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ADDRESSING THE CAUSES OF DISPARITIES IN HEALTH SERVICE ACCESS AND UTILIZATION FOR LESBIAN, GAY, BISEXUAL AND TRANS (LGBT) PERSONS

Background

1. In 2013, Member States of the Pan American Health Organization (PAHO), through Resolution CD52.R6, Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons (*1*), recognized that the stigma and discrimination faced by LGBT persons often prevents them from accessing needed health care services, including mental health and a wide array of other services, and that this and other factors of social and cultural exclusion result in health inequity, inequality, and increased vulnerability to adverse health outcomes.
 2. Resolution CD52.R6 urged PAHO Member States to: *a*) promote the delivery of health services; *b*) enact policies, plans, and legislation promoting equal access to services and tailored to the specific needs and barriers faced by LGBT persons; and *c*) collect data about access to health care and health facilities.
 3. This Resolution also requested the Director of the Pan American Sanitary Bureau (PASB or the Bureau) to prepare a report on the health situation and access to care of LGBT persons, the barriers they can face in accessing health care services, and the impact of reduced access for this population (the Report of the Director).
 4. The Report of the Director is currently in draft form and undergoing review by relevant stakeholders, as mandated by Resolution CD52.R6. Once finalized, the Report will be presented to Member States at the 56th Directing Council.
 5. This information document summarizes the work conducted by PASB and the main findings of the Report of the Director, emphasizing recommendations that can help Member States to eliminate the barriers faced by LGBT populations, and thus advance toward achieving universal access to health services.
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Analysis of Progress Achieved

6. In preparing the Report of the Director, an internal interprogrammatic technical working group¹ collected information from 33 PAHO countries and territories,² as well as from 28 nongovernmental organizations (NGOs) across the Region of the Americas.

7. The Report of the Director had three objectives. The first was to describe the health situation of LGBT persons in the Americas and the apparent impact that reduced access to care may have had on their health. The second objective was to identify the administrative, economic, social, and cultural barriers that prevent LGBT persons from obtaining comprehensive, opportune, and quality health services. The third and final objective was to formulate recommendations for PAHO Member States that might facilitate implementation of Resolution CD52.R56 and ensure equitable health service access for their LGBT populations.

8. The PAHO Strategy for Universal Access to Health and Universal Health Coverage (2) also known as the Universal Health Strategy, provided the conceptual framework for the Report of the Director and served as a guide for the collection, analysis, and interpretation of the data. The Report of the Director also considered the four strategic lines of action from the Universal Health Strategy: expanding equitable access to comprehensive, quality, people- and community-centered health services; strengthening stewardship and governance; increasing and improving financing, with equity and efficiency, and advancing toward the elimination of direct payment that constitutes a barrier to access at the point of service; and strengthening intersectoral coordination to address social determinants of health.

9. To ensure a comprehensive assessment, the Report of the Director drew upon information from a desk review of 130 scientific articles and documents, and most important, the findings from two different surveys. These surveys included two different questionnaires completed by 33 Ministries of Health (MOHs) and 28 LGBT NGOs from across the Region. The more in-depth MOH questionnaire had 10 sections, as follows: *a*) the LGBT health situation; *b*) an LGBT-affirmative legislative framework; *c*) LGBT-related health policies; *d*) LGBT-focused health services; *e*) training and sensitization on LGBT issues for health providers; *f*) empowerment and nondiscrimination for LGBT persons; *g*) LGBT health and demographic data; *h*) intersectoral mechanisms; *i*) financial barriers faced by LGBT persons; and *j*) additional barriers to health and access to health

¹ The internal interprogrammatic technical working group is comprised of representatives from the following PAHO/WHO Departments and Units: Office of the Legal Counsel (LEG); Equity, Gender and Cultural Diversity (EGC); Climate and Environmental Determinants of Health (CDE/CE); HIV, Hepatitis, Tuberculosis, and Sexually Transmitted Infections (CDE/HT); Health Analysis, Metrics, and Evidence (EIH/HA); Mental Health and Substance Use (NMH/MH); and Health Services and Access (HSS/HS).

² Information was obtained from 33 countries and territories: Argentina, Belize, Bolivia, Brazil, British Virgin Islands, Canada Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, St. Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, United States of America, Uruguay, Venezuela.

services for LGBT persons. The NGO questionnaire contained four sections: *a)* the LGBT health situation; *b)* LGBT-focused services; *c)* barriers to LGBT health and access to health services; and *d)* intersectoral mechanisms of participation.

10. Following the above-mentioned desk review and data collection exercise, the Bureau prepared a draft of the Report of the Director, which was then submitted to a stakeholder consultation process. This process included experts on LGBT health and policy (different from the ones who answered the surveys).

11. The main findings of the Report of the Director are summarized below.

a) On health services and how they can be improved to address the needs of LGBT persons:

- i. The MOHs said that HIV, and to a lesser extent other sexually transmitted infections (STIs), continue to be seen as the most important health concerns for LGBT persons. The MOHs also identified a number of other specific LGBT health needs previously mentioned in the literature.
- ii. The MOHs and NGOs also noted health concerns of other sexual and gender minorities in addition to gay, lesbian, bisexual, and transgender individuals.
- iii. In the MOH references to existing LGBT-sensitive services, the respondents often mentioned: open-access health care systems believed not to discriminate against any minority group; HIV-related services; and centralized LGBT-friendly clinics.
- iv. The health services most frequently offered to LGBT persons are prevention and treatment of HIV/STIs, followed by services related to mental and behavioral health. Such services are also commonly provided by NGOs.

b) On the availability of trained health care providers able to address LGBT health needs without any kind of stigma or discrimination:

- i. Almost one-third of the 33 Ministers of Health that completed the PASB survey reportedly offer training programs that include sexual and gender diversity without exclusively focusing on HIV.
- ii. Stigma and discrimination continue to be regarded as major obstacles that prevent LGBT persons from accessing health care services.
- iii. The MOHs reported active participation of LGBT persons in the formulation of policies, plans, programs, and/or regulations governing services that address their health needs.
- iv. NGOs provide a wide array of services directed toward LGBT populations that may empower them to access health services and improve their health.

- c) On equitable and effective health-related legislation:
 - i. Almost half the MOHs surveyed said that antidiscrimination policies and laws are in place but may not be sufficiently tailored to meet the specific needs of LGBT persons. On the other hand, NGOs survey respondents often cited the lack of LGBT-affirmative legislation, including antidiscrimination protections, as a major barrier to receiving health care.
 - d) On health policies, plans, programs, regulations, and mechanisms for accountability to respond to specific needs of LBGT persons:
 - i. Health-related policies and laws targeting LGBT persons address LGBT groups and health needs unequally.
 - ii. Accountability mechanisms for LGBT policies may be fragile or nonexistent and sometimes rely excessively on complaints filed by individuals or NGO involvement.
 - e) On health information systems and surveillance mechanisms:
 - i. Only a few respondents reported that they had sought to analyze the health situation of LGBT populations.
 - ii. More than half the MOHs responding to the survey reported that their countries gather disaggregated LGBT health data, but NGOs cited a lack of data on LGBT health.
 - f) On financial protection in health for LBGT persons:
 - i. More than half the MOHs responding to the survey stated that financial barriers for LGBT persons did not exist, but their qualitative accounts may have implied otherwise.
 - g) On intersectoral mechanisms and community linkages to implement actions in support of LGBT health:
 - i. Intersectoral mechanisms for promoting LGBT health are present in most countries and territories of the Americas. However, the extent to which these mechanisms encompass all LGBT identities and all sectoral issues is unknown.
12. The Report of the Director finds that the barriers that LGBT persons face in the Americas can be grouped in terms of the following categories:
- a) provision of LGBT-sensitive services, including centralization, absence of an intersectional approach addressing multiple kinds of vulnerabilities, and a strong focus on HIV;

- b) training and sensitization of health care providers, including insufficient training and lack of mechanisms for assessing the impact of training, when it exists;
- c) empowerment of LGBT persons to make use of health services, including scarce LGBT representation in key positions and discrimination in the health care context;
- d) LGBT-affirmative legislative actions, including uneven implementation of antidiscrimination laws;
- e) LGBT health policies and mechanisms of accountability, including absence of protocols and standards for care for each LGBT group;
- f) collection and dissemination of LGBT health data, including lack of surveys collecting data on the health of LGBT persons;
- g) the financial capacity and existing resources of LGBT individuals, including limited employment opportunities for LGBT persons and direct payment at the point of service, causing additional health-related challenges; and
- h) intersectoral mechanisms and community linkages, including lack of representation of every relevant sector.

13. Finally, in addition to the key findings and the barriers identified that affect the access of LGBT persons to health services, the Report of the Director concludes with the following recommendations, which are intended to promote reflection and action by Member States aimed toward achieving universal health and universal access to health services for their LGBT populations, as established in Resolution CD52.R6:

- a) develop a health care system that is equally accessible to all persons, including LGBT persons;
- b) ensure the provision of mental, behavioral, and physical LGBT-sensitive health services that address mental health problems such as anxiety and depression, suicide risk, and psychoactive substance use;
- c) collaborate with the education sector to modify the curricula of health-related academic programs to include LGBT content;
- d) establish regular training programs on LGBT health for health care providers and health-related workers that include topics extending beyond HIV and STI treatment and prevention;
- e) implement strategies for including the LGBT population in the country's health care system—for example, posting visible nondiscrimination statements that explicitly refer to sexual orientation and gender identity/expression, and visitation rights for same-sex/-gender partners in cases of hospitalization;
- f) cease to regard transgender identities as pathology;
- g) enact LGBT-affirmative laws and derogate laws criminalizing LGBT persons;
- h) reconsider prohibitions on blood donation;

- i) develop and socialize health policies that take the health needs of LGBT persons into account and reinforce mechanisms of accountability;
- j) collect data on sexual orientation and gender identity to monitor any obstacles that LGBT people face when accessing health services and barriers;
- k) address financial barriers by eradicating the need for direct payment at the point of service;
- l) improve employment opportunities for LGBT persons; and
- m) strengthen MOH intersectoral cooperation and coordination mechanisms with other ministries and other Member States in order to share and discuss practices, policies, and strategies that address the health of LGBT persons.

Action by the Executive Committee

14. The Executive Committee is invited to take note of this report and to provide any comments it deems pertinent.

References

1. Pan American Health Organization. Addressing the Causes of Disparities in Health Service Access and Utilization for Lesbian, Gay, Bisexual and Trans (LGBT) persons [Internet]. 52nd Directing Council of PAHO, 65th Session of the Regional Committee of WHO for the Americas; 2013 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2013 (Resolution CD52.R6) [cited 2018 Feb 28]. Available from: http://www.paho.org/hq/index.php?option=com_content&view=article&id=8833&Itemid=40033&lang=en
2. Pan American Health Organization. Strategy for Universal Access to Health and Universal Health Coverage [Internet]. 53rd Directing Council of PAHO, 66th Session of the Regional Committee of WHO for the Americas; 2014 Sep 29-Oct 3; Washington, DC. Washington, DC: PAHO; 2014 (Resolution CD53.R14) [cited 2018 Feb 28]. Available from: http://www.paho.org/hq/index.php?option=com_content&view=article&id=9774&Itemid=41062&lang=en

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