

Report on the realisation of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3.

LGBTIQ+ equality and rights are dependent on autonomous decision-making over one's own body and health and bodily integrity, which have implications on all spheres of LGBTIQ+ people's lives. So, the promotion of the health of LGBTIQ+ people, including sexual and reproductive health and related to HIV, is crucial to LGBTIQ+ rights, and integral to UN Women's gender equality agenda.

Brief inputs are provided on select parts of the questionnaire. More information is available on request.

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

UN Women has led a number of policy analyses of the socio-economic impacts of the COVID-19 pandemic on women and girls in all their diversity.

[The First 100 Days of the COVID-19 Outbreak in Asia and the Pacific: A Gender Lens](#) captured promising practices for integrating gender in preparedness and response planning, while proposing potential entry points to mitigate the socio-economic impacts for women and girls in general, including women and girls and other people with diverse sexual orientations, gender identities, gender expressions and sex characteristics (SOGIESC).

UN Women, together with UN partners, has rolled out [a rapid survey](#) to assess how quarantine and lockdown measures are affecting the capacity of young people living with HIV and key populations in **Asia and the Pacific**, including adolescent girls and young women from LGBTIQ+ communities, to access HIV information and services.

UN Women's '[Voices of Women's Organizations on COVID-19' sub-regional consultations](#) in 2020 highlighted the specific risks and challenges that women and girls, including those from LGBTIQ+ communities and those living with and affected by HIV, face as a result of the COVID-19 pandemic in **Europe and Central Asia**. It provides policy recommendations to adjust COVID-19 measures in a gender-responsive and intersectional manner to reflect differences in experiences.

In **Nepal**, UN Women facilitated the participation of LGBTIQ+ people, and women living with or at high risk of HIV, in the development of the UN socio-economic recovery framework.

2. Inclusion: LGTBI and GNC people in the decision-making process.

UN Women has promoted the leadership and empowerment of women living with and affected by HIV, including LGBTIQ+ people. In **Cambodia**, UN Women invested in increasing the leadership skills of the LGBTIQ+ organizations, including by strengthening institutional capacity of the national 'LoveIsDiversity' network, and by creating safe spaces for raising and advocating for the key priority issues for the

communities. UN Women also supported a digital campaign series to discuss issues around HIV prevention and access to HIV services, mental health, stigma and discrimination based on SOGIESC and HIV, and broader human rights issues.

UN Women piloted a ‘positive deviance’ approach to overcome HIV-related self-stigma and community and institutional discrimination against women living with HIV, including LGBTIQ+ people, in **Kyrgyzstan**. Women in all their diversity have been mobilized and mentored to become role models in their communities by undertaking local-level advocacy actions on human rights. The initiative helped the most remote and conservative communities to identify specific forms of discrimination that women affected by HIV face and to develop a set of actions to address discriminatory behaviors and structures.

UN Women is leading a multistakeholder process in **Viet Nam** to advise the government in conducting a gender impact assessment to support the formulation of a law on legal gender recognition in support of transgender people’s human rights. To support the government, UN Women has conducted a comparative legal analysis of five selected countries—Argentina, Norway, Pakistan, Taiwan and Cuba – to provide concrete examples of legal gender recognition processes adopted in different country contexts and to discuss them in light of relevant international standards on human rights. This will inform the development process of Viet Nam’s Gender Affirmation Law, led by the Ministry of Health.

3. Access: ensuring that LGBTI and GNC people have access to health care.

UN Women has facilitated the access of women in all their diversity to health information and services, including HIV testing, treatment and care services, gender-based violence services and sexual and reproductive health services in a variety of ways driven by local needs.

In **Bangladesh**, with UN Women’s support, 32,748 Rohingya women and girls, including pregnant women, women affected by HIV, LGBTIQ+ people, benefitted from sexual and reproductive health and rights and nutrition knowledge and services, and livelihood skills training and support across 10 refugee camps.

In **Cote D’Ivoire**, a partnership between UN Women and the national network of women living with HIV improved access of sex workers, including from LGBTIQ+ communities, to GBV services and HIV testing, treatment and care services.

In **Liberia**, as part of its GBV programming, UN Women supported the training of ten healthcare workers to improve LGBTIQ+ peoples’ access to SRH services across counties, enabled a local CSO to promote HIV awareness and prevention, and helped establish three women health coalitions.

Building on its existing set of crisis centers and GBV shelters in **Georgia**, UN Women is co-designing a LGBTIQ+ crisis center to provide ‘out-patient’ legal, psychological, medical (including psychiatric and endocrinological) and socio-economic (including vocational education and employment support) rehabilitation services, based on vital needs identified by LGBTIQ+ communities and civil society partners.

A national violence study is being coordinated by UN Women in **Nepal**, as part of a multi-stakeholder research project to improve understandings of LGBTIQ+ peoples’ experiences of violence. A pioneering national survey is being rolled out, the results of which will inform programming, support advocacy, and shape policies.

UN Women is a co-convenor of the [Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination](#), with UNDP, UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Network of People Living with HIV (GNP+). As of 2021, 29 countries joined the Global Partnership¹, committing to take action across six settings where discrimination occurs: Healthcare, Education, Workplace, Justice, Individual and Communities, Emergency Settings, and end stigma and discrimination for populations largely affected by HIV, including women and girls, key populations, migrants, LGBTIQ+ people and others at risk. UN Women contributed to the [UNAIDS evidence and guidance for countries](#) to implement the Global Partnership, which provides evidence and examples of policy and programmatic initiatives that work to address HIV-related discrimination against various affected populations, including LGBTIQ+ people.

4. Training and Education: health care professionals and educational institutions

UN Women partnered with UNESCO and others to up-date the [International Technical Guidance on Sexuality Education](#). The global guidance was developed to assist education, health and other relevant authorities in the development and implementation of school-based and out-of-school comprehensive sexuality education programmes and materials, promoting health and well-being, respect for human rights, gender equality and the empowerment of children and young people, including LGBTIQ+ people.

In 2021, UN Women supported UNESCO's efforts to produce [The Journey Towards Comprehensive Sexuality Education: Global Status Report](#). The report provides an analysis of countries' progress towards delivering good quality school-based comprehensive sexuality education to all learners in all their diversity around the world, and maps out policy recommendations to ensure the implementation of principles of gender equality, non-discrimination and human rights.

UN Women is partnering with WRC and local CSOs on a multi-year project to develop toolkits and training packages for a) frontline humanitarian workers to support at-risk boys and LGBTIQ+ youth, b) non-specialist MHPSS providers in humanitarian settings, c) urban service providers catering to the needs of LGBTIQ+ youth at risk of violence. Pilot sites are **Colombia, Lebanon and Cox's Bazaar**.

¹ Angola, Argentina, Central African Republic, Costa Rica, Côte d'Ivoire, Democratic Republic of the Congo, Ecuador, Gambia, Guatemala, Guinea, Guyana, Iran (Islamic Republic of), Jamaica, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Moldova, Mozambique, Nepal, Papua New Guinea, Philippines, Senegal, South Africa, Tajikistan, Thailand, Uganda and Ukraine.