



## LGBTI Stakeholder Group

### 2021 High Level Political Forum Position Paper

**"Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development".**

The COVID-19 pandemic has profoundly impacted populations globally in every aspect of life. While harmful to all, COVID-19 has been especially taxing on marginalized populations. Lesbian, gay, bisexual, transgender, and intersex (LGBTI) populations continue to experience stigma, discrimination, and violence based on sexual orientation, gender identity, gender expression, and sex characteristics (SOGIESC), and face high barriers in accessing development, experiences which have been exacerbated by the pandemic.

The disproportionate impact of COVID on LGBTI populations was evidenced in several civil society reports highlighting numerous pandemic responses that have replicated forms of discrimination, increased social and political inequalities, and reinforced barriers in accessing education, employment, healthcare, food, and shelter, aggravating already existing vulnerabilities and violence faced by LGBTI populations.

Among other measures contributing to increased vulnerability, the following were pervasive: the enactment of selective restrictions against LGBTI persons to peacefully assemble on the basis of COVID spread prevention; limitations and disruptions of HIV prevention and antiretroviral therapy (ART) programs, as well as of access to hormone treatments or gender affirming services; the exclusion of LGBTI populations from humanitarian aid programs, especially for trans and non-binary persons who have been unable to access relief efforts due to not having identification documents reflecting their own identity; higher rates of domestic, family, and intimate partner violence, coupled with decreased support services due to pandemic control measures; and the exclusion of LGBTI populations from social protection measures in an environment of elevated

job loss, experiences of greater financial and food insecurity, poverty, and homelessness.

The current health and economic crisis highlight the fundamental need for universal healthcare, social floor, social protection and access to justice measures. Urgent responses are required from States and other stakeholders to end criminalization and pathologization of LGBTI populations, sex work decrease barriers to accessing human development, and to create and implement public policies, laws, and programs that include and address the needs of LGBTI populations and guarantee they are not furthest left behind.

Sustainable and resilient recovery from the COVID-19 pandemic requires an inclusive and intersectional approach to development. These approaches should be free from assumptions of heterocisnormativity, respond to misconceptions and stereotypes that are often used to exclude LGBTI populations from development activities, and must be designed, implemented and evaluated with regard to all, regardless of SOGIESC.

In light of the 2021 theme of HLPF, “Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social, and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development”, the LGBTI Stakeholder Group calls on all stakeholders to ensure pandemic responses and recovery policies are inclusive of all - including LGBTI populations - and to guarantee that all are free from violence and discrimination in order to promote a sustainable and resilient recovery. Measures adopted by States must comply with principles of equality and non-discrimination, participation, empowerment and accountability, always following a human-rights framework and the inclusion of those most marginalized in all stages of “building back better” to achieve the 2030 Agenda.

## **Introduction**

The COVID-19 pandemic has had severe impacts on populations globally, and has disrupted every aspect of society, from healthcare to the economy. While harmful to all, COVID-19 has been especially hard on marginalized communities and deepened already existing inequalities and vulnerabilities. The pandemic has had a disproportionate impact on LGBTI populations.<sup>1</sup> As noted by the Secretary General of the United Nations, “already facing bias, attacks and murder simply for who they are or whom they love, many LGBTI people are experiencing heightened stigma as a result of the virus, as well as new obstacles when seeking health care.”<sup>2</sup>

The disproportionate impact of COVID-19 on LGBTI persons was evidenced by several civil society reports that showcased the different forms of discrimination directed at LGBTI populations,

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<sup>1</sup> Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic, A/75/258

<sup>2</sup> United Nations Secretary General, Secretary-General's message on the International Day Against Homophobia, Biphobia and Transphobia, 17 May 2020.

their increased risk and vulnerabilities in accessing education, employment, healthcare, food, and shelter, as well as how the pandemic exacerbated already existing violence and discrimination against LGBTI persons. During the pandemic:

- States have enacted selective restrictions to the right to peacefully assemble on the basis of COVID-19 spread prevention, banning gatherings of LGBTI people while other public gatherings were not restricted;
- States have limited their HIV prevention and ART programs to focus on pandemic response initiatives, resulting in the reduction in the number of places and pace in which patients can access testing and treatment, leaving many LGBTI individuals without lifesaving healthcare and forcing many to seek treatment in facilities where their security and confidentiality may be compromised. This situation will have long term consequences in LGBTI persons health and wellbeing and stand to reverse important gains made to fight the HIV/AIDs epidemic globally;
- Trans and gender non-conforming people have been excluded from the design of humanitarian aid programs and have been unable to access relief efforts due to not having identification documents that reflect their own identity;
- Containment and other policies to curb the pandemic have triggered a drastic increase in experiences of domestic, family, and intimate partner violence, among LGBTI populations, a community in which rates of family and domestic violence are higher than in the general population. LGBTI youths and adults who have been forced to isolate in hostile family homes, and who do not have the means to go elsewhere, have been at particular risk. Situations are worse in countries where sexual orientation and gender identity and expression are directly or indirectly criminalized, limiting the ability of those experiencing violence or harassment to access justice or support for fear of persecution. State policies limiting movement and assembly have hindered the ability of NGOs offering support services and shelters to respond to intimate partner, domestic and family violence cases.
- LGBTI populations have historically faced discrimination in accessing employment and occupational segregation in the labor market, and they are more likely to be wage earners, involved in precarious labor, and overrepresented in business sectors disproportionately affected by the pandemic like restaurants and food services, hospitals, education, and retail industries.<sup>3</sup> LGBTI populations have faced job loss, experiences of greater financial and food insecurity, poverty and homelessness.
- LGBTI populations have also been unable to access COVID-19 recovery and stimulus packages tied to unemployment or other social protection measures that do not account for those working in the informal sector, increasing their risk and vulnerability. This has been especially true for LGBTI sex workers who have been forced into contexts of greater risks and unsafe situations due to the need to cope with severe financial instability.

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<sup>3</sup> Early data from the situation of LGBTI people in the USA shows that these industries have relatively more presence of LGBTQ individuals, and they are most likely to be affected by the pandemic. See Human Rights Watch. *The Lives and Livelihoods of Many in the LGBTQ Community are at Risk Amidst COVID-19 Crisis*. Available at: <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?mtime=20200811115717&focal=nonen>

- LGBTI populations are less likely to test for COVID-19 because of previous experiences of discrimination or harassment in healthcare settings, and ongoing stigma faced in the healthcare system;
- Transgender and intersex individuals, who may seek or have particular health needs, such as access to hormonal treatments or gender affirming services, have faced additional barriers, if not a complete inability, to access services due to the pressure on hospitals and medical practitioners to address COVID-19 and the redistribution of funds and services.

Even before the COVID-19 pandemic, LGBTI populations have faced social, cultural and economic exclusion which has led to disproportionate rates and experiences of poverty, hunger, inequality, and discrimination in access to health, employment, production, climate, peace and justice.

LGBTI populations experience exclusion from the formal labor market, and are subject to unequal treatment and discriminatory practices in hiring, promotion, remuneration, and report losing employment or job opportunities due to their gender expression or for being open about their sexual orientation or gender identity. A specific barrier that LGBTI populations encounter when attempting to access the job market is the stigma around their real or perceived sexual orientation, gender identity or expression. This could include expressing non-traditional gender expression and mismatches between their gender identity and their legal documents. These experiences are exacerbated by having limited formal education, lack of family and social support, and stigmatization or the direct or indirect criminalization of LGBTI people, and those who are sex workers.

LGBTI populations may face discrimination in the access to housing because of discriminatory treatment by public and private landlords, estate agencies and credit providers. They may also be denied leases and mortgages or be harassed by neighbors and evicted from their homes. Evidence of health disparities in the LGBTI population, including mental health concerns, such as anxiety, depression, self-harm and suicide are alarming. Moreover, the criminalization and pathologization of LGBTI people have had a deep impact on public policy, legislation, jurisprudence, and ultimately in the lives, livelihoods, and wellbeing of all LGBTI people who see their possibilities to participate in society diminish by the constant policing of their identities by State agents, society and even their own families.

Gender identity and expression, sexual orientation, and sex characteristics intersect with other identities to compound the impact of COVID-19 on LGBTI persons lived realities, as well as on their access to sustainable development in general. Women are more likely to be excluded from opportunities of economic empowerment, LGBTI youth are disproportionately affected by homelessness due to economic dependence, while family rejection and limitations in the recognition of certain forms of families also leave older LGBTI people with less support, greater isolation, and more loneliness. Due to complex factors, including living arrangements, LGBTI persons with disabilities can often be denied sexual expression or bodily autonomy. LGBTI persons on the move may be at enhanced risk of violence, abuse and exploitation at all stages of

their journey and at the hands of immigration officers, traffickers and smugglers. Racial discrimination also disproportionately impacts the Afro-LGBTI population and their access to economic, social and cultural rights. Pre-existing inequalities, discrimination and violence are exacerbated in humanitarian settings, often situations in which the needs of LGBTI persons are not accounted for, putting those who are already most vulnerable at further risk. Inclusion is key to enable people to enjoy a life free from violence and discrimination, to allow for equal access to opportunities, and for all to reach the highest attainable state of wellbeing.<sup>4</sup>

In light with the 2021 theme of HLPF, “Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development”, the LGBTI Stakeholder Group stands with the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity in calling on States and other stakeholders to ensure pandemic responses and recovery policies are inclusive of all - including LGBTI populations - and are free from violence and discrimination in order to promote a sustainable and resilient recovery. Measures adopted by States must comply with principles of equality and non-discrimination, participation, empowerment and accountability, always following a human-rights framework and the inclusion of those most marginalized in all stages of the building back better ideal. LGBTI populations need to be included in economic, social and environmental development and in all stages of policy and programmatic design in order for recovery to be effective and to achieve the 2030 Agenda in the context of the decade of action and delivery for sustainable development.

## **SDG 1: End poverty in all its forms everywhere**

In general, LGBTI populations are disproportionately affected by poverty<sup>5</sup> and have, as a consequence, experienced disproportionate consequences of the COVID-19 pandemic. The experience of poverty is compounded when LGBTI people also suffer from multiple and intersecting forms of discrimination.

Three billion people around the globe are still living in multidimensional poverty, a number that continues to be significant and unacceptably high.<sup>6</sup> The COVID-19 pandemic is set to increase the number of poor people by up to 124 million, causing the extreme poverty rate to rise for the first time in a generation. LGBTI populations have not escaped the global context of the pandemic and its impact. The living conditions of LGBTI populations in general have worsened during the time of the pandemic, and will have long-term impacts on LGBTI persons wellbeing and experiences of poverty. The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity (IE SOGI) noted that “the precariousness of the

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<sup>4</sup> Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, 2019, A/74/181

<sup>5</sup> Equal Rights Coalition, “Global impact of COVID-19 on LGBTI communities”

<sup>6</sup> UNDP. The 2020 Global Multidimensional Poverty Index, <http://hdr.undp.org/en/2020-MPI>

financial situation of LGBT persons is a constant in the submissions to him and the knowledge base available, as is the overwhelming concern about the deterioration in their living conditions”.<sup>7</sup>

Evidence shows that a large number of those within LGBTI populations have lost their jobs and livelihoods, leading to further marginalization. Data available from the USA shows that two thirds of the LGBTI population has experienced job loss or job interruption because of the pandemic as compared to less than half of the general population.<sup>8</sup>

In their joint statement of 17 May 2020, 96 United Nations and Regional human rights experts recognized that

“In all latitudes, LGBT persons are disproportionately represented in the ranks of the poor, people experiencing homelessness, and those without health care, meaning that they may be particularly affected as a result of the pandemic (...) These experiences of inequality and discrimination are compounded by disability, age, ethnicity/race, sex, indigenous or minority status, socioeconomic status and/or caste, language, religion or belief, political opinion, national origin, migration or situation of displacement, marital and/or maternal status, urban/rural location, health status, and property ownership. If States and other stakeholders, including businesses and faith-based organizations, are to meaningfully address the impact of the pandemic, they must unreservedly acknowledge that LGBT persons represent a meaningful cross-section of all of these identities, and they must act accordingly.”<sup>9</sup>

The pandemic worsened the situation for LGBTI persons who were already facing vulnerabilities, especially for those living in contexts of criminalization, hostility, or overall hardship. Harassment, violence, and attacks have increased against LGBTI populations and they have faced increased discrimination in accessing public health services and healthcare which has had negative impacts on their quality and standard of living.

Overrepresentation of the LGBTI population in poverty is a systemic consequence of experiences of multiple and intersecting discrimination and lack of access to development needs, including in education employment, healthcare, and access to justice. Further, LGBTI persons have been inadequately included in pandemic response and recovery programs and actions.

In a submission to the Independent Expert on SOGI on the impacts of COVID on LGBTI populations, RFSL - the Swedish Federation for LGBTI Rights noted that, policies implemented to contain COVID-19, including those requiring isolation, especially which penalize non-compliance, have not taken into consideration the widespread vulnerability, poverty, and

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<sup>7</sup> Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, A/75/258

<sup>8</sup> Movement Advancement Project. The Disproportionate Impacts of COVID-19 on LGBTQ Households in the U.S. Available at: <https://www.lgbtmap.org/2020-covid-lgbtq-households>

<sup>9</sup> OHCHR, “COVID-19: the suffering and resilience of LGBT persons”

homelessness among LGBTI and non-binary youth. Young LGBTI and non-binary people are up to 120% more likely than their non-LGBTI counterparts to experience homelessness, often as a result of being forced out of their homes, having no access to family and other forms of financial support. Further, LGBTI young persons who do not have access to income, and are forced to isolate with hostile family members, have reported increases in experiences of violence.<sup>10</sup> Akt, a UK-based organization supporting LGBTQ youth, noted that there has been a very high increase in the need for housing from 16-17-year-old LGBTI young people, who need recourse from “hostile or abusive living situations.”<sup>11</sup>

LGBTI persons who lost their jobs due to working in insecure or informal employment contexts or in jobs which have been disproportionately impacted by the pandemic, such as the service industry, were unable to access fiscal support and other assistance programs. These situations directly impact LGBTI populations’ experiences of poverty and increase their levels of precarity.

In Nicaragua, a considerable percentage of LGBTI persons have lost their formal jobs as reported through a survey carried out by the Trans Group of sex workers of Managua and data from the LGBTIQACDPM+ Sexual Diversity Network. Specifically, trans sex workers are suffering from hunger as a result of the decrease in their income. Additionally, many reported that they do not risk doing their work, often which requires being on the streets, due to increasing infection rates and a second wave of infections in the country.

LGBT people must be able to benefit from poverty reduction initiatives responding to the COVID-19 pandemic, and beyond, they must also have access to social protection systems without discrimination. Public services must also be non-discriminatory, especially at a time when COVID-19 is pushing vulnerable populations into poverty and homelessness and needs for services, such as shelters, are increasing. Attention must be given to the specific needs of LGBTI persons in situations of poverty. This requires insuring LGBTI inclusion in the design of programs, eliminating discrimination creating supportive and welcoming systems, and offering effective remedies against violations.

Currently, the vast majority of countries do not have government programs and response policies which assist LGBTI persons and address their needs within or outside the scope of the COVID-19 pandemic and its consequences. Further, government assistance programs that are currently enforced are often not accessible to LGBTI persons or have discriminatory clauses of implementation. It has been clear that LGBTI populations have fallen through the cracks of all State responses to the global pandemic, leading to further exclusion and for civil society organizations to stretch their work to attend the needs of this population.

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<sup>10</sup> COVID-19 19 Forced me Back Home Where I am Unwanted <https://www.bbc.com/news/av/world-africa-52835114/lgbt-covid-19-forced-me-back-home-where-i-m-unwanted>

<sup>11</sup> Homelessness charities say “high volume” of LGBT youth at risk during pandemic <https://www.newstatesman.com/spotlight/coronavirus/2020/04/homelessness-charities-say-high-volume-lgbt-youth-risk-during-pandemic>

## **SDG 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture**

Even before the pandemic, studies have shown that in certain contexts one in three LGBT persons experiences food insecurity at any given time.<sup>12</sup> This shows that LGBTI populations were already being left behind when it comes to achieving SDG 2. With the onset of the pandemic, food insecurity has become a more pronounced issue around the world, affecting those furthest left behind disproportionately.

OutRight Action International's COVID-19 Global LGBTIQ Emergency Fund, the largest global COVID-response fund for LGBTIQ communities in the world, received over 1,500 applications from LGBTI communities in need during the COVID-19 pandemic.<sup>13</sup> Over half of those requests asked for funds to alleviate hunger, showing empirical evidence that the pandemic aggravated the situation of LGBTI populations when it comes to accessing the most basic needs such as food.

Even in places where assistance was given by governments and other stakeholders to address the issue of access to food, many discriminatory measures were in place that excluded LGBTI populations from receiving those benefits. For example, in India, the central Government issued several relief packages; however, presenting official identification documents has been a prerequisite for receiving the relief support and food rations. Since many transgender people do not have identification documents reflecting their own identity, the public relief was unavailable to them.<sup>14</sup>

In the Philippines, it was reported that in a Barangay (district) food support was being distributed to families who were economically affected by pandemic control measures. Lesbian couples did not fit the distributor's definition of "family," and, because of that, were not able to access the food packages.<sup>15</sup>

In Indonesia, a coalition focusing on crisis management for the LGBTI community has responded to the disproportionate impacts felt by the transgender community. A civil society organization, Sanggar SWARA conducted a rapid response assessment finding that there were more than 640 transgender persons in the greater Jakarta area who lost their jobs, leaving them unable to support themselves.<sup>16</sup> The coalition indicated that there were two basic needs which were not

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<sup>12</sup> IE SOGI A/75/258

<sup>13</sup> OutRight Action International, RESPONDING TO A CRISIS Meet the Grantees of OutRight's COVID-19 Global LGBTIQ Emergency Fund:

[https://outrightinternational.org/sites/default/files/7x9.75\\_BriefingPaperNov2020WDonors.pdf](https://outrightinternational.org/sites/default/files/7x9.75_BriefingPaperNov2020WDonors.pdf)

<sup>14</sup> Sonal Rawat, "COVID-19 and the transgender community in India", Tim Zubizarreta, ed., Jurist, 5 June 2020

<sup>15</sup> OutRight Action International, Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ People, p.24

<sup>16</sup> Supporting Transgender People During the Covid 19 Pandemic

[https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200406\\_transgender\\_covid19](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200406_transgender_covid19)



being met but were essential, namely food and sanitation. The coalition identified that, “in a single day, one person spends around Rp. 50,000 for 3 proper meals, soap and clean water,” however trans communities who mostly worked on the streets had been gravely impacted and unable to support themselves. The coalition noted that, “On several occasions when distribution of basic food staples took place, many of them could not access it as they did not have their ID cards, or simply because of their gender identity.”

While government measures were clearly not reaching or barring those furthest left behind and impacted communities from accessing food programs and hygiene and sanitary products, civil society organizations and coalitions addressed the gaps to services for this population.

As governments continue to draft, implement, and invest in food security, economic stimulus, and relief packages against the impacts of COVID-19, it is vital to ensure that these efforts will first reach marginalized and vulnerable populations working and living under precarious conditions, including LGBTI populations. Further, development actors should track the levels of food insecurity among LGBTI populations and they should be consulted in policy and program drafting processes to ensure their needs are met.

### **SDG 3: Ensure healthy lives and promote well-being for all at all ages**

LGBTI populations suffer from higher rates of underlying health conditions than the general public, which have shown to exacerbate the morbidity and mortality rate of those contracting COVID-19. These include, but are not limited to, diabetes and other non-communicable diseases, which in some regions like the Pacific are in epidemic proportions, heart disease, cancer, respiratory problems associated with smoking, and compromised immune systems from chronic diseases like HIV.<sup>17</sup>

Worryingly, those who have chronic or other conditions in need of treatment, or who need routine medical care, may find it harder to access medication and medical support, especially in countries which went into, or are currently still in, lockdown, and where access to public and other services are halted. These situations will be heightened due to restrictions on movement and interruptions in public transportation services.

All of this is compounded by inadequate public healthcare systems, stigma, discrimination in accessing healthcare and by healthcare workers, lack of health insurance coverage, and other barriers to accessing health resources. Already, LGBTI populations are less likely to seek routine and emergency medical care due to negative experiences and harassment by service providers. LGBTI populations also suffer from high rates of mental health issues, including depression and anxiety, high rates of suicidal ideation, attempts and completions, which may be aggravated by situations of worry, stigma, family harassment, ill-health and confinement.

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<sup>17</sup> LGBTI Caucus Statement in Response to the Covid-19 Pandemic, <https://www.rfsl.se/wp-content/uploads/2020/03/LBTI-Caucus-Statement-Covid19.pdf>

Transgender and intersex individuals, who may seek or have particular health needs, such as access to hormonal treatments or gender affirming services, have faced additional barriers, if not a complete inability, to access services due to the pressure on hospitals and medical practitioners to address COVID-19.<sup>18</sup> Particularly, in semi-urban or rural settings, delays in the distribution of hormones have led to treatment interruptions with severe health consequences for trans, non-binary, and intersex people under treatment. Additional barriers to accessing healthcare include not having identification documents which reflect a person's gender identity. Of grave concern are older LGBTI populations who fall under multiple risk categories, are more susceptible to suffer mortality from contracting the virus, and may not have access to financial security, basic healthcare, or family and support systems to rely on.

The Independent Expert on SOGI explicitly mentioned that:

While being able to afford and access medical care is essential to testing for COVID-19, as well as treating the symptoms of the disease, a recent study in the United States determined that LGBT persons are more likely than their peers to lack health coverage or the monetary resources to visit a doctor, even when medically necessary; 17 percent of LGBT persons do not have any kind of health insurance coverage, compared with 12 percent of the general population; while 23 percent of LGBT adults of colour, 22 percent of trans adults, and 32 percent of trans adults of colour have no form of health coverage. The same study found that one in five LGBT adults have not seen a doctor when they needed to because they could not afford it. Black LGBT adults (23 percent), Latinx LGBT adults (24 percent) and all transgender women (29 percent) are most likely to have avoided going to the doctor because of costs.<sup>19</sup>

It is important that States and other stakeholders take measures that explicitly prevent violence and discrimination in health centers and settings in order to guarantee the care of LGBTI populations. Measures of this type will enable LGBTI people to access healthcare services without fear and facilitate access to their human rights to good health and well-being. It is recommended that States prepare guidelines and sensitization toolkits for healthcare practitioners for comprehensive care for LGBTI people based on human rights standards that also include the care required in cases of COVID-19.

As an example, it is important to emphasize that healthcare centers and institutions respect the rights of trans and non-binary people, this includes respecting a person's gender identity and name, regardless if those match their legal identification. States must ensure that trans or non-binary persons who may be hospitalized, and where hospitalization is gender segregated, that their care is carried out in rooms or wards which correspond to their gender identity.

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<sup>18</sup> OutRight Action International, *Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ People*

<sup>19</sup> Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, *Violence and discrimination based on sexual orientation and gender identity during the coronavirus disease (COVID-19) pandemic, A/75/258*

Policies which protect the right to access healthcare of LGBTI persons in a safe and sensitized way should be distributed and enforced widely. Additionally, helplines and mechanisms to report experiences of discrimination and access redress should be widely available and accessible.

Mental health needs have not been adequately addressed by States as an essential health issue in the context of the COVID-19 pandemic, especially for LGBTI populations. LGBTI populations already suffer from higher rates of mental health issues than the general public, as such the consequences of the inability to access mental health needs due to COVID-19 or inadequate response programs, will lead to increased negative mental health consequences in the short and long term.

Also impacting mental health issues, LGBTI populations who have experienced rejection from family, faith spaces, and the broader society, are also suffering from the inability to physically connect with their chosen communities and friends during this time, contributing to acute feelings of isolation and even fear. As highlighted in OutRight Action International “Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ People” report:

“For those who are already isolated from chosen family, who feel unable to be “out,” or who may not have access to supportive communities, the isolation and forced cohabitation with potentially unsupportive families are extremely challenging, bringing increased anxiety, discomfort, traumatic memories, and risk of violence. Anxiety is exacerbated by socioeconomic stress and by health status, particularly for people living with HIV who may feel especially vulnerable to COVID-19.”<sup>20</sup>

LGBTI children and youth must have their own health approach measures in the context of the pandemic and in response efforts. LGBTI children and adolescents already face greater vulnerability and discrimination due to their sexual orientation, gender identity and expression and sex characteristics. Further, experiences of harassment and bullying are commonplace among LGBTI youths, including in healthcare settings where health care workers are not sensitized about issues impacting LGBTI young persons. It is essential that States increase the sensitization of healthcare workers and address misconceptions and false narratives about sexual orientation, gender identity and expression, and sex characteristics, to address and prevent further vulnerability of LGBTI young persons.<sup>21</sup>

According to the Convention on the Rights of the Child, children should enjoy the highest attainable level of health and have access to services for the prevention and treatment of disease and rehabilitation. This Convention emphasizes that State Parties adopt appropriate measures

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<sup>20</sup> OutRight Action International, Vulnerability Amplified: The Impact of the COVID-19 Pandemic on LGBTIQ People, p.49

<sup>21</sup> Joint Statement by United Nations Agencies, “United Nations entities call on States to act urgently to end violence and discrimination against lesbian, gay, bisexual, transgender and intersex (LGBTI) adults, adolescents and children”.

so that all children are assured the provision of medical assistance and health care required. Signatory States should enact and implement domestic legislation that respects and protects the human rights of children. This includes the recognition of children and adolescents as independent agents who can fully exercise, access, and demand the restitution of their rights. In this sense, the progressive autonomy of children and adolescents must be guaranteed in their access to health, this includes in their ability to fully exercise their sexual and reproductive rights free from violence and discrimination.

States should address mental health needs for LGBTI populations of all ages during and after the COVID-19 crisis. Further, policies and response programs are needed to house the sick, address homelessness, and ensure access to information and non-discriminatory services for LGBTI persons. It is further essential to provide screening measures, enhanced distribution of medical equipment, and support for everyone to enroll in health plans.

This global pandemic highlights the fundamental need for universal healthcare, social floor, social protection and access to justice. This is especially pertinent when considering the specific impacts of such a pandemic on LGBTI populations, people and other marginalized groups. Governments must take all necessary measures to protect those in need and those on the frontlines fighting the pandemic. States should provide access to services which could be lifesaving to all those requiring them. Additionally, states should enact legislation based on self-determination which allows for legal gender recognition and access to identification which reflects a person's gender identity, to prevent barriers to accessing services, especially healthcare.

### **SDG 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all**

LGBTI populations have historically faced discrimination in accessing employment and occupational segregation in the labor market, often finding jobs in precarious and informal sectors. Social distancing policies and an overall economic downturn has meant greater risks of slipping into, or back into, food insecurity, poverty, and homelessness, as stated above. Workers in non-unionized, gig economy, informal sector or precarious employment face barriers to reporting or accessing redress for sexual orientation, gender identity and expression and sex characteristics discrimination and harassment and unfair termination.

LGBTI persons who are also sex workers are currently facing drastic impacts to their livelihood and wellbeing, sometimes being forced into unsafe situations in order to cope with severe financial instability, compounded by barriers in accessing social services, which puts this community at higher risk.<sup>22</sup> Additionally, in places where sex work is fully or partially criminalized, sex workers are unable to access the financial support available to other workers. A report by the International Committee on the Rights of Sex Workers in Europe, noted that, "The COVID-19 crisis revealed in weeks that sex workers are amongst the populations most disproportionately impacted due to

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<sup>22</sup> Sex Workers Struggle to Survive the Covid 19 pandemic <https://www.hrw.org/news/2020/05/04/sex-workers-struggle-survive-covid-19-pandemic>

their social and economic exclusion working in a highly criminalized sector”<sup>23</sup> Even in places, such as Greece, where sex work is legalized, financial support by the government was conditioned on having Greek nationality and citizenship and was only afforded to individuals who have a female gender marker on their identity documents. These conditions meant that trans women sex workers who do not have identity documents which match their gender identity, LGBTI persons who are sex workers and also are undocumented migrants, refugees and asylum-seekers, were not deemed eligible for government financial support.

A survey of members of the organization Intersex South Africa revealed that most respondents relied on the informal labor sector to make a living, including through jobs such as washing cars, babysitting and street vending. Overall, respondents reported being unemployed, under/skilled, or engaged in part-time work. Overwhelmingly, the respondents were impacted by policies responding to COVID-19 containment, including lockdown measures and restrictions on unnecessary or non-essential jobs, rendering them with no income. Additionally, because they are engaged in the informal sector, they also did not have access to insurance, healthcare, and unemployment benefits.<sup>24</sup> The report highlighted that individuals living in rural areas and townships with even fewer access to socioeconomic opportunities would likely continue to face worsened consequences.

The exercise of the rights of transgender people is systematically hampered by structural inequality and experiences of multiple and intersecting forms of discrimination as well as experiences of exclusion. This cycle of exclusion directly affects access to education and employment. States must respect and guarantee that all human beings are born free and equal in dignity and rights; and that all humans have equal rights and freedoms without any distinction or restrictions in accessing their rights, including for their gender identity and its expression, sexual orientation, and sex characteristics.

Social inequalities faced by LGBTI populations have been exacerbated as a consequence of the COVID-19 crisis, thus States should not only implement immediate relief actions but also address the structural causes of inequality experienced by LGBTI persons, especially trans and non-binary populations. In order to achieve true equality, and to realize the 2030 Agenda, the historical exclusion faced by LGBTI populations in accessing education and formal and stable employment, as well as in accessing social support services, especially for trans persons, must be addressed. Positive actions and measures that recognize this systematic vulnerability and exclusion and create conditions of equality in employment must be enacted. Laws and policies prohibiting discrimination in the workplace, in schools, and in the consumer sector as well as protective policies which enable access to development are important tools in addressing access to employment and poverty of LGBTI persons. All laws, norms and regulations which discriminate against LGBTI people and restrict their economic and human development potential should be

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<sup>23</sup> ICRSE Policy Brief on Covid 19 -

[https://www.sexworkeurope.org/sites/default/files/userfiles/files/Policy\\_brief\\_ICRSE\\_COVID19.pdf](https://www.sexworkeurope.org/sites/default/files/userfiles/files/Policy_brief_ICRSE_COVID19.pdf)

<sup>24</sup> ISSA Covid Lockdown Report -

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:f7854084-d984-47f2-b1e4-d554b20781fe#pageNum=4>

repealed. Additionally, the adoption of fiscal incentives and social protection policies specifically targeting lower-income LGBTI people, especially youth and trans people, should be supported.

An example of good practice is the Decree 721/2020<sup>25</sup> of the Executive Power of the Argentine Nation, which establishes a job quota for trans people to occupy positions in the national public sector in a proportion of no less than 1% of the total number of employees.

## **SDG 10: Reduce inequality within and among countries**

Reduced inequality calls for the social, economic, and political inclusion of all, including for LGBTI persons. There will not be a fulfillment of the SDGs unless States and other stakeholders commit themselves to building a world with gender equality, the recognition of the rights of LGBTI persons, and the elimination of all stereotypical and harmful gender roles, norms, and stereotypes which perpetuate inequality. Patriarchy and heteronormativity are root causes of gender inequality and gender-based violence, which harm all of society, but particularly those who are most marginalized, such as LGBTI populations.

During the COVID-19 pandemic, countless State measures were taken that intentionally or unintentionally discriminated against LGBTI populations or exacerbated inequalities faced by LGBTI populations. The Secretary General of the United Nations has stated that:

“Since the start of the pandemic, the United Nations has documented a worsening of discrimination, violence, hate speech, social and economic exclusion, stigma and obstacles in accessing health care, education, employment and basic services faced by LGBTIQ+ people. We have also seen disturbing efforts to roll back legal and social protections for their fundamental human rights.

Addressing inequality and leaving no one behind by ensuring equal rights for all are the pillars of the 2030 Agenda for Sustainable Development. As we work to recover better from the pandemic, we need to take concrete steps to repeal discriminatory laws, address violence and discrimination based on sexual orientation, gender identity and sex characteristics, and combat the root causes of these injustices.”<sup>26</sup>

Even prior to the COVID-19 pandemic, LGBTI people have been excluded and discriminated against through laws and policies that do not address, or in many cases perpetuate, the stigma and discrimination they face; laws and policies that fail to recognize LGBTI populations and their lived experiences, or that affirmatively disadvantage LGBTI populations. These laws generally reflect deeply ingrained discrimination. Formal equality under the law is the first step to address the inequalities faced by LGBTI persons. Therefore, all laws, norms and regulations which discriminate against LGBTI people and restrict their economic and human development potential

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<sup>25</sup> Argentina, Decree 721/2020 <http://servicios.infoleg.gob.ar/infolegInternet/verNorma.do?id=341808>

<sup>26</sup> Secretary General, Citing Disturbing Protection Rollbacks, Secretary-General Affirms LGBTIQ+ Rights, Dignity, Commemorating International Day, <https://www.un.org/press/en/2021/sgsm20723.doc.htm>

should be repealed. This is even more urgent now with the disproportionate impact COVID-19 has had on LGBTI populations globally.

LBTI women, in particular, are affected by intersectional violence and discrimination based on their gender and their sexual orientation, gender identity and expression and sex characteristics. This violence is generally caused by structural heterocisnormative patriarchy. Women who are victims of this type of violence tend to suffer increased levels of vulnerability, less opportunities, and, therefore, severe restrictions to develop their full potential. These inequalities exist in relation to education, health care, labor conditions and wages, unpaid workload, access to assets, to name only a few. Sustainable development requires targeted efforts with a focus on gender and combating gender inequality.

At the time of this position paper's publication, 69 United Nations Member States still criminalize consensual same-sex behavior between adults.<sup>27</sup> Thirty-one UN Member States have laws and regulations that have been enacted to restrict the right to freedom of expression in relation to sexual orientation issues (known as "propaganda laws," for example, or other censorship of same-sex intimacy in media). Forty one Member States have laws and regulations that limit the ability of sexual orientation-related civil society organizations from legally registering.<sup>28</sup> Sixty eight countries have laws criminalizing HIV non-disclosure, exposure, or transmission, and Thirty three countries have applied other criminal laws to HIV non-disclosure, exposure, or transmission.<sup>29</sup> These laws exclude and target LGBTI populations and people living with and affected by HIV, showing that even prior to the pandemic, LGBTI populations were already effectively left behind.

States should invest resources on research about the extent and gravity of violence and discrimination faced by LGBTI populations, including the economic cost that exists as a consequence of this violence and discrimination. According to a pilot study conducted for the World Bank in 2014, discrimination against LGBT people in India could be costing the country's economy up to \$32 billion a year in lost economic output.<sup>30</sup> When States and other stakeholders invite LGBTI organizations to policy and development planning meetings, they can effectively contribute recommendations for budget allocation, strategic development and creation and implementation of social services in order to not leave LGBTI people behind and accelerate transformation.

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<sup>27</sup> International Lesbian, Gay, Bisexual, Transgender, and Intersex Association World, State-Sponsored Homophobia 2020: Global Legislation Overview Update. [https://ilga.org/downloads/ILGA\\_World\\_State\\_Sponsored\\_Homophobia\\_report\\_global\\_legislation\\_overview\\_update\\_December\\_2020.pdf](https://ilga.org/downloads/ILGA_World_State_Sponsored_Homophobia_report_global_legislation_overview_update_December_2020.pdf)

<sup>28</sup> Ibid

<sup>29</sup> UN Development Programme (UNDP). 2018. Global Commission on HIV and the Law: Risks, Rights and Health: Supplement. p. 5.

<sup>30</sup> World Bank, The Economic Cost of Stigma and the Exclusion of LGBT People: A Case Study of India. Available at: <http://documents.worldbank.org/curated/en/527261468035379692/pdf/940400WP0Box380usion0of0LGBT0People.pdf>.

To eradicate inequalities in line with SDG10, all laws, norms and regulations which discriminate against LGBTI people and restrict their economic and human development potential should be repealed. This includes, repealing laws that criminalize same-sex intimacy, prohibit same-sex unions, prohibit the registration of NGOs based on SOGIESC, restrict freedom of speech, reunion and association, ban blood donation by trans persons and men who have sex with men. Legislatures should also enact robust legal frameworks against discrimination based on sexual orientation, gender identity, gender expression, and sex characteristics, including express protections against discrimination to access economic, social, and cultural rights. By the same token, positive measures must be taken to ensure that neutral laws are not applied or enforced in a discriminatory manner against LGBT people, especially when laws refer to morality, good mores, decency or similar terms.

## **SDG 12: Ensure sustainable consumption and production patterns**

Sustainable consumption and production “is about promoting resource and energy efficiency, sustainable infrastructure, and providing access to basic services, green and decent jobs and a better quality of life for all.”<sup>31</sup> The Agenda 2030 asks stakeholders “to encourage companies, especially large and transnational companies, to adopt sustainable practices and to integrate sustainability information into their reporting cycle.”<sup>32</sup> Unfortunately, this target does not have data available to measure the progress towards its achievement in connection to LGBTI populations.

This lack of data shall not discourage countries in the understanding and policy making to achieve sustainable consumption and production. This is an ideal opportunity for States and other stakeholders to look at previous positive experiences derived from the work of LGBTI populations to create inclusion and acceptance within consumption and production patterns. For example, the Open for Business Coalition has found that there is consumer willingness to change consumption behaviors to prefer companies that support LGBTI rights. They have also found that consumers have supported “boycotts of companies doing business in countries where there is discrimination and criminalization of LGBT+ people and showing preferences for employment with firms demonstrating a mandate for LGBT+ inclusion.”<sup>33</sup>

In that sense, a good strategy to draw from the work done by LGBTI populations would be to encourage all stakeholders in the private sector to work towards sustainable consumption and production practices as a way of becoming more competitive in a world where the consumer prefers green practices.

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<sup>31</sup> Oxford Martin Programme on Global Development. SDG-Tracker. Available at: <https://sdg-tracker.org/sustainable-consumption-production>

<sup>32</sup> Ibidem.

<sup>33</sup> Business Primer. LGBT+ Inclusion and the UN Sustainable Development Goals. Available at: <https://static1.squarespace.com/static/5bba53a8ab1a62771504d1dd/t/5f6b4f3a978b0513584d2280/1600868211690/SDG-LGBT+inclusion.pdf>



## **SDG 13: Take urgent action to combat climate change and its impacts\***

Due to multiple and intersecting vulnerabilities, including experiences of exclusion, stigma, discrimination, and the disproportionate experiences of unemployment, homelessness, and lack of access to healthcare that LGBTI individuals endure, LGBTI populations are highly impacted by the current developing climate crisis. The already precarious situation in which many members of the LGBTI population live in, as a result of structural violence and discrimination in all areas of life, will be made worse by the effects of climate change.

Trans and gender non-confirming people, and LGBTI individuals in criminalizing and pathologizing countries are particularly at risk of suffering the consequences of climate change. The International Commission of Jurists collected the testimony of a trans woman from Chennai, which better illustrates the struggles of LGBTI individuals and climate crisis:

“With the upcoming monsoons, there will be heavy rains in Chennai and my house will also be flooded, <sup>34</sup>because of which I can’t even invite any of my friends from the community to my home. It’s very difficult for a transgender person to get a house in the city, to make the house-owners understand. Hence, whatever be the issue, I’ll stick with my current house because there’s some understanding with its owner.”<sup>35</sup>

Reports already show that LGBTI people and communities are frequently overlooked in humanitarian crises planning and programming, facing high barriers to accessing services. UN Women, in their publication, “Integrating Gender into Humanitarian Action: Good Practices from Asia-Pacific 6” recognizes that,

“Evidence from recent disasters demonstrate that humanitarian response furthermore often continues to perpetuate the exclusion and marginalization of LGBTIQ+ populations; practices such as binary gender-segregated shelter and sanitation facilities, which require identification that legally affirms one’s gender identity to access aid, and narrow definitions of the ‘households’ that form the basis of aid distributions or needs assessments, make the process of seeking aid exclusionary and harmful. At the same time, accounts from recent disasters in the Asia-Pacific region also demonstrates the capabilities of LGBTIQ+ persons to cope in the aftermath of disasters, and to leverage existing social networks for the protection and recovery of themselves and their communities.”

This is a pressing issue that should a priority for all stakeholders, and the LGBTI Stakeholder Group encourages members States to think of strategies to combat the impacts of climate change

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<sup>34</sup> Integrating Gender into Humanitarian Action: Good Practices from Asia-Pacific 6 - [https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2017/11/good-practices\\_6.pdf?la=en&vs=131](https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2017/11/good-practices_6.pdf?la=en&vs=131)

<sup>35</sup> Anuj Behal. How climate change is affecting the LGBTQIA+ community. Available at: <https://www.downtoearth.org.in/blog/environment/how-climate-change-is-affecting-the-lgbtqia-community-74988>

for the most vulnerable communities because they will suffer amplified consequences as a result of the systemic discrimination they currently survive. This includes conducting pre and post-disaster needs assessments of LGBTI populations and collecting adequate data to ensure actors enact policies and practices which address the needs of LGBTI populations. Further, we call on all development and humanitarian actors to take an LGBTI inclusive approach to their programs and policies and have operational guidance in place which ensure that LGBTI persons can access humanitarian and other relief without discrimination. Additionally, community-based organizations focused on LGBTI issues should be consulted and involved in the design and implementation of policies and programs responding to the climate emergency and ensuing humanitarian crises to ensure that the needs of different populations are sufficiently considered and that measures will not exacerbate already existing inequalities and marginalization.

**SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels**

Experiences of peace and conflict have always had deep implications on gender. Conflict affects everyone, with those furthest left behind, such as the LGBTI population, being most at risk. Additionally, LGBTI people face considerable challenges when attempting to seek justice, including difficulties in accessing judicial services, legal aid and legal representation in court, as well as discrimination or stereotyped assumptions by judicial actors regarding LGBTI people.

As such, in order to achieve SDG 16, all stakeholders need to address a more inclusive and equitable peace for people of all genders, sexual orientations, gender expressions, and sex characteristics, as well as ensure access to justice and accountability for LGBTI persons.<sup>36</sup>

For a long time, the United Nations did not formally recognize the different ways women, men, transgender, and gender non-conforming individuals experienced peace and security. The United Nations Security Council took the first big step forward 20 years ago, on October 20, 2000, when it adopted resolution 1325. This resolution recognizes the gendered implications of conflict, calls for the full and equal participation of women in every level of decision-making, and resolves to use a gender perspective in UN programming, reporting, and training.

While it is important that these topics are being addressed, it falls short in its framing of gender. The resolutions define gender in a binary sense, ignoring the vulnerability of trans and gender non-conforming people and individuals of diverse sexual orientations, gender identities, gender expressions and sex characteristics. The binary framework is especially concerning because LGBTI populations are at particular risk during conflict.<sup>37</sup>

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<sup>36</sup> OutRight Action International, THE WOMEN, PEACE AND SECURITY AGENDA and its Implications for LGBTIQ People

<sup>37</sup> Lisa Davis and Jessica Stern, "WPS and LGBTI Rights," The Oxford Handbook of Women, Peace and Security (2019).

For example, in Colombia, LGBTI people were disproportionately impacted by the armed conflict. They were targeted by legal and illegal actors who used hate crimes to perpetuate systems of oppression like racism and LGBTIphobia. The non-recognition of intersectionality in administering justice or producing disaggregated data has left the Afro-LGBTI community unprotected and has meant that the State has not instituted a sufficient approach to protect their rights.

Moreover, during the COVID-19 pandemic those from the LGBTI population who are currently in conflict zones faced even greater difficulties in accessing their basic needs and rights. In countries where criminalization and pathologization are still a reality, it is impossible for LGBTI persons to live their lives with freedom and equality and are forced to live without expressing their sexual orientation or gender identity.

As a result of the pandemic, social tensions have also increased, many States have been met with criticism due to ineffective or inaccessible COVID-19 responses. Governments and other actors have also abused this crisis to gain unchecked access to power, violate human rights, undermine democratic foundations to pass regressive or punitive laws, increase militarization, make opportunistic political or private gains, target human rights defenders or particular groups or people, and perpetuate discrimination, prejudice, xenophobia, and in some cases even homophobia and transphobia. There has also been a marked limitation on the ability to peacefully assemble. Altogether, the COVID-19 crisis has been used by States, authorities, and public figures to undermine the human rights of vulnerable populations, including the LGBTI population, specifically through the rolling back of protective policies and using COVID-19 containment measures to target, arrest, and persecute LGBTI persons. LGBTI populations have also been scapegoated by public and religious figures and blamed for the COVID-19 pandemic, increasing animosity, stigma, and even violence against the community.

For example, in 2020, during the pandemic in Kyrgyzstan, laws such as the one "On Manipulation of Information" were promoted and amendments to laws impacting NGOs were proposed. Both initiatives were assessed by human rights defenders as directed against civil society. The initiators of the amendments to the law on NGOs held public hearings during the state of emergency, where they independently approved the list of participants, restricting citizen participation. Some MPs in Kyrgyzstan have publicly stated that the amendments to the law on NGOs are needed to restrict activities of LGBTI organizations. The law on "acts of civil status" was also amended. It eliminated the norm that allows trans people to change gender markers. In April 2021, a rally was held against LGBTI populations and NGOs. Investigative journalists writing about the rally proved that the rally was run by police officers in civilian clothes.<sup>38</sup>

To address the structural issues impacting the achievement of SDG 16, and just, peaceful, and accountable institutions, legislation and public policies aimed at eradicating societal prejudice against LGBTI people must also be enacted, along with hate crime laws or provisions establishing aggravating circumstances expressly contemplating sexual orientation, gender identity, gender expression, and sex characteristics. Accountability procedures to exercise oversight on public

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38 "Moral fall of the Ministry of Internal Affairs or provocateurs in civilian life": <https://www.instagram.com/tv/CNxpH72DORs/?igshid=1deza8i9bylxf>

institutions that discriminate against LGBTI persons must also be put in place and assurance of LGBTI persons access to justice must be protected.

### **SDG 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development**

Since the beginning of the COVID-19 pandemic, opportunities for multi-stakeholder, cross-regional, and meaningful civil society engagement are diminishing. Due to the virtual nature of all spaces as a result of the pandemic, those who do not have access to the internet due to their location or lack of funds, suffer from being excluded from decision making spaces. The design of new ways of working and transformational goals for action, which reflect a forward-looking feminist agenda, must not continue without ensuring broad civil society participation and input.

It is imperative that as this global pandemic and its consequences ensue, governments, multilateral institutions and other relevant stakeholders maintain transparency, live up to their obligations, do not side-line civil society involvement, and ensure access to national, regional and international systems of accountability.

### **Conclusions and Recommendations**

While specific responses will be needed to grapple with COVID-19, LGBTI populations know too well that dealing with such a public health emergency requires collective actions borne of compassion and solidarity, which are measured, human rights based, inclusive, and do not leave anyone behind. Such programs and initiatives are already being led and developed by members of the community to support those most at risk, who cannot access state and non-state services, and cannot wait for top-down responses to meet their needs. It is this ecosystem of care, respect for human dignity, and reciprocity that is deeply rooted in our communities, which must also be recognized and celebrated in this moment. The depth and extensive nature of this crisis provides an opportunity to care even more for each other and to create a truly just and balanced world order.

### **General Recommendations**

This crisis highlights the fundamental need for universal healthcare, social floor, social protection and access to justice measures. Urgent responses are required from States to:

- (a) Carry out law review and reform and adopt legislation that establishes anti-discrimination measures with explicit reference to SOGIESC, and aiming to decriminalize and end pathologization of SOGI;
- (b) Enact public policies mainstreaming LGBTI concerns across health, education, employment, housing, poverty reduction, food security and access to justice;
- (c) Increase political participation of LGBTI persons in all decision-making processes;
- (d) Promote access to justice and combat impunity of human rights abuses;

- (e) Nurture partnerships with and between non-State actors, including in civil society and the private sector, in cooperation with other States and intergovernmental organizations, to support LGBTI people;
- (f) Recognize the need to promote social and cultural change and engage in public awareness and sensitization campaigns to increase positive, humane and real representations of LGBTI persons
- (g) Establish housing/ shelter programs for LGBTI people who have been left homeless during the pandemic because of homophobic domestic violence;
- (h) Ensure that HIV prevention and treatment strategies are not disrupted by COVID responses.

The following recommendations do not individually address all of the SDGs, however the LGBTI Stakeholder Group calls for the highest human rights standards to be applied by all stakeholders across all 17 SDGs. Guaranteeing that nothing about us happens without us is the best way for States and other stakeholders to accelerate the achievement and implementation of the SDGs.

#### **SDG1:**

1. Include LGBTI populations and grassroots organizations in the development and implementation of food relief and security programs.
2. Create inclusive policies and programs to help end LGBTI populations' experience of cyclical poverty.
3. LGBT people must be able to benefit from poverty reduction initiatives and have access to social protection systems without discrimination. This requires insuring LGBTI inclusion in the design of programs, eliminating discrimination creating supportive and welcoming systems, and offering effective remedies against violations.
4. Put in place affirmative actions to place LGBTI people where they would have been absent of systemic discrimination, and enact measures which target LGBTI people facing poverty. These measures may consist of quotas, subsidies, tax exemptions, or scholarships to ensure minimum levels of access to opportunities (especially in education and the labor market).

#### **SDG 2:**

1. Collect data to track levels of food insecurity among LGBTI people.
2. Food or hygiene product distribution systems should never be discriminatory and must not use specific definitions as an excuse to disqualify LGBT people from accessing food or hygiene products.
3. In areas in which distrust for police is widespread, alternative means should be considered for the delivery of food or other resources to reach out to LGBTI populations.

#### **SDG 3:**

1. Adopt and implement the elements in the eleventh revision of the International Classification of Diseases that relate to the removal of the trans categories from the

chapter on mental and behavioral disorders, including the adoption of all measures conducive to eradicating the conception of gender diversity as a pathology from all aspects of everyday life.

2. Review, amend, and/or repeal existing health laws and policies that adversely affect the health and well-being of LGBTI people and commit to ending stigma and discrimination based on SOGIESC in the provision of healthcare services, including prevention, promotion, and treatment.
3. Ensure that health care policies, ethical standards and standards of care focus on eliminating stigma, discrimination, and violence based on SOGIESC in healthcare settings.
4. Ensure resource allocation through adequate budget allocations that would enable the provision of universal access to sexual and reproductive healthcare for LGBTI people.
5. Ensure that sexual and reproductive health programs are tailored to the specific needs of LGBTI people, including hormone therapy, gender-affirmative care, routine sexual and reproductive health screenings, sexually transmitted infection testing and treatment, and family planning services responsive to diverse family forms.
6. Review policies and programming on comprehensive sexuality education implemented in educational institutions to integrate rights-based content, including the rights of LGBTI people into such material. Further, invest in rights-based sexuality education programs and outreach interventions for LGBTI populations to educate and equip them with the necessary knowledge and skills to promote healthy lifestyle and health-seeking behaviors.
7. Invest in disaggregated evidence generation and research programs with an intersectional approach to improve the understanding of disparities in health outcomes, provider attitudes and education, indicators for social determinants of health and ways to improve the environment for LGBTI individuals seeking care.
8. Ensure that LGBTI people are actively and meaningfully participating in framing health policy that is responsive and respectful to the needs of LGBTI people and promote the Greater Involvement of People living with HIV and AIDS (GIPA) principle.
9. Fund community-based and LGBTI-led organizations and service providers, which are typically better positioned to reach LGBTI people and gather data about their health.
10. Eliminate barriers to affordable medicines linked to essential services for LGBTI people by implementing Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities in accordance with the Doha Declaration, and other price containment mechanisms, especially when related to universal access vaccines
11. Specific recommendations and guidelines should be made for the mental health approach in the context of a pandemic for: LGBTI children and adolescents, for the LGBTI population in general and for LGBTI seniors.

#### **SDG 10:**

1. Adopt legislative and administrative reforms aimed to eliminate legal obstacles that undermine the rights of LGBTI individuals for the effective realization of the principle of non-discrimination and the principle of equality, the recognition of their legal personality, and the full exercise of all fundamental rights.

2. Undertake public awareness and stakeholder targeted campaigns to address the stigma and to reject the assertion that any forms of diverse sexual orientation, gender identity or expression are a mental health condition.
3. Monitor and publicly critique the practice of “conversion” or “rehabilitation/reparative” therapies (that try to change a person’s gender identity or expression or sexual orientation), highlighting that such treatment is unethical, leads to harm, and should be banned.
4. States should generate consultations with LGBTI populations when creating new public policies to guarantee a real inclusion to the needs of all of the populations in their multiple and intersecting realities.

### **SDG 13:**

1. States should create strategies to combat the impacts of climate change in the most vulnerable communities, including LGBTI populations to avoid that they suffer amplified consequences as a result of the systemic discrimination they currently suffer.
2. All development and humanitarian actors to take an LGBTI inclusive approach to their programs and policies and have operational guidance in place which ensure that LGBTI persons can access humanitarian and other relief without discrimination.
3. Community-based organizations focused on LGBTI issues should be consulted and involved in the design and implementation of policies and programs responding to the climate emergency and ensuing humanitarian crises to ensure that the needs of different populations are sufficiently considered and that measures will not exacerbate already existing inequalities and marginalization.

### **SDG 16:**

1. States should repeal laws that criminalize consensual same-sex relations, gender identity or expression, sex work, and statements, publications or actions that discuss or refer to the identity or expression of lesbian, gay, bisexual, trans and gender non-conforming persons (so-called “anti-propaganda” laws).
2. States should review other laws and policies that exacerbate police abuse and harassment, extortion and acts of violence against people based on their actual or perceived sexual orientation or gender identity, in particular, laws based on public decency, morals, health and security, including beggary and loitering laws; and laws criminalizing conduct seen as “indecent” or “provocative”, including laws criminalizing sex work.
3. Take all necessary legislative, policy, administrative, and other measures to fully recognize each person’s self-defined gender identity, based on self-determination, with no medical requirements or discrimination on any grounds.
4. Ensure that definitions in laws and policies of terms such as ‘gender’, ‘gender identity’, ‘gender expression’, ‘transgender’, or specific transgender identities are inclusive of diverse genders, gender identities and expressions, and are based on self-determination.

5. Ensure that the right to legal gender recognition is not undermined through eligibility criteria that violate human rights including, but not limited to, criteria that discriminate on any grounds including marital or family status, age, or criminal record or that require a mental health diagnosis, medical treatment, or family or community approval.
6. Legally prohibit non-consensual medical procedures, including harmful surgeries and interventions on intersex children, forced sterilization, and anal examinations.
7. Promote and support national dialogues on how human rights obligations apply to LGBTI people, including through endorsing efforts targeting transphobia and homophobia and all forms of verbal and physical abuse, hatred, exclusion, and intolerance