

HEALTH CARE ACCESS AND QUALITY

Sustainable Development Goal Targets 3.8 and 3.C



HIV AND CRIMINALIZATION

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



SRH TESTS

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

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



THE COSTS OF HEALTH CARE

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

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

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



SERVICES ARE ESSENTIAL

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

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

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

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



Brazil

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



U.S.A.

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

MEMBER STATES MUST:

1

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

5

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

2

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

6

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

3

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

7

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

4

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



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