Hungary, Ukraine) TSHC delivery is exclusively decentralised.[119] Understanding the delivery of TSHC can be useful to identify the different challenges associated with each type of care. Barriers to TSHC associated with centralised delivery include long travel and waiting lists, the monopolisation of care, detachment from the trans community, and other structural challenges. For example, centralised centres are generally dependent on broader healthcare systems and insurance regulations, that rely on diagnostic criteria for the provision of coverage.[120]

116. Key areas identified in the multi-stakeholder roundtable on TSHC (18 October 2023)
117. Dubin et al. (2018). Transgender health care: improving medical students' and residents' training and awareness. Available here: www.ncbi.nlm.nih.gov/pmc/articles/PMC5967378/
118. The State of Trans-specific Healthcare in the EU (TGEU, 2023). Available here: https://tgeu.org/the-state-of-trans-specific-healthcare-in-the-eu/
119. Koehler at al. (2021). Centralized and Decentralized Delivery of Transgender Health Care Services: A Systematic Review and a Global Expert Survey in 39 Countries. Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8497761/
120. Ross et al. (2021). Experienced barriers of care within European treatment seeking transgender individuals: A multicenter ENIGI follow-up study. Available here: https://www.tandfonline.com/doi/full/10.1080/26895269.2021.1964409

Legal gender recognition requirements and quality of care

50. The European Court of Human Rights and the European Committee on Social Rights[121] have found that requirements of sterilisation or treatment likely to result in sterility are incompatible with human rights standards. However, in 2022, 10 CoE member states still required sterilisation as a precondition to legal gender recognition procedures or had not clearly excluded this requirement (Andorra, Bosnia & Herzegovina, Cyprus, Czechia, Latvia, Montenegro, Romania[122], Serbia, Slovakia, Turkey)[123]. This requirement directly affects trans people's rights in relation to TSHC, as it often determines how TSHC is set up and reimbursed.

51. LGR requirements also have an impact on the ability of persons to provide free and informed consent to medical interventions given the pressure to undergo procedures in order to be able to access documents necessary to participate in daily life. This interferes with the opportunity to decide if the procedures are necessary or if the specific treatment is the right one for the individual concerned. Where medical treatment is a condition to access LGR, healthcare providers take on the dual role of provider and legal arbiter impacting on the relationship of trust that should underpin the relationship between the person accessing care and the healthcare provider.

5.2. Trans-specific healthcare - national legislation and policies

52. A report of TSHC in EU member states by TGEU (2023)[124] found that only eight EU member states have national legislation that refers specifically to TSHC (Czechia, Hungary, Italy, Luxembourg, Portugal, Spain, Sweden, Slovenia), and this varies in aim and content between member states. Seven EU member states had no legal basis for TSHC (Bulgaria, Cyprus, France, Greece, Latvia, Poland, Romania). The report concluded that national legislation on TSHC is dated and a comprehensive review is critically needed. Spain's national law (Law for the Real and Effective Equality of Trans Persons and for

121. A.P., Garçon and Nicot v. France (coe.int). Available here: https://hudoc.echr.coe.int/eng#{%22itemid%22:[%22002-11618%22]}
122. See also X and Y v. Romania, 2021 and the related execution proceedings that cover the evolution of domestic court practic
123. Trans Rights Map (TGEU, 2023). Available here: https://transrightsmap.tgeu.org/
124. The State of Trans-specific Healthcare in the EU (TGEU, 2023). Available here: https://tgeu.org/the-state-of-trans-specific-healthcare-in-the-eu/

the Guarantee of the rights of LGBTI people) (Ley 4/2023)[125], is an example of legislation which aligns with the principles of human rights-based TSHC: i) non-pathologisation; ii) autonomy; iii) informed consent; iv) non-discrimination; v) comprehensive care; vi) quality; vii) specialisation; viii) proximity and non-segregation; ix) privacy and confidentiality; x) avoiding all unnecessary examinations that are devoid of a therapeutic or diagnostic purpose.[126]

53. The TGEU report (2023)[127] also found that only nine EU member states (Austria, Croatia, Denmark, Finland, Ireland, Lithuania, Netherlands, Slovakia, Sweden) have national level policies, including guidelines and protocols that inform the provision of TSHC. Again, there is a wide variation between these policies in terms of scope and content. The report also found that only three EU member states had both national laws and policies regulating TSHC access: Estonia, Germany, and Malta.[128] As was discussed in the October 2023 roundtable on TSHC, the presence of regulations, policies and guidelines does not ensure access to TSHC due to a lack of implementation in practice, including the depathologisation of trans identities in line with ICD-11.

54. In 2016, Malta depathologised trans identities through ACT No. LVI of 2016 which amended the Gender Identity, Gender Expression and Sex Characteristics Act. The legislation ensures that depathologisation does not inhibit access to TSHC.

55. Member States should refer to TGEU guidelines which can be used to support the creation of TSHC legislation and protocols that are compliant with human rights.[129] The World Health Organization's (WHO) Departments of Gender, Rights and Equity - Diversity, Equity and Inclusion (GRE-DEI), are also developing a guideline (due 2024) on the health of trans and gender diverse people, which will provide evidence and implementation guidance on health sector interventions aimed at increasing access and utilisation of quality and respectful health services by trans and gender diverse people.[130]

---

125. Ley 4/2023 available here: https://www.boe.es/boe/dias/2023/03/01/pdfs/BOE-A-2023-5366.pdf
126. Guidelines to Human Rights-based Trans-specific Healthcare (TGEU, 2019). Available here: https://tgeu.org/human-rights-based-trans-specific-healthcare/
127. The State of Trans-specific Healthcare in the EU (TGEU, 2023). Available here: https://tgeu.org/the-state-of-trans-specific-healthcare-in-the-eu/
128. Ibid.
129. Guidelines to Human Rights-based Trans-specific Healthcare (TGEU, 2019). Available here: https://tgeu.org/human-rights-based-trans-specific-healthcare/
130. www.who.int/news/item/28-06-2023-who-announces-the-development-of-the-guideline-on-the-health-of-trans-and-gender-diverse-people

5.3. Promising practices

56. This section highlights some examples of promising practices in relation to: i) TSHC services; ii) training for HCPs; and iii) information and resources. The aim of this section is to showcase examples of promising practices that can be transferred to different countries.

57. TSHC services

- Malta's Gender Wellbeing Clinic[131] (a government run service) opened in 2018 and implements a model of healthcare that is grounded in self-determination and based on informed consent.
- The Oslo Municipal Health Centre for Gender and Sexuality (HKS)[132] is based on an informed consent model and a therapeutic alliance to support clients to make a safe and informed decision.
- Checkpoint Zürich,[133] Switzerland, is a LGBTI community health centre and since 2012 they have provided health services for trans people provided by trans experts. The health centre offers hormonal treatment (based on the informed consent model), primary care providers, psychotherapy, and HIV/STI testing, prevention, and care. They also offer healthcare to marginalised trans persons such as refugees or sex workers. Checkpoint Zürich has the broadest offer for trans persons. However, the other Checkpoints in Basel, Bern, and Lausanne also offer counselling by trans experts but no hormone therapy.
- Trans United Clinic[134] in the Netherlands, is a community-run clinic in Amsterdam, which provides healthcare to trans people who otherwise have difficulty in accessing it, such as sex workers, migrants, homeless people, refugees, and asylum seekers.
- ClinicQ[135] in London, is a UK community and trans-led service, which provides a holistic sexual health, mental health and wellbeing service for trans people, partners, and friends.
- i2TransHealth (Interdisciplinary, internet-based trans healthcare, 2019-2022)[136] an e-health project in Germany, aimed to improve access to TSHC for trans and non-binary people through e-health combined

131. https://healthservices.gov.mt/en/CMO/transgender-health/Pages/welcome/the-gender-wellbeing-clinic.aspx
132. https://www.oslo.kommune.no/helse-og-omsorg/helsetjenester/helsestasjon-og-vaksine/helsestasjon-for-kjonn-og-seksualitet-hks/#gref
133. https://www.cpzh.ch/en/trans/
134. https://transunitedeurope.eu/?page_id=255
135. https://cliniq.org.uk/
136. https://www.i2transhealth.de/english-landing-page/

with a network of trained local physicians. The approach included: bi-weekly video consultation with a specialised clinician, opportunity to have secure 1:1 chats with a clinician; and access to a network of local trained physicians. The pilot implemented in North Germany showed that the intervention was feasible, acceptable, and effective.

58. Training for HCPs

- Participatory approaches to TSHC is a key principle of human rights-based TSHC. In the UK, the NHS Chelsea Centre for Gender Surgery[137] has adopted a collaborative approach to trans awareness training for all staff involved in the patient journey (not just the primary clinician). Training is led by trans patient champions, which is a paid and recognised role within the service.
- Infotrans (a project aimed to improve the social inclusion of trans people in Italy)[138] developed a training course for primary care providers (general practitioners; GPs) based on an initial assessment of training needs (which showed that 94% of GPs had not received any training), to provide the basics of trans-specific care and to inform about support services in Italy. Topics included: gender identity, concepts and language, review of transgender health issues, good practice in service provision, and key legislation for trans people.
- TransCare: Improving Access to Healthcare for Transgender Individuals[139] - as part of this EU funded project, researchers developed an online training course[140] for HCPs, mental health and social workers, and administrative employees to enhance knowledge on gender identity issues and the health needs of trans people, and to develop their skills to remove barriers that trans people face when accessing health services.
- Sarajevo Open Centre (SOC)[141] in Bosnia and Herzegovina developed an online training and professional development course for medical doctors on healthcare of trans people: E-medikacija.[142]

59. Information and resources

One of the biggest challenges with TSHC is access to comprehensive and accurate information. Some promising examples of resources include:

137. https://gendersurgery.chelwest.nhs.uk/
138. https://www.infotrans.it/en-home
139. https://transcare-project.eu/
140. https://e-learning.transcare-project.eu/
141. https://soc.ba/en/
142. Online training available here: www.youtube.com/watch?v=Nrc7KKBuNw4

- The Transgender Info Point[143] in Belgium, provides a care map with an overview of all known psychologists, psychiatrists, speech therapists, dermatologists, endocrinologists, surgeons. It has been reported by civil society that an increasing number of trans people are making use of this interactive care map to create their own care path.[144]
- InfoTrans[145] based in Italy and an initiative of the State, is a website providing all information on access to trans-specific healthcare, including legal provisions, locations of access, pathway of care, availability of care in different regions, and medical provider details.

143. https://www.transgenderinfo.be/nl
144. https://www.ilga-europe.org/sites/default/files/2023/belgium.pdf
145. https://www.transgenderinfo.be/nl

6. Older LGBTI people

6.1. General overview of the situation

60. In October 2023, three United Nations rights experts issued a statement highlighting the challenging situation faced by many older LGBTI people - *"Older persons of diverse sexual orientations and gender identities face specific human rights challenges. They lead their lives against the backdrop of negative societal stereotypes and assumptions about their physical and mental health, their sexuality and sex life, their ability to contribute to society, and their worth to their families and communities. When persons find themselves at the intersection of older age and being LGBT, they face a compounded situation that leads to an increased risk of heightened discrimination, social exclusion, and violence".*[146] Older LGBTI people live with the legacy of historic discrimination, marginalisation, and social exclusion. They have endured a historical and social context where same-sex relationships were criminalised, their lives were stigmatised, and their sexual and gender identities were often invisible.[147] Consequently, many older LGBTI people are anxious about seeking health and social care and have particular fears and concerns about older age care provision, especially residential/nursing home care.[148] This particularly affects trans and intersex people, who have specific healthcare needs.

146. Joint Statement by the United Nations Independent Expert on the Enjoyment of all Human Rights by Older Persons, the United Nations Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, and the United Nations Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity. Available here: https://static1.squarespace.com/static/5a620d960abd04e6cae4477f/t/653f9c0b1508e3426f0fc33a/1698667531681/2023-10-24-statement-SOGI-older-persons.pdf

147. Zeeman et al. (2017). State-of-the-art study focusing on the health inequalities faced by LGBTI people: State-of-the-Art Synthesis Report (SSR). Available here: https://cris.brighton.ac.uk/ws/portalfiles/portal/469871/stateofart_report_en.pdf

148. ILGA-Europe submission to the European Commission's consultation on the Green Paper on Ageing, April 2021. Available here: https://ilga-europe.org/sites/default/files/ILGA-Europe%20contribution%20to%20the%20EC%20consultation%20on%20the%20Green%20Paper%20on%20Ageing_April%202021.pdf

61. Older LGBTI people have been overlooked in health and social care legislation, policy, research, guidance, and practice.[149] There is limited research on health outcomes for older LGBTI people, the healthcare and support needs of older LGBTI people, as well as their experiences of health and social services more generally EuroCentralAsian Lesbian* Community (EL*C) conducted an analysis of data, projects, and good practices concerning LBQ ageing in EU member states. Information was available only for half of the EU member states (Austria, Belgium, Czechia, Denmark, Finland, France, Germany, Greece, Ireland, Malta, Netherlands, Portugal, Sweden, Slovenia, Spain), while no relevant information could be found in other EU countries.[150] There is also a lack of disaggregated data for older LGBTI people. For example, in the FRA survey,[151] older LGBTI respondents were categorised as over 55 years and not disaggregated further. Moreover, of the over 140,000 LGBTI people who completed the survey, only 768 identified as older (55+) (cisgender) lesbians and 139 as older (55+) (cisgender) bisexual women. Even when adding trans women, intersex, and non-binary persons who self-identified as lesbians to the dataset, the number of answers from older lesbians represented only 0.7% of all respondents. 11 EU countries (Bulgaria, Croatia, Cyprus, Estonia, Latvia, Lithuania, Luxembourg, North Macedonia, Romania, Slovenia, and Slovakia) had zero or only one answer from older lesbians.

62. Available evidence suggests that LGBTI people in later life report poorer health than the general population and have worse experiences of care, particularly cancer, palliative/end-of-life care, dementia and mental health provision.[152] 73% of cancer survivors will be 65+ by 2040[153], and there is a significant cancer burden among LGBTI individuals.[154] Further, FRA found that

149. Don't look back? Improving health and social care service delivery for older LGB users - Equality and Human Rights Commission. Available here: https://www.equalityhumanrights.com/sites/default/files/research-paper-dont-look-back-improving-health-and-social-care-service-delivery-for-older-lgb-users.pdf
150. Making the Invisible Visible: an analysis of older lesbians lived experiences - EuroCentralAsian Lesbian* Community (2023). Available here: https://europeanlesbianconference.org/older-lesbians-research-2023/
151. A long way to go for LGBTI equality - European Union Agency for Fundamental Rights. Available here: https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results
152. Westwood et al. (2020). Older LGBT+ health inequalities in the UK: setting a research agenda. Available here: https://jech.bmj.com/content/74/5/408
153. Bluethmann et al. (2016). Anticipating the 'Silver Tsunami': Prevalence Trajectories and Co-Morbidity Burden Among Older Cancer Survivors in the United States. Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4933329/
154. Quinn et al. (2015). Cancer and Lesbian, Gay, Bisexual, Transgender/Transsexual, and Queer/Questioning Populations (LGBTQ). Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4609168/

the portion of LGBTI respondents who had received cancer screenings in the previous year was notably lower than the general population.[155] Inequalities in health for older LGBTI people have been attributed to a) social inequalities, including 'minority stress'; b) associated health risk behaviours (e.g. smoking, excessive drug/alcohol use, obesity); c) loneliness and isolation, affecting physical/mental health and mortality; d) anticipated/experienced discrimination, trauma in medical settings, and inadequate understanding of needs among HCPs. Older LGBTI people are at a high risk of social isolation due to smaller family networks. A UK study reported that 40% of LGBT people aged 50+ lived alone.[156] While many have 'families of choice' these are often of the same generation, developing increased care needs at the same time as being less able to provide reciprocal care.[157]

63. In the FRA survey,[158] older LGBTI people were less likely to experience discrimination in all areas asked about, in comparison to respondents of all ages. However, older people who come from minority groups or more oppressed LGBTI groups, reported much higher levels of discrimination. For example, in accessing healthcare or social services, 10.9% of older respondents reported experiencing discrimination, as opposed to 15.7% of all respondents. However, the figure rises to 49.0% of older intersex people and 51.0% of older trans people of an ethnic minority.[159] Older lesbians also face discrimination in healthcare systems, with misogyny being a key factor.[160] Some LGBTI groups face specific challenges and inequalities related

155. FRA (2024). LGBTIQ Equality at a Crossroads: Progress and Challenges. Available here: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2024-lgbtiq-equality_en.pdf
156. Hidden Figures: The impact of the Covid-19 pandemic on LGBT communities in the UK (LGBT Foundation, 2020). Report available here: https://s3-eu-west-1.amazonaws.com/lgbt-website-media/Files/7a01b983-b54b-4dd3-84b2-0f2ecd72be52/Hidden%2520Figures-%2520The%2520Impact%2520of%2520the%2520Covid-19%2520Pandemic%2520on%2520LGBT%2520Communities.pdf
157. Westwood et al. (2020). Older LGBT+ health inequalities in the UK: setting a research agenda. Available here: https://jech.bmj.com/content/74/5/408
158. A long way to go for LGBTI equality - European Union Agency for Fundamental Rights. Available here: https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results
159. ILGA-Europe & AGE Platform Europe (2023). Intersections: Diving into the FRA LGBTI II Survey – Older people. Available here: https://www.ilga-europe.org/files/uploads/2023/03/FRA-Intersections-Report-2022-Older-People.pdf
160. Making the Invisible Visible: an analysis of older lesbians lived experiences - EuroCentralAsian Lesbian* Community. Available here: https://europeanlesbianconference.org/older-lesbians-research-2023/

to ageing. The needs of older intersex people are little understood. [161],[162] Older intersex people are impacted by histories of non-consensual medical interventions and living with the ongoing physical and emotional effects of those interventions. Intersex people may struggle to address their ongoing health needs because they have been lied to, or had information withheld, by HCPs. In two European studies, intersex participants reported plans to end their life before going into a care facility for older people due to fear of being disrespected, ridiculed, shamed, and bullied.[163],[164] Trans people who have gone through medical transition face difficult challenges when getting older as they have to disclose intimate information about their bodies to HCPs who they do not necessarily trust or who are largely unaware about their situations.[165]

64. HIV disproportionally impacts men who have sex with men (MSM), trans women[166], and trans men.[167] There is a growing population of older people living with HIV due to the efficacy of antiretroviral therapy and the success of global treatment programmes. This population is increasing because young people with HIV are surviving and ageing, and an increasing number of older people are acquiring HIV. Consequently, prevalence and incident infections in people aged 50 years and older are increasing at a faster rate than in the population as a whole in Europe and globally.[168],[169] Older people living with

161. "Intersex ageing: a new population" in J.R. Latham and M. Morgan Holmes, in: The Sexual Rights of Older People: Theory, Policy and Practice (pp.84-96) Chapter 7: INTERSEX AGEING AND (SEXUAL) RIGHTS, Publisher: Routledge Editors: Sharron Hinchliff & Catherine Barrett, 2017, pp.87ff
162. Berry & Monro (2022). Ageing in obscurity: a critical literature review regarding older intersex people. Available here: https://www.tandfonline.com/doi/full/10.1080/26410397.2022.2136027
163. The experiences of ageing intersex persons in Berlin (2022). Report available here: https://schwulenberatungberlin.de/wp-content/uploads/2022/06/InterAlterFinal1.pdf
164. Findings presented by Adeline Berry as part of the INIA: Intersex – New Interdisciplinary Approaches (https://intersexnew.co.uk/) project at the multi-stakeholder roundtable on access to healthcare for older LGBTI people (6 November 2023)
165. Baril & Silverman (2024). "We're still alive, much to everyone's surprise": The experience of trans older adults living with dementia in an ageist, cisgenderist, and cogniticist society. Available here: https://www.sciencedirect.com/science/article/pii/S0890406524000033
166. Rocha et al. (2023). Strategies to increase HIV testing among men who have sex with men and transgender women: an integrative review. Available here: https://bmcinfectdis.biomedcentral.com/articles/10.1186/s12879-023-08124-z
167. 2023 UNAIDS Global AIDS Update Factsheet. Available here: https://thepath.unaids.org/wp-content/themes/unaids2023/assets/files/thematic_fs_hiv_transgender_people.pdf
168. Ageing with HIV (2022) - The Lancet Healthy Longevity. Available here: https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(22)00041-1/fulltext
169. Tavoschi et al. (2017). New HIV diagnoses among adults aged 50 years or older in 31 European countries, 2004-15: an analysis of surveillance data. Available here: https://pubmed.ncbi.nlm.nih.gov/28967582/

HIV face unique challenges including: i) high multimorbidity burden; ii) intersection of age-related and HIV-related stigma; iii) delayed HIV presentation; and iv) health-care systems not being equipped to meet the needs of the growing population of older people with HIV. The Glasgow Manifesto (26 October 2022) calls urgently for new collaborations to ensure equitable health outcomes for ageing and older people living with HIV, for HIV care, quality of life and empowerment.[170] Geriatric multidisciplinary approaches to healthcare, which consider medical, psychosocial, and functional capacity in order to develop a coordinated plan to maximise quality of life in older people, are increasingly recognised as promising models of care for ageing with HIV.[171]

65. Mainstream dementia, palliative care, and bereavement support providers are ill-equipped to deal with the needs of older LGBTI people[172] and the specific challenges they may face. For example, there are reports of same-sex partners being excluded from decisions in the end-of-life care of their partner by the family of origin. Memory loss and confusion associated with dementia can also impact older LGBTI people in different ways. For example, an individual may experience confusion related to their sexual orientation or gender identity, which can be especially distressing for older LGBTI people. Finally, the sexual and reproductive health (SRH) needs of older LGBTI people has received limited attention in policy and research.[173] Receiving information, support, and care for individual SRH needs is challenging due to the stigma and silence around SRH, especially when compounded by age-related and LGBTI-related stigma.

6.2. Older LGBTI people and healthcare - national legislation, policies, and action plans

66. This section briefly summarises age discrimination in member states, national level policies addressing age discrimination, multiple discrimination,

170. The Glasgow Manifesto by the International Coalition of Older People with HIV (iCOPe HIV) – EATG, 2022. Available here: https://www.eatg.org/press-releases-and-statements/the-glasgow-manifesto-by-the-international-coalition-of-older-people-with-hiv-icope-hiv/
171. Guaraldi & Rockwood (2017). Geriatric-HIV Medicine Is Born. Available here: https://academic.oup.com/cid/article/65/3/507/3109051?login=false
172. Kneale et al. (2019). Inequalities in older LGBT people's health and care needs in the United Kingdom: a systematic scoping review. Available here: https://www.cambridge.org/core/journals/ageing-and-society/article/inequalities-in-older-lgbt-peoples-health-and-care-needs-in-the-united-kingdom-a-systematic-scoping-review/FDF7D2BC9C59B50FFF13B5A796D48259
173. Heidari (2016). Sexuality and older people: a neglected issue. Available here: https://www.tandfonline.com/doi/full/10.1016/j.rhm.2016.11.011

and some examples of national legislation and action plans related to healthcare for older LGBTI people.

67. Based on the 2023 Eurobarometer on discrimination in the EU, age discrimination remains one of the most prevalent forms of discrimination. 45% of individuals in the EU believe that age discrimination is widespread in their country.[174] Those aged 55 were more likely than other age groups to report discrimination when using or requiring healthcare services. EU law protections against age discrimination are limited to the labour market context and are not extended to other fields such as social protection, healthcare, housing or access to goods and services. The European Convention on Human Rights (ECHR), which binds all member states of the Council of Europe, provides a broader level of protection regarding discrimination on the basis of age. However, according to a report in 2020 this is still limited in scope and application.[175]

68. At a national level, protection from age discrimination varies across member states. Despite the general intention to protect against age discrimination, **in most countries, protection remains uneven and incomplete**. An examination of the protection against direct discrimination on grounds of age (outside of employment) in the 27 EU member states indicates that over 44% of member states provide full protection against direct discrimination and almost 48% provide some partial protection. 7% of member states provide no protection at all. In terms of protection for direct discrimination in healthcare, the figures are similar. 59% of member states provide full protection, 37% provide some partial protection, and 4% of member states provide no protection at all.[176]

69. The European Union's regulatory framework does not recognise the concept of multiple discrimination[177], which describes a situation in which an individual is discriminated on the basis of several characteristics, e.g. age and sexual orientation. Multiple discrimination is protected across member states in varying ways and to varying degrees. There is explicit protection

174. Discrimination in the European Union - December 2023 - Eurobarometer survey. Available here: https://europa.eu/eurobarometer/surveys/detail/2972
175. Age discrimination law outside the employment field (2020). Available here: https://op.europa.eu/en/publication-detail/-/publication/d7477a6b-2e02-11eb-b27b-01aa75ed71a1/language-en/format-PDF/source-175084588
176. Ibid.
177. European Union Fundamental Rights Agency. Inequalities and multiple discrimination in access to and quality of healthcare. Publications Office of the European Union, Luxembourg 2013. [cited 2019 December 20]. Available from: https://fra.europa.eu/sites/default/files/inequalitiesdiscrimination-healthcare_en.pdf.

against multiple discrimination including on grounds of sexual orientation or gender identity, in 21 member states (Albania, Andorra, Austria, Bulgaria, Croatia, Georgia, Germany, Iceland, Ireland, Lithuania, Montenegro, Netherlands, North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Serbia, Slovenia, Spain, and Sweden) and many of these include protections on grounds of age. Member States which do provide protection define multiple discrimination as 'a combination of two or more discrimination factors' or 'discrimination based on more than one [protected] ground'.[178] However, more than half of member states provide only partial or no protection against multiple discrimination. In terms of partial protection, this may arise where a member state provides only limited protection against multiple discrimination, for example, in Malta multiple discrimination claims are limited to the ground of disability.[179] Multiple discrimination with regard to healthcare is only regulated on the national level of some member states.[180],[181] Recognition of multiple discrimination in healthcare as a legal principle in European Union regulations would acknowledge the complexity of different group characteristics, widen the level of protection and allow legal action against discrimination where a single ground of discrimination is insufficient. [182]

70. Whereas many 'vulnerable groups' or 'key populations' have been the subject of dedicated EU action plans, strategies, and priority actions, this is not the case for older people.[183] However, there are some promising examples from member states, which highlight increasing recognition of the importance of understanding the health and wellbeing of older LGBTI people. Iceland's LGBTI Action Programme (2022-2025) sets out the need to commission research on the wellbeing of older LGBTI people to promote

178. Age discrimination law outside the employment field (2020). Available here: https://op.europa.eu/en/publication-detail/-/publication/d7477a6b-2e02-11eb-b27b-01aa75ed71a1/language-en/format-PDF/source-175084588
179. Ibid
180. Burri S, Schiek D. Multiple discrimination in EU Law. Opportunities for legal responses to intersectional gender discrimination? Brussels; 2009.
181. European Union Agency for Fundamental Rights (2013). Inequalities and multiple discrimination in access to and quality of healthcare. Report available here: https://fra.europa.eu/sites/default/files/inequalities-discrimination-healthcare_en.pdf
182. Orzechowski et al. (2020). Social diversity and access to healthcare in Europe: how does European Union's legislation prevent from discrimination in healthcare? Available here: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-09494-8#:~:text=The%20Directive%202004%2F113%2FEC,on%20ethnicity%2C%20race%20or%20sex
183. Intersectionality: AGE discusses good practices and policy support with civil society partners - AGE Platform Europe. Available here: https://www.age-platform.eu/intersectionality-age-discusses-good-practices-and-policy-support-with-civil-society-partners/

well-being among this group.[184] The Norwegian Government's Action Plan on Gender and Sexual Diversity (2023-2026) includes an action (Action 21) on the need for more research about the quality of life and living conditions of older queer people in Nordic countries. In response, a project was led by the Nordic Information on Gender (NIKK) and the report was published in November 2023.[185] Some member states also have legislative frameworks for the provision of care and support services that address the care needs of older LGBTI adults. For example, the UK 2014 Care Act requires health and social care professionals to address the health and care support of older LGBTI people by tailoring services to their individual needs.

6.3. Promising practices

71. This section highlights some examples of promising practices in relation to: i) voluntary and/or community-based interventions around the provision of care and support for older LGBTI people; ii) collective housing solutions for older LGBTI people; and iii) the provision of culturally competent services and care facilities for older LGBTI people. The aim of this section is to showcase examples of promising practices that can be transferred to different member states. However, as noted in the roundtable discussion on this topic (6 November 2023), the sustainability and long-term implementation of these programmes are in question due to increased competition for limited resources and de-prioritisation of care for older people.

72. Voluntary and community support organisations

Voluntary and community support organisations (VCSOs) and civil society play a critical role in supporting older LGBTI people in member states. Some examples of promising practices delivered by VCSOs in member states include:

- Roze50+[186] is a national organisation in the Netherlands which aims to improve the lives of older LGBTI people through: i) organising meetings for older LGBTI people (to prevent social isolation) e.g. Roze50+ run an intergenerational peer befriending programme; ii) providing advocacy for older LGBTI people with the national government and municipalities; and iii) promoting LGBTI friendliness in

184. Parliamentary Resolution on a LGBTI Action Programme. Available here: https://www.government.is/library/01-Ministries/Prime-Ministrers-Office/Parliamentary%20Resolution%20on%20a%20LGBTI%20Action%20Programme.pdf
185. "He went back into the closet" - NIKK (2023). Available here: https://nikk.no/en/he-went-into-the-closet-again/
186. https://roze50plus.nl/de-stichting-roze50/

care and welfare organisations, voluntary organisations, and relevant vocational education settings.

- ŽIVOT 90[187] is an organisation supporting the rights of older people in Czechia, and since 2015 they have been supporting older LGBTI people. ŽIVOT 90 organises events, workshops, and exhibitions to support, and raise awareness of older LGBTI people. In 2021, ŽIVOT 90 launched "Rainbow Friendships" a peer befriending programme between volunteers and older LGBTI people. In February 2024, they launched "rainbow" intergenerational meetings and "colourful" coffee meetings. ŽIVOT 90 have also run educational workshops for professionals in the field of social services and a roundtable with representatives from key organisations in Czechia on the topic of care for older LGBTI people. This service was selected for the pilot project of the Ministry of Labour and Social Affairs: LGBTI+ friendly social service.[188]
- Fundacion 26D[189] is a Spanish organisation supporting older LGBTI people. Fundacion 26D runs the project "Program for Integral Health of Diverse Women" which specifically targets lesbians and women with diverse backgrounds, including older lesbians, and is organised by a coalition of lesbians and LGBTI organisations. Programme activities include workshops on diverse women's health issues. Psychological counselling is also provided. The organisation also organises training for health teams and runs community meetings to support older lesbians in building networks against loneliness.[190]
- Proud Seniors Greece[191] is a community run organisation for LGBTI people aged 50+, which provides older LGBTI people with contacts of professionals (including health professionals, psychologists and physiotherapists) that have been identified by the organisation as being "safe" on LGBTI issues.

73. Collective housing solutions for older LGBTI people

Research shows that LGBTI people express strong concerns regarding living and aging in heteronormative housing for older people, based on their previous experiences of discrimination in health and social care services due to

187. https://www.zivot90.cz/cs
188. https://www.zivot90.cz/cs/lgbti/duhovy-zivot-90
189. https://fundacion26d.org/en
190. Making the Invisible Visible: an analysis of older lesbians lived experiences - EuroCentralAsian Lesbian* Community (2023). Available here: https://europeanlesbianconference.org/older-lesbians-research-2023/
191. https://proudseniors-gr.translate.goog/?_x_tr_sl=el&_x_tr_tl=en&_x_tr_hl=en&_x_tr_pto=sc

their sexual orientation or gender identity. In response to these concerns, several member states (e.g. France[192], Netherlands[193], Denmark[194]) are working on collective housing solutions for older LGBTI people. Some examples of promising practices include:

- Regnbågen (Rainbow House)[195] is Sweden's first home specifically for older LGBTI people aged 55+. Regnbågen opened in Stockholm in 2013 and homes 34 residents in 28 apartments at reduced costs compared to units in the rest of the city.
- Tonic Housing (UK)[196] is a community-led not for profit organisation established in 2014 to address the issues of loneliness and isolation of older LGBTI people and the need for specific housing and support provision. Tonic Housing is the UK's first provider of LGBTI affirmative retirement housing and is a retirement community comprised of 84 affordable apartments in London. Tonic co-creates events and activities with residents, including collaborations with other LGBTI organisations and support providers.
- Espenhof [197] will be Switzerland's first LGBTI home for older people (due to open in Zurich in 2026). The project was conceived with the participation of NGO queerAltern[198] and is part of the "Old Age Strategy 2035" of the municipality of Zurich.
- Fundacion 26D is working to launch a first LGBTI inclusive senior residence in Madrid, Spain, which is the first in the world to be funded fully by public funds.[199] It will include 62 rooms, as well as a day centre.

74. Provision of culturally competent services and care facilities for older LGBTI people

Health and social care services for older people are often hetero- and cis-normative spaces. Staff in care institutions may not be trained or sensitive to the specific healthcare needs of older LGBTI people. Several initiatives have been implemented in member states to ensure high quality and culturally competent health and social care for older LGBTI people. Some promising

192. https://www.age-platform.eu/housing-project-addresses-social-isolation-of-older-lgbt-people-in-france/
193. https://rozehallen.nl/
194. https://www.copenhagenpride.dk/en/the-lgbt-profile-has-given-us-the-gift-of-a-community-of-values/
195. https://www.regnbagen.net/english/
196. https://www.tonichousing.org.uk/
197. https://www.tonichousing.org.uk/
198. https://queeraltern.ch/
199. https://fundacion26d.org/en/residencial

examples include:

- The Pink Passkey[200] in the Netherlands is a national quality certificate for residential care, home care, and community care organisations aspiring to create a welcoming and safe environment for older LGBTI adults. The project is a good example of a collaboration between the Dutch Ministry of Healthcare, local policymakers, healthcare institutions, health insurance companies and COC Netherlands (LGBTI rights group). The Pink Passkey has also been implemented in Frankfurt, Germany.
- The Quality Seal of the Berlin-based Lebensort Vielfalt® (Habitat Diversity)[201] in Germany is a qualification programme for inpatient care facilities and outpatient care services, day care centres, hospices, and hospitals that want to create conditions in terms of structure, organisational policy and personnel to include sexual and gender minorities. It includes an online quality check assessment, training, and recurring assessments for care facilities.
- Cavaria is the main LGBTI organisation in Flanders (Belgium), and its education and training centre, Kliq, conducted a project training care home staff in Flanders in 2018. The project covered respect for privacy, human dignity, and autonomy of care home residents. Recommendations from the project included: i) set up a working group within the structure of the care home to review policies and activities; ii) create privacy policies addressing needs related to sexuality and privacy of residents; iii) encourage staff to discuss LGBTI issues with residents[202].
- Skills for Care[203] in England developed a new learning framework (2023) to support care workers in developing their knowledge, skills, and values for working affirmatively with LGBTI people in later life. The comprehensive framework includes a background on LGBTI issues and awareness; a look at health and wellbeing issues later in life, including research about LGBTI inequalities; information on providing personalised care and support covering topics of trans-affirmative care, intersectionality, supporting people with dementia or HIV, and understanding intimacy and sexuality later in life; and

200. https://health-inequalities.eu/jwddb/pink-passkey-project-netherlands/
201. https://schwulenberatungberlin.de/qualitaetssiegel-lebensort-vielfalt/
202. https://ilga-europe.org/sites/default/files/ILGA-Europe%20contribution%20to%20the%20EC%20consultation%20on%20the%20Green%20Paper%20on%20Ageing_April%202021.pdf
203. https://www.skillsforcare.org.uk/resources/documents/Support-for-leaders-and-managers/Supporting-a-diverse-workforce/LGBTQ-framework/LGBTQ-learning-framework.pdf

recommendations for leadership, education, and service development to continue to improve care and support in this area. The framework is intended to be used by social care employers, employees, training providers, regulators, commissioners, policy makers and others to build their own knowledge of LGBTI issues.

- BEING ME Inclusive Aged Care - BEING ME[204] was a collaborative EU project which worked across Ireland, the Netherlands, Slovenia, and the United Kingdom to examine how education and training in health and social care addresses affirmative LGBTI ageing. The toolkit[205] is comprised of 6 blocks of learning resources and can be used in part or as a whole within existing curricula. Resources can be downloaded and are also translated into Dutch and Slovenian.
- TransGenderNetwork (Netherlands)[206] produced a factsheet "Transgender elderly people: tips for policy makers",[207] which offers HCPs and healthcare organisations tips and tools to make care for older people more inclusive for gender-diverse people. The factsheet is based on international research and interviews with older transgender people in the Netherlands.
- Hospice UK (a national charity for hospice and end of life care)[208] produced a report "I Just Want to be Me" (2023)[209] on trans and gender diverse people's access to, and experiences of, palliative and end of life care, as well as key recommendations for HCPs, staff, and policy makers.

204. https://beingme.eu/welcome
205. https://beingme.eu/toolbox
206. https://www.transgendernetwerk.nl/
207. https://www.transgendernetwerk.nl/kennis/publicatie/transgender-ouderen-tips-voor-beleidsmedewerkers/
208. https://www.hospiceuk.org/
209. https://hukstage-new-bucket.s3.eu-west-2.amazonaws.com/s3fs-public/2023-02/I%20Just%20Want%20To%20Be%20Me.pdf

7. Sexual and reproductive health and rights

7.1. General overview of the situation

75. Good sexual and reproductive health (SRH) is a state of complete physical, mental, and social wellbeing in all matters relating to sexuality and the reproductive system. Sexual and reproductive health are integral elements of the right of everyone to the enjoyment of the highest standard of physical and mental health enshrined in the International Covenant of Economic, Social and Cultural Rights. [210] LGBTI people experience major inequalities in SRH care and outcomes than the general population.[211] For example, higher rates of gonorrhoea and syphilis are reported in gay, bisexual, and other men who have sex with men (MSM)[212], rates of cervical and breast cancer screening is lower in lesbian and bisexual women, transgender men, and gender diverse people compared to cisgender heterosexual women[213], and there is an increased risk of unintended pregnancy among lesbians and bisexual women.[214] FRA found that trans men and non-binary people were much less likely to have had cervical cancer screening than the general population in the previous year.[215] Transgender, non-binary, and intersex people also have specific SRH needs but are often excluded from gynaecological and

210. International Covenant on Economic, Social and Cultural Rights. Available here: https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-economic-social-and-cultural-rights
211. Khozah et al. (2023). Sexual and Gender Minorities Inclusion and Uptake of Sexual and Reproductive Health Services: A Scoping Review of Literature – Available here: https://journals.sagepub.com/doi/10.1177/15579883231184078?icid=int.sj-abstract.similar-articles.9
212. Spotlight on sexually transmitted infections in London: 2021 data. Available here: https://www.gov.uk/government/publications/sexually-transmitted-infections-london-data/spotlight-on-sexually-transmitted-infections-in-london-2022-data
213. Heer et al. (2023). Participation, barriers, and facilitators of cancer screening among LGBTQ+ populations: A review of the literature. Available here: https://journals.lww.com/obgynsurvey/abstract/2023/09000/participation,_barriers,_and_facilitators_of.14.aspx
214. Charlton et al. (2020). Sexual Orientation Differences in Pregnancy and Abortion Across the Lifecourse. Available here: https://www.whijournal.com/article/S1049-3867(19)30483-9/fulltext
215. FRA (2024). LGBTIQ Equality at a Crossroads: Progress and Challenges. Available here: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2024-lgbtiq-equality_en.pdf

reproductive services due to current guidelines and recommendations existing within a gender binary, heteronormative system.[216]

76. This section will consider briefly three key areas of sexual and reproductive health and rights (SRHR) for LGBTI people: HIV/STI prevention and treatment, reproductive rights (specifically ART), and comprehensive sexuality education (CSE). In Europe, although HIV combination prevention has reduced transmission, the region falls short of the UNAIDS 90-90-90 goals[217] for 2020 (which have since been increased to 95-95-95 for 2025), with late HIV diagnosis remaining a challenge in all sub-regions.[218] One in five people living with HIV in the European region are unaware of their status and 54% are diagnosed late. Healthcare inequalities, data gaps, and limited resources hinder prevention efforts in Europe, especially in Central and Eastern subregions, limiting the potential of strategies such as combination prevention or pre-exposure prophylaxis (PrEP) for HIV. In Europe, HIV disproportionally affects populations that are socially marginalised and people whose behaviour is socially stigmatised including people who use intravenous drugs and their sexual partners, MSM, transgender people, sex workers, prisoners, and migrants.[219] Globally, trans people are disproportionally impacted by HIV[220] and effective HIV prevention interventions targeting these populations are critically needed. Key to HIV risk reduction is trans-specific health care.[221] Discrimination, judgment, insensitivity, and a lack of understanding from HCPs prevents many transgender people from accessing HIV prevention, testing,

216. Lunde et al. (2021). Beyond the Binary: Sexual and Reproductive Health Considerations for Transgender and Gender Expansive Adolescents. Available here: https://www.frontiersin.org/journals/reproductive-health/articles/10.3389/frph.2021.670919/full#B5
217. 90% of all people living with HIV to know their HIV status, 90% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy, and 90% of all people receiving antiretroviral therapy to have viral suppression
218. Gökengin et al. (2023). Prevention strategies for sexually transmitted infections, HIV, and viral hepatitis in Europe. Available here: https://www.thelancet.com/journals/lanepe/article/PIIS2666-7762(23)00157-6/fulltext
219. Opinion of the European Economic and Social Committee on the measures to fight stigma against HIV (exploratory opinion at the request of the Spanish Presidency). Available here: https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52023AE0863
220. Stutterheim et al. (2021). The worldwide burden of HIV in transgender individuals: An updated systematic review and meta-analysis. Available here: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0260063
221. Reisner et al. (2016). Global health burden and needs of transgender populations: a review. Available here: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00684-X/abstract

treatment, and care services.[222] Monitoring the uptake of HIV testing among key populations is an important indicator of whether the implementation of testing is successful at targeting those most at risk. However, data on the uptake of HIV testing among key populations in Europe and Central Asia are limited, especially for transgender people. In 2022, only two member states were able to provide data on the proportion of transgender people who know their status. Portugal reported that 65% of transgender people know their HIV status and Ukraine reported that 53% of transgender people know their HIV status.[223]

77. Fertility care and ART have evolved rapidly over the past decade and medical advances have improved accessibility for same-sex couples and gender diverse people. LGBTI people are among the fastest growing users of fertility services.[224] Increasing numbers of non-heterosexual men are also seeking medical assistance to have biological children.[225] Fertility care for LGBTI people can involve in vitro fertilisation (IVF), intrauterine semination, gamete donation, and surrogacy.[226] Additionally, ART allows transgender patients to preserve gametes during gender-affirming treatments, if desired by the patient.[227] The World Professional Association of Transgender Health[228] (WPATH) recommends that all transgender patients be informed of the options for fertility preservation prior to transition. Fertility care is often a method of reproductive justice for family building and autonomy for LGBTI

222. Bekker et al. (2018). Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society—Lancet Commission. Available here: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)31070-5/fulltext
223. HIV testing in Europe and Central Asia. Monitoring the implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 Progress Report. Available here: https://www.ecdc.europa.eu/sites/default/files/documents/hiv-testing-europe-central-asia_2.pdf
224. Darwin & Greenfield (2019). Mothers and others: The invisibility of LGBTQ people in reproductive and infant psychology. Available here: https://www.tandfonline.com/doi/full/10.1080/02646838.2019.1649919
225. Murphy (2013). The Desire for Parenthood: Gay Men Choosing to Become Parents Through Surrogacy. Available here: https://journals.sagepub.com/doi/10.1177/0192513X13484272
226. Farquhar & Marjoribanks (2018). Assisted reproductive technology: an overview of Cochrane Reviews. Available here: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010537.pub5/full
227. Roo et al. (2018). Fertility options in transgender people. Available here: https://www.tandfonline.com/doi/abs/10.3109/09540261.2015.1084275
228. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. Available here: https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644

people.[229] However, LGBTI people, particularly those experiencing intersectional marginalisation, face inequitable access to fertility care, as well as socio-legal challenges in accessing ART.

78. There is substantial evidence for the effectiveness of Comprehensive Sexuality Education (CSE), including increasing knowledge and improving attitudes related to SRH; promoting safer sex practices; positive effect on gender equitable attitudes; respect for sexual diversity and gender-equitable relationships; and reducing sexual and gender-based violence.[230] Inclusion of evidence-based content relating to sexual orientation, gender identity and expression, and sex characteristics (SOGIESC), and delivery of sexuality education in ways that are inclusive of and relevant to learners of diverse sexualities and identities, is a gap in international provision of CSE. However, research shows that inclusion of SOGIESC issues within CSE benefits all learners. For example, LGBTI young people are less likely to experience bullying, and more likely to report feeling safe, welcome and happy at school; and benefits for all learners include appreciation of sexual diversity, prevention of intimate partner violence, development of healthy relationships, reduction in bullying, improved social/emotional learning, and increased media literacy.[231] In the report of the 2024 EU LGBTI Survey, the Fundamental Rights Agency suggests that States should consider revising education and training curricula and materials on LGBTI issues, in close cooperation with national human rights institutions, equality bodies, ombuds institutions, including ombuds institutions for children, as well as relevant civil society organisations. Such revisions should have a solid scientific basis and should reflect the lived experiences and realities of LGBTI people in terms and SOGIESC. Such actions should be implemented in educational settings and where appropriate, be developed with and disseminated among local communities, businesses, services providers and faither organisations.[232] The UN Special Rapporteur on the Right of Everyone to the Highest Attainable Standards

229. Kirubarajan et al. (2021). Cultural competence in fertility care for lesbian, gay, bisexual, transgender, and queer people: a systematic review of patient and provider perspectives. Available here: https://www.sciencedirect.com/science/article/pii/S0015028220327448#:~:text=This%20review%20describes%20a%20number%20of%20barriers%20to%20care%2C%20including,both%20research%20and%20hospital%20interventions.
230. Comprehensive sexuality education: why is it important? Think Tank - European Parliament. Available here: https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2022)719998
231. Goldfarb et al. (2021). Three Decades of Research: The Case for Comprehensive Sex Education. Available here: https://www.jahonline.org/article/S1054-139X(20)30456-0/fulltext
232. FRA (2024). 'LGBTIQ equality at a crossroads: progress and challenges'. Available at: https://fra.europa.eu/en/news/2024/harassment-and-violence-against-lgbtiq-people-rise

of Physical and Mental Health, the UN Independent Expert on SOGI, the Special Rapporteur on the Rights to Education, and the Working Group on Discrimination Against Women and Girls have developed CSE guidelines in a Compendium on Comprehensive Sexuality Education.[233]

79. Provision of CSE is often not based on evidence and has become a politicised issue and a topic of debate in many CoE member states.[234] In some member states, such as Georgia, Hungary, Italy, Poland, Spain, and the UK, there have been explicit efforts to block or reverse policies, laws, or implementation of sexuality education.[235] In Poland, a controversial bill "Stop Pedophilia" which proposes to criminalise people and organisations providing sexuality education to children was debated in parliament in April 2020. The bill was sent to a committee for further revision.[236] In Hungary, in 2021, the Prime Minister called for sexuality education to be exclusively left to parents and related educational content in schools must be a subject to parental consent.[237] This followed Hungarian legislation, which outlawed sharing information with children that the government considers to be promoting homosexuality or being trans.[238] In Georgia, two draft constitutional laws on the "protection of family values and minors" were announced in March 2023, aiming to restrict the dissemination of information in educational settings, including content endorsing same-sex relationships, adoption by same-sex couples, medical interventions for gender affirmation, and the non-use of gender-specific terminology.[239]

7.2. National legislation, policies, and action plans

80. Many member states have adopted national policies and guidelines on HIV prevention, diagnosis, treatment, and care for the general and key

233. OHCHR (2023). A Compendium on Comprehensive Sexuality Education. Available at: https://www.ohchr.org/sites/default/files/documents/issues/health/sr/Compendium-Comprehensive-Sexuality-Education-March-2023.pdf
234. Comprehensive sexuality education: why is it important? Think Tank - European Parliament. Available here: https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2022)719998
235. Commissioner for Human Rights report "Human Rights and Gender Identity and Expression (March 2024). Available at: https://rm.coe.int/issue-paper-on-human-rights-and-gender-identity-and-expression-by-dunj/1680aed541
236. https://www.hrw.org/news/2020/04/14/poland-reject-new-curbs-abortion-sex-ed
237. https://2015-2022.miniszterelnok.hu/only-parents-can-decide-on-the-sexual-education-of-their-children/
238. Commission takes legal action for discrimination LGBTIQ. Available here: https://ec.europa.eu/commission/presscorner/detail/en/ip_21_3668
239. GD Pushes for Anti-LGBT Constitutional Law https://civil.ge/archives/588748

populations.[240] In particular, there has been good uptake of the WHO guidelines for the use of antiretroviral therapy to treat and prevent HIV infection. In 2022, 33 CoE member states reported a national policy, strategy, or other recommendations from their government on HIV testing. However, 11 of the 33 member states (33%) indicated that their testing guidance was over five years old at the time of submission.[241] Guidance published over five years ago may be out-of-date and not reflect the most recent innovations in HIV testing and prevention (e.g. community-based testing, PrEP). The European Centre for Disease Prevention and Control (ECDC) recommends that HIV tests are offered to key populations that are at increased risk of HIV. However, in 2022 only 14 CoE member states countries included transgender people in national guidelines. In Switzerland, the new (2023) national programme "Stop HIV, hepatitis B and C viruses and sexually transmitted infections"[242] includes trans persons as a key-population for the first time. ECDC guidelines also note that key populations should be tested every 3–12 months, depending on local epidemiology and risk assessment.[243]. Countries with recommendations on frequency of testing for at least some key populations were most likely to report recommendations on frequency of testing for MSM and people who inject drugs. Member States were least likely to include recommendations on frequency of testing for transgender people and migrants.[244]

81. The Strategic Plan for the Prevention and Control of HIV and other Sexually Transmitted Infections in Spain (2021-2030)[245] aims to promote

240. Action plan for the health sector response to HIV in the WHO European Region. Available here: https://iris.who.int/bitstream/handle/10665/338302/66cd05e-rev2-HIVActionPlan-160588.pdf?isAllowed=y&sequence=1
241. HIV testing in Europe and Central Asia. Monitoring the implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 Progress Report. Available here: https://www.ecdc.europa.eu/sites/default/files/documents/hiv-testing-europe-central-asia_2.pdf
242. https://www.bag.admin.ch/bag/fr/home/strategie-und-politik/nationale-gesundheitsstrategien/nationales-programm-hiv-hep-sti-naps.html
243. HIV testing in Europe and Central Asia. Monitoring the implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2021 Progress Report. Available here: https://www.ecdc.europa.eu/sites/default/files/documents/DD_HIV_TestingBrief_May%202022-revised-final.pdf
244. HIV testing in Europe and Central Asia. Monitoring the implementation of the Dublin Declaration on partnership to fight HIV/AIDS in Europe and Central Asia: 2022 Progress Report. Available here: https://www.ecdc.europa.eu/sites/default/files/documents/hiv-testing-europe-central-asia_2.pdf
245. Strategic Plan for the Prevention and Control of HIV and other Sexually Transmitted Infections in Spain 2021-2030. Available here: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/planNalSida/PLAN_FOR_THE_PREVENTION_AND_CONTROL_OF_HIV_AND_OTHER_SEXUALLY_TRANSMITTED_INFECTIONS_IN_SPAIN.pdf

and coordinate actions to eliminate HIV and STIs as a public health problem by 2030, through prevention, early diagnosis and treatment of these infections, chronic disease care and improvements to quality of life, as well as by addressing stigma and discrimination linked to HIV and other STIs in Spain. The actions are aimed at key population groups or groups characterised by greater vulnerability of HIV acquisition and other STIs.

82. The European Parliament adopted a resolution on the situation of SRHR[246], in the frame of women's health. The Parliament calls on EU member states to ensure that *"all persons of reproductive age have access to fertility treatments, regardless of their socio-economic or marital status, gender identity or sexual orientation"*. However, national legislation varies considerably across member states regarding LGBTI rights in the area of assisted reproduction. In the EU, access to ART for lesbian couples and single women is regulated at a national level. According to Rainbow Europe 2023,[247] only 16 CoE member states allow couples to access medically assisted insemination regardless of the partners' sexual orientation and/or gender identity (Austria, Belgium, Denmark, Finland, France, Iceland, Ireland, Luxembourg, Malta, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, UK) and 27 member states provide this to single people. However, in member states (e.g. France, Spain, and UK) where same-gender couples are legally entitled to ART, treatment can remain inaccessible due to waiting times, age restrictions, and barriers by gatekeepers like health professionals, doctors or public/civil servants.[248,249]

83. Trans people face additional legal and economic challenges in accessing ART in many member states. Little data is available on trans access to IVF across Europe, though a report in 2021[250] found that 19 countries (including Austria, Belgium, Bulgaria, Cyprus, Finland, France, Greece, Iceland, Ireland, Malta, Netherlands, Portugal, Spain, Romania Russia, Sweden, Switzerland, UK, Ukraine) allowed it, at least in theory. The same report found that six countries did not recognise access to IVF for trans people, including Germany (where surrogacy is unregulated), Hungary, Latvia, Montenegro, Poland, and

246. Texts adopted - Sexual and reproductive health and rights in the EU, in the frame of women's health - Thursday, 24 June 2021 – European Parliament. Available here: https://www.europarl.europa.eu/doceo/document/TA-9-2021-0314_EN.html
247. Rainbow Europe Map and Index 2023 | ILGA-Europe. Available here: https://www.ilga-europe.org/report/rainbow-europe-2023/
248. Zeeman et al. (2017). State-of-the-art study focusing on the health inequalities faced by LGBTI people: State-of-the-Art Synthesis Report (SSR). Available here: https://cris.brighton.ac.uk/ws/portalfiles/portal/469871/stateofart_report_en.pdf
249. Rainbow Europe Map and Index 2023 | ILGA-Europe. Available here: https://www.ilga-europe.org/report/rainbow-europe-2023/
250. https://civio.es/medicamentalia/2021/11/02/ART-EU-access/

Slovenia.[251] However, in 2022, France ruled than trans men are not eligible for IVF.[252] It is reported that trans people are forced to travel to neighbouring countries like Belgium to access ART or misrepresent their gender identity in order to access care. Under Belgian law, transgender people can apply for fertility treatment with donor gametes, and IVF is open to trans men. In Spain, the "Trans Law" (4/2023)[253] allows transgender people to have access to ART.

84. Surrogacy is one option for gay male couples to have children. Regulation of surrogacy varies greatly between CoE member states, with at least 15 countries banning any form of surrogacy (Austria, Bulgaria, Croatia, Denmark, Finland, France, Germany, Iceland, Italy, Lithuania, Malta, Montenegro, Spain, Switzerland, Türkiye). Others either permit surrogacy, prohibit certain forms, or have varying degrees of regulation (e.g. Belgium, Cyprus, Czech Republic, Georgia, Greece, Hungary, Portugal, Netherlands, Romania, UK, Ukraine), while others neither prohibit it nor regulate it.[254,255,256] There are a select few member states, such as the UK, that extend male couples the same access to surrogacy as heterosexual couples. Scotland was the first country in the UK to fund IVF for male couples via the NHS, with the use of a gestational surrogate.[257]

85. Internationally, despite overwhelming political agreement and commitment to providing sexuality education[258], the implementation of CSE across member states varies considerably. Whilst the majority of EU countries have mandatory sexuality education (except for Bulgaria, Croatia, Hungary, Italy, Lithuania, Romania, Slovakia, and Spain), content and delivery

251. https://civio.es/medicamentalia/2021/11/02/ART-EU-access/
252. http://www.breitbart.com/europe/2022/07/10/french-court-upholds-excluding-transgender-men-from-ivf-treatment/
253. Ley 4/2023 available here: https://www.boe.es/boe/dias/2023/03/01/pdfs/BOE-A-2023-5366.pdf
254. https://www.coe.int/en/web/bioethics/surrogacy-search
255. Regulating international surrogacy arrangements - state of play. European Parliament. Available here: https://www.europarl.europa.eu/RegData/etudes/BRIE/2016/571368/IPOL_BRI(2016)571368_EN.pdf
256. A comparative study on the regime of surrogacy in EU Member States – European Parliament, 2013. https://www.europarl.europa.eu/RegData/etudes/STUD/2013/474403/IPOL-JURI_ET(2013)474403_EN.pdf
257. Mackenzie et al. (2020). The ethics of fertility treatment for same-sex male couples: Considerations for a modern fertility clinic. Available here: https://www.sciencedirect.com/science/article/abs/pii/S0301211519305251
258. See https://www.europarl.europa.eu/RegData/etudes/STUD/2022/719998/IPOL_STU(2022)719998_EN.pdf for full description of key commitments on sexuality education at the international – mainly UN - level

vary greatly. For example, whilst the biological aspects of CSE, such as anatomy and reproduction, is represented in European sexuality education curricula, fewer member states focus on topics related to gender, sexual diversity, sexuality, and variations in sex characteristics.[259] 27 CoE member states have developed voluntary or arbitrary inclusion of LGBTI issues within their national curricula, however they have only been embedded throughout the full curriculum or, at least, been compulsory for all students, in 12 member states: Belgium, Croatia, Denmark, Finland, Iceland, Luxembourg, Malta, Netherlands, Norway, Portugal, Sweden, and the UK. Out of these, only three countries are inclusive of sexual orientation, gender identity and expression, and sex characteristics.[260] Teacher knowledge to support students who are LGBTI remains a challenge. In the 2024 report of their latest EU LGBTI Survey, the Fundamental Rights Agency recommends that member states should consider revising training curricula and materials on LGBTI issues in close cooperation with national human rights institutions, equality bodies, ombuds institutions, including ombuds institutions for children, as well as relevant civil society organisations.[261] Around 24 of the CoE member states provide some teacher training on LGBTI awareness, but only two Council of Europe member states had introduced mandatory teacher training on LGBTI issues in 2022: Norway and Sweden.[262]

7.3. Promising practices

86. This section highlights some examples of promising practices in relation to: i) HIV and STI testing and treatment; ii) fertility care; and iii) comprehensive sexuality education. The aim of this section is to highlight examples of promising practices that can be transferred to different member states.

87. HIV and STI testing and treatment

- The Czech AIDS Help Society (CSAP)[263] runs several initiatives including: i) The Lighthouse in Prague, which is a social centre that provides anonymous and free HIV testing, and shelter accommodation for people

259. Comprehensive sexuality education: why is it important? Think Tank - European Parliament. Available here: https://www.europarl.europa.eu/thinktank/en/document/IPOL_STU(2022)719998
260. LGBTQI Inclusive Education Report 2022-IGLYO. Available here: https://www.education-index.org/wp-content/uploads/2022/05/IGLYO-LGBTQI-Inclusive-Education-Report-2022-v3.pdf
261. FRA (2024). 'LGBTIQ equality at a crossroads: progress and challenges'. Available at: https://fra.europa.eu/en/news/2024/harassment-and-violence-against-lgbtiq-people-rise
262. Ibid.
263. https://www.aids-pomoc.cz/information-in-english.html

living with HIV; ii) 12 HIV Checkpoints[264] which provide anonymous and free testing for HIV and other STIs throughout Czechia, as well as mobile testing sites (e.g. in ambulances or tents at festivals); and iii) free online HIV self-tests.

- Aleanca (Alliance Against Discrimination of LGBT Albania)[265] is a CSO advocating for LGBTI rights in Albania, which also provide rapid HIV testing. In 2022, Aleanca provided rapid HIV testing to 1,485 people.[266]
- Clinic T [267] is a trans and non-binary friendly sexual health and contraception service in Brighton, UK. The clinic offers testing and treatment for STIs, help with contraception, cervical cytology, vaccination, social support, and signposting to local partner support organisations.
- Spain's "Strategic Plan for the Prevention and Control of HIV and other Sexually Transmitted Infections in Spain (2021-2030)" is a promising example of a comprehensive national plan for the prevention of HIV and STIs.[268]
- The Netherlands developed a national action plan for STI, HIV, and sexual health (2018–2022) which had two main goals i) ensuring citizens have adequate knowledge and make informed choices about sexual health aiming for sex that is pleasant, voluntary and safe, and free from STIs and HIV, sexual violence, and unwanted pregnancies; and ii) providing access to appropriate and affordable healthcare, advice, support, and protection for sexual health including HIV and STIs.[269]

88. Fertility care

- Belgium is a promising example of a member state addressing inequitable access to fertility care for LGBTI people. Assisted insemination and IVF have been accessible to lesbian couples and single women

264. https://www.hiv-testovani.cz/
265. https://www.hiv-testovani.cz/
266. https://www.ilga-europe.org/sites/default/files/2023/albania.pdf
267. https://brightonsexualhealth.com/service/clinic-t/
268. Strategic Plan for the Prevention and Control of HIV and other Sexually Transmitted Infections in Spain 2021-2030. Available here: https://www.sanidad.gob.es/ciudadanos/enfLesiones/enfTransmisibles/sida/planNalSida/PLAN_FOR_THE_PREVENTION_AND_CONTROL_OF_HIV_AND_OTHER_SEXUALLY_TRANSMITTED_INFECTIONS_IN_SPAIN.pdf
269. National Institute for Public Health and the Environment, Netherlands National action plan on STIs, HIV and sexual health 2017–2022. Bilthoven, Netherlands. Available here: rivm.nl/bibliotheek/rapporten/2017-0158.pdf

since 2007.[270] Under Belgian law, trans people can also apply for fertility treatment with donor gametes. At the Department of Reproductive Medicine in Ghent University a fertility consultation is always included as part of TSHC. There is no legal framework for surrogacy which makes access difficult, particularly for LGBTI people, however there are centres in Belgium that provide support for surrogacy for same-sex couples and trans people.

- Belgian fertility clinics, the Flemish centre for adoption and Foster Care Flanders collaborated with Transgender Infopunt to produce information on fertility care and adoption for trans people. [271]
- Le Planning Familial[272] in France advocates for SRHR, women's rights and LGBTI rights. Le Planning Familial provides support and advocacy for trans people's access to IVF.
- ROPA (Reception of Oocytes from Partner), also known as shared motherhood IVF treatment, was pioneered in Spain[273] and is an ART for female couples in which the oocytes of one partner ('genetic parent') are fertilised with donated sperm and the resulting embryos are transferred to the other partner's uterus ('gestational parent'). This method allows both partners of female couples to be 'biological parents'.
- In Malta, trans people have been able to preserve their gametes for free prior to undergoing TSHC interventions since 2020.
- Denmark has the highest proportion of babies born through ART in Europe with a large number of single and lesbian women travelling to Denmark where ART is available to all people regardless of sexual orientation or marital status[274]. In Denmark, ART is available in private clinics up to the age of 46.

89. Comprehensive sexuality education

- Bilitis[275] is an LGBTI rights organisation in Bulgaria working in the field of education since 2010. It has led research on the experience

270. https://www.europarl.europa.eu/doceo/document/P-8-2016-005566_EN.html#:~:text=In%20Belgium%2C%20artificial%20insemination%20and,lesbian%20couples%20and%20single%20women.
271. https://www.transgenderinfo.be/nl/leven/kinderwens/adoptie
272. https://brightonsexualhealth.com/service/clinic-t/
273. https://academic.oup.com/humrep/article/25/4/938/699607
274. https://time.com/5491636/denmark-ivf-storkklinik-fertility/
275. https://bilitis.org/en/

of education for LGBTI students and has developed and disseminated resources for teachers, school administrators, and students, as well as providing teacher training on LGBTI issues and recommendations for how schools can become safer for LGBTI students.[276] Bilitis have also provided online lectures to the Association of Medical Students on trans and intersex people, and also provides free online psychological support (via a chat service) for LGBTI students who experience bullying. [277]

- In Sweden[278], CSOs have long been involved in providing training on sexual orientation and gender identity and expression (SOGIE) in schools. However, a change in public policy in 2021 meant that knowledge on SOGIE has become a compulsory component of teacher training programmes at universities.
- In 2020, COC Netherlands (a Dutch LGBTI rights group) launched the Gay Straight Alliances (GSA) Onderwijsstandaard (GSA Standard for Education)[279], an online checklist helping schools monitor and evaluate their performance on LGBTI education, support, and policy. The survey is based on Dutch laws and regulations and can be filled out by teachers and students.
- It Gets Better,[280] a CSO in Portugal promoting rights of LGBTI people, developed a resource for teachers in October 2020 called 'Come to the Rainbow School: Guidance for Inclusive Teachers', focusing on sexual and reproductive education.[281]
- The Portuguese government produced a report called "The Right to Be in Schools"[282] in 2023, which includes guidelines for teaching and non-teaching staff for preventing and combating discrimination and violence based on SOGIESC. The guidelines will be complemented with training, dissemination and awareness actions in schools.
- TransAkcija,[283] a CSO in Slovenia advocating for the rights of trans people, sends teachers their resource 'Between Pink and Blue: A trans

276. Bilitis are unable to work in schools, so have to work with teachers outside the school setting
277. https://bulgaria.livewithoutbullying.com/
278. Safe, seen and included: inclusion and diversity within sexuality education; briefing note - UNESCO (2023). Available here: https://unesdoc.unesco.org/ark:/48223/pf0000385417
279. https://www.gsaonderwijsstandaard.nl/
280. https://itgetsbetter.pt/
281. https://itgetsbetter.pt/come-to-the-rainbow-school
282. https://www.dge.mec.pt/sites/default/files/idahot_orientacoes_para_uma_escola_inclusiva.pdf
283. https://transakcija.si/english/

toolkit'[284], which includes tips for teachers on how to be inclusive and respectful towards trans youth.

- Stonewall [285] in the UK has a number of resources for schools, including lesson plans and guidance for developing LGBTI-inclusive curricula.[286] They also provide e-learning and an awards programme for schools and colleges.
- Finland is the only member state where early childhood education curriculum for all ages encompasses information related to sexuality, safety skills and the body equally for all children. Väestöliitto, The Family Federation of Finland, has been instrumental in developing age-appropriate teaching and learning resources and delivering teacher training. For example, Väestöliitto were involved in the development of body-emotion education[287] for pre-primary school children in Finland, which captures the core features of sexuality education, presented in an age-appropriate way for young learners.

284. https://transakcija.si/med-modro-in-roza/
285. https://www.stonewall.org.uk/
286. https://www.stonewall.org.uk/resources/introduction-supporting-lgbtq-children-and-young-people
287. Body-emotion education - https://www.vaestoliitto.fi/en/professionals/body-emotion-education/

8. Mental health and LGBTI people

8.1. General overview of the situation

90. Mental health is a core component of overall health and wellbeing. However, LGBTI people experience significant mental health inequalities, experiencing higher rates of poor mental health (e.g. depression, anxiety, and suicidality) than cisgender, heterosexual people.[288],[289] LGBTI mental health inequalities start as young as age 10 and it is widely recognised that LGBTI young people face heightened rates of mental health challenges and have significantly lower levels of good mental health than non-LGBTI youth.[290] [291] Early intervention is therefore critical to identify and provide preventive support to children and young people who are at heightened risk of poor outcomes.

91. Minority stress theory suggests that the increased prevalence of mental health issues experienced by LGBTI people is due to the increased level of social stress, including stigma, discrimination, prejudice, and victimisation.[292] Mental health inequalities experienced by LGBTI people have been exacerbated by the COVID-19 pandemic. Reports by OII Europe found that 62% of intersex people reported a worsening of their mental health during COVID-19 with enduring impacts.[293] Civil society organisations are also concerned that the increasing LGBTI-phobic rhetoric in member states is having

288. Zeeman et al. (2019). Review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. Available here: https://academic.oup.com/eurpub/article/29/5/974/5151209
289. Plöderl & Tremblay (2015). Mental health of sexual minorities. A systematic review. Available here: https://www.tandfonline.com/doi/full/10.3109/09540261.2015.1083949
290. Irish et al. (2019). Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK: a population-based cohort study. Available here: https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30343-2/fulltext
291. The Trevor Project (2023). 2023 U.S. National Survey on the Mental Health of LGBTQ Young People. Available at: https://www.thetrevorproject.org/survey-2023/
292. Mezza et al. (2023). Minority stress and mental health in European transgender and gender diverse people: A systematic review of quantitative studies. Available here: https://www.sciencedirect.com/science/article/abs/pii/S0272735823001162
293. Covid-19 Survey Report – OII Europe. Available here: https://www.oiieurope.org/covid-19-survey-report/

a detrimental impact on the mental health of LGBTI people.[294] LGBTI people face unique barriers when accessing mental health services such as fear of and experience of discrimination, lack of trust, and perceived lack of culturally competent mental HCPs.[295]

92. LGBTI people experiencing multiple forms of discrimination (e.g. based on age, ethnicity, disability, gender identity/expression, sex characteristics) are at higher risk for poor mental health.[296] For example, intersex[297],[298],[299] and trans people[300],[301] experience a higher burden of poor mental health compared to the general population including higher levels of depression, anxiety, self-harm, suicidal thoughts, and suicide attempts. Research conducted by IGLYO shows that LGBTI young people experiencing intersecting forms of marginalisation (including racialisation, migration, legal status, religion, socio-economic disadvantage, and housing difficulties) report higher instances of symptoms of depression and anxiety.[302] Research by EL*C found that European lesbians are at increased risk of suicide (41% with regard to lifetime suicidal ideation and 17% with regard to lifetime suicide attempts) compared to heterosexual women (17% with regard to lifetime suicidal ideation and 4% with regard to lifetime suicide attempts).[303]

294. http://www.mhe-sme.org/
295. Rees et al. (2020). The lesbian, gay, bisexual and transgender communities' mental health care needs and experiences of mental health services: An integrative review of qualitative studies. Available here: https://onlinelibrary.wiley.com/doi/abs/10.1111/jpm.12720
296. Antebi-Gruszka et al. (2024). Multiple forms of discrimination, mental distress, and well-being among lesbian, gay, bisexual, and queer individuals: The role of brooding. Available here: https://www.tandfonline.com/doi/abs/10.1080/19359705.2022.2089425
297. Protecting Intersex People in Europe: A toolkit for law and policy makers – OII Europe. Available here: https://www.oiieurope.org/protecting-intersex-people-in-europe-a-toolkit-for-law-and-policy-makers/
298. Rosenwohl-Mack et al. (2020). A national study on the physical and mental health of intersex adults in the U.S. Available here: https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0240088
299. Falhammar et al. (2018). Health status in 1040 adults with disorders of sex development (DSD): a European multicenter study. Available here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5861372/
300. Pinna et al. (2022). Mental health in transgender individuals: a systematic review. Available here: https://www.tandfonline.com/doi/abs/10.1080/09540261.2022.2093629
301. Pellicane & Ciesla (2022). Associations between minority stress, depression, and suicidal ideation and attempts in transgender and gender diverse (TGD) individuals: Systematic review and meta-analysis. Available here: https://www.sciencedirect.com/science/article/abs/pii/S0272735821001562
302. IGLYO (2024). LGBTQI Youth Mental Health in the Spotlight. Available at: https://www.iglyo.org/resources/mh-report-2024
303. EL*C (2020). The state of lesbian organizing and the lived realities of lesbians in the EU and the accession countries. Report available here: https://europeanlesbianconference.org/the-state-of-lesbian-organising-a-groundbreaking-research/

93. LGBTI children and young people experience significant mental health inequalities compared to their cisgender heterosexual peers, including a higher prevalence of depression, self-harm, suicidal ideation and attempts, and problematic substance use.[304],[305],[306] Compared to cisgender and heterosexual youth, trans youth were six times, bisexual youth five times, and lesbian and gay youth four times more likely to report a history of attempted suicide.[307] The results of the latest edition of the EU LGBTI survey conducted by FRA show that over a third of LGBTI young people considered suicide in the year before the survey, with young trans, non-binary, and gender-diverse people being the most likely to have suicidal thoughts. The results also show that 30% of the youngest respondents thought 'often' or 'always' of suicide in the year before the survey.[308], [309] Analysis led by ILGA-Europe and IGLYO[310] of the "Our Europe, Our Rights, Our Future" global survey[311] with children aged 11-17 found concerning findings for LGBTQ+ youth in the EU, 20% of general respondents selected they were sad or unhappy "most of the time", however 47% of non-binary children and 48% of LGBTQ+ children selected they were ever sad or unhappy "most of the time". Analysis of findings from the FRA survey show that young LGBTI people experience higher rates of hate-motivated violence compared to other age groups, and for most this violence happens in schools or is perpetrated by peers.[312] The results of the latest

304. Marshal et al. (2011). Suicidality and Depression Disparities Between Sexual Minority and Heterosexual Youth: A Meta-Analytic Review. Available here: https://www.sciencedirect.com/science/article/abs/pii/S1054139X11000541
305. Irish et al. (2019). Depression and self-harm from adolescence to young adulthood in sexual minorities compared with heterosexuals in the UK: a population-based cohort study. Available here: https://www.thelancet.com/journals/lanchi/article/PIIS2352-4642(18)30343-2/fulltext
306. Newcomb et al. (2020). High Burden of Mental Health Problems, Substance Use, Violence, and Related Psychosocial Factors in Transgender, Non-Binary, and Gender Diverse Youth and Young Adults. Available here: https://link.springer.com/article/10.1007/s10508-019-01533-9
307. di Giacomo et al. (2018). Estimating the Risk of Attempted Suicide Among Sexual Minority Youths: A Systematic Review and Meta-analysis. Available here: https://jamanetwork.com/journals/jamapediatrics/article-abstract/2704490
308. FRA LGBTQI Survey III Report: IGLYO's Initial Analysis. Available at: https://www.iglyo.org/resources/fra-lgbtqi-survey-iii-initial-analysis
309. FRA (2024). 'LGBTIQ equality at a crossroads: progress and challenges'. Available at: https://fra.europa.eu/en/news/2024/harassment-and-violence-against-lgbtiq-people-rise
310. Briefing paper – Analysis of LGBTQ+ children's responses to the Our Europe, Our Rights, Our Future Survey. Prepared by ILGA-Europe and IGLYO, 2023. Available here: https://www.ilga-europe.org/files/uploads/2023/02/Briefing-paper-Analysis-LGBTQ-childrens-responses-Survey.pdf
311. Report "Our Europe, Our Rights, Our Future" | UNICEF European Union, 2021. Available here: https://www.unicef.org/eu/reports/report-our-europe-our-rights-our-future
312. ILGA-Europe & IGLYO (2022). Intersections: Diving into the FRA LGBTI II Survey Data – Youth. Available here: https://www.iglyo.org/resources/fra-brief-2022

edition of the EU LGBTI survey conducted by FRA show that two-thirds of all respondents suffered bullying, ridicule, teasing, insults or threats because of their LGBTQI identity in school, a steep increase compared with the figure in 2019 (46%). The report also states that targeted hate speech towards young people cruelly isolates them having a negative effect on their mental health.[313] A survey of 17,000 young people across Europe, found 1 in 2 LGBTI young people have experienced bullying in school at least once based on their sexual orientation, gender identity, gender expression or variations of sex characteristics.[314] International research also demonstrates a correlation between LGBTI young people's mental health struggles to the existence of anti-LGBTI policies in their national context. By contrast, LGBTI people in a supportive environment or with access to gender-affirming spaces report better mental health. [315], [316]

94. The international trend towards depathologisation of LGBTI people is a key development for recognising that SOGIE diversity is not a mental illness, and therefore cannot be "cured" through conversion practices. LGBTI conversion practices can be defined as 'any treatment aimed at changing a person's sexual orientation or gender identity'. Conversion practices are a violation of the human rights of LGBTI people and have been condemned by international bodies at the UN, Council of Europe, and EU level stressing that they are medically unjustified, unethical, and cause significant harm. Conversion practices involve three main types of interventions, related to specific beliefs and settings: i) psychotherapeutic interventions, ii) medical interventions, and iii) interventions based on religion, faith or spirituality.[317] Conversion practices cause prolonged psychological harm including depression, anxiety, shame, self-hatred, suicidal thoughts and attempts, as well as permanent

313. FRA (2024). 'LGBTIQ equality at a crossroads: progress and challenges'. Available at: https://fra.europa.eu/en/news/2024/harassment-and-violence-against-lgbtiq-people-rise
314. "LGBTQI Inclusive Education Study, 2021, IGLYO": https://www.iglyo.org/resources/lgbtqi-inclusive-education-study-2021; Don't Look Away: No place for exclusion of LGBTI students – UNESCO (2021). Available here: https://en.unesco.org/gem-report/LGBTIdontlookaway
315. The Trevor Project (2023). 2023 U.S. National Survey on the Mental Health of LGBTQ Young People. Available at: https://www.thetrevorproject.org/survey-2023/
316. IGLYO (2024). LGBTQI Youth Mental Health in the Spotlight. Available at: https://www.iglyo.org/resources/mh-report-2024
317. Conversion Practices on LGBT+ People – European Parliament (2023). Available here: https://www.europarl.europa.eu/meetdocs/2014_2019/plmrep/COMMITTEES/LIBE/DV/2023/07-17/Study_PolDepC_ConversionPracticesonLGBTPeople_752.385_EN.pdf

physical harm.[318],[319] There is limited data on these practices in CoE member states. The 2023 Norwegian report on experiences with conversion practices[320] is one example. It is estimated that 5% of the LGBTI community have been offered "conversion therapies" and that 2% have undergone such "therapies". This is higher for trans people, with 4% of transgender respondents saying they had undergone "conversion therapy", and 8% reporting having been offered it.[321] Other sources suggest that these figures are much higher. The FRA 2023 LGBTIQ III Survey found that 24% of respondents reported experiencing conversion practices, with limited variation across age groups (23% of those aged 55 and older compared to 27% of those 15- to 17-years old).[322]

95. Many member states still also request a mental health diagnosis or psychological opinion to obtain legal gender recognition or do not specifically exclude this requirement (Andorra, Austria, Bosnia & Herzegovina, Croatia, Cyprus, Czechia, Estonia, Germany, Italy, Latvia, Lithuania, Moldova, Montenegro, Netherlands, Poland, Romania, Serbia, Slovakia, Slovenia, Sweden, Turkey, Ukraine, and UK)[323] despite calls for the depathologisation of trans identities.[324] This requirement can lead to forced psychopathologisation, making interactions between patient and provider transactional rather than therapeutic. The power dynamic could compel patients to say what is necessary to obtain what they need, rather than the truth, while providers hold the power to withhold access to rights, such as legal recognition and private and family life, thus risking undermining trust and patient-doctor confidentiality.

318. Bans on conversion therapies across the EU - European Parliament (2022). Available here: https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/733521/EPRS_BRI(2022)733521_EN.pdf
319. 2020 "Conversion Therapy" & Gender Identity Survey. Available here: https://www.stonewall.org.uk/system/files/gict_report_-_final.pdf
320. Available here: https://www.nordlandsforskning.no/sites/default/files/files/NF5-2023-Erfaringer%20med%20konventeringsterapi%20blant%20skeive.pdf
321. National LGBT Survey: Research report – UK Government (2019). Available here: https://www.gov.uk/government/publications/national-lgbt-survey-summary-report
322. FRA (2024). LGBTIQ Equality at a Crossroads: Progress and Challenges. Available here: https://fra.europa.eu/sites/default/files/fra_uploads/fra-2024-lgbtiq-equality_en.pdf
323. TGEU - Trans Rights Map (2023). Available here: https://transrightsmap.tgeu.org/
324. 2022 - Thematic Report on Legal Gender Recognition in Europe available at: https://rm.coe.int/thematic-report-on-legal-gender-recognition-in-europe-2022/1680a729b3

8.2. National legislation, policies, and action plans

96. On 30 November 2023, the Council of the European Union adopted conclusions on mental health[325], where special attention is given to vulnerable groups including LGBTI people. These conclusions provide clear actions for EU countries to tackle mental health issues. Whilst many member states have national policies and strategies related to mental health, only some recognise LGBTI people as a priority group for action (e.g. Ireland, Luxembourg[326]). Ireland's national mental health policy, Sharing the Vision (STV),[327] conveys a view of inclusive mental health services that recognise and meet the diverse needs of all service users. Reflecting the heightened risk of mental health difficulties among LGBTI people, it recognises the LGBTI community as an at-risk or priority group. The policy is also complemented by several important guidance and strategy documents which relate to, and provide guidance on, the delivery of inclusive health and mental health services generally and services that meet the needs of LGBTI service users specifically. Mental health is addressed in some national LGBTI action plans. For example, the Welsh LGBTQ+ Action Plan[328], the Malta LGBTQI Equality Strategy and Action Plan (2023-2027)[329], and The Norwegian Government's Action Plan on Gender and Sexual Diversity (2023-2026).[330]

97. National suicide prevention strategies are recommended by the World Health Organization as integral to reducing suicide[331] and many CoE member states have national suicide prevention plans (e.g. Austria, Belarus, Bulgaria, France, Ireland, Lithuania, Luxembourg, Netherlands, Norway, Portugal, Sweden, Switzerland, UK). Considering the increased risk of suicidal thought and

325. Council of the European Union – Council conclusions on mental health. Available here: https://data.consilium.europa.eu/doc/document/ST-15971-2023-INIT/en/pdf
326. Plan National Santé Mentale Luxembourg (PNSM 2024-2028). Available here : https://sante.public.lu/fr/publications/p/plan-national-sante-mentale.html
327. Department of Health. Sharing the Vision: A mental health policy for everyone (Dublin: Government of Ireland, 2020). Available here: https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/
328. LGBTQ+ Action Plan for Wales, February 2023. Available here: https://www.gov.wales/sites/default/files/publications/2023-02/lgbtq-action-plan-for-wales.pdf
329. Malta LGBTIQ Equality Strategy and Action Plan 2023 – 2027. Available here: https://human-rights.gov.mt/en/Documents/LGBTIQ%20Equality%20Strategy%20and%20Action%20Plan%202023%20%E2%80%93%202027%20EN.pdf
330. The Norwegian Government's Action Plan on Gender and Sexual Diversity (2023–2026). Available here: https://www.regjeringen.no/contentassets/cae838ecc4204787857a0499fd8b7c11/en-gb/pdfs/action-plan-on-gender-and-sexual-diversity.pdf
331. National suicide prevention strategies: progress, examples and indicators (World Health Organization, 2018). Available here: https://www.who.int/publications/i/item/national-suicide-prevention-strategies-progress-examples-and-indicators

behaviour among LGBTI people it is important that national suicide prevention plans specifically consider LGBTI people and set up targeted and tailored interventions for them. However, only five CoE member states (Denmark, Ireland, Luxembourg, the Netherlands and the United Kingdom) have national suicide plans that consider the needs of LGBTI people.

98. The Netherland's Third National Agenda on Suicide Prevention, 2021-2025 covers LGBTI people as a vulnerable group and includes several targeted measures.[332] The suicide prevention strategy for England 2023 sets out the Government's ambition to improve data and evidence on LGBT people and suicide.[333]

99. The Parliamentary Assembly of the Council of Europe[334] and the European Parliament[335] have made repeated calls on the member states to ban conversion practices. Only 11 CoE member states to date have officially banned conversion practices on the national level (Albania, Belgium, Cyprus, France, Germany, Greece, Iceland, Malta, Norway, Portugal, and Spain).[336] National legislation usually provides that both sexual orientation and gender identity are protected. Only Belgium, Greece, Iceland, Malta, and Portugal explicitly mention gender expression. The laws of the member states that have adopted a ban on conversion practices differ in terms of the material scope of application, with some applying the ban on practicing conversion practices only to medical professionals (Albania, Greece) and others applying it to anybody (Belgium, France, Germany, Iceland, Malta, Norway, Portugal, Spain). The personal scope of application also varies, with some States applying the ban only to minors and vulnerable adults (Germany, Greece, Malta) and others applying it to also to adults, regardless of consent (Belgium, Cyprus, France, Iceland, Norway, Portugal, and Spain).[337]

---

332. Netherland's Third National Agenda on Suicide Prevention, 2021-2025. Available here: https://open.overheid.nl/documenten/ronl-cdb3e3c2-6eed-4ca0-9a3a-c8123841466c/pdf
333. Suicide prevention in England: 5-year cross-sector strategy (UK Government, 2023). Available here: https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy#improving-data-and-evidence
334. Resolution 2395 (2021): Strengthening the fight against so-called "honour" crimes (calls for a ban on "conversion therapy")
335. https://www.europarl.europa.eu/doceo/document/TA-8-2018-0056_EN.html
336. Conversion Practices on LGBT+ People – European Parliament (2023). Available here : https://www.europarl.europa.eu/meetdocs/2014_2019/plmrep/COMMITTEES/LIBE/DV/2023/07-17/Study_PolDepC_ConversionPracticesonLGBTPeople_752.385_EN.pdf
337. Ibid.

100. France's Law, Law 2022-92[338] came into effect on 31 January 2022, prohibiting practices aimed at modifying a person's sexual orientation or gender identity. The law distinguishes between the criminalised therapies (aimed at modifying or repressing a person's actual or assumed sexual orientation or gender identity and resulting in impairment of physical or mental health) and therapies whose aim is to provide support and guidance to people questioning their sexual orientation or gender identity. Offences are punished by two years' imprisonment and a fine of €30,000 and punished by three years' imprisonment and a fine of €45,000 when committed to the detriment of a minor or when a minor was present at the time of the acts and witnessed them; by an ascendant or any person having de jure or de facto authority over the victim; on a person whose particular vulnerability or dependence, due to age, illness, infirmity, physical or mental deficiency, pregnancy or precarious economic or social situation, is apparent or known to the perpetrator; by several persons acting as perpetrators or accomplices; by the use of an online public communication service or via a digital or electronic medium.

101. Draft laws banning conversion practices have been tabled and are being discussed in many member states, including Austria, Finland, Ireland, the Netherlands, Switzerland, and the UK.

8.3. Promising practices

102. This section highlights some examples of promising practices in relation to i) voluntary and/or community-based services for LGBTI mental health and wellbeing; ii) toolkits for stakeholders; and iii) and training for mental health professionals on cultural competency. The aim of this section is to highlight examples of promising practices that can be transferred to different member states.

103. Community support and peer groups

- The Rainbow Support Service[339] (run by the Malta LGBTI Rights Movement – MGRM) is a community-based service supporting the mental health and wellbeing of LGBTI people. It provides one-to-one and group support sessions and promotes the development of self-help within the LGBTI community. The service also runs a youth group.

338. LOI n° 2022-92 du 31 janvier 2022 interdisant les pratiques visant à modifier l'orientation sexuelle ou l'identité de genre d'une personne - Dossiers législatifs - Légifrance (legifrance.gouv.fr)
339. https://maltagayrights.org/the-rainbow-support-service/

- Galop[340] is a charity in the UK supporting LGBTI people who have experienced violence and abuse including "conversion" practices. They provide a support service, national helpline, and advocacy service for victims and survivors of abuse and violence, as well as training for statutory services to help recognise and act on so-called "conversion" practices.[341]
- Pink Armenia[342] is an NGO promoting LGBTI equality in Armenia. Pink Armenia provides peer support and counselling, as well as referral to other professionals as needed. [343]
- VARGES[344] is a help and information centre for people with variations of sex characteristics and/or their family members based in Austria. They offer human rights-based and medically independent peer counselling for intersex people and/or their families. The project is run by VIMÖ-OII Austria. Peer counsellors attend a qualification course with modules on legal, medical, social, and psychological aspects related to being intersex, as well as training on counselling relevant methods, skills, and knowledge.
- LGBTIQ Social Centre[345] in Montenegro provides free psychological and social support services, both at individual and group level. The Centre also runs workshops on mental health and safety.
- Tolerado,[346] an NGO in Poland, runs a national telephone helpline aimed at supporting LGBTI people. The helpline is run by volunteers and assisted by professional psychologists.[347]

104. Toolkits

- GAMIAN-Europe and IGLYO produced a toolkit "for everyone" on LGBTQIA+ youth mental health and suicidality awareness. The toolkit includes a set of actionable recommendations for professionals, organisations, and policy makers, as well as a list of practical resources.[348],[349]

340. https://galop.org.uk/
341. https://galop.org.uk/get-help/
342. https://pinkarmenia.org/en/
343. https://pinkarmenia.org/en/about-us/services/
344. https://varges.at/english/
345. https://www.lgbtiq.me/
346. https://tolerado.org/
347. https://rm.coe.int/sixth-ecri-report-on-poland/1680ac8c62
348. Toolkit for Mental Health and Suicide Awareness for LGBTQIA+ People – Gamain Europe & IGLYO (2023). Available here: https://www.gamian.eu/wp-content/uploads/DIGITA1-1.pdf
349. https://drive.google.com/file/d/1IlR61N1UX6otz4Zm4GbdqMUwMnArSsxc/view

- Queer Futures 2[350] is a national UK study (2019-2023) which aimed to identify and evaluate early intervention mental health support and services for LGBTQ+ young people. The project produced a checklist[351] for what works in LGBTQ+ young people's mental health services, as well as guidance[352] for health service commissioners.

105. Training for HCPs

- MindOut[353] is a mental health service run by and for lesbians, gay men, bisexual, trans, and queer people, based in Brighton, UK. MindOut also works nationally to deliver LGBTI Affirmative Practice training for Mental Health professionals. MindOut have produced a "Lesbian, gay, bisexual, trans and queer good practice guide"[354] to support mental health service providers in ensuring that their services are genuinely inclusive, and cater for the needs of LGBTI people.
- CommonPoint[355] is a project, developed by Háttér Society (Hungary), Lesbian Organisation Rijeka – LORI (Croatia), Prague Pride (Czechia), and Single Step Foundation (Bulgaria) and co-funded by the European Union's Erasmus+ Programme that produced an e-learning course which aims to increase the quality of mental health services supporting LGBTI people.[356] The Common Point Handbook for Trainers provides guidance for trainers who would like to implement trainings for mental health professionals with the goal of improving the professionals' attitudes, knowledge and skills related to LGBTI people.[357]
- Sarajevo Open Centre (SOC)[358] is a civil society organisation that works on advancing human rights in Bosnia and Herzegovina. In 2021, SOC held a series of training events on the importance of mental healthcare,

350. https://queerfutures2.co.uk/
351. https://queerfutures2.co.uk/wp-content/uploads/2022/11/Queer-Futures-2-What-Works-Checklist.pdf
352. https://queerfutures2.co.uk/wp-content/uploads/2022/12/Queer-Futures-2-What-Works-NHS-Commissioning-Guidance.pdf
353. https://mindout.org.uk/
354. https://mindout.org.uk/wp-content/uploads/2016/11/Mind-LGBTQguide-2016-webres.pdf
355. https://commonpoint.eu/
356. https://commonpoint.eu/all-modules/
357. https://commonpoint.eu/wp-content/uploads/2022/06/Common-Point-Handbook-for-trainers-1.pdf
358. https://soc.ba/en/

both to LGBTI people and mental HCPs.[359],[360]As a result, a network of trained mental health professionals was set up.

- Trans*parent[361] in Czechia, held a 2-day course for professionals working in psychology, psychiatry, psychotherapy, social work, and other related areas focusing on working with trans and non-binary clients.[362]

359. https://soc.ba/en/mental-health-and-social-work-professionals-of-cities-in-republika-srpska-trained-for-inclusive-psychosocial-support-for-lgbti-persons/
360. https://soc.ba/en/mental-health-and-social-work-professionals-in-tuzla-canton-trained-for-inclusive-psychosocial-support-for-lgbti-persons/
361. https://jsmetransparent.cz/
362. https://jsmetransparent.cz/kurz-dusevni-pohoda-u-transgender-klientu/

9. Concluding Summary

106. Although many member states have taken proactive legislative or other measures to ensure that high standards of health can be attained without discrimination on ground of sexual orientation, gender identity and expression and sex characteristics, there remains compelling and consistent evidence that LGBTI people have disproportionately worse health outcomes and experiences of healthcare. Inequalities are compounded when LGBTI people access healthcare, with discrimination, heteronormativity or minority stress based on their sexual orientation, gender identity and expression, and sex characteristics. Reducing preventable inequalities for LGBTI people is not only morally the right thing to do, but it is essential action in line with CoE and other international and European standards, with European efforts to meet the Sustainable Development Goals, to abolish discrimination on any grounds, and to uphold and promote the human rights of LGBTI people.

107. Progress in reducing LGBTI health inequalities is visible in some member states, but stalling in others, and even going backward in some. Cultural and social change is reflected in debates on sexual orientation and gender identity that are increasingly fractious. Much scope exists for member states to work in solidarity across divides whilst taking account of more nuanced national differences. Practitioners working in national health and social care settings need to understand the specific needs of LGBTI people in a context of evolving practice, changing terminology, and emerging policy directives.

Legislation and policy

108. There is no universal approach to addressing healthcare for LGBTI people across member states. National legislation and policies differ widely with only a few member states having adopted measures specifically referring to sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). Only one member state currently has a National LGBTI health Strategy. In practice, non-discriminatory and effective access to healthcare for LGBTI people appears to remain a challenge across all member states.

Data collection

109. Some member states assess sexual orientation and/or gender identity in their national population health surveys, however most national and cross-European health surveys do not collect data specific to sexual orientation, gender identity and sex characteristics. As a result, the specific health needs of LGBTI people are largely unknown. There is limited research focusing on comparing the different health experiences of LGBTI sub-groups across intersecting social differences, for example those of lesbians, trans, and intersex people including those who are older or younger or from an ethnic minority. Due to the gap in key LGBTI health and social care data for specific sub-groups, comprehensive LGBTI health surveys are needed with collection of detailed disaggregated SOGIESC data that can be compared with data on their non-LGBTI peers. This data is required to identify the specific health needs of LGBTI people, and to inform health and social care policy, research, and practice to ensure these needs can be addressed.

Intersectionality

110. Inequalities faced by LGBTI individuals occur at the intersection of multiple marginalised identities, for example trans people who are older, younger, or with disabilities, or who are asylum seekers or belong to ethnic minorities. Such factors compound inequalities and show the importance of taking an intersectional lens that recognises how factors such as race, social origin, gender, age and disability compound sexual orientation, gender identity and expression and sex characteristics discrimination in shaping health outcomes and inequalities. An intersectional lens is key to the development of any programmes, policies, and approaches to reduce health inequalities experienced by minority LGBTI people, and the appropriate targeted support required alongside this.

Conversion practices

111. Since conversion practices target specific groups based on sexual orientation, gender identity, and/or gender expression, the international trend towards depathologisation of LGBTI people is a key development for recognising SOGIESC diversity. Latest advances continue along the trend to de-medicalise diverse sexual orientations and gender identities, to not consider them a mental disorder, and to underline that therefore they cannot be "cured" through conversion practices. Only 11 CoE member states have officially banned conversion practices. Further work is therefore needed to protect LGBTI people from unwanted conversion practices or interventions that are not based on informed consent.

Trans-specific healthcare (TSHC)

112. Where TSHC is lacking, where public TSHC is minimal and TSHC is only available in private settings, this has a significant burden on individuals, with community organisations often filling the gaps in provision of support. Given the social and economic marginalisation of trans people, it is particularly crucial that member states provide appropriate, accessible and quality gender affirming care services based on informed consent. This should be accompanied by psychological, endocrinological, and surgical expertise, covered by comprehensive health insurance. Any limitation of the costs covered by health insurance should be lawful and free from discrimination on the basis of sexual orientation, gender identity, gender expression and sex characteristics.

113. Furthermore, the lack of access to TSHC negatively impacts various aspects of trans people's health, including their overall mental health status, sexual and reproductive care, and treatment for HIV. TSHC is associated with multiple problems within the wider legal, regulatory, political, economic and structural frameworks; therefore, a whole systems approach is needed to find solutions for barriers that trans and gender diverse people face across Europe when they want to access care, and which are often specific to the settings in which they live. Solutions to these barriers cannot be identical or applied universally to all.

Older people

114. Under the European Convention on Human Rights (ECHR), all member states are obliged to provide a broad level of protection against discrimination on the basis of age. However, this protection remains uneven and incomplete. Available evidence suggests that LGBTI people in later life report poorer health than the general population with worse experiences of care, particularly cancer, palliative/end-of-life care, dementia and the provision of mental healthcare. There is a growing population of older people living with HIV owing to the efficacy of antiretroviral therapy, and the success of geriatric models for global HIV treatment programmes is increasingly recognised.

115. Older LGBTI people are at a high risk of social isolation due to smaller family networks and increased care needs. Voluntary and/or community-based care provision and collective housing solutions for older LGBTI people have shown some success in mitigating this challenge. However, public services often lack adequate provision of such tailored services.

Sexual and reproductive health and rights (SRHR)

116. Good sexual and reproductive health (SRH) includes physical, mental, and social wellbeing in all matters relating to sexuality and the reproductive system, where individuals have a right to make decisions regarding their body and to access services that support that right. However, LGBTI people experience major inequalities in SRH care and outcomes than the general population. Although SRH provision is inconsistent, there are promising practices such as anonymous, free and self-testing HIV and STI testing and treatment; assisted insemination and IVF for lesbian couples, single women and trans people; and comprehensive sexuality education.

Mental health

117. Mental health is a core component of overall health and wellbeing. The mental health impacts for some LGBTI groups are particularly significant, for example in younger people, older people, trans people or in the medicalisation and stigmatisation of intersex people that can result in trauma and mental health concerns. As LGBTI people experience significant mental health inequalities, with higher rates of depression, anxiety, and suicidality compared to cisgender, heterosexual, endosex people, early intervention is crucial to identify and provide preventive support for children and young people who are at increased risk of poor outcomes. Promising practices can be enhanced where public services work in collaboration with voluntary and community-based services to promote and improve LGBTI mental health and wellbeing.

Political and social context

118. Civil society organisations are concerned about the potential detrimental impact of growing anti-LGBTI rhetoric and sentiment in member states on the health of LGBTI people. In a political and social context of growing anti-gender and anti LGBTI-rights discourse, the existence of trans identities with the related need for TSHC is increasingly called into question. These trends constitute a substantial concern and a real threat to the delivery of accessible, affordable, non-pathologised quality TSHC. Additionally, comprehensive sexuality education and sexual and reproductive health are also severely affected, limiting essential health access and resources for LGBTI individuals. The mental health of LGBTI people is particularly impacted, as pervasive discrimination and stigma contribute to increased levels of stress, anxiety, and depression.

Training

119. The training of HCPs to improve knowledge and cultural competences regarding the health needs of LGBTI people is a fundamental step to addressing health inequalities in healthcare settings. Multidisciplinary cultural competency training is required of all HCPs, social care staff and administrative staff with the involvement of LGBTI people to work in collaboration with trainers.

Promising practice

120. Numerous examples of promising and good practices exist for LGBTI people as they access care and support in member states. The efficacy of programmes that are government-funded and community-led or community-supported, is evident. However, the sustainability and long-term implementation of these programmes are in question due to increased competition for limited resources and possible de-prioritisation of care for specific subgroups such as older LGBTI people. For initiatives and promising practices to continue providing vital services, adequate funding is required.

10. Recommendations

As noted in the introductory sections of this report, this review covers four topics that address the healthcare needs of LGBTI people, as well as areas where LGBTI people experience significant barriers to health: i) trans-specific healthcare (TSHC); ii) healthcare for older people; iii) sexual and reproductive health and rights (SRHR); and iv) mental health. Based on this thematic review, recommendations for legislation and practice in relation to healthcare for LGBTI people are provided. They comprise general cross-cutting recommendations as well as more detailed recommendations relevant to the specific topics covered in the review.

10.1. General cross-cutting recommendations

1. Member States where equality and non-discrimination legislation does not cover, or has only limited coverage of, healthcare services or the discrimination grounds of SOGIESC, should prioritise extending this legislation to fully cover both areas.
2. Member States should adopt a human rights-based approach to health policy development and intervention planning. Such an approach respects the autonomy and dignity of all people and ensures that health systems are based on whole-systems thinking, people-centred and life-cycle sensitive to address underlying social determinants of health inequalities and to promote equality of health outcomes.
3. As part of such a human rights approach, the authorities of the member states should systematically adopt and implement a "Health in all Policies"[363] approach to reduce health inequalities and ensure coherence in public policies across sectors (e.g. health, education, transport).
4. Where SOGIESC interact with one or more other personal characteristics or statuses (e.g. age, disability, social origin, ethnicity, asylum status), experiences of disadvantage and discrimination are compounded. Member States need to take steps to systemically monitor and combat discrimination on multiple grounds through the review of existing and the development of new equality policies and policy instruments to combat discrimination and promote equality and inclusion[364].

363. www.thelancet.com/journals/lanpub/article/PIIS2468-2667(22)00155-4/fulltext
364. https://fra.europa.eu/sites/default/files/fra_uploads/fra-2020-lgbti-equality_en.pdf

5. Member States should develop and implement dedicated and devolved national strategies for LGBTI health or LGBTI health action plans to guide the provision of healthcare, to ensure the bodily autonomy of intersex children and to shape best practices in trans-specific healthcare, aged care, mental healthcare and sexual health provision. Each strategy or action plan should be accompanied by a monitoring group to steer implementation and to evaluate outcomes.

6. A critical step for member states to improve health equity for LGBTI populations is to ensure that decision-making processes (e.g. policy planning) encompass *meaningful participation* of members of LGBTI communities that is adequately enabled also through access to funding. This necessitates developing systematic processes and outreach channels to engage with representatives of these communities. A practical action that member states can adopt to achieve this is to build and secure sustainable alliances with civil society organisations (CSO) representing and advocating for the human rights of LGBTI people.

7. Member States should ensure that comprehensive equal treatment legislation is accompanied by appropriate policy measures for implementation and regular reviews to provide effective responses to constantly evolving human rights challenges facing LGBTI people.

8. To fully understand the extent of health inequalities experienced by LGBTI people and to be able to allocate resources and develop evidence-based policies, interventions or prevention activities, member states should collect routine population data that includes indicators on age, gender, "race", disability, migration status, sexual orientation, gender identity and sex characteristics, in line with the relevant international and national standards. This should be done at population level, for example through national census monitoring, or annual population health surveys. It is important that older LGBTI people who live in care settings and those who are digitally excluded are also included in data collection activities.

9. Member States should take effective measures toward providing mandatory competency training aimed at enhancing awareness, sensitivity, and understanding towards LGBTI persons for all those working in healthcare, including mental health, social work, social care, and related administrative roles (e.g. reception staff), as well as specialist training where required, such as in relation to TSHC, based on human rights principles. This should consider that LGBTI people are not a homogenous group and that their experiences of stigma and discrimination as well as their health needs might differ based on SOGIESC as well as other factors such as age. Training should be integrated into

pre-qualification educational programmes via relevant university and other curricula, as well as form part of mandatory and ongoing continuing professional development (CPD) programmes for those already qualified. Such training programmes (e.g. Health4LGBTI)[365] need to be reviewed regularly and updated, for instance, taking account of changes in legislation, terminology, and practice. Training should be sensitive and where appropriate co-facilitated with the involvement of LGBTI people.

10.2. Topic-specific recommendations

Trans-specific healthcare (TSHC)

10. Considering that national legislation and policies on TSHC are often outdated, member states should undertake a comprehensive review of such legislation and policy to ensure that is it in line with current international best practice and repeat this process regularly. Moreover, such reviews should include a focus on whether such legislation and policy are implemented meaningfully and whether they are adequately resourced.

11. Member States should ensure that national legislation guarantees access to TSHC for all people regardless of age, disabilities, gender identity or expression, sexual orientation, sex characteristics, social origin, ethnic origin, migration status, involvement in sex work, health or other status.

12. The centralisation of TSHC is associated with barriers to access including long travel distances and prolonged waiting lists. Member States should work towards decentralisation of TSHC and adopt a model of care which includes a range of service points including independent practitioners, multidisciplinary clinics, and community-led initiatives.

13. Member States should ensure that TSHC (including hormonal treatment, surgery, and psychological support) is accessible and reimbursed by public and private health insurance schemes.

14. The depathologisation of trans identities (as recommended by ICD-11) and its implementation in practice is key to providing TSHC that aligns with international human rights principles. Member States should therefore implement the ICD-11 in their national medical classifications

365. https://health.ec.europa.eu/social-determinants/projects/european-parliament-projects_en#health4lgbti-reducing-health-inequalities-experienced-by-lgbti-people

and ensure that no mental disorder diagnosis is required to access TSHC.

15. Member States should ensure that TSHC is based on self-determination of gender identity and informed consent.

16. Member States should ensure the *meaningful* involvement of trans people in research, as well as service design and implementation of service delivery. This is essential to ensure services are responsive to the needs of the trans community and align with human rights principles of TSHC.

17. Member States should avoid the politicisation of TSHC and prioritise evidence-based approaches in policy discussions and decisions on TSHC, including from experts with direct experience in TSHC and trans people.

Healthcare for older LGBTI people

18. Health and (social) care provision for older people should provide environments where the human rights of older LGBTI people are respected and where they feel safe and comfortable. Member States should regularly review care services and with priority residential care settings (e.g. nursing and rest homes) for older LGBTI people in order to ensure that staff are appropriately trained to be culturally competent in the provision of care.

19. Enhanced data collection around older LGBTI people and their health and care needs is necessary. Member States should collect, analyse, and use data disaggregated by age (including age subgroups) and SOGIESC in line with international standards to understand the intersectional challenges experienced by older LGBTI people, and to inform evidence-based policies and practices. It is important that older LGBTI people who live in care settings and/or are digitally excluded are also included in data collection activities.

20. Member States should ensure that their equality and non-discrimination legislation covers the situation of older LGBTI persons through the discrimination grounds of SOGIESC and age and multiple discrimination on those grounds, including for the field of health. Equality bodies should have the mandate to cover those grounds and multiple discrimination affecting older LGBTI people.

Sexual and reproductive health and rights (SRHR)

21. Member States should ensure that they have in place national HIV testing guidelines that maximise the impact of HIV testing. Those

guidelines should include specific recommendations for key populations including gay men and other men who have sex with men, sex workers, trans people, people who inject drugs, on testing frequency and how testing should be monitored to ensure the effective reduction of HIV transmission.

22. Member states should ensure that they collect relevant data (e.g. in line with the United Nations Global AIDS Monitoring) to develop targeted interventions that comprehensively address the unique prevention and care needs of trans people in relation to HIV/AIDS.

23. Member states should scale up HIV testing interventions outside of traditional healthcare settings, such as community and mobile testing, to ensure improved accessibility for key populations that are at increased risk of acquiring HIV.

24. Trans people are disproportionately burdened by HIV. Experiences of discrimination may prevent trans people from accessing HIV prevention, testing, treatment, and care services. To mitigate risk of HIV and other sexually transmitted infections, member states should provide accessible trans-specific healthcare provision[366] within a public health framework that is inclusive of trans identities as part of mainstream health systems.

25. Member States should ensure that further marginalised trans communities, such as migrants (documented or undocumented), asylum seekers, refugees, sex workers, and prisoners have secure access to all parts of the HIV continuum of care - with emphasis in treatment (Anti Retroviral Treatment) and prevention (PrEP and PEP); and coordinate work on the creation of harm reduction programs and EU plans to reduce HIV/HCV risk transmission in trans people who inject drugs.

26. Member States should ensure that national fertility care legislation, policy, and recommendations consider and be inclusive of the needs of all patients, irrespective of their sex, sexual orientation, gender identity and expression and sex characteristics.

27. Member States should consider ways to introduce a legal right to state funding of fertility treatments for LGBTI fertility patients.

28. Transgender patients should receive information regarding the options for fertility preservation prior to transition.

29. Member States should develop comprehensive sexuality education (CSE) action plans for all schools with an implementation and

366. Global health burden and needs of transgender populations: a review - The Lancet

monitoring strategy to promote safety and inclusion for all learners. It is recommended to use the UNESCO framework for analysing SOGIE inclusiveness in national CSE programmes, which outlines three key features that need to be present for CSE to be SOGIE inclusive: they need to be i) SOGIE-protective, ii) SOGIE-sensitive, and iii) SOGIE-transformative.[367] Whilst not explicitly included in the UNESCO framework, member states should ensure that the CSE plan also includes intersex people.

30. Recognising that CSE is necessary to ensure access to and respect of a cluster of fundamental human rights for children and young people by facilitating their ability to navigate various aspects of sexuality, member states should make sure that children and young people are involved, together with their families, communities, and teachers during the development and implementation of SOGIESC inclusive sexuality education.

31. Member States should review their national educational curricula to ensure that learning materials include factual and non-judgmental information about SOGIESC.[368] The curricula should be revised in cooperation with national human rights institutions, equality bodies, including ombuds institutions for children, as well as relevant civil society organisations. Such revisions should have a solid scientific basis and should reflect the lived experiences and realities of LGBTI people in terms of SOGIESC.[369]

32. Regional or national training programmes for teachers and wider school staff on LGBTI awareness and inclusion is essential to translate policies into practices. Member States should consider mandatory teacher training on LGBTI issues. The European Commission's Health4LGBTI training may serve as a good practice example for this purpose.[370]

---

367. Safe, seen and included: inclusion and diversity within sexuality education; briefing note - UNESCO Digital Library (2023). Available here: https://unesdoc.unesco.org/ark:/48223/pf0000385417
368. Safe at school: Education sector responses to violence based on sexual orientation, gender identity/expression or sex characteristics – Council of Europe, 2018. Available here: https://rm.coe.int/prems-125718-gbr-2575-safe-at-school-a4-web/16809024f5
369. FRA (2024). 'LGBTIQ equality at a crossroads: progress and challenges'. Available here: https://fra.europa.eu/en/news/2024/harassment-and-violence-against-lgbtiq-people-rise
370. Health4LGBTI: Reducing health inequalities experienced by LGBTI people. Available here: https://health.ec.europa.eu/social-determinants/projects/european-parliament-projects_en

Mental health

33. The increasingly strong anti-LGBTI narrative witnessed in many CoE Member States has a negative impact on the wellbeing and mental health of LGBTI people. Member States are urged to implement measures to prevent, reject, and sanction LGBTI-phobic rhetoric and actions. As highlighted in Recommendation CM/Rec(2010)5 of the Committee of Ministers,[371] *"public officials and other state representatives should be encouraged to promote tolerance and respect for the human rights of LGBTI people".*

34. Member States should ensure that LGBTI-specific issues are visible and considered in national mental health legislation, policies, programmes, and action plans including national suicide prevention plans.

35. Member States should adopt an intersectional approach to mental health policy development to reflect the compounded impacts for those LGBTI people who belong to an ethnic minority, are older, younger, disabled, living in rural settings, refugees or asylum seekers.

36. Member States need to develop preventive public health policy which works to prevent poor mental health, self-harm and suicide in young LGBTI people through addressing the impact of transphobia and cisgender norms (cultural and systemic) on the wellbeing of trans people, its correlation with high levels of minority stress, and addressing risk factors as well as building resilience in these populations.

37. Member States should implement comprehensive responses to factors that contribute towards poor mental health and wellbeing of young people such as SOGIESC-based violence and discrimination in schools based on international standards to address and prevent this type of violence.[372]

38. Member States should implement comprehensive bans on so-called conversion practices as recommended by international bodies at the Council of Europe, the UN, and EU level.[373]

---

371. Recommendation CM/Rec(2010)5 of the Committee of Ministers to member States on measures to combat discrimination on grounds of sexual orientation or gender identity, available at: www.coe.int/en/web/sogi/rec-2010-5
372. ILGA-Europe & IGLYO, Intersections: Diving into the FRA LGBTI II Survey – Youth (2022). Available here: https://www.ilga-europe.org/report/intersections-youth-diving-into-the-fra-lgbti-ii-survey-data/
373. Conversion Practices on LGBT+ People – European Parliament (2023). Available here: https://www.europarl.europa.eu/meetdocs/2014_2019/plmrep/COMMITTEES/LIBE/DV/2023/07-17/Study_PolDepC_ConversionPracticesonLGBTPeople_752.385_EN.pdf

Prems 124824

ENG

www.coe.int

The Council of Europe is the continent's leading human rights organisation. It comprises 46 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

COUNCIL OF EUROPE

CONSEIL DE L'EUROPE