



Executive Board Meeting 133

6.3 Improving the health and well-being of lesbian, gay, bisexual and transgender persons

EB Consideration

([EB133/6](#))

At the request of two Member States, the report outlines some challenges to the health and well-being of lesbian, gay, bisexual and transgender persons and proposes ways to address these challenges both in the context of broader health determinants and in relation to the responsiveness of health systems. The Board is invited to consider the report. See note below concerning proposals for deletion of this item and statements of position from EMRO and AFRO.

Background

The report, Document EB133/6, was prepared in response to the request by Member States for information on the main challenges to the health and well-being of lesbian, gay, bisexual and transgender (LGBTQ) persons, and proposals on how to address these challenges. The report lists work done in Member States to assess the health conditions of LGBTQ persons, the health challenges of LGBTQ people and actions taken by WHO to address the health of LGBTQ people.

PHM Comment

PHM acknowledges the effort made by Member States to address the health and well-being of persons who identify as lesbian, gay, bisexual and transgendered (LGBTQ). The reports conducted by Member States reflect many of the challenges LGBTQ communities face in achieving the highest attainable status of physical and mental health all over the world. Action by WHO has addressed some health issues concerning the LGBTQ community, including HIV/AIDS and psychological classification. However, **much more work should be done and greater attention should be paid to the significant barriers to health that persons who identify**

as LGBTQ face. Indeed, the WHO and Member States should conceptualize LGBTQ health issues beyond HIV/AIDS and depression, and move toward more concrete actions that will ensure the implementation of comprehensive interventions that respond to the needs of LGBTQ persons and that are not based on norms that apply only to heterosexual people.

In particular, WHO should explicitly recognize **the role of structural and physical violence as major determinants of health for LGBTQ persons.** Widespread systematic discrimination, the criminalization of homosexuality in some countries, as well as attacks against LGBTQ persons in all WHO regions, exemplify the severity of this issue. As the directing authority on global health, WHO should condemn such hostility, which often translates into devastating health consequences. As outlined in para 8 for instance, discrimination, the threat of physical harm, and fear of incarceration compromises the accessibility of health services for many LGBTQ persons.

The report by the Secretariat notes that persons who identify as LGBTQ “are subject to institutionalized prejudice, social stress, social exclusion (even within families) and anti-homosexual hatred and violence, and internalize shame about their sexuality” (para. 5). It further states that in particular regions, such as North America and Europe, LGBTQ persons may experience abuse (bullying) due to their sexual orientation and are at an increased risk of suicide attempts and completed suicides. However, action by the WHO does not reflect any effort to address the mental health of the LGBTQ community. The increased suicide risk is evidence of such impact, and, thus, should be given urgent attention.

Consulting communities is essential to developing programming and policy that actually reflects the struggle and needs of the population. Indeed, those who meet and overcome the challenges daily are the greatest witnesses to and experts on their own health consequences. However, the document EB133/6 does not indicate that such an approach has been undertaken by the WHO, nor does it propose that such an approach should be adopted by Member States. Thus, **PHM urges WHO and Member States to work alongside the LGBTQ community in addressing the health concerns it faces.** LGBTQ persons and their families as well as civil society should play a central role in policy and program development and implementation.

LGBTQ health is a critical and universal issue but has received very little attention and action at national and global levels. PHM is of the opinion that **the invitation for Member States to merely note report EB 133/6 is insufficient “action”.** The time has come for the international community to move beyond nuanced discussions of health issues unique to people who identify as LGBTQ. The WHO should lead Member States in taking concrete steps towards improving health and addressing threats to the right to health of LGBTQ persons.

PHM calls upon Member States to adopt a **resolution** that:

- Condemns legislation that criminalizes LGBTQ persons and any violence and hostility directed at LGBTQ persons;

- Promotes engagement in consultations and the development of strategies which lead to a broader understanding of determinants of health for LGBTQ persons, including structural and physical violence, discrimination and the criminalization of homosexuality;
- Establishes a working group charged with:
 - Integrating the health needs of LGBTQ persons and communities across all global health efforts and WHO activities;
 - Promoting and conducting further research that will be used to inform concrete; interventions addressing the physical and mental health of LGBTQ persons;
 - Reporting regularly to the Secretariat on the progress of its activities.

Such action will lead to significant improvements in the health of LGBTQ persons in all WHO regions.