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**For better Sexual, Mental
and Physical health**

THE SUSTAINABLE DEVELOPMENT GOALS SEXUAL AND GENDER MINORITIES



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EXECUTIVE SUMMARY

In September 2015, United Nations General Assembly Resolution 70/1 outlined the Sustainable Development Goals, or SDGs - a set of 17 goals and 169 targets to advance sustainable development by 2030. The resolution included a “pledge that no one will be left behind” and commitments to prioritize the poorest and most marginalized. This report presents evidence that sexual and gender minorities are often among the most marginalized and, as such, require specific inclusion and attention in order to drive forward the vision of the SDGs. The report also outlines promising policy and programme approaches that seek to include sexual and gender minorities more fully in sustainable development efforts, with attention to the potential role of philanthropies, development assistance providers and the United Nations development system.

The SDGs draw attention to certain populations that are often marginalized or left behind, noting the need for non-discrimination and the importance of inclusion regardless of “race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability” as well as “other status.” While, there is no explicit attention to sexual and gender minorities¹ in the official SDG declaration, there is ample room to include them in SDG-related actions, given the attention to “sex”, “other status” and the “marginalized.” As with concepts of race, colour and disability, it is not straightforward to precisely define and therefore estimate the population size of sexual and gender minorities. But as with those other concepts, real or perceived sexual or gender minority status is strongly associated with discrimination and marginalization.

This report draws on a review of over 500 peer-reviewed and grey literature publications, mostly in English, semi-structured interviews with 40 people involved in global and regional efforts to understand and address links between sexual and gender minorities and the SDGs and semi-structured interviews with over 150 people involved in such work in three countries: India, Kenya and South Africa. The authors also benefitted from organizing and/or attending relevant events and consultations at country level.

The SDG themes that were found to be most strongly associated with sexual and gender minorities are poverty, health, education, gender equality, violence, social and political inclusion, access to justice and non-discriminatory laws, data and international cooperation. Each of these issues influences the others, and there are also significant links to other challenges addressed by the SDGs, such as housing, inclusive cities, decent work and economic growth.

1 The report uses the phrase ‘sexual and gender minorities’ for people whose biological sex, sexuality, gender identity and/or gender expression depart from majority norms. **The concept of sexual and gender minorities includes considerable diversity as well as a multiplicity of identities and behaviours**, including lesbians, gay men, bisexuals and transgender people (LGBT); intersex people (people whose bodies do not have typically male or female sex characteristics due to variations in chromosomes, gonads, sex hormones and/or genitals); gender non-conforming people who may not see themselves as transgender; and people involved in same-sex relations who may not see themselves as lesbian, gay or bisexual, possibly preferring another word to self identify (such as polyamorous, queer or two-spirited) or possibly preferring no label at all.



Poverty

On average, sexual and gender minorities earn less than heterosexual, cisgender² people and are more likely to be living in poverty. In Organisation for Economic Co-operation and Development (OECD) countries, gay men earn on average 12 percent less than heterosexual men. In most countries, the earnings penalty is greater for gay men than for lesbians, and by far the most severe for transgender people. This is true even in countries where sexual and gender minorities are better accepted; trans women experience an average decline in earnings post transition of about 12 percent in the Netherlands and about 30 percent in the United States. Averages hide significant variations. For instance, some sexual and gender minorities are more likely to migrate from poor rural areas to cities that are both more prosperous and more inclusive, thereby increasing their earning potential. Small-scale studies show significant earnings penalties and poverty rates for sexual and gender minorities in low- and middle-income countries compared to richer countries. Many studies show direct discrimination against sexual and gender minorities both in securing employment and within workplaces. In addition, poverty is driven by other factors, including widespread discrimination in accessing housing, social protection policies designed only for traditional heterosexual families and longer-term disadvantage linked to issues including educational discrimination, violence and poor health care.

Health

Around the world, HIV disproportionately affects gay and bisexual men, other men who have sex with men and transgender women. UNAIDS reports that the risk of HIV acquisition among gay and bisexual men was 28 times higher than among heterosexual men in 2017 and 13 times higher for transgender women than adults aged 15-49 years. In most countries, very little policy attention and funding addressed HIV among sexual and gender minorities for the first 15 to 20 years of the epidemic until the establishment of the Global Fund, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and some large country-specific projects, like the Avahan-India AIDS Initiative funded by

2 Cisgender people are those for whom their sense of personal identity and gender corresponds with their birth sex.

the Bill & Melinda Gates Foundation. Even today, however, only a disproportionately small amount of HIV prevention funding is allocated to the needs of sexual and gender minorities and even less attention is paid to issues of treatment access and adherence for such populations. Despite these limitations, however, the HIV epidemic and response has generated more awareness, data and action related to sexual and gender minorities than any other issue highlighted in the SDGs.

HIV has also drawn attention to other health and health system issues for sexual and gender minorities, including real and perceived discrimination by health care providers that reduces access to services and intersections of HIV with issues including other sexually-transmitted infections, substance use and mental health. Little attention has been paid to health challenges for sexual and gender minorities that are not linked to HIV, although research highlights a range of important challenges, including inappropriate surgery on intersex newborns, policy confusion and poor service access for gender confirmation treatment, poor access to reproductive health services for lesbians and dramatically high rates of suicidal ideation, especially among sexual and gender minority adolescents. One survey showed that gay and bisexual men have suicidal ideation rates almost twice as high as heterosexual men, while another survey in the United States showed that 41 percent of trans people reported having attempted suicide, compared to 4.6 percent of the general population. Most of these health challenges are directly or indirectly linked to stigma and discrimination, either broadly and/or within health services.

Education and childhood

Children who depart from accepted gender norms – who may or may not eventually see themselves as sexual and gender minorities – frequently suffer from discrimination. A UNESCO analysis of data from multiple countries showed LGBT-identified children reporting discrimination from friends (29.8 percent), from their families (51.2 percent) and in schools (61.2 percent). Multiple studies, including from Africa, Asia and Latin America, show very high rates of bullying in schools against gender non-conforming children, with perpetrators frequently including teachers as well as other students. Research has shown that bullying and social isolation is associated with lower academic performance, absenteeism, mental health issues and premature exit from school. Young sexual and gender minorities are not just disproportionately bullied in schools, they also suffer disproportionately from violence from law enforcement agents and from the population at large. Young sexual and gender minorities are also far more likely

to be homeless than young people in general, as they are often forced to leave family homes due to family disapproval.

In some settings, gender-typical children of sexual and gender minority parents also suffer discrimination, including exclusion from some schools, although a review of 79 studies about such children showed that on average, such children fare no worse than children of heterosexual parents on education and other well-being outcomes.

Gender equality and violence

A powerful association around the world exists between the status of girls and women and the status of sexual and gender minorities, as reflected in indices and atlases of gender equality and sexual and gender minority inclusion. Gender discrimination and discrimination against sexual and gender minorities share common roots in patriarchy and misogyny. Gender stereotypes impact everyone, can influence and restrict choices and freedoms and can lead to bias and inequality, with sexual and gender minorities often suffering the consequences alongside girls and women in general. Increasing awareness of the social construct of gender and increasing commitment to challenging oppressive gender norms simultaneously empowers women and girls and sexual and gender minorities. Despite these associations, a World Bank study found that lesbian and bisexual women were excluded from involvement and attention in most gender equality policies and programmes. Only a handful of gender equality policies and programmes around the world not only pay attention to lesbian and bisexual women but also to trans women and to the impact of gender discrimination on gay, bisexual and trans men.

Clear parallels exist between gender-based violence against girls and women (whether heterosexual or not) and violence against men who transgress gender norms (gay and bisexual men, trans men and other gender non-conforming men). The countries with the highest rates of violence against women and girls in the general population tend to have the highest rates of violence against sexual and gender minorities. Violence against visible sexual and gender minorities remains widespread around the world. A systematic literature review from 50 countries found that the prevalence of physical violence ranged from 6 percent to 25 percent (for LGBTI respondents overall) and from 11.8 percent to 68.2 percent (specifically for transgender people). Reported rates of sexual violence were also high, particularly against transgender people. Widespread

and severe violence against sexual and gender minorities has been documented in every region of the world. For example, in research prepared for the African Commission on Human and Peoples' Rights, arbitrary arrest and detention of people presumed to be sexual and gender minorities were documented in a number of African countries. Murders and other forms of extreme violence perpetrated by members of the public against LGBTI people were documented in four countries and extortion, threats of violence and blackmail were extensively documented across the continent. A study from Senegal reported 43 percent of sexual minority men had been raped at least once outside the family home. Male-on-male sexual assault has been widely documented in many conflict zones, including extensive reports in the Democratic Republic of the Congo.





Social and political inclusion

Discrimination against sexual and gender minorities is more widespread and socially accepted than virtually any other kind of discrimination around the world. The Williams Institute’s “Global Acceptance Index (GAI)” seeks to measure and compare social acceptance of LGBT people in 141 countries. On a scale of zero to ten, with zero reflecting the entire (polled) population of a country exhibiting discriminatory attitudes towards LGBT people and ten reflecting the entire (polled) population supporting equality, the mean score across all countries is only 3.5. The countries with the lowest GAI scores are Azerbaijan, Bangladesh, Egypt, Georgia and Saudi Arabia, while the countries with the highest scores are Andorra, Denmark, Iceland, the Netherlands and Sweden. Even those countries with the highest GAI scores have a considerable proportion of the population that disapproves of homosexuality, albeit a minority. An African survey organization has shown a high level of tolerance for diversity in general, with the striking exception of homosexuality, which was only tolerated in neighbours by 21 percent of those persons polled across 33 countries. There were, however, notable exceptions to these results, with clear majorities tolerating LGBT neighbours in some countries, including Cape Verde (74 percent) and South Africa (67 percent).

Social and political exclusion of sexual and gender minorities is complex, with individual countries and regions at times simultaneously reflecting homo/transphobia, alongside liberalizing values and increasing inclusion, as well as backlashes against such progress. Social and political exclusion appears to be correlated to both reported religiosity of a population and overall level of economic development (more exclusion in more religious and less well-off countries). Nevertheless, many richer countries have either made slow progress on inclusion or experienced significant backlashes: male homosexual behaviour is still illegal in Singapore; an estimated 500,000 people protested Spain’s marriage equality law in 2005; and many U.S. states have instituted laws and policies that discriminate against sexual and gender minorities, even as the federal government and judiciary in that country moved forward during the administration of President Barack Obama (2009-2017). Active repression of sexual and gender minorities by governments also seems to be associated with political dynamics – including the rise of authoritarian regimes, as well as campaign tactics in the run-up to elections or at times when the government is being challenged in other ways.

Access to justice and non-discriminatory laws

Around the world, many laws still discriminate against sexual and gender minorities, either explicitly or in their application. The most widespread discriminatory laws concern family formation. A large majority of countries do not allow equal marriage rights for same-sex couples (only 22 countries do, including the pioneer Denmark) or joint adoption (only allowed in 26 countries). A large majority of countries have legal and/or administrative barriers to recognition of gender identity for transgender people and some countries explicitly criminalize transgender people through laws against cross-dressing and/or “impersonation” of the opposite sex. Criminalization of same-sex conduct is still widespread. As of May 2017, consensual sexual conduct between adult men was explicitly criminalized in 71 countries, including 45 that also explicitly criminalize sex between women.³ Lesbian and bisexual women are also disproportionately impacted by laws criminalizing or regulating adultery and abortion and laws that permit child marriage and rape within marriage. In many settings, transgender women are disproportionately targeted by loitering and solicitation laws. Other discriminatory laws permit forced anal exams of men accused of homosexual conduct, enforce differential ages of consent for heterosexual and homosexual conduct, establish barriers to the formation, establishment or registration of sexual orientation-related NGOs, and prohibit so-called “promotion” of homosexuality through morality or propaganda laws.

Despite the severity and extent of sexual and gender minority-related criminalization, 76 countries now offer at least some, limited, LGBTI-related legal protections – outnumbering those with criminal sanctions. These include nine countries that explicitly prohibit discrimination based on sexual orientation and sometimes gender identity or expression, within their constitution. While only 22 countries offer marriage equality, a further 28 offer some other kind of legal recognition of same-sex partnerships. Seventy-two countries have some legal prohibitions against LGBTI-related discrimination in workplaces. Some countries are also introducing protections related to housing, bullying in schools and other issues.

³ Since May 2017, both India and Trinidad and Tobago have decriminalized male homosexual conduct as a result of court cases, and several other countries have seen progress against other discriminatory laws.

Data

The seventeenth SDG is to “strengthen the means of implementation and revitalize the global partnership for sustainable development.” SDG target 17.18 focuses on data, calling for enhanced capacity-building support to developing countries by 2020 (not 2030), in order “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.” In development, public health and private enterprise it has become widely accepted that one should “measure what matters” and that “what gets measured gets done.” Unfortunately, as illustrated again and again in this report, even basic data about sexual and gender minorities is often lacking, let alone data about the intersection of sexual and gender minority-issues and the SDGs. With the limited exception of research related to HIV and sexual and gender minorities, there is also a lack of other qualitative and quantitative evidence about the circumstances of these populations and what works to make sure that sexual and gender minorities are not left behind in progress towards sustainable development. One of the highest priorities for international cooperation on sexual and gender minorities, therefore, is to support appropriate and ethical qualitative and quantitative research on the issues highlighted in this report. Such research should include increasing attention to sexual and gender minorities in needs assessments and programme evaluations, both of work that focuses on these populations and of mainstream work on poverty alleviation, gender equality, education, health, access to justice and so forth.

The relatively limited evidence base that already exists justifies attention to sexual and gender minorities in a broad range of inclusive development and human rights programming, both by recognizing sexual and gender diversity in programming intended to reach the poor and marginalized in general, as well as by investing in initiatives that specifically target and work with sexual and gender minorities. Including disadvantaged sexual and gender minorities in programme design, implementation and evaluation is essential.

International cooperation and the way forward

There has been slow and steady progress towards increased attention to sexual and gender minorities in development policy and programming and a significant amount of political attention and debate in recent years. Nevertheless, the necessary work is dramatically underfunded. Only four cents of every US\$ 100 of official development assistance is focused on sexual and gender minority issues – 0.04 percent. While population size estimates are difficult, all reasonable surveys conclude that sexual and gender minorities comprise more than 4 percent of the population, thus current development investments are at least 100 times below the level warranted by the population size. The very modest investments that are made focus overwhelmingly on the formal human rights system and on HIV – both important priorities in need of further funding, but by no means the only priorities.

This report outlines specific recommendations for research, policy and programming in each of the examined themes. Significant needs and important opportunities exist in each sector, and progress in any one area, such as education, will contribute to progress on other priorities, such as health and poverty alleviation. In addition to the cross-cutting need for research, the other key cross-cutting opportunity highlighted by this report is the intersection and integration of sexual and gender minority issues with gender equality and the status of girls and women. Gender norms shape boys and men as well as girls and women. Too often, traditional gender norms constrain progress for girls and women, whether heterosexual and cisgender or not. The same negative gender norms drive a great deal of prejudice and discrimination against sexual and gender minorities. Making progress for such minorities requires working hand in hand with the overall gender equality movement, so that indeed, “no one will be left behind.”







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STRAIGHT



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INTRODUCTION

In September 2015, 193 countries convened by the United Nations pledged their common commitment to the Sustainable Development Goals, or SDGs, a set of 17 goals and 169 targets to advance sustainable development by 2030. As outlined further below, United Nations Resolution 70/1 included a “pledge that no one will be left behind” and commitments to prioritize the poorest and most marginalized (United Nations, *2030 Agenda*, Preamble). This paper presents evidence that **sexual and gender minorities are often among the most marginalized and, as such, require specific inclusion and attention in order to drive forward the vision of the SDGs**. The paper also outlines promising policy and programme approaches that seek to protect the human rights of sexual and gender minorities and to include them more fully in sustainable development efforts, with attention to the potential role of philanthropies, development assistance providers and United Nations development system actors that work internationally.

The Sustainable Development Goals

Most observers agree that **the SDGs are ambitious, complex and inter-dependent**. At the same time, they were developed and agreed through a very broad consultative process including not only governments but also civil society and private sector actors. **The SDGs will almost certainly have a profound impact on development assistance** and philanthropic priorities and strategies from now until 2030, as well as influence regional and domestic policy in many parts of the world. As a result, **a strong incentive exists for advocates committed to more specific issues, such as human rights for sexual minorities, to understand and frame their objectives within the broader SDG agenda**.

The SDGs build on and include the agenda of the previous Millennium Development Goals (MDGs), while broadening that agenda in many significant ways. In addition to embracing a broader set of issues, the SDGs are explicitly committed to ‘universality’ – an agenda for all people and the whole planet, rather than for ‘developing countries’ – and to leaving no one behind. According to the United Nations *2030 Agenda* Preamble: “We pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first.”

This commitment to complete inclusivity is reflected in the formulation of the goals themselves – to “end poverty,” to “end hunger,” to “ensure healthy lives ... for all at all ages,” and so on. This is a marked departure from the MDGs, which aspired for example to “reduce by half the proportion of people living on less than a dollar a day” (United Nations, *Millennium Declaration*, paragraph 19).

There are several different **rationales for prioritizing progress for the furthest behind when pursuing the SDGs**. First, lessons were learned from pursuit of the MDGs, where in some cases progress was driven by helping the relatively well-off while those most in need were left behind. Second, it is increasingly recognized that sustainable development for *all* depends on progress for *the most left behind*. For example, UNICEF learned over the MDG era that the pursuit of an “equity” strategy – emphasizing children most in need – led to faster progress not just for the most marginalized but also for children overall (UNICEF, *For every child, a fair chance: The promise of equity*). Third, the SDGs include commitments to reducing *inequality* in addition to driving progress on average. The Overseas Development Institute in one paper notes that the “key to ‘leave no one behind’ is the prioritization and fast-tracking of actions for the poorest

and most marginalized people – known as progressive universalism. If instead, policy is implemented among better-off groups first and worst-off groups later, the existing gap between them is likely to increase.” (Stuart and Samman).

The **SDGs draw attention to certain populations that are often marginalized or left behind**, noting the need for non-discrimination and the importance of inclusion regardless of “race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability” as well as “other status.” While, there is **no explicit attention to sexual and gender minorities** in the official SDG declaration by the United Nations, there is **ample room to include them in SDG-related actions, given the attention to ‘sex,’ ‘other status’ and the ‘most marginalized.’** As this paper will outline, sexual and gender minorities are often among the most marginalized and the most left behind and thus in need of specific attention to fulfil the promise of the SDGs.

Sexual and gender minorities

There is no universally accepted English language word, phrase or acronym for people whose biological sex, sexuality, gender identity and/or gender expression depart from majority norms. In this paper, the term **‘sexual and gender minorities’** will be used. There are also references herein to ‘sexual and gender diversity’ and to ‘sexual orientation, gender identity or expression and sex characteristics.’

These phrases are meant to include lesbians, gay men, bisexuals and transgender people (LGBT); intersex people (people whose bodies do not have typically male or female sex characteristics due to variations in chromosomes, gonads, sex hormones and/or genitals); gender non-conforming people who may not see themselves as transgender; and people involved in same-sex relations who may not see themselves as lesbian, gay or bisexual, possibly preferring another word to self identify (such as polyamorous, queer or two-spirited) or possibly preferring no label at all. As appropriate, attention has been drawn to specific sub-populations, such as “men who have sex with men (MSM)” (who are disproportionately affected by HIV) or “intersex, transgender and gender non-conforming people” (who are disproportionately affected by legal identity issues and exclusion from employment opportunities).

Some authors use a more expansive definition of sexual and gender minorities, including for example asexual people (those without sexual feelings or associations) and sex workers. In some contexts, asexual people suffer from social exclusion due to cultural pressure to marry and have children, while people involved in sex work often suffer

multiple forms of exclusion. Nevertheless, asexual people and people involved in sex work were not explicitly included in the research, except when they overlapped with the other categories described above (for example, male sex workers with male clients, or transgender asexual people).

The concept of sexual and gender minorities includes considerable diversity as well as a multiplicity of identities and behaviours. For example, a transgender woman may herself be heterosexual, homosexual, bisexual or asexual. In addition, sexual and gender minorities simultaneously have many other self-identities and social identities: as women or men **or a non-binary gender**, elites or working class, people with disabilities, migrants, ethnic or linguistic minorities, indigenous people, and so on. **The intersection of these personal and social identities can either exacerbate or mitigate marginalization as can the relationship (or lack thereof) among relevant social movements.**

In this paper, **people, policies and actions that are hostile to or discriminatory against sexual and gender minorities are referred to as “homo/transphobic,”** while recognizing the limitation of this word. It is important to note that exclusion and discrimination against sexual and gender minorities can also directly affect people who do not see themselves as such minorities; feminine boys and masculine girls are often bullied in school as a result of such discrimination, although they may mature into heterosexual and gender typical adults. Discrimination against sexual and gender minorities also has clear impacts on their families, such as when children of gay men or lesbians are excluded from school or when entire households suffer due to the presence of a single family member who is seen as part of a sexual or gender minority.

It is **extremely difficult to confidently estimate the population size of sexual and gender minorities.** In the 1950s, Kinsey and others developed a six-point scale to measure degree of homosexual versus heterosexual desire and behaviour among white American males (with a separate x rating for asexual) (Kinsey, *Sexual Behavior in the Human Male*). The instrument was later adapted for use with white American females. These authors concluded that approximately 10 percent of their research subjects were “more or less exclusively homosexual for at least three years between the ages of 16 and 55” while a further 11.6 percent of males in their study had about equal heterosexual and homosexual experience and desire through their adult lives. Among study participants, 2 to 6 percent of females aged 20–35 were almost exclusively homosexual in their experiences and desires, with a further 7 percent of single female study participants (ages 20–35) and 4 percent of previously married female study participants (ages 20–

35) expressing roughly equal homosexual and heterosexual desire and/or behaviour (Kinsey, *Sexual Behavior in the Human Female*).

While the Kinsey results were widely publicized, there are many limitations to the research methodology they employed. Interview and survey methods have improved with time, but there are inherent flaws and limitations to all self-reporting of sexual orientation and/or gender identity, particularly related to fear of self-disclosure and to the very broad and ever-evolving range of labels and self-perceptions around sexuality and gender. While these limitations must be taken into account, population size estimates in the years since the Kinsey research, involving a broader variety of ethnic groups and nationalities, have tended to report lower proportions of homosexual and bisexual desire, behaviour and/or identity. Strikingly, **some surveys that have been repeated with consistent methodologies have shown a growing proportion of people identifying as a sexual or gender minority in countries that have growing legal protection and social acceptance**, which implies that low estimates in more repressive environments are likely linked to fear of disclosure. A standardized question in a Gallup poll of Americans saw the proportion of respondents identifying as gay, lesbian or bisexual increasing from 3.5 percent in 2012 to 4.1 percent in 2016 (Gates). The UK National Statistics Office reports that the percentage of the population identifying as lesbian, gay or bisexual is increasing from year to year, with 1.7 percent of the UK population self-identifying that way in 2015 and 2 percent identifying that way in 2016 (Office for National Statistics).

No country systematically measures births of intersex children, although some countries now offer a third category on birth certificates in addition to male and female. In any case, only those infants with ambiguous genitals can be identified as intersex at birth; other intersex characteristics often only become obvious in puberty and genetic testing for chromosomal variations is very rare. Depending on the characteristics included in a definition of intersex, **medical literature indicates that anywhere from 1 in 1,500 to 1 in 2,000 people are intersex** (Intersex Society of North America).

Population size estimates are sometimes conducted as part of programme design and needs assessment. For example, in 2010, the Kenyan government estimated that Nairobi Province had approximately 10,000 men who have sex with men and Kisumu (a city) had just over 3,000, while acknowledging methodological difficulties in generating these estimates (*Kenya Most at Risk Populations Size Estimate Consensus Report*). In contrast, in 2016, one set of HIV service providers (those funded by the U.S. government) provided services for 28,000 individual men who have sex with men in Kenya, working in only limited sites and not reaching across all socio-economic classes. Clearly the 2010 exercise dramatically underestimated the population.

In conclusion, **it is difficult to define sexual and gender minorities and even more difficult to measure the number of such people within a community, country or globally.** As a result, it is rarely possible to estimate the population-level impact of marginalization and exclusion of sexual and gender minorities on poverty alleviation, life expectancy, educational achievement, gender equality or other development results. Nevertheless, as outlined further below, **increasingly robust evidence finds that marginalization and exclusion affect sexual and gender minorities themselves,** which provides sufficient rationale for attention to these issues if policymakers believe that all lives are equal, that no one should be left behind and that human rights are universal and indivisible. In addition, **growing evidence also shows that exclusion and marginalization of sexual and gender minorities can have a negative impact on broader communities,** for example by exacerbating the HIV epidemic or by slowing economic growth.

Research methodology

This paper draws on a review of over 500 peer-reviewed and grey literature publications, mostly in English; semi-structured interviews with 40 people involved in global and regional efforts to understand and address links between sexual and gender minorities and the SDGs; and semi-structured interviews with over 150 people involved in such work in three study countries: South Africa, Kenya and India. The authors also benefitted from organizing and/or attending relevant events and consultations at country level.

Literature was identified through personal knowledge, recommendations from interviews and web searches (LGBTI, LGBT, lesbian, gay, bisexual, transgender, intersex, queer, sexual minorities, sexual orientation and gender identity; intersecting with development, SDGs, MDGs, poverty, education, health, gender equality, governance, violence, justice, data, political inclusion, social inclusion). Literature focusing solely on rich/developed countries was excluded, except in cases in which no relevant literature existed for developing countries. At both global and country levels, initial interviewees were identified through personal networks of the author and then further expanded through snowball sampling, with an effort to reach a diversity of respondents across the sexual and gender minority spectrum, as well as actors working in government, private sector, NGOs, community organizations and as individual activists. Identified literature disproportionately focused on LGBT or LGBTI populations or issues broadly or gay and bisexual men (and other men who have sex with men). Interviews more evenly reached and discussed issues related to men, women and trans people, with few focusing on or including intersex people.

The literature review and interviews sought to identify data and other evidence that demonstrate whether sexual and gender minorities are disproportionately affected by key dimensions of the SDGs (poverty and lack of access to decent housing and work; health; education; gender equality and protection from violence; social, political and economic exclusion; legal identity and protection from discrimination). In addition, efforts were made to identify analyses, tools, policies and programmes intended to address such marginalization, and, when possible, evaluations of the impact of such approaches.

In literature reviews and interviews, a variety of conceptual frameworks that inform evidence and responses were noted. Different authors and actors explicitly or implicitly frame their work around public health concerns and epidemiology; human rights or the human rights-based approach to programming; or social inclusion and development. Each of these approaches is reflected in some way in the SDGs and as such, all are viewed as relevant to this paper.

NO
Woman
LEFT
BEHIND



RIP
PATRIARCHY
YOUR
TIME





ALLEVIATING POVERTY AMONG SEXUAL AND GENDER MINORITIES

SDG 1 (and links to SDGs 8 and 11)

The first sustainable development goal is to “End poverty in all its forms everywhere.” A key target related to this goal is to ensure “that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services.” Arguably, all the other SDGs contribute to the achievement of SDG 1 but the particular relevance of SDG 8 is noted, to “Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all” and SDG 11, to “Make cities and human settlements inclusive, safe, resilient and sustainable,” including a target to “ensure access for all to adequate, safe and affordable housing.”

Poverty, exclusion from work and homelessness

In some parts of the world, a **widespread perception exists that the typical gay man or lesbian is more likely to be prosperous than typical heterosexuals**. A number of factors might drive these perceptions: a higher likelihood of people openly living as gay or lesbian when they are financially secure; the higher visibility of lesbians and gay men in large urban centres, where people on average are more prosperous than in smaller cities and rural areas; a reduced likelihood of having children which in turn increases the proportion of income available for consumer spending; or an association of higher education with a higher likelihood of self-presenting as lesbian or gay.

Data from the wealthy world shows a much more complex and mixed picture, with sexual and gender minority status intersecting with race, social context, ethnicity and education to influence income outcomes. In 2017, the Organisation for Economic Co-operation and Development (OECD) published a comprehensive analysis of income and poverty data among sexual and gender minorities in the relatively rich countries that make up its membership (Valfort). Contrary to popular perceptions, the findings showed that **most sexual and gender minorities earn less than cisgender heterosexuals**. Based on data from nine different OECD countries, the review concludes that **gay male individuals earned on average 12 percent less than cisgender, heterosexual men**; data from six OECD countries showed that gay men living with their partner earned on average 8 percent less than married heterosexual men. Almost no large population-based surveys differentiate transgender from cisgender people, so robust comparisons of average individual earnings for trans people are not possible. Nevertheless, more focused research shows that **trans women almost certainly are the most penalized, with declines in earnings of about 30 percent post transition in the United States and about 12 percent post-transition in the Netherlands**. In both cases, these declines in earnings were considerably greater than the average male/female earnings gap in each country. A larger population-based study in the United States showed that **trans women are 24 percent more likely to be unemployed than cisgender women**. In contrast, across OECD countries for which data is available, **lesbians on average earn 7 percent more than heterosexual women**. Smaller studies show that transgender men do not significantly change their earnings after gender transitions. A recent exception has been reported to these overall patterns in the United States, where a Harvard University study in 2018 showed that gay men have in the last five years reportedly moved from earning on average 10 percent less than heterosexual men to earning on average 10 percent more (Carpenter, “Gay men used to earn less...”).

In low and middle-income countries, **relatively little evidence exists on the association between sexual and gender minority status and poverty although the gap in these contexts is almost certainly larger than in the OECD.** OECD data shows that earnings gaps and labour force participation penalties are higher in both industries and countries that are perceived as less accepting of sexual and gender minorities (Valfort) and most low- and middle-income countries are less accepting than most OECD countries, as outlined further below. A World Bank study in 2000 interviewed over 20,000 poor people to ask their perceptions of the kind of people most likely to be poor. Categories cited by African respondents included “unmarried and childless men” while Latin Americans explicitly cited “homosexuals” and “people with HIV” (Naryan et al.). The 2011 Census of the Indian population showed that 38 percent of ‘third gender’ (trans/non-stereotypical gender expression) respondents were working, compared to 46 percent of the general population (Census 2011). Those third gender respondents who were working were more likely to be in less stable and less well-paying jobs.

Many anecdotal accounts can be found of sexual and gender minorities, particularly those with non-stereotypical gender expression, suffering disproportionately from poverty. These challenges are especially prevalent in rural and peri-urban areas. At the same time, strong evidence from many countries finds that **sexual and gender minorities in rural areas are more likely to migrate to urban centres than their general population peers** and that in turn might help to increase their earning potential (The Other Foundation).

Interviews done for this paper of those who work with sexual and gender minorities living in poverty identified **several factors that contribute to economic exclusion**, reinforcing findings in other research.

As outlined further below, sexual and gender minorities and other gender non-conforming **children are disproportionately bullied at school** by fellow students and even sometimes by teachers (UNESCO). Such bullying is in turn associated with **poorer academic performance and higher drop-out rates** (UNESCO). Given the close relationship between academic performance and qualifications and lifetime earnings, these phenomena almost certainly contribute to lower average earnings.

In turn, there appears to be a **cyclical dynamic where sexual and gender minorities with lower socioeconomic status and educational levels are more vulnerable to social stigma and discrimination and in turn are less able to access economic opportunities.**

Gender non-conforming people, regardless of their sexual orientation, face **discrimination in hiring and, if hired, increased discrimination and harassment in**

workplaces. In one Bangladesh survey of *kothis* (men with non-stereotypical gender expression and male sexual partners), 70 percent reported that their gender and sexuality status had undermined their economic prospects. The exception was among those *kothis* engaged in sex work, who reported higher incomes than average (Khan).

Transgender people face multiple, intersecting obstacles to economic inclusion. In addition to experiencing among the highest rates of discrimination in hiring and within workplaces, many professions in many countries require job applicants to submit paperwork that demonstrates their academic qualifications and previous work experience. When such paperwork reflects a sex that is different than the one anticipated by the interviewer, the candidate is often rejected (Cabral et al.).

Even in countries with legal and policy frameworks intended to be protective, workplace discrimination can be common. In a 2016 report commissioned by the International Labour Office on discrimination at work based on sexual orientation and gender identity in South Africa, researchers concluded that, “While the policy context in South Africa is generally favourable towards (sexual and gender) minority inclusion and non-discrimination, participants in the study repeatedly highlighted the lack of any tangible implementation of affirming policy” (ILO). Participants in the ILO study reported widespread discrimination and exclusion, if not outright hostility. Discrimination was related to both sexuality and gender expression. Similarly, in a 2016 report related to the establishment of a sexual and gender minority business network in South Africa, The Other Foundation reported that “exclusion from even the scarce employment opportunities that are available and workplace discrimination are continually identified by LGBTI people in southern Africa as factors that affect them deeply” (The Other Foundation).

Beyond education and workplaces, additional factors contribute to poverty and economic exclusion

In homo/transphobic societies, sexual and gender minorities find it more difficult to find prospective partners and to build stable relationships, which can in turn make it **more difficult to share the cost of housing** across multiple members of a household. Lack of legal recognition of same-sex couples can **hamper partnership stability and children’s well-being** (Gates).

Challenges in **securing and retaining appropriate housing** were frequently cited in interviews for this paper as a significant obstacle to economic progress for sexual and gender minorities trying to transition out of poverty. Across eight Southern African countries, the REAct programme has been systematically documenting sexual and gender minority-related human rights abuses from 2016. The two most frequent violations are being evicted from housing and interpersonal violence (Positive Vibes). Considerable evidence shows that **young sexual and gender minorities are far more likely to be homeless** than young people in general, with a correspondingly high proportion of homeless young people identifying as sexual or gender minorities (Mills). Teenage sexual and gender minorities are often forced to leave family homes due to family disapproval. In countries with higher levels of homo/transphobia, landlords are less likely to make rental housing available to those perceived to be sexual and gender minorities. There is evidence that “assumptions of heterosexuality by service providers play a significant role in deterring young people from accessing housing services” (Bucik et al.).

Finally, sexual and gender minorities are not just disproportionately bullied in schools. As outlined further below, they **suffer disproportionately from violence from law enforcement agents and from the population at large**, as outlined in more detail in the discussion of gender-based violence below. Such violence, together with higher rates of some other physical and mental health problems, can undermine motivation to seek work, opportunities to get a job and opportunities to retain a job once employed.

Addressing the constraints described above and increasing economic inclusion would clearly contribute significantly to poverty alleviation for sexual and gender minorities. The benefits, however, are not just personal.

Evidence from multiple countries finds that those **sexual and gender minorities who succeed professionally**, achieve higher economic status than their family members and contribute financially to their households **are in turn more likely to be accepted by their families** and communities, which in turn reinforces their capacity to work and contribute to their families and communities (White et al.).

The pattern of structural barriers and individual **discrimination described above also contributes to inefficiencies in the broader economy**. In 2014, Badgett et al., in response to a subset of these factors, noted how they contribute to “lost labor time, lost productivity, underinvestment in human capital and sub-optimal use of human resources,” which in turn “act as a drag on economic output at the broader economy level.” The same authors noted the **positive association between protecting the rights of sexual and gender minorities and increasing economic output**, measuring specific

GDP benefits and concluding that “countries with more rights for LGBT people have higher per capita income and higher levels of well-being.”

Policy and programmatic responses to economic exclusion

Despite this evidence of disproportionate poverty and micro- and macro-economic benefits to inclusion, **little evidence was found of systematic policy attention to these issues in the literature review and country case studies.** Instead, multiple examples were found of counter-productive policies, including low-income housing policies in the Philippines that exclude households that not headed by a heterosexual, married couple (GALANG).

One exception seems to be India, which has recognized the disproportionate poverty of transgender people (including traditional *hijra* communities) and responded with **specific adjustments to social protection policies** to better reach and support this population, including **special small loans programmes** and tailored cash transfers (NACO/UNDP). While clearly inadequate, other countries are likely indirectly contributing to poverty reduction among sexual and gender minorities by **addressing other factors that contribute to poverty**, including through HIV programming for men who have sex with men, work to prevent and respond to hate crimes, approaches to reduce bullying in schools, and so forth.

Promising **NGO pilot programmes in specific communities** were identified that would benefit from closer examination and evaluation to determine whether they should be replicated or scaled up. For example, Litos was established as a community-based organization in Kenya in 2014. Litos maintains a drop-in centre in Nairobi specifically targeting recent, young rural-urban migrant gay men, providing a safe space and medical services but also providing referrals to their own farm on the outskirts of Nairobi for those without employment, housing or marketable skills. Of 627 gay men who have so far been clients at the drop-in centre, 267 spent some time at the farm, where they benefited not only from **housing, food and community support, but had access to skills training** in woodworking and other crafts. In South Africa, The Other Foundation has been working to address workplace discrimination and exclusion with a multi-pronged initiative. Part of their work includes **sensitivity and inclusion training and policy development for formal sector workplaces.** In addition, The Other Foundation has established a network of sexual and gender minorities who successfully

run their own small businesses, connecting them to emerging entrepreneurs to provide **mentorship and business networks**.

In the United States, the United Kingdom and South Africa, there have been multiple **initiatives to respond to homelessness among sexual and gender minority youth**, mostly focused on providing short-term emergency support to young people who have been evicted from their homes and/or providing accommodation in specialist sexual and gender minority (or sexual and gender minority-friendly) shelters. Ad hoc response to evictions has also been included in the southern African REAct programme cited above. **Little evidence exists of a more systematic approach to evictions and homelessness of LGBTI people**, within or beyond these countries.

Priority actions to address economic exclusion of sexual and gender minorities

As outlined further below, there is growing evidence about how sexual and gender minorities suffer disproportionately from violence and discriminatory laws, while being marginalized and poorly served in education, health care and social and political inclusion. All these factors can both drive or exacerbate poverty. Nevertheless, very little direct data is found about the economic condition of sexual and gender minorities in developing countries, few initiatives to directly respond to such poverty through policy and programme initiatives and far too little attention to implementation of those few relevant policies that do exist.

Beyond action on drivers of poverty as outlined in following sections, donors, policymakers, service providers and activists should consider the actions below.

- Improve data collection (disaggregated by sexual orientation, gender identity, gender expression and intersex status) related to income, housing, access to social protection, existence and utilization of workplace protections against discrimination and associations between sexual and gender minority inclusion and economic growth.
- Invest in more structured programme design for the few existing pilot projects directly addressing poverty and economic disadvantage among sexual and gender minorities to facilitate evaluation, learning and knowledge exchange about what does and doesn't work.

- Include attention to sexual and gender minorities when conducting needs assessments and designing programmes to address poverty, as well as ensuring that implementation partners are sensitized to and inclusive of such minorities.
- Consult and respond to sexual and gender minorities in research and programmes related to transactional sex and sex work, respecting the agency and choices of people involved, and increasing their capacity to find routes out of poverty, whether through sex work or other means.
- Review and audit social protection, financial inclusion and other large-scale anti-poverty initiatives to identify and address unconscious or accidental bias against sexual and gender minorities, particularly through definitions of households and relationships.
- Recognize and promote the contribution of diversity and tolerance to economic growth in a wide variety of industries.
- Advance employment rights, particularly by prohibiting workplace discrimination related to sexual orientation, gender identity or gender expression.
- Foster business networks and business policy that recognizes and celebrates diversity, particularly in business sectors not traditionally associated with sexual and gender minority employees and in countries with high levels of homo/transphobia.
- Recognize and capitalize on the desire and capacity of many sexual and gender minorities to establish their own businesses for a variety of reasons, including to avoid homophobia in other workplaces, and foster such businesses through mentoring and networking initiatives that connect young entrepreneurs to more established and experienced sexual and gender minority business leaders.



HEALTH AND WELL-BEING FOR SEXUAL AND GENDER MINORITIES

SDG 3

The third sustainable development goal is to: “Ensure healthy lives and promote wellbeing for all at all ages.” Several of the targets are of particular relevance to sexual and gender minorities, including target 3, which includes the pledge to “end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases” by 2030; target 4, to “reduce by one-third pre-mature mortality from non-communicable diseases (NCDs) through prevention and treatment, and promote mental health and wellbeing” by 2030; target 5, to “strengthen the prevention and treatment of substance abuse, including

narcotic drug abuse and harmful use of alcohol;” target 7, to “ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;” and target 8, to “achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.”

Health needs of sexual and gender minorities

Evidence suggests that on average, **sexual and gender minorities have poorer access to health care than the general population**, higher rates of certain health-related risk behaviours (including smoking, for example, in addition to risks related to STIs and HIV) and worse health outcomes. Studies from around the world have documented both hostility and ignorance from health workers in relation to sexual and gender minority patients and the **detrimental impact of discrimination by health care workers on care seeking and treatment adherence** for a range of health issues (Clark). In addition to the challenges of accessing healthcare and improving health outcomes in general, health systems are often **failing at recognizing and responding appropriately to the specialized health needs of sexual and gender minorities**.

Since the International Conference on Population and Development in 1994, international organizations have described reproductive health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” which therefore implies “that people are able to have a satisfying and safe sex life” (Programme of Action of the International Conference on Population Development, paragraph 7.2). As discussed further in the section on SDG 17 below, the 1995 Beijing Platform for Action further elaborated that **women have the right to “decide freely and responsibly on matters related to their sexuality.”** However, at the country and community level, sexual and reproductive health policy, programming and services have focused mostly on heterosexual and cisgender girls and women. Considerable evidence shows that **sexual and gender minorities are refused service or treated poorly by reproductive health service providers**, despite higher incidences of sexually transmitted infections than the general population, issues related to fertility, contraception and assisted reproduction and the **specific sexual health issues of trans people and intersex people**. In some countries, only women married to men can legally access contraception (International Planned Parenthood Federation). Many countries also have **legal or practical barriers for minors** to access sexual and reproductive

health and rights services, creating barriers for sexual and gender minority adolescents alongside their heterosexual and cisgender peers. Women perceived to be **lesbian are often poorly served by reproductive health service providers** (Muller). In turn, lesbian and bisexual women (and trans men) “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 smears, due in part to fear of discrimination” (Global Forum on MSM and HIV & OutRight Action International). Little examination has been done of the specific **fertility issues** among sexual and gender minorities, including for example pregnancy in trans men and issues related to assisted reproduction. If men are addressed at all in sexual and reproductive health and rights programmes, it is usually because boys and men have sex with girls and women – and because boys and men must be enlisted as champions supporting the empowerment of girls and women. Little attention has been paid in policy or programming to the rights and needs of cisgender, heterosexual men in and of themselves, let alone to men who have sex with men or to transgender men. Most countries that have used public resources to support the roll-out of Human papillomavirus infection (HPV) vaccinations have focused only on girls, despite the overall vulnerability of males to HPV infection and its sequelae and the **disproportionate impact of HPV on gay and bisexual men** (including anal warts and penile, anal and throat cancers) (Poynten).

A 2017 report by the Global Forum on MSM and HIV (now MPact) and OutRight Action International, “Agenda 2030 for LGBTI Health and Well-Being,” notes that “a systematic review of general population studies conducted in Australia, Europe and North America found that compared with heterosexual people, lesbian, gay and bisexual people are at higher **risk for mental disorders**, including depression and anxiety, suicidal ideation and deliberate self-harm, and further that gay and bisexual men have suicidal ideation rates almost twice those of heterosexual individuals”. Compared to other sexual and gender minorities, trans people report disproportionately high rates of depression and other mental health challenges (Coleman). In the United States, one survey showed that 41 percent of trans people reported ever attempting suicide compared to 4.6 percent of the general population (Hass).

The mental health needs of sexual and gender minorities do not appear to be intrinsic to sexual orientation or gender identity; instead their **prevalence is associated with experiences of stigma, discrimination and violence** (Cochran). Explicit criminalization related to sexual and gender minority status or behaviour, as well as higher rates of social disapproval, are associated with poorer mental health for sexual and gender minorities, as is the experience of violence and similar trauma (Global Forum on MSM).

A study in the U.K. showed that gay and bisexual men that cohabit in a relationship have “half the odds of depression, three quarters the odds of anxiety, a third the odds of suicide attempt and two fifths the odds of self-harm” compared to non-cohabiting gay and bisexual men, suggesting that greater legal and societal acceptance of same-sex relationships can improve mental health outcomes (Global Forum on MSM). Mental health disparities among sexual and gender minorities are **exacerbated by other drivers of inequality** (Global Forum on MSM). In terms of care-seeking behaviour, sexual and gender minorities appear to seek mental health services at an equal or higher rate than heterosexuals, almost always “for common mental disorders such as depression, anxiety disorders and problems with substance use” (Cochran).

Many **trans people have specific health care needs** linked to transitioning with support of hormone therapy (and sometimes gender affirming surgery), with quality of care and access to care varying considerably from one country to another (Murad). Health challenges often emerge from informal/illegal hormones and other interventions that are used to facilitate transition in places where appropriate health care support does not exist or is not affordable (Murad). Trans people often have specialized reproductive health needs that are misunderstood, including for example trans men who get pregnant. Many countries still force trans people to be sterilized as a pre-condition for legal gender transition (Bizic).

In most of the world, there is neither legal nor **policy guidance advising against surgical intervention on intersex newborns** and inappropriate surgical intervention remains widespread (Carpenter). Intersex individuals who are not identified as such at birth are most often identified around the onset of puberty, although many individuals who are not aware of their own intersex status may suffer profoundly through **confusing physical manifestations of intersexuality in adolescence without family or health care provider knowledge**, understanding or support. Many intersex people have a variety of specialized health care issues throughout their lives, involving hormone replacement therapy, choices around whether to surgically assign a ‘traditional’ sex and reproductive health challenges. Few health systems anywhere respond respectfully and effectively to these needs (Carpenter).

Rates of **substance use and abuse among LGBT people** appear to be significantly higher than for the general population, although the data available is typically from richer countries and not particularly recent. A meta-analysis of mostly American data by Marshal et al., in 2008, concluded that “the odds of substance use for LGB youth were, on average, 190% higher than for heterosexual youth and substantially higher within some subpopulations of LGB youth (340% higher for bisexual youth, 400% higher

for females). Causal mechanisms, protective factors and alternative explanations for this effect, as well as long-term substance use outcomes in LGB youth, remain largely unknown.” In some countries, lesbians and bisexual women appear to have higher rates of alcohol abuse than heterosexual women, although the same does not appear to be true for gay and bisexual men vis-à-vis heterosexual men (Hughes). Rates of stimulant abuse, particularly of methamphetamines, appears to be strikingly higher among LGBT people than the general population in many countries (Demant).

Extensive evidence can be found about the disproportionate impact of **HIV and some other sexually transmitted infections (STIs) on gay and bisexual men, as well as on other men who have sex with men and trans women**. Globally, the UNAIDS Global Update 2018 notes that “the risk of HIV acquisition among gay men and other men who have sex with men was 28 times higher in 2017 than it was among heterosexual men” and “13 times higher for transgender women than adults aged 15–49 years.”

Despite representing a relatively small percentage of the population, the UNAIDS Global Update 2018 notes that “gay men and other men who have sex with men accounted for an estimated 57% of new HIV infections in western and central Europe and North America in 2017.” The dynamics of the HIV epidemic within sexual minority communities in rich countries continues to evolve, with HIV incidence now highest in most rich countries among men who have sex with men and trans women who are from low-income, ethnic minority populations. These ethnic minority communities also tend to be diagnosed later, have less access to treatment and, therefore, remain considerably more likely to suffer from HIV-related morbidity and mortality.

The 2018 UNAIDS report also noted that in 2017, men who have sex with men represented “an estimated 41% of new infections in Latin America, more than 25% of new HIV infections in Asia and the Pacific and the Caribbean, about 20% of new infections in eastern Europe and central Asia and the Middle East and North Africa, and an estimated 12% of new infections in western and central Africa.” The region of the world where men who have sex with men represented the lowest proportion of new infections in 2017 was Eastern and Southern Africa, with its very high rate of new infections among adolescent girls and young women. But even in some countries in this region, men who have sex with men had a higher rate of new HIV infections in 2017 than even adolescent girls, accounting for an estimated six percent of new infections in South Africa despite their relatively small population.

As always, averages mask a great deal of variation. The UNAIDS South Africa website notes a 2014 estimate for HIV prevalence among men who have sex with men in that country of 26.8 percent, compared to an estimated HIV prevalence among young women in 2017

of 10.2 percent. The South African National AIDS Council's National LGBTI HIV Strategy 2017-2022 provides regional breakdowns within the country, noting that, "HIV prevalence among MSM in South Africa ranges from 10.4% to 49.5%. The Human Sciences Research Council's (HSRC) Marang Men's Study found HIV prevalence of 22.3% in Cape Town, 48.2% in Durban and 26.8% in Johannesburg. The prevalence varies considerably between urban and rural areas and according to socio-economic status." Similarly, 2017 programme data from different programmes serving men who have sex with men in Kenya have reported HIV prevalence rates ranging from as low as about 2 percent (close to the general population male prevalence of 1.4 percent) to as high as 34 percent (personal interviews).

Widespread evidence shows an **association between homo/transphobia and vulnerability to HIV among men who have sex with men and trans women**. Schwartz et al. demonstrated that introduction of the "Same-Sex Marriage Prohibition Act" in Nigeria was immediately associated with a decrease in HIV-related care seeking among men who have sex with men.

Very little data exists on HIV prevalence and incidence among lesbians and bisexual women (or among trans men). In several countries, women who have sex with women who are living with HIV often self-report sexual violence perpetrated by men as the most important risk factor associated with their HIV status (Sandfort et al.). Other risk factors may include higher likelihood of injection drug use and higher likelihood of having sex with male partners who are men who have sex with men and/or injection drug users. South Africa is the only country identified with specific attention to women who have sex with women within their national AIDS strategy. The little relevant data that does exist in South Africa tends to show that women in South Africa who have sex with women are affected by HIV at close to the same rates as exclusively heterosexual women in South Africa, which is to say at considerably higher rates than women who have sex with women elsewhere in the world (South Africa National LGBTI HIV Strategy).

Men with HIV, regardless of their sexual orientation, are less likely to be diagnosed and therefore less likely to receive treatment than women, most likely due to men interacting less with the health care system for other reasons. Generally, **very little data has been available on treatment access and adherence specifically regarding sexual and gender minorities in developing countries**, although that is starting to improve in some contexts. Based on the data that was available, "it appears that 14% of men who have sex with men [living with HIV] were enrolled on ART in 2015; these are in contrast to UNAIDS estimates of global coverage of ART at 46% in 2015" (Macdonald et al.).

Very clear and widespread evidence demonstrates links between discrimination and exclusion (by the general population, within families and by health service providers),

self-stigmatization, reluctance to access health services and/or to honestly discuss sexuality and gender issues with health service providers, and the poor health outcomes described above.

Policy and programmatic responses to health priorities

Most **policy and programmatic responses to health issues for sexual and gender minorities have been catalyzed by HIV**. For the first two decades of the HIV epidemic, there was strikingly little international cooperation related to HIV among men who have sex with men and trans people, although HIV-related research in the 1980s and 1990s helped to document and raise the visibility of the variety of human sexual behaviour around the world, a great deal of HIV activism was driven by sexual and gender minorities and many community-based HIV groups in these years were established with the leadership and support of sexual and gender minorities.

Since the early 2000s, allocation of international funding for HIV programming was increasingly influenced by epidemiology, which in turn led to considerable **scale-up of HIV programming for and with men who have sex with men and trans women**. Although primarily focused on women involved in heterosexual sex work, The Bill and Melinda Gates Foundation's Avahan initiative in India from 2003 to 2009 was also at the forefront of addressing HIV needs of men who have sex with men and trans women at scale. An evaluation published in 2011 estimated that Avahan resulted in over 100,000 HIV infections averted (Dandona and Benotsch).

In the world of bilateral and multilateral development cooperation, the Global Fund to Fight AIDS, Tuberculosis and Malaria (now the Global Fund) was launched in 2003 and quickly included resource allocations for HIV work with sexual and gender minorities. The United States government's PEPFAR programme, also launched in 2003, initially allocated most of its financial resources to diagnosis and treatment and largely restricted its HIV prevention budget to promoting an 'ABC' (abstain, be faithful, condomize) approach among the general population. In 2008, however, the restrictions on prevention approaches were lifted and PEPFAR too became a significant funder of HIV prevention and care work with men who have sex with men and, to a lesser extent, with trans women. UNAIDS did not have a designated lead agency on men who have sex with men and trans issues until 2008, when UNDP took on that role.

Increasing awareness of and attention to HIV-related needs of men who have sex with men and trans women (and other key populations) have often created pockets of understanding and support in Ministries of Health, even within governments that are by and large unaccepting or hostile to sexual and gender minorities. This specific trend has been supported by **increased availability of HIV-focused development assistance**. While the proportion of HIV-related development assistance funding focused on key populations has always been far below the contribution of these populations to epidemic dynamics, increasing HIV funding has resulted in increased funding for key population-related work as well. That said, while HIV-related key population funding has increased significantly over the past few years, there is a widespread belief that “peak HIV funding” has passed and that international resources for HIV-related work have begun to decline.

The interviews for this paper reflected a **recent backlash from some sexual and gender minority activists expressing concern that sexual and gender minority issues and organizing have been over-dominated by HIV**. A parallel backlash has emerged from some conservative governments challenging HIV programming by and for sexual and gender minorities, as starkly reflected in late 2017 in Tanzania, with a wave of arrests, intimidation and closure of HIV programmes working with key populations.

Nevertheless, there is little doubt that investments in HIV prevention and care for sexual and gender minorities have facilitated a great deal of sexual and gender minority community organizing and built bridges between minority populations and health officials in many countries, including low- and middle-income countries. In addition, most examples found of **broader health care policy and programme initiatives to respond to health issues beyond HIV** for sexual and gender minorities were initiated and driven from HIV programmes themselves. Many national HIV programmes have identified and launched programming for sexual and gender minorities that address co-morbidities (like hepatitis, HPV and other STIs) or health issues that either increase vulnerability to HIV and/or are exacerbated by HIV (including mental health, substance abuse and violence). South Africa’s national AIDS programme has a health service strategy that combines **provision of specialized services in specialized clinics** to men who have sex with men and other key populations (typically provided through partnerships between state AIDS programmes and NGOs) **alongside training of the entire health workforce** in the country’s 4,500 public health facilities to become more skilled at identifying health needs of marginalized populations (including but going beyond sexual and gender minorities) and to increase sensitivity of health providers to these populations.

In the area of mental health, from 1990 onwards, the tenth edition of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) explicitly stated that **“sexual orientation by itself is not to be considered a disorder.”** The World Health Organization has joined with a large number of national health and psychiatry associations to denounce attempts to change homosexual or bisexual orientation to heterosexual as ineffective and unethical (“Policy and Position Statements on Conversion Therapy”). Evidence clearly shows that such therapies are ineffectual at changing sexual orientation and often have a harmful impact (Serovich et al.).

While being clear that sexual orientation was not itself a disorder, ICD-10 maintained a listing of “psychological and behavioural disorders associated with sexual development and orientation,” which included **“transsexualism” and other “gender identity disorders” as mental disorders.** (Cochran et al.). With the release of ICD-11 in June 2018, WHO removed these categories from their listings of mental disorders while including “gender incongruence” as a sexual health condition. In mid 2018, WHO’s website reported, “the rationale being that while evidence is now clear that it is not a mental disorder, and indeed classifying it in this can cause enormous stigma for people who are transgender, there remain significant health care needs that can best be met if the condition is coded under the ICD” (WHO).

Guidelines for comprehensive HIV programming has long recommended the provision of **psycho-social support**, which at times has included programming tailored specifically to the needs of sexual and gender minorities. Specialized mental health services have been developed in a number of richer countries over the years to assess and/or support transgender people considering or going through sex transitions, with the quality and appropriateness of services varying considerably from place to place (Coleman et al.). Some **mental health services managing substance abuse** have specialized services for sexual and gender minorities. With an increasing awareness of suicide risk among sexual and gender minorities and questioning young people, many suicide prevention services now offer specialized training in sexual and gender diversity issues to their staff. Nevertheless, few high quality, large scale, accessible programmes to address the mental health needs of sexual and gender minorities are available, even in richer countries (American Psychological Association).

As with the case of mental health programmes and services, some sexual and reproductive health programmes and services have begun to increase staff sensitization to sexual and gender diversity issues and even to develop some specialized services, particularly in richer countries. These changes are emerging on a limited basis in developing countries as well, particularly as a result of advocacy work and training

materials from NGOs focused on sexual and reproductive health and rights, like the International Planned Parenthood Federation and EngenderHealth, as well as the increasing attention to these issues from HIV focused NGOs. **The promotion of PrEP for men who have sex with men has been a catalyst to increase attention to STIs in HIV programming in several countries** (Marrazzo et al.), although it is difficult to find HIV-related service providers in developing countries that pay attention to a more comprehensive approach to sexual and reproductive health and rights for sexual and gender minorities. Interviews and review of planning documents reveal that UNFPA, the main sexual and reproductive health and rights-focused United Nations organization, pays very little attention to sexual and gender minority issues outside of its HIV programming. Within bilateral cooperation programmes, Sweden is at the forefront of the still very limited progress on integrating attention to sexual and gender diversity in sexual and reproductive health and rights investments.

Priority actions to address health priorities of sexual and gender minorities

Because the HIV epidemic has raised the visibility of “key populations,” more attention has been paid to health than any other issues for sexual and gender minorities. Despite this, gay and bisexual men, other men who have sex with men and transgender women continue to receive disproportionately little HIV investment, policy attention, dedicated staffing and focused programming. Beyond HIV, the inattention to sexual and gender minorities and issues is even more striking.

Donors, policymakers, service providers and activists should consider the below actions.

- Prioritize a major push to increase understanding of and attention to sexual and gender diversity within reproductive health policies and programmes, linked to an expansion of attention to men in general in such policies and programmes and a linkage of such policies and programmes to initiatives that address gender-based violence.
- Include boys in the roll-out of HPV vaccination programmes, both in response to the impact of HPV on boys and men and to catalyze reflections and actions on adolescent boys and sexual health.
- Advocate for WHO and UNICEF to launch a global campaign to prohibit non-consensual and medically inappropriate surgery on intersex children, and for

WHO to campaign against other unethical medical procedures affecting sexual and gender minorities, such as forced sterilization and the use of anal exams in criminal prosecutions.

- Establish dedicated posts and programmes in HIV initiatives that explicitly focus on building evidence and supporting appropriate investments and responses to HIV among gay and bisexual men, other men who have sex with men (GBMSM) and transgender women.
- Launch specific advocacy efforts to make PrEP and other biomedical prevention and treatment approaches available at scale for gay and bisexual men, other men who have sex with men and transgender women, given that too many countries now introducing or scaling such approaches are either ignoring sexual and gender minorities or not investing in them proportionate to their burden of HIV.
- Increase learning about the impact of HIV on trans men and on gay and bisexual women.
- Include hormones and gender reassignment surgery for trans people and assisted reproductive health technologies for sexual and gender minorities who wish to parent, as part of the progressive expansion of universal health coverage.
- Balance specialized sexual and gender minority health services and programmes and sexual and gender minority-sensitivity within mainstream services and programmes, supported by both pre-service training and continuing education.
- Improve collection of data (disaggregated by sexual orientation, gender identity, gender expression and intersex status) related to preferred health care providers in different settings (public vs private, clinic vs pharmacy, etc.); respect of bodily integrity of intersex people; HIV status, treatment access and treatment adherence; STIs; mental health, suicide ideation and substance abuse; and prevalence and impact of so-called conversion therapies.
- Commit to community consultation and methodological innovation to improve health-related data collection and analysis from sexual and gender minorities while protecting privacy and responding to safety and other ethical concerns.





SEXUAL AND GENDER MINORITIES, CHILDHOOD AND THE EDUCATION SYSTEM

SDG 4

The fourth sustainable development goal includes the commitment to: “providing inclusive and equitable quality education at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race, ethnicity and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them acquire the knowledge and skills needed to exploit opportunities and to participate fully in society.”

More broadly, multiple references and indicators throughout the SDGs emphasize the importance of including or focusing on children as part of sustainable development, including through attention to promoting early childhood development and challenging sexual violence against children and child labour.

The impact of homo/transphobia on children and their education

Most **sexual and gender minorities begin to self-identify as such during their childhood, often around puberty**. As many parents know, much younger children express gendered behaviour, typically but not always aligned with their birth sex. A **child who is gender non-conforming may or may not to grow up to be lesbian, gay, bisexual or transgender** – but such children are often presumed to be sexual and gender minorities and can suffer from lack of parental acceptance, ostracization by peers and teachers and bullying.

Although data is limited and not comparable from one country to another, the evidence that is available shows that LGBT students in a wide variety of countries experience discrimination from friends (29.8 percent), within their community (37.7 percent), from their family (51.2 percent) and within their schools (61.2 percent) (UNESCO, *Out in the Open*).

There is **clear and widespread evidence of bullying of children with non-stereotypical gender expression by other children, and even by teachers**, and that this bullying has an impact on children's well-being (Arredonodo). Bullying typically increases in secondary school environments, when children become more likely to express their sexuality. Bullying may be physical, verbal or virtual, with cyberbullying becoming increasingly common as more and more students around the world increase their on-line presence.

Studies from around the world show the high prevalence of bullying of students presumed to be sexual and gender minorities and/or students who depart from gender norms. A multi-country study of diversity-related violence in schools was commissioned by UNESCO in 2014–2015 in Botswana, Lesotho, Namibia and Swaziland. “Diversity-related violence was reported by respondents in all four countries: 18.4 per cent in Swaziland; 41.0 per cent in Namibia; 43.7 per cent in Lesotho; and 44.3 per cent in Botswana” (UNESCO, *Out in the Open*). An Asia-Pacific study by UNESCO and UNDP and other partners noted high percentages of student bullying related to sexual and

gender diversity in Australia, China, Hong Kong, Japan, New Zealand, Republic of Korea, Thailand and Vietnam. (UNESCO/UNDP “Consultation on School Bullying”).

Bullying of gender non-conforming children has been widely documented in the United States. Data is particularly sparse from Latin America and the Caribbean, but small-scale, community-based studies have noted that 45 percent of transgender students in Argentina left school either due to bullying or exclusion by school authorities; 26 percent of homosexual and bisexual students in Ecuador experience physical violence; and 34 percent of students in Colombia reporting exclusion of LGBT students from school activities (UNESCO, 2016). In Brazil, despite progressive anti-homophobia and anti-transphobia policies in place in the national Ministry of Education, there has been little effort to translate policy into practice and gender non-conforming children report high levels of severe violence and very high levels of attempted suicide (Mills).

Gender non-conforming children or LGBTI-identified children often find that **school authorities themselves fail to respond to bullying and instead perpetuate stigmatization and discrimination**. Many children report a lack of institutional support if they report bullying to school or other authorities (Arredondo et al.). In the United States, LGBTI students, particularly non-heterosexual girls, have been found to have **a higher risk for sanctions in schools and have greater odds of being confronted by police and expulsion from school** than heterosexual girls (Himmelstein and Brückner). Multiple other studies have shown LGBT youth being suspended from school at roughly twice the rate of heterosexual children (Heck et al.). There are similar or even higher differentials regarding disciplinary measures against black students compared to white students in the United States, implying that sexual and gender minority students who are also racial minorities are at particular risk. Gender non-conforming children often suffer from social isolation even if they are not actively bullied and **systematic social isolation appears to have psycho-social consequences not unlike those suffered by victims of violence** (Heck et al.).

Bullying and social isolation is associated with **lower academic performance, absenteeism and mental health issues, including low self-esteem, anxiety, depression, substance abuse, self-harm and suicide** (Kibriya et al.). Discrimination against sexual and gender minorities is also strongly associated with **premature exits from schools and universities** (UNESCO/UNDP “Consultation on School Bullying”). This applies to both discrimination within the educational institution and discrimination within families and communities.

School policies and practices often increase social isolation and discrimination, particularly for children who do not conform to gender norms (Middleton-Lee). Sex-

specific dress codes are frequently imposed that do not allow masculine presentation by girls or feminine presentation by boys (Middleton-Lee). Trans-identified children are frequently not allowed to use bathrooms of their choice (UNICEF “Position Paper”).

Most of the **evidence about children raised by same-sex parents** comes from the United States. A Cornell University evidence review (“Scholarly research about children of gay or lesbian parents”) notes that they “identified 79 scholarly studies that met our criteria for adding to knowledge about the well-being of children with gay or lesbian parents. Of those studies, 75 concluded that children of gay or lesbian parents fare no worse than other children”. While this evidence about well-being outcomes is reassuring, evidence shows that children of same-sex parents may themselves face hostility or discrimination in school settings or elsewhere (UNICEF, “Position Paper”).

Beyond the school setting, **both discriminatory laws and social marginalization can hurt sexual and gender minority children and children with same-sex parents**. In its 2014 document “Eliminating discrimination against children and parents based on sexual orientation and/or gender identity,” UNICEF noted challenges, including: abandonment of children by families; prevalence of physical and sexual violence, including the extreme of so-called ‘corrective rape;’ unequal age of consent laws for homosexual as opposed to heterosexual relations; and laws that criminalize so-called ‘promotion’ of homosexuality that in turn restrict access to information to sexual and gender minority or questioning children. UNICEF also noted that **many countries do not legally recognize families with same-sex parents, which in turn deprives children of a range of protections** normally provided to families (UNICEF, 2014).

Policy and programmatic responses for sexual and gender minority and gender-nonconforming children

While bullying and other discrimination against gender non-conforming or LGBT-identified children is widespread, an emerging body of evidence shows that it is possible to increase inclusion and decrease discrimination.

At a global level, the United Nations Committee on Rights of the Child has highlighted the obligation of States to **protect children from homophobic and transphobic bullying** in response to an increasing number of country reports. UNICEF, Save the Children, Plan International and several other international child rights actors have also

drawn attention to the rights of gender non-conforming children and children of sexual and gender minorities and the impact of discrimination on educational achievement and mental health.

Given the high prevalence of discrimination in school settings, as well as government control or influence over school settings, **it is particularly important to reduce bullying and to affirm diversity within schools.** Only a minority of countries around the world have developed education sector policies to address homophobic and transphobic violence in schools, either integrating references to sexual and gender minority issues within general policies on bullying or discrimination or developing new policies and programmes that specifically address issues related to sexual orientation and/or gender identity (UNESCO). UNESCO has found that the latter approach is more successful, emphasizing that the most effective policies are rights-based, learner-centred and inclusive, participatory, gender-responsive and transformative, evidence-based, age-appropriate, context-specific and culturally sensitive (UNESCO).

Most policy action in this area is relatively recent and will require time to evaluate. In the Philippines, the 2013 Anti-Bullying Act explicitly refers to violence related to sexual orientation and/or gender identity or expression (UNESCO/UNDP “Consultation on School Bullying”). In India, “a 2014 Supreme Court ruling created the official third gender status for transgender people who were also afforded the classification of ‘protected status’ as an economically weaker category of the population, under the 2009 Right to Education Act” (Right to Education, “Right to Education of Transgender People”). Thailand has made considerable progress in accommodating trans and other gender non-conforming students in individual schools and has included attention to discrimination based on sexual orientation and gender identity and expression in its national education policies. In Africa, South Africa’s Department of Basic Education developed a “School charter against homophobic bullying” in 2015, while in Latin America, both Argentina and Uruguay now have national-level policies on addressing homophobic and transphobic violence in schools. Many OECD countries now have detailed policy guidance and support to implementation within schools, including Sweden, which in 2009 banned discrimination linked to sexual orientation and gender identity in schools; New Zealand, which updated its sexuality education guidelines in 2015 to explicitly address sexual and gender minority-related bullying; and Malta, which in 2015 published a “Trans, Gender Variant and Intersex Students in Schools Policy” (UNESCO, *Out in the Open*).

Few countries systematically include supportive attention to sexual and gender diversity issues in their family life or sexuality education programmes. Until very

recently, international guidance provided to countries for sexuality education usually only included attention to sexual and gender minority issues in relation to HIV risk. However, in 2018, UNESCO published a revised edition of its International technical guidance on sexuality education,” with co-branding from UNAIDS, UNFPA, UNICEF, UN Women and WHO. The guidance represents a significant step forward from earlier versions, with attention to cyberviolence and sexting, a far more nuanced approach to gender and other improvements. While the guidance does not include attention to development of healthy same-sex relationships or becoming comfortable with non-stereotypical gender expression or gender transitions, it nevertheless covers topics including the challenges that intersex children may experience during puberty, trans/homophobic violence, anal sex, mental health implications of stigma against sexual and gender minorities and diversity of family types, in addition to information that had been in earlier guidelines regarding the heightened HIV risks for males who have sex with males and trans women (UNESCO).

At a programmatic level, evidence from the United States has shown that **“discussing LGBTQ issues can potentially improve school safety and address and deal with homophobic and transphobic bullying”** (Gowen and Wings-Yanez). Canada has measured the positive impact of establishing peer support programmes (often known as “gay-straight alliances”), and such programmes are now found in some schools in India, Nepal and Thailand, as well as a growing number of OECD countries (UNESCO, *Out in the Open*). UNESCO has identified eight countries that include attention to sexual and gender diversity issues in teacher training at national or sub-national levels – Argentina, Australia, Belgium, Brazil, Canada, the Netherlands, the United Kingdom and the United States (UNESCO, *Out in the Open*).

Policies are rarely found that address the **challenging issues regarding trans children who wish to begin the process of sex alignment through surgery and hormones during puberty or adolescence**. Evidence indicates that earlier sex transitions are physically more successful than transitions later in life. At the same time, most, but not all, adolescents who identify as trans in their teenage years go on to maintain their trans identity later in life (Reardon). Some medical practitioners recommend making hormones available to block inappropriate sex development at puberty for trans children, while delaying surgery until later adolescence. *Nature* magazine reported in 2016 that “the debate is so heated – and evidence so sparse – that the authors of the American Psychiatric Association’s 2013 Diagnostic and Statistical Manual of Mental Disorders (DSM-5) were unable to reach a consensus” (Reardon). It is therefore critically important to increase research about the impact of different approaches to sex alignment in children, in order to move past speculative debate and into an evidence-informed approach.

Priority actions for sexual and gender minority and gender-nonconforming children

All children have the same rights – including to education, health care, protection and non-discrimination – regardless of their actual or perceived sexual orientation, gender identity or gender presentation. Protecting and promoting these rights throughout childhood is the surest path to prevent or escape from poverty as these children become adults.

Above all, donors, policymakers, service providers and activists should remember that work to promote social inclusion of sexual and gender minorities must include special attention to including and responding to children and young people. In addition, they should consider the below actions.

- Develop and promote comprehensive sexuality education curricula that are responsive to gender and sexual diversity, with teacher training and other implementation support to ensure that appropriate curricula are taught as per guidelines, without shortening lesson times or dropping topics.
- Promote safe and inclusive school environments, including through efforts to reduce and to effectively respond to all bullying and harassment in schools, including bullying and harassment associated with sexual and gender diversity and promotion of social inclusion through establishment of school-based gay-straight alliances and similar efforts.
- Provide focused counselling and additional educational support for sexual and gender minority children affected by violence, discrimination, social isolation or depression, to reduce academic under-performance, school drop-out and suicidal ideation.
- Support research to develop effective and ethical data collection and disaggregation related to sexual orientation, gender identity, gender expression and intersex status in schools, in relation to academic performance, bullying and other forms of violence and discipline/exclusion.
- Implement appropriate data collection – ideally within existing education sector measurement exercises – in relation to academic performance, bullying and other forms of violence and discipline/exclusion (disaggregated by sexual orientation, gender identity, gender expression and intersex status).
- Provide support and guidance to suitably mature transgender children who are considering sex transition (or sex clarification for intersex children), as well as

support and guidance to their parents. Likewise, support further research to develop clinical guidelines for children who wish to undergo hormone therapy and/or surgery for sex transition.

- Provide legal advocacy to repeal laws that prohibit education of children about sexual and gender diversity, such as so-called anti-propaganda laws.
- Provide legal advocacy to establish marriage equality and similar actions to recognize and protect families headed by same-sex parents.
- Provide legal advocacy to ban unnecessary surgery on intersex children, as also noted in the discussion of health above.
- Provide legal advocacy to protect all children from sexual abuse, whether opposite-sex or same-sex, and to equalize the age of consent for homosexual and heterosexual acts.



GENDER EQUALITY, GENDER-BASED VIOLENCE AND SEXUAL AND GENDER MINORITIES

SDG 5 (and links to SDG 16, target 16.1)

SDG 5 aims to “achieve gender equality and empower all women and girls everywhere,” with targets committing to end “all forms of discrimination against all women and girls everywhere” and to “eliminate all forms of violence against all women and girls in the public and private spheres...” This goal is closely linked to target 16.1, to “significantly reduce all forms of violence and related death rates everywhere,” which is part of SDG 16, to “promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.”

The relevance of gender inequality and gender-based violence to sexual and gender minorities

Given the aspiration to “empower all women and girls everywhere,” SDG 5 has a direct relevance to lesbian and bisexual women and trans women. The attention in SDG 5 to gender equality is also relevant to gay and bisexual men, trans men and intersex people, particularly given the **powerful association around the world between the status of girls and women and the status of sexual and gender minorities in individual countries**, as reflected respectively in indices and atlases of gender equality (Georgetown Institute, “Women, Peace and Security Index 2017/18”) and sexual and gender minority inclusion (Flores et al.).

Sex discrimination and discrimination against sexual and gender minorities share common roots in patriarchy and misogyny. Gender stereotypes impact everyone, can influence or even restrict choices and freedoms, and can lead to bias and inequality, with sexual and gender minorities often suffering the consequences alongside girls and women in general. Increasing awareness of the social construction of gender and increasing commitment to challenging oppressive gender norms simultaneously empowers women and girls and sexual and gender minorities.

Clear parallels exist between gender-based violence against girls and women (whether heterosexual or not) and violence against men who transgress gender stereotypes (gay and bisexual men, trans men and gender non-conforming people perceived as men). **The countries with the highest rates of violence against women and girls in the general population tend to have the highest rates of violence against sexual and gender minorities** (Georgetown Institute, Flores et al.). At the same time, the lived experiences of sexual and gender minorities can point to limitations in the dominant thinking and paradigms of the gender equality movement. For example, “recent research estimates IPV (intimate partner violence) is experienced by same-sex partners at similar rates as heterosexual couples,” challenging the framing of IPV strictly in terms of male violence against females (Cannon and Buttell).

Violence against visible sexual and gender minorities remains widespread around the world. A systematic literature review published in 2018 assessed 76 relevant articles from 50 countries, including a total of over 200,000 sexual and gender minority participants. While the quality of data was poor, the prevalence of physical violence ranged from 6 percent to 25 percent (for LGBTI respondents overall) and from 11.8 percent to 68.2 percent (specifically for transgender people). Reported rates of sexual

violence were also high, particularly against transgender people (Blondeel et al.). Research on cyberviolence – “harm and abuse facilitated by and perpetrated through digital and technological means” – has largely focused on heterosexual adolescents in high-income countries, but a recent literature review called for increased attention to cyberviolence in low- and middle-income countries and to **cyberviolence directed at sexual and gender minorities** (Backe et al.).

Gender non-conforming children are more vulnerable to sexual and physical abuse within their families than their heterosexual and gender-conforming siblings (Balsam et al.). Similarly, as described in the discussion of education above, gender non-conforming children experience far higher levels of bullying at schools.

The Inter-American Commission on Human Rights began tracking reports of violence against sexual and gender minorities in 2008 and instituted more systematic monitoring in 2012. In a December 2014 press release, the Commission reported data from January 2013 to March 2014, when the Commission tracked reports of **594 LGBTI murders and a further 176 serious non-lethal attacks in the region in just 15 months**. Pride parade attendees in Argentina, Chile, Colombia and Mexico were surveyed between 2003 and 2008, with 67 percent reporting experiences of harassment or aggression related to their sexuality or gender expression.

While systematic regional monitoring of such violence doesn’t exist in the Asia-Pacific region, many country-specific studies demonstrate what UNDP’s Being LGBTI in Asia initiative describes as “the shocking nature and incidence of violence against LGBTI people across the region” (UNDP “Report of the Regional Dialogue”). At same time, Being LGBTI in Asia reports significant variations from country to country, with physical violence against sexual and gender minorities relatively rare in China and Thailand and very common in the Philippines. A study of men who have sex with men and trans women in Mongolia found 25 percent had experienced abuse or blackmail by police and a Nepalese study showed 41 percent of gender non-conforming respondents experiencing physical assault by police (Park). The International Gay and Lesbian Human Rights Commission (now known as OutRight Action International) documented extensive gender-based violence against lesbians, bisexual women and transgender people in Japan, Malaysia, Pakistan and Sri Lanka (International Gay and Lesbian Human Rights Commission, *Violence: Through the Lens of Lesbians, Bisexual Women and Trans People in Asia*).

The African Commission on Human and Peoples’ Rights first requested its secretariat to conduct research in this area in 2008, although the paper produced at that time has not

been made public. The Commission’s first comprehensive statement on violence related to sexual orientation and gender identity was issued in 2014 through its “Resolution on Protection Against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity” (Resolution 275). A report compiled by African Men for Sexual Health and Rights and the Coalition of African Lesbians in 2013, “Violence based on perceived or real sexual orientation and gender identity in Africa” was launched at the NGO Forum preceding the 54th session of the African Commission, documenting and publicizing the extent of such violence across the continent. The report documented extensive examples of **arbitrary arrest and detention**, frequently associated with sexual assaults and other violence perpetrated by police and penal authorities against people presumed to be sexual and gender minorities, in countries including Cameroon, Egypt, Malawi, Morocco, Senegal, Tanzania, Uganda, Zambia and Zimbabwe. **Murders and other forms of extreme violence** perpetrated by members of the public against LGBTI people were documented in Cameroon, Kenya, Sierra Leone and South Africa. **Extortion, threats of violence and blackmail** were extensively documented across the continent.

In addition to other forms of violence, **sexual violence against LGBTI people in Africa** is also common. A Senegalese study reported 43 percent of sexual minority men had been raped at least once outside the family home (Park). Male-on-male sexual assault has been widely documented in many **conflict zones**, including extensive reports in Democratic Republic of the Congo (Cain). There has been significant national and international media coverage of violence against sexual and gender minorities in Africa, including sexual violence against lesbians (so-called ‘corrective rape’) and murder of lesbians. At least three research surveys have examined the prevalence of LGBTI-related violence and other hate crimes in some provinces in South Africa – in 2003, 2010 and most recently in late 2015 (published in 2016). The survey results published in 2016 found disproportionate rates of ‘knowing LGBT murder victims’ among people from the lowest socio-economic groups and from women.

Policy and programmatic responses to the intersection of gender equality and sexual and gender minority issues

Advances in equality between ‘traditional’ genders probably contribute to increased equality for sexual and gender minorities and vice versa; this points to the value (at

minimum) of an **inter-sectional approach between gender equality strategies and sexual and gender minority equality strategies**. Nevertheless, there is still resistance in both the gender equality movement and the sexual and gender minority rights movement to building stronger links and collaboration. The concept of ‘intersectionality’ was developed by feminist scholars to describe how sex discrimination overlaps and interacts with other kinds of discrimination and exclusion, such as those built on race, class or disability. Some activists frame the interaction of sexual and gender minority and sex discrimination as an example of such intersectionality while others see sexual and gender minority sex discrimination as two different manifestations of a single phenomenon – gender discrimination. Either way, understanding and responding to intersectionality has also emerged as a major priority of sexual and gender minority activists.

Important **tactical links can be made between equality for girls and women and sexual and gender minority issues**, particularly as courts in several countries have begun to interpret references to ‘sex discrimination’ as relevant to discrimination against gender and sexual minorities. While sexual and gender minority activists welcome such interpretations, much of the organized political opposition to gender equality in recent years has highlighted concerns that the concept of ‘gender’ is being used subversively to actually advance rights for sexual and gender minorities. In turn, some advocates for women and girls have explicitly rejected attempts to link rights for girls and women (in general) to rights for sexual and gender minorities out of concern that a focus on sexual and gender minorities might undermine progress for women and girls.

The World Bank reports that **“LBT women are largely excluded from the critical dialogue that informs development programs and investments and the benefits that are derived from them”** (World Bank, 2015). Unfortunately, **most gender equality policy and programming reinforce an understanding of gender as a binary**, with equality understood as equality between cisgender women/girls and cisgender men/boys. Little discussion has taken place of the inclusion of trans women or trans men within the gender equality movement and in gender equality goals, with even less attention paid to others with non-stereotypical gender expression. There has even been an inadvertent reinforcement of discrimination/exclusion of sexual and gender minorities in some gender programming due to the invisibility of lesbians, bisexual women and trans women.

Globally, the one area of gender equality policy and programming most likely to pay specific attention to sexual and gender minorities is in the analysis of (and responses to) gender-based violence. Even such violence is not addressed consistently; as noted above, **intimate partner violence among same-sex couples** appears to occur at similar

rates as among opposite-sex couples, **but support services for abused spouses rarely recognize or cater to sexual and gender minorities** (Rohrbaugh). Nevertheless, there has been considerable policy and programming attention in recent years both to violence against sexual and gender minorities in and of itself and violence against sexual and gender minorities as a manifestation of gender-based violence. Internationally, the African Commission on Human and Peoples' Rights in May 2014 adopted Resolution 275 strongly condemning violence related to sexual orientation and gender identity, "including murder, rape, assault, arbitrary imprisonment and other forms of persecution of persons on the basis of their imputed or real sexual orientation or gender identity." In September 2015, 12 United Nations agencies followed in the Commission's footsteps, releasing a Joint United Nations statement calling on States to "act urgently to end violence and discrimination against lesbian, gay, bisexual, transgender and intersex adults, adolescents and children."

After considerable debate, in July 2016, **the United Nations Human Rights Council stated that it "strongly deploras acts of violence and discrimination, in all regions of the world, committed against individuals because of their sexual orientation or gender identity,"** appointing an independent expert for three years to investigate and report on such violence (United Nations Human Rights Council). In parallel to these policy actions at global and regional levels, considerable attention has been given in the past decade to sensitizing police forces around the world to violence against sexual and gender minorities and their obligation to help prevent and respond to such violence, even in countries where aspects of sexual and gender minority behaviour or identity may be criminalized. South Africa may be the country that has most explicitly linked police action on violence against girls and women (in general) with violence against sexual and gender minorities largely in response to a high-profile civil society campaign drawing attention to sexual violence and other violence against women and girls perceived to be lesbian or bisexual.

Priority actions to link sexual and gender minorities and gender equality initiatives

As noted above, it is reasonable to assume that **actions to promote gender equality and to empower girls and women (in general) probably contribute to equality and empowerment of sexual and gender minorities, and vice versa.** There are almost certainly many opportunities for each movement to learn from each other and to reinforce each other, although neither policymakers nor activists have invested much energy in linking these issues outside of South Africa.

Donors, policymakers, service providers and activists should consider prioritizing the below actions.

- Ensure that all gender equality and women's empowerment policy and programme efforts pay specific attention to including and responding to the needs and priorities of lesbians, bisexual women and transgender women.
- Improve data collection (disaggregated by sexual orientation, gender identity, gender expression and intersex status) related to: correlations between the status of girls and women and the status of sexual and gender minorities; rates and nature of violence; satisfaction with police and other government responses to violence; and participation of lesbians, bisexual women and transgender women in programmes designed to empower women and girls.
- Foster efforts for policymakers, programme managers, scholars and activists working on gender equality and those working on gender and sexual diversity to increase interaction, learn from each other and to develop joint work.
- Support advocacy and education efforts to draw attention to how harmful gender norms harm sexual and gender minorities as well as (heterosexual, cis-gender) women and girls, and that sexual and gender minorities are disproportionately affected by gender-based violence.
- Support advocacy for countries to prohibit and work against violence against sexual and gender minorities in all settings, including within communities, education, healthcare, housing, criminal justice and asylum and detention settings.
- Support policy and sensitization efforts for police, criminal justice system actors and social workers to draw attention to the prevalence of violence against sexual and gender minorities (through both specialized efforts and by mainstreaming attention to diversity into GBV programmes).
- Provide programme design and training for police, criminal justice system actors and social workers to support prevention, protection and response to violence against sexual and gender minorities and to support systematically monitoring and reporting such violence.
- Support research to better understand the causes and drivers of gender-based violence, including violence against sexual and gender minorities, and evaluation of policy and programme interventions to reduce such violence.

- Fund capacity development of sexual and gender minority and sexual and gender minority-inclusive community organizations so they are able to more effectively promote safety and security for their members and for their communities.
- Launch advocacy to include attention to homo/transphobia in hate crime laws and monitoring of hate crimes.
- Increase attention to understanding, responding to and preventing intimate partner violence within same-sex relationships.



SOCIAL AND POLITICAL INCLUSION OF SEXUAL AND GENDER MINORITIES

SDG 10 (Target 10.2)

The tenth sustainable development goal is to “reduce inequality within and among countries.” The Goal’s second target is to “empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status” by 2030. As is the case with the first SDG and its aspiration to eliminate poverty, SDG 10 cuts across and underpins the entire sustainable development agenda.

Social and political exclusion

The global **landscape of social and political exclusion of sexual and gender minorities is complex**, with individual countries and regions sometimes simultaneously reflecting apparently ‘traditional’ homo/transphobia, alongside liberalizing values and increasing inclusion, as well as backlashes against such progress. Despite such complexity, **discrimination against sexual and gender minorities is more widespread and socially accepted than virtually any other kind of discrimination around the world.**

The Williams Institute has developed a “Global Acceptance Index” (GAI) which seeks to measure and compare social acceptance of LGBT people in 141 different countries based on a review of a range of survey data, as described in its report “Polarized Progress: Social Acceptance of LGBT People in 141 Countries, 1981 to 2014.” On a scale of zero to ten, with zero reflecting the entire (polled) population of a country exhibiting discriminatory attitudes towards LGBT people and ten reflecting the entire (polled) population supporting equality, the mean score across all countries is only 3.5. The countries with the lowest GAI scores are Azerbaijan, Bangladesh, Egypt, Georgia and Saudi Arabia, while the countries with the highest scores are Andorra, Denmark, Iceland, Netherlands and Sweden. **Even those countries with the highest GAI scores have a considerable proportion of the population that disapproves of homosexuality, albeit a minority.** The United States has a GAI of 5, and while the GAI comes from aggregating many different data points, the score of 5 happens to correspond to “about 40 percent of American adults agreeing that homosexuality is ‘not wrong at all’” (and the remaining 60 percent presumably believing that it is wrong to at least some degree) (Flores and Park).

Afrobarometer is a pan-African organization that regularly surveys people across the continent on a variety of issues. In 2016, they measured levels of tolerance by asking Africans about whether they would care if their neighbours had certain characteristics (of a different ethnic group, different religion, living with HIV, homosexual, etc.). The survey showed a **high level of tolerance for diversity in general, with the striking exception of homosexuality**, which was only tolerated in neighbours by 21 percent of polled Africans across 33 countries. A considerable diversity in tolerance of homosexuality was found across countries, with a clear majority tolerating LGBT neighbours in Cape Verde (74 percent), South Africa (67 percent), Mozambique (56 percent) and Namibia (55 percent). Expressed levels of tolerance were also over 40 percent in Botswana, Mauritius and Sao Tome and Principe (Dulani et al.). Similarly, a 2017 survey conducted by the International Lesbian, Gay, Bisexual, Trans and Intersex

Association and RIWI (“Minorities Report 2017”) show that 45 percent of respondents in 15 African countries and 36 percent of respondents in the Middle East think that those who have same-sex relationships should be charged as criminals. In the same African countries, 42 percent said that they could not be accepting of homosexuality while still respecting their own religious views. While these are significant levels of intolerance, it is also striking that such views are being expressed by less than half of people surveyed in these countries.

In large parts of the world, **the day-to-day lived reality for most sexual and gender minorities, especially those who are known as such, includes familial and social disapproval, threats of violence, challenges in finding and maintaining employment, poor access to health services, bullying and other ostracization in schools (for those still in school), challenges finding secure and private housing and challenges in establishing and building relationships and a network of supportive friends.** This generalization, however, belies the **very significant progress that has been made for many sexual and gender minorities in many places over the past few years.** The discourse of homosexuality (and by extension, bisexuality and unconventional gender identity or expression) being “unAfrican” or “unAsian” is becoming less credible. Even in many countries with significant social homo/transphobia and related criminalization and discrimination, there are often growing pockets of social acceptance, especially in major cities. The diversity of sexual and gender minority realities is rapidly becoming more visible in popular culture, art and political discourse, helping many such people feel less isolated and alone.

Fortunately, in more countries than not, **people are slowly becoming more accepting of sexual and gender diversity.** The Williams Institute study cited above highlighted that 80 of 141 countries experienced increases in acceptance since 1980, with the most accepting countries becoming even more accepting over time. In contrast, however, 46 countries experienced a decline in acceptance of LGBT equality since 1980, with the least accepting countries becoming even less accepting (Flores and Park). The Afrobarometer report cited above does not have trend data but it highlights that **younger Africans are distinctly more tolerant than older Africans**, as well as showing higher tolerance levels as educational achievement increases (Dulani et al.). It is also relevant to emphasize that while the Williams Institute study focuses on trends in acceptance at national levels, individual countries may see contrasting trends among different ethnic and religious groups.

While homo/transphobia and exclusion are often defended in the name of ‘traditional values,’ **many traditional examples of tolerance, social inclusion and even positive**

acceptance can be noted. In a history of sexual and gender minority issues in Africa, Sanders documents same-sex behaviour and cultural understanding in numerous pre-colonial African societies, noting that “homosexual acts were referred to as *hlobongo* among the Zulu and *metsha* amongst the Ngoni” (Sanders). Other scholars examining indigenous cultures in the Americas, Pacific Island cultures and elsewhere also document a range of same-sex sexualities, fluid gender presentations and a variety of cultural responses. In much of Asia, there has traditionally been an acknowledged but nevertheless marginalized role for visible sexual and gender minorities. **Not all sexual and gender minorities suffer equally from exclusion in all countries.** In some recent media reports, Ugandan officials have defended the rights of intersex people, while calling on them to separate themselves from sexual and gender minority movements and action. Transgender people are more socially and politically acceptable in much of south and west Asia, including Iran, than homosexual or bisexual women or men. The opposite is generally true in the Americas.

Social attitudes have improved rapidly over the past 20 years in much of Western Europe and the Americas. A Pew Research Foundation study in 2013 in the United States reported that “92% of all LGBTQ adults felt that society is more accepting of them than a decade ago, and 87% of adults report personally knowing someone who is gay or lesbian (up from 61% in 1993)” (Pew, “A Survey of LGBT Americans...”). Attitudes are also changing positively in other parts of the world, including, for example, much of east and south-east Asia (Pew, “The global divide on homosexuality”).

Even in parts of Africa, the Caribbean and the Middle East with high reported rates of hostility towards sexual and gender minorities, attitudes in some countries are changing quickly. “Progressive Prudes,” a report published by The Other Foundation with data from the Human Sciences Research Council’s South African Social Attitudes Surveys of 2012 and 2015, captures both the scale of homo/transphobia in South Africa and the pace of progress towards increased social inclusion. The report states “51% of all South Africans believe that gay people should have the same human rights as all other citizens” but “72% feel that same-sex sexual activity is ‘morally wrong.’” The report also notes that “since 2012 there has been a tenfold increase of South Africans who “strongly agree” with allowing same-sex marriage – from 1 in a hundred then, to 1 in 10 now. The proportion of people “strongly disagreeing” dropped from almost half (48.5 percent) to less than a quarter (23.4 percent) in the same period.”

The right to freedom of opinion and expression, the right to peaceful assembly and association and the right to take part in the government of one’s country are the foundations of political inclusion, as expressed in Articles 19, 20 and 21 of the Universal Declaration of Human Rights. Nevertheless, **as sexual and gender minorities have**

become more visible and active in claiming these rights in recent years, there has been a backlash in a growing number of countries. Omar G. Encarnación noted in *Foreign Affairs* in 2017 that “in Western Europe and the Americas ... the gay backlash takes the form of a counter-revolution designed to intimidate the gay community and roll back gains in gay rights. Across Africa, the Middle East, and much of the post-Communist world ... the gay backlash consists of a ‘pre-emptive strike’ meant to stop the gay rights movement before it can gain its footing. This involves passing legislation that criminalizes or re-criminalizes homosexuality and that bans the promotion of homosexuality” (Encarnación).

Social and political **exclusion appears to be correlated to both reported religiosity of a population and overall level of economic development** (more exclusion in more religious and less well-off countries). Nevertheless, **many richer countries have either made slow progress on inclusion or experienced significant backlashes.** Male homosexual behaviour is still illegal in Singapore; an estimated 500,000 people protested Spain’s marriage equality law in 2005; many U.S. states have instituted laws and policies that discriminate against sexual and gender minorities, even as the federal government and judiciary in that country moved forward during the administration of Barack Obama (2009-2017).

Active **repression of sexual and gender minorities by governments also seems to be associated with political dynamics.** It is striking that many of the countries with the most direct and egregious government-sponsored violations of human rights of sexual and gender minorities are also countries that are challenging political diversity and opposition more generally and that many of the most visible examples of government-led discrimination often happen in the **run-up to elections** or at times when the government is being challenged in other ways. Encarnación notes that “by openly embracing anti-gay violence and extremely homophobic legislation, many autocratic regimes across the world are doing what such regimes have done for centuries to groups as varied as Jews, heretics, and various ethnic minorities: scapegoating a socially despised minority as a way to consolidate power, to justify conservative policies, and to distract from other issues” (Encarnación). Human rights and good governance organizations are increasingly recognizing these links, as are civil society organizations that support sexual and gender minorities. At global, regional and country levels, links between human rights and good governance movements and the movement for social and political inclusion of gender and sexual minorities have grown much stronger over the last five years.

Policy and programmatic responses to social and political exclusion

As noted in detail elsewhere in this paper, **social and political exclusion of sexual and gender minorities not only matters in and of itself, it also exacerbates poverty, contributes to poor health and education outcomes, undermines gender equality, rationalizes violence and undermines SDG progress overall.** Conversely, programmes, policies and politics that increase inclusion are powerful means of driving progress across multiple aspects of people's lives.

In addition to the **increasing willingness of 'mainstream' human rights groups to acknowledge sexual and gender minority issues and to collaborate with such groups,** there has been an **explosion in civil society organizing and networking among sexual and gender minority people themselves.** A decade ago, only about 25 indigenous NGOs and civil society organizations were known to be working on these issues in Africa; now there are hundreds. A similar expansion of response has taken place in Asia, albeit from a much stronger base ten years ago.

This expanding civil society movement and its partners have identified personal, cultural, legal and political actions that effectively promote inclusion. In some cases, it is possible to pursue all these approaches simultaneously, with each reinforcing the other. **Visible leadership by indigenous community organizations** (and ideally, local government officials) is vital to reinforce a positive narrative of sexual and gender diversity being part of every culture and country.

At a personal level, the strategy of **'coming out'** remains both risky and extremely effective. Personally knowing people who are sexual and gender minorities is strongly associated with social acceptance. Celebrities who are well known within their communities and countries can be even more powerful when they publicly discuss their minority sexual orientation or gender identity, as demonstrated by political activist Simon Nkoli in South Africa, musician Diana King in Jamaica and businesswoman Gigi Chao in China. Supporting parents of sexual and gender minorities to organize with each other and to speak out in favour of social inclusion has also proven very powerful. In early 2017, a group of mothers of lesbian and gay children from across China participated in a public "marriage market" in Shanghai, noting that they were looking for partners for their children. While the group was dispersed by the police after about an hour, they achieved widespread and sympathetic media coverage.

Positive representation of sexual and gender minorities in mass market cultural products like television, films and music videos is another important tool to advance social inclusion. This is increasingly occurring through the forces of private sector markets, especially with the global export of minority-positive television and film from the United States. Several NGOs have also successfully organized advocacy and technical support to include such characters within nationally-produced television programming in developing countries. In South Africa, The Other Foundation funds a gay man to work at a prominent newspaper, producing journalism both for and about sexual and gender minorities, while the country's most popular soap opera regularly represents sexual and gender diversity, including among characters in secondary school. The potential power of such inclusion is reflected in the actions of conservative censorship boards in many countries to restrict such representation.

Political leaders usually reflect public opinion, but they can also positively shape attitudes. Successful politicians who broadly deliver while they happen to be from a sexual or gender minority can be powerful. North America's first openly gay mayor was not from San Francisco or New York but from Winnipeg, on the Canadian prairies. As of early 2018, South Africa had at least 12 openly lesbian, gay or bisexual parliamentarians including a cabinet minister who is lesbian. Dozens of transgender candidates have contested elections in India since an Indian city elected a transgender person as mayor for the first time in 2015 and over 60 openly LGBT candidates contested Nepal's elections in 2013.

Heterosexual politicians can also drive social inclusion of sexual and gender minorities, most strikingly reflected in the actions and words of Nelson Mandela. In 2015, Kenya's President Uhuru Kenyatta dismissed sexual and gender minority rights as a 'non-issue' during a visit from United States President Barack Obama. While many homo/transphobic groups saw President Kenyatta's remarks as supportive to their cause, many sexual and gender minority activists interpreted them to mean that their head of state would not be actively campaigning *against* their efforts at social inclusion. Simultaneously, President Obama's championing of diversity was widely reported in the Kenyan media, undoubtedly catalyzing some useful conversations and reflections that contributed to growing awareness and acceptance of sexual and gender minorities in Kenya.

At its most extreme, **social and political exclusion of sexual and gender minorities can drive individuals to seek asylum in other countries.** To be considered a refugee, a person must have a "well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion," among other criteria. In 2013,

the European Court of Justice ruled that gays count as a “social group,” meaning they are theoretically eligible for asylum in European Union member states if they can demonstrate persecution, although actual practices vary considerably from one European Union country to another. Argentina, Canada, New Zealand, South Africa and the United States have also recognized that sexual and gender minority-related discrimination may be legitimate grounds for refugee status, although most countries still do not.

In addition, a proportion of people who seek asylum for reasons unrelated to their sexuality or gender identity or expression are of course sexual and gender minorities. In December 2015, the United Nations Refugee Agency (UNHCR), published “A Global Report on UNHCR’s Efforts to Protect Lesbian, Gay, Bisexual, Transgender, and Intersex Asylum-Seekers and Refugees.” The report noted that “legislative, social, and cultural discrimination against LGBTI persons is pervasive globally, and that such discrimination significantly impedes UNHCR’s LGBTI-focused protection efforts” and that “while laws criminalising LGBTI identity, expression, and association were most frequently noted in Africa, Asia-Pacific, and the Middle East and North Africa (MENA), social exclusion and other forms of violence were reported by offices in all five regions” (UNHCR, 2015).

Sexual and gender minority asylum seekers and refugees are subject to discrimination and violence both when their claim to asylum is linked to their sexual orientation or gender identity, and when their claim has nothing to do with sexuality or gender identity, but they happen to be sexual or gender minorities. The report notes that “LGBTI asylum-seekers and refugees are subject to severe social exclusion and violence in countries of asylum by both the host community and the broader asylum-seeker and refugee community. While the degree of acceptance of LGBTI persons was reported as very low in all accommodation settings, the lowest degrees of acceptance, across all respondents, were noted in camp settings. Similarly, of the 39 offices that indicated efforts to specifically track the situation of LGBTI persons of concern in immigration detention facilities, most indicated that LGBTI persons are frequently subject to abuse and/or exploitation by both detention authorities and other inmates” (UNHCR, 2015).

Priority actions to promote social and political inclusion for sexual and gender minorities

Efforts to increase social and political inclusion for sexual and gender minorities are probably the most important cross-cutting investments that can both directly and

indirectly contribute to equality and drive advancement for sexual and gender minorities. As noted above, it has long been recognized that “coming out” as a sexual or gender minority is perhaps the single most impactful action to increase visibility and, over time, inclusion. Nevertheless, there are significant risks to coming out in many environments for many people. Donors, policymakers, service providers and activists can themselves contribute to social and political inclusion by prioritizing the actions below.

- Improve data collection (disaggregated by sexual orientation, gender identity, gender expression and intersex status) related to public attitudes about sexual and gender minorities.
- Increase access to official identity documents that correspond to personal gender identity.
- Support sexual and gender minority-focused NGOs/CBOs to become officially registered.
- Actively support the appointment or election of openly LGBTI people to leadership positions in government, politics, diplomacy, public health, development, the private sector and elsewhere, and highlight the contributions of such leaders to their communities at large.
- Focus efforts to build alliances with mayors and city governments on sexual and gender diversity issues, particularly in relatively tolerant and diverse cities that are within more conservative and homo/transphobic countries.
- Increase sensitization and encouragement of media and communications producers to positively reflect sexual and gender diversity in their products, including through training and exposure programmes. Support internships or other placements of sexual and gender minority journalists and producers within strategic media and communications companies and specialized efforts to develop and share supportive media content with distribution channels.
- Support research to identify the most effective messaging strategies to influence attitudes of both the general public and policy leaders about sexual and gender diversity and give support to the design and implement of communication campaigns based on such evidence, as is currently being pursued by M&C Saatchi and its partners in the 'Key Population REACH' initiative in southern Africa.
- Provide core support to community organizing of sexual and gender minorities and to networks of such organizations, as well as support to other human rights

and development organizations to actively diversify their membership and their programmes to be more inclusive of sexual and gender minorities.

- As noted in the discussion of poverty above, support private sector initiatives and networks that promote diversity as a strength for enterprises, communities and countries.



ACCESS TO JUSTICE AND NON-DISCRIMINATORY LAWS

SDG 16 (Targets 16.9 and 16.B)

SDG 16 aims to “promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels.” Target 16.B aims to “promote and enforce non-discriminatory laws and policies for sustainable development.”

Legal inequality and discrimination

Around the world, **there are still many laws that discriminate against sexual and gender minorities, either explicitly or in their application.** In addition to directly placing sexual and gender minorities in legal jeopardy, **discriminatory laws have been shown to reduce access to health services and they likely both reflect and influence social sentiment,** even if enforcement varies.

The most recent comprehensive review of laws related to sexual orientation, gender identity and gender expression was published by the International Gay and Lesbian Association in May 2017 (Caroll and Mendos). The report shows widespread legal discrimination against sexual and gender minorities.

The most widespread discriminatory laws concern **family formation.** A large majority of **countries do not allow equal marriage rights** for same-sex couples (only 22 countries do so, including the pioneer Denmark) **or joint adoption** (only allowed in 26 countries). A large majority of countries have **legal and/or administrative barriers to recognition of gender identity** for transgender people and some countries explicitly **criminalize transgender people through laws against cross-dressing and/or “impersonation” of the opposite sex.**

Criminalization of same-sex conduct is still widespread. As of May 2017, consensual sexual conduct between adult men was explicitly criminalized in 71 countries (72 including Egypt, which technically does not criminalize same-sex activities but in practice prosecutes such behaviour with a range of other statutes). Since the publication of the International Lesbian, Gay, Bisexual, Trans and Intersex Association report, Trinidad and Tobago decriminalized male homosexual conduct in 2018 as a result of a court case, and several other countries are undergoing legal challenges to anti-homosexuality laws in their courts.

The Association’s May 2017 report notes that of the 71 countries that criminalize sex between men, 45 countries also explicitly criminalized sex between women. And while there has been slow but steady progress towards decriminalizing sex between men, at least ten countries that previously criminalized only sex between men have revised their criminal codes to now explicitly criminalize sex between women as well (Human Dignity Trust). The Human Dignity Trust report from 2016, “Breaking the silence: Criminalization of Lesbians and Bisexual Women and its Impacts,” also notes that “the criminalization of lesbians and bisexual women is often amplified by other criminal laws that have a disproportionate impact on women, such as laws criminalizing adultery, abortion and prostitution and laws that permit child marriage and rape within marriage” (p. 4).

Generally, these criminal laws refer to sex between men, between women and/or between people of the same sex, so their applicability to sex between or with transgender people is unclear. **Penalties for homosexual conduct can be severe**, including death in 13 countries (of which eight countries actively implement the death penalty for such conduct) and imprisonment of 15 years to life in a further 14 countries.

In 2016, Human Rights Watch documented the use of **forced anal exams of men accused of homosexual conduct** in eight different countries, which they characterized as “a form of cruel, degrading, and inhuman treatment that can rise to the level of torture.” The Human Rights Watch report noted that the United Nations Committee against Torture has emphasized that such exams “have no medical justification and cannot be consented to fully” (Human Rights Watch, *Dignity Debased*).

Many countries that do not criminalize same-sex conduct per se still have **differential ages of consent for heterosexual and homosexual conduct**. Canadian law no longer differentiates heterosexual and homosexual conduct explicitly in its age of consent law, yet it has a higher age of consent for anal sex outside marriage (18) than other forms of sexual contact, including vaginal sex (16) (Public Legal Education and Information Service of New Brunswick, “No means no”). Like Canada, 15 other countries also have unequal age of consent laws.

Two approaches to criminalization seem to be spreading to more countries. The International Lesbian, Gay, Bisexual, Trans and Intersex Association report lists 25 countries – 11 in Africa, 13 in Asia and one in Europe – with specific **“barriers to the formation, establishment or registration of sexual orientation-related NGOs.”** This reflects a broader trend, with a growing number of countries restricting civil society organizing and legal recognition in general, in a way that also affects groups working on sexual and gender minority issues.

A growing number of countries **legally prohibit so-called “promotion” of homosexuality through morality or propaganda laws**, an approach pioneered in the Thatcher-era United Kingdom, which in 1988 legislated that a local authority “shall not intentionally promote homosexuality or publish material with the intention of promoting homosexuality” or “promote the teaching in any maintained school of the acceptability of homosexuality as a pretended family relationship” (*The Week*, “Timeline of gay rights in the UK”). While that UK law was finally repealed in the year 2000 in Scotland and in 2003 in the rest of the UK, the Russian Federation and 18 other countries listed by the International Lesbian, Gay, Bisexual, Trans and Intersex Association have adopted similar but even more sweeping propaganda or morality legislation against public

discussion of sexual and gender minority issues (Caroll and Mendos). The **Russian Federation** passed a new federal law in 2013 “for the Purpose of Protecting Children from Information Advocating for a Denial of Traditional Family Values.” While this legislation did not criminalize homosexual acts per se, it criminalized “propaganda of non-traditional sexual relationships” among minors. **The law seems explicitly designed to criminalize discourse and association.** Businesses and organizations can be forced to temporarily cease operations if convicted under the law. **Within Russia, the climate of state-sanctioned homo/transphobia has contributed to particularly violent state-sponsored homophobia in Chechnya,** where over 100 gay or bisexual men are reported to have been arrested, imprisoned and tortured in 2017 alone, sometimes leading to death. The Russian legislation has been copied in several countries in the Commonwealth of Independent States (Caroll and Mendos).

Although homosexual behaviour between men was already criminalized, **Uganda’s parliament debated an “Anti-Homosexuality Bill” in 2009** that established one of the templates for closing of political space for sexual and gender minorities. In addition to dramatically exacerbating criminal penalties for homosexual sex and a variety of related offenses, the act criminalized for the first time promoting or abetting homosexuality. If such promotion or abetting is conducted by a corporate body, business, association or non-governmental organization, its registration can be cancelled and the “director, proprietor or promoter” can receive seven years imprisonment. While the initial act was amended in several significant ways, this **criminalization of expression and association was retained in the final “Anti-Homosexuality Act,” signed into law in Uganda in February 2014.** Later in 2014, the act was then **deemed invalid by the Constitutional Court on procedural grounds,** given the lack of parliamentary quorum during its passage. The future of the law in Uganda itself is unclear, but its consideration and passage have both dramatically exacerbated homophobia in Uganda and successfully inspired ‘copycat’ acts in several other African countries, including Gambia, Liberia, and Nigeria, just as the Russian Federation’s law was copied by several neighbouring countries (Caroll and Mendos).

Many other examples can be found of discriminatory laws and/or discriminatory application of laws that are not necessarily focused on sexual and gender minorities. In many settings, transgender women are disproportionately targeted by **loitering and solicitation laws** (Godwin). Many **social protection programmes** actively or inadvertently discriminate against sexual and gender minorities through inclusion and exclusion criteria, particularly as many are **designed to support, heterosexually-headed families** (Godwin).

In many settings, access to justice for women and girls is either subtly or blatantly restricted compared to access to justice for men and boys. When such gendered justice intersects with discrimination against sexual and gender minorities, the impact can be severe, as noted in the United Nations CEDAW Committee General Recommendation 33 on Access to Justice: “Discrimination against women is compounded by intersecting factors that affect some women to degrees or in ways that differ from those affecting men or other women. Grounds for intersecting or compounded discrimination may include... identity as a lesbian, bisexual or transgender woman or intersex person. These intersecting factors make it more difficult for women from those groups to gain access to justice” (CEDAW cited in Human Dignity Trust, “Breaking the Silence,” p. 26).

Despite the severity and extent of sexual and gender minority-related criminalization, the International Lesbian, Gay, Bisexual, Trans and Intersex Association report also points to **important signs of progress**. The report lists **76 countries that now offer at least some, limited LGBTI-related legal protections** – outnumbering those with criminal sanctions. These include nine countries that explicitly prohibit discrimination based on sexual orientation (and sometimes based on gender identity or expression) within their constitution. While only 22 countries offer marriage equality, a further 28 offer some other kind of legal recognition of same-sex partnerships. Seventy-two countries have some legal prohibitions against LGBTI-related discrimination in workplaces. Some countries are also introducing protections related to housing, bullying in schools and other issues. Brazil was the first country to ban so-called “conversion therapy” in 1999 (therapy that claims to turn LGBT people heterosexual and/or cisgender) and now seven other countries have bans at national or sub-national levels (*India Today*, “UK to ban conversion therapy”).

Policy and programmatic responses to legal barriers and discrimination

At a global level, there are multiple elements of **international human rights law that can and should be used to challenge discriminatory laws and practices**, although international human rights law was not interpreted in such a way until the Council of Europe began to do so in the 1980s, as described further in the discussion of international cooperation below. For example, Article 3 of the Universal Declaration of Human Rights notes that “everyone has the right to life, liberty and the security of the person,” which should provide **legal protection against homophobic and transphobic violence**. Article 5 of the Declaration notes that “no one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment,” rights which are made more explicit in the Convention against Torture

and Other Cruel, Inhuman or Degrading Treatment or Punishment. The Office of the United Nations High Commissioner for Human Rights (OHCHR) noted in 2012 that **laws that criminalize homosexuality and lack of protection from discrimination based on sexual orientation and gender identity “violate an individual’s right to be free from discrimination,** which is enshrined in article 2 of the Universal Declaration of Human Rights... as well as the rights to be protected against unreasonable interference with privacy and arbitrary detention.” The same OHCHR report cites **multiple international human rights obligations that protect freedom of expression, association and peaceful assembly,** which are relevant to so-called anti-propaganda laws as well as to restrictions on civil society organization and expression (“Yogyakarta Principles” and “Yogyakarta +10”).

Also working at a global level, in 2011 and 2012, the Global Commission on HIV and the Law investigated the intersection of legal frameworks and HIV risk. Not surprisingly, its final report, “Risks, Rights and Health,” included separate sub-sections focused on men who have sex with men and on transgender people. In addition to presenting evidence about the association between criminalization and HIV risk (for both gay and bisexual men and for transgender people), the report also made specific recommendations regarding opportunities for law reform and strategic litigation (Global Commission on HIV and the Law, 2012, chapters 3.3 and 3.4). A supplementary report, “HIV and the Law: Risks, Rights & Health – 2018 Supplement,” reported on judicial and legislative progress between 2012 and 2018 and included supplementary recommendations based on lessons learned in the intervening years, including the importance of challenging censorship of information about sexual and gender diversity on the internet and laws that implicitly or explicitly position heterosexual sexuality as superior to other forms of sexuality.

In May 1996, **South Africa became the first country in the world to explicitly prohibit discrimination on the basis of sexual orientation within its constitution,** upholding the approach that had already been included in its 1993 interim constitution. Multiple key informants spoke of the importance in South Africa of **constitutional protection of rights** and the increasing public awareness over the past twenty years that rights are indivisible; one said, “protecting my right to freedom of expression means I have to respect their right to bodily autonomy.” It appears that in the short term, a particularly common attitude towards sexual and gender minorities in South Africa could be summarized as “I may not approve, but I respect their right to be who they are and do what they do.”

Strategic public interest litigation can secure legal protection while simultaneously shaping public opinion when defendants are sympathetic and media campaigns are well designed. Litigation has recently led to the **decriminalization of same-sex relations in both Belize and Trinidad and Tobago.** In India, the Delhi High Court ruled in 2009

that a ban on gay sex violated the fundamental rights of a citizen, but that ruling was subsequently set aside by India's Supreme Court in 2013, effectively re-criminalizing homosexuality. Since 2013, however, the Supreme Court has reinforced the right to privacy in rulings on other issues, which has in turn led to a new consideration of sodomy laws at the Supreme Court in July 2018, with the outcome still awaited.

In an increasing number of cases, **precedent-setting legal victories for sexual and gender minorities are specifically linked to the rights to expression and association.** Although homosexual acts remain illegal in Botswana, an LGBTI rights NGO sued the government of Botswana in 2013 to force it to register the organization, following two earlier denials. The NGO won two important victories, first in the High Court in 2014 and then on appeal to the Court of Appeal in 2016 (International HIV/AIDS Alliance, "Victory for LGBT Community in Botswana"). In Kenya, which also criminalizes homosexual behaviour, both a transgender group and a cross cutting LGBT group took similar actions against the NGO Coordinating Board after being denied registration. Registration was granted to both groups by the court, although the government is currently appealing the registration of the LGBT NGO, while allowing the registration of the transgender group to stand. Strategic litigation has also been effectively used to challenge other discriminatory laws subsequent to decriminalization of homosexual conduct itself. For example, court victories led to equal marriage rights for same-sex couples in both Taiwan and the United States.

Legal progress has also been enacted through legislatures, rather than the courts, in a several countries. Such reforms have often been catalyzed by recommendations by international and national human rights bodies, while nevertheless having the legitimacy of being enacted by elected parliamentarians. **The Mozambican parliament decriminalized homosexuality as part of a broader reform and update of its criminal code in 2015.** In May 2016, the National Assembly of the Seychelles voted unanimously to decriminalize homosexual behaviours in a stand-alone bill (Global Commission on HIV and the Law, *HIV and the Law: Risks, Rights & Health – 2018 Supplement*).

Priority actions to promote legal equality and non-discrimination for sexual and gender minorities

Legal equality, protection from discrimination and social inclusion and acceptance all reinforce each other. Sexual and gender minorities in each country, along with relevant

human rights specialists and political scientists, have the best understanding of **how to sequence and combine litigation, movement building, lobbying for parliamentary action and social campaigning**. Dynamics also vary from country to country regarding which issues should be addressed first and with what rationale, in terms of building a foundation for further progress in the future.

Therefore, with appropriate attention to each country's own dynamics, constraints and opportunities, donors, policymakers, service providers and activists should consider prioritizing the actions below.

- Collaborate with, support and follow-up the work of Victor Madrigal-Borloz, the United Nations Human Rights Council's 'Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity.'
- Build international and global momentum around non-discrimination, including through ongoing support to networks of supportive judges, new investments to build a similar network of supportive parliamentarians and ongoing use of the Universal Periodic Review, shadow reports and other policy tools in the international human rights system.
- Provide ongoing support to international and national human rights and law reform actors, including to improve the documentation and response to human rights violations, collection of evidence about the ongoing evolution of laws and their application, and strategic litigation.
- Consider a strategic approach whereby law reform related to sexual and gender diversity is linked to broader reforms of criminal law addressing other issues, as successfully pursued in Mozambique.
- Campaign for the repeal of punitive and discriminatory laws regarding consensual same-sex behaviour and self-determination of gender identity, using evidence regarding their impact on HIV and other public health issues, leveraging the increasing understanding and support for such an approach from health ministries.
- Monitor the implementation of protective laws and policies, linked to advocacy and technical support to support such implementation.
- As noted in the health section above, campaign against the use of anal exams in criminal prosecutions.

- Invest in strategic litigation capacity country by country, including by building links between sexual and gender minority community organizations and mainstream human rights defenders.
- Continue campaigning for administrative and legal protection and accommodation (such as: inclusion of homo/transphobia in hate crime laws; prohibition of discrimination related to sexual orientation, gender identity or gender expression; birth certificates that accommodate intersex children; legal and administrative facilitation and recognition of gender transition), in parallel to efforts to repeal punitive laws.
- Strengthen alliances with actors challenging the broader phenomenon of shrinking civil society space and independent media.



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YEARS



DATA ON SEXUAL AND GENDER MINORITIES

SDG 17 (Target 17.8)

The seventeenth SDG is to “strengthen the means of implementation and revitalize the global partnership for sustainable development.” Target 17.18 focuses on data, calling for enhanced capacity-building support to developing countries by 2020 (not 2030), in order “to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.”

Why do data matter and what data do we have?

In development, public health and private enterprise, it has become widely accepted that **one should “measure what matters” and that “what gets measured gets done.”** Unfortunately, as illustrated again and again in the sections above, **even basic data about sexual and gender minorities is often lacking**, let alone data about the intersection of sexual and gender minority-issues and the SDGs.

An expert meeting convened in the Netherlands in 2016 identified the following rationales for improving data collection and analysis related to sexual and gender diversity (Williams Institute, “Exploring International Priorities and Best Practices for the Collection of Data About Gender Minorities”):

- demonstrating the existence of gender minorities;
- destigmatizing gender minorities;
- documenting the experiences and characteristics of gender minorities; and,
- informing policies and programmes.

While all these rationales are important, it is data for policy and programming that is the most relevant to advance action for sexual and gender minorities as part of the SDGs.

As noted in the introduction, **challenges around defining and measuring sexual and gender minority status, self-identification or presentation will always create challenges to robust data collection and analysis**, which also makes it difficult to compare population sizes across different countries and contexts. In large parts of Latin America and South Asia, as well as in certain institutionalized environments like prisons and military services, men who sexually penetrate other men without engaging in other same-sex activities often describe and present themselves as heterosexual, while men engaging in the same behaviour in other parts of the world would be much more likely to label themselves gay or bisexual. Also, as noted in the introduction to this paper above, it is striking that **the few comparable and representative surveys of the population in richer countries have tended to report larger proportions of people who present as LGBTI in more recent years, as social and legal acceptance of sexual and gender diversity increases** (Williams Institute, “Exploring International Priorities and Best Practices for the Collection of Data About Gender Minorities”).

In the 1990s, **public health practitioners working on HIV began to refer to “men who have sex with men” rather than “gay or bisexual men,”** partly because the relevant sexual behaviours and self-identified sexual orientations did not completely overlap,

and partly because it was more straightforward to measure specific behaviours, such as anal sex between men. Because of this innovation, and because of the scale of investment in HIV work, **most of the data now available about gay and bisexual men (and more recently transgender women) is related in one way or the other to HIV.** The **other main source of sexual and gender minority-related data is the human rights field**, which increasingly documents the scale and nature of alleged human rights violations related to real or perceived sexual and gender minority status. Both public health data focused on behaviours and human rights data focused on violations can lead to important insights while also having significant limitations.

Important **ethical challenges exist to collecting data about behaviour or identification that might be criminalized and is often stigmatized.** Widespread practices in HIV programme design, such as the identification of geographic ‘hot spots’ associated with high rates of HIV transmission, reveal not only priority locations for HIV programming but potential sites for police and public harassment and violence. **As demand for data to drive HIV investments increases, and as technology makes such data collection more feasible, existing risks get heightened and new risks emerge.** Despite the scientific consensus against criminalizing HIV ‘exposure,’ especially in the age of undetectable viral loads, at least 69 countries still pursue such prosecutions, with gay and bisexual men (and sex workers and ethnic minorities) typically the target (Global Commission on HIV and the Law, *HIV and the Law: Risks, Rights & Health – 2018 Supplement*). At least 29 countries ban the entry of non-nationals with HIV in all circumstances and far more have restrictions related to longer-term stays (Global Commission on HIV and the Law, *HIV and the Law: Risks, Rights & Health – 2018 Supplement*). Such criminal prosecutions and immigration restrictions are a powerful disincentive for HIV testing and for associating HIV data with data about sexuality or gender identification or presentation. Even in the absence of explicit criminal legislation or discrimination in public policy, private enterprises too can use such data to discriminate, such as refusing health insurance to people with a pre-existing HIV infection.

One of the most basic questions often asked in HIV programming concerns the size of a particular ‘target population’ in a country or place. Accurate population size estimations are required to know the degree of coverage of any given health (or other) service: it is the denominator against which progress is measured. Increasing demand has also arisen for data that tracks individuals who use services, particularly in HIV treatment, as aggregating user records from individual clinical service providers often would double count individuals who access services from more than one clinic (or from the same clinic multiple times, using different names). Both types of data collection can

also have negative consequences. Relatively **small population size estimates can cause policymakers or funders to dismiss a population as unimportant or insignificant** and tracking of individuals can lead to **criminal and other consequences**. The only way to address these legitimate concerns is for governments and other stakeholders to **reinforce their commitment to serving everyone**, especially the most marginalized, regardless of population size, and to **repeal laws and policies that criminalize or discriminate against people with HIV or people who are sexual or gender minorities**.

Because population size estimates also influence funding allocations for HIV and health services, **the lack of accurate size estimates results in reduced funding, which in turn further undermines the availability of data** (Baral and Greenall). One recent study explored associations between legal status, key population size estimates and HIV service coverage for 193 countries from 2014 to 2017, concluding that “a significantly larger proportion of countries that criminalize same-sex sexual behaviour reported implausibly low size estimates or no size estimates for men who have sex with men” (Davis et al., “Punitive laws, key population size estimates, and *Global AIDS Response Progress Reports*: an ecological study of 154 countries”). In a separate study, Davis noted that “**the absence of this data creates a paradox in which invisibility reinforces invisibility**” (Davis, “The uncoun­ted: politics of data and visibility in global health”).

Data collection related to young people can be even more challenging. As noted above, bullying and other discrimination in schools may be directed at students who self-identify as LGBTI or at students who are perceived to be LGBTI or gender non-conforming. Some school systems are beginning to track (reported) incidents of bullying, but it is challenging to design a robust and ethical approach to sexual and gender minority-related population size estimates in educational settings. Advocates and professionals involved in sexual and gender minority-related data collection in school settings tend to stress the primacy of the right to privacy and the recognition that only some relevant students would choose to disclose their LGBTI status or identification in response to researchers. Despite these limitations, multiple professional bodies, including the National Association of School Psychologists in the United States, encourage schools to include attention to sexual and gender diversity in their data gathering, while taking appropriate steps to create safe and supportive climates for all students (Arredondo et al.).

Initiatives to strengthen data collection and analysis related to sexual and gender minorities

Beyond HIV-related data collection, a **small but growing number of countries have begun to collect data on sexual and gender minorities through general population censuses, targeted sexual and gender minority census/survey instruments or nationally representative household surveys**. In 2015, Statistics New Zealand was the first national statistics office in the world to develop a standard term and measurement for trans or intersex people, introducing ‘gender diverse’ alongside ‘male’ and ‘female’ to its statistical classifications of gender identity. In 2016, Statistics Canada modified their census questionnaire to allow respondents to identify as male, female or ‘other,’ with respondents invited to provide a written comment when they select ‘other’ (Williams Institute, “Exploring International Priorities and Best Practices for the Collection of Data About Gender Minorities”). India, the European Union, Uruguay and numerous city, state and federal departments in the United States have conducted targeted surveys to collect data from and about sexual and/or gender minorities.

In 2015 and 2016, UNDP collaborated with OHCHR to conduct a series of **consultations with sexual and gender minorities to identify their priorities for data collection and analysis as well as other activities to deepen the evidence base** on sexual and gender minority and development issues. The process identified “five high-priority dimensions of inclusion in development (from a rights-based perspective): health, economic well-being, personal security and violence, education and political and civic participation.” In each dimension, UNDP and its community informants identified priorities for new data collection, analysis and other research and UNDP consultations also identified **priorities related to research and data methodologies**, including definition and measurement issues for national surveys and representative household surveys, approaches to macroeconomic modelling, mixed-methods research and the **use of big data and data science**. A final set of recommended indicators was jointly published by UNDP and the World Bank in the 2018 report, *A Set of Proposed Indicators for the LGBTI Inclusion Index* (Badgett and Sell).

In an important example of the use of big data, Baral et al., in 2018, published population size estimates for 14 countries across five continents, comparing official government estimates of gay, bisexual and other men who have sex with men populations (as reported to UNAIDS) with self-identified gay and bisexual male users of Facebook and users of the male dating app Hornet in the same countries (Baral et al., “Population Size Estimation of Gay and Bisexual Men and Other Men Who Have Sex With Men Using Social Media-Based Platforms”). Not surprisingly, “the estimates that leveraged social

media apps for the number of GBMSM across countries are consistently far higher than official UNAIDS estimates.” Importantly, Facebook data also allowed the researchers to identify gay, bisexual and other men who have sex with men aged 13-17 years, a population left out of almost all official government statistics.

UNDP and the World Bank have also collaborated and consulted to develop recommendations for sexual and gender minority-related research beyond data collection and analysis. Their recommendations – related to capacity building and partnerships, operationalizing the proposed LGBTI inclusion index and funding identified research priorities – were summarized in the 2016 report *Investing in a Research Revolution for LGBTI Inclusion* (UNDP and World Bank).

Priority actions to improve data related to sexual and gender minorities

Each of the preceding sections in this paper include recommendations related to data and evidence building, related to poverty, education, health, gender, social and political inclusion and discriminatory laws. These recommendations reflect both the paucity of existing data and other evidence and the importance of evidence to drive investment and effective policies and programmes. **In addition to these sector-specific priorities**, donors, policymakers, service providers and activists should consider prioritizing the below cross-cutting data and evidence actions.

- Invest in the development of more effective, ethical data collection and research methods.
- Focus efforts to learn about safety and protection issues related to data collection and other research with and for sexual and gender minorities.
- Provide specific investments in leveraging the potential of data science to build not only population size estimates but to better understand diversity within sexual and gender minority communities.
- Support the United Nations Statistics Office, National Statistics Offices and other relevant actors to build awareness of the importance of data collection and analysis of sexual and gender minorities, to develop and test methodologies and to share good practice.
- Ensure further attention to development, collection and analysis of programmatic indicators related to sexual and gender diversity, in SDG efforts and beyond.



THE ROLE OF INTERNATIONAL COOPERATION IN SUPPORT OF SEXUAL AND GENDER MINORITIES AND THE WAY FORWARD

SDG 17 (Targets 17.3 and 17.9)

SDG 17 proposes to “strengthen the means of implementation and revitalize the global partnership for sustainable development.” Targets include 17.3, to “mobilize additional financial resources for developing countries from multiple sources,” and 17.9, to “enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation.”

The evolution of international cooperation to support inclusion of sexual and gender minorities in sustainable development

While informal cooperation has taken place among sexual and gender minority activists across borders for many years, **structured international cooperation on sexual and gender minority issues began in the NGO sector in 1978** with the formation of the International Lesbian and Gay Association by a group of European, Australian and American LGBT organizations. The Association was established to “maximise the effectiveness of gay organisations by coordinating political action on an international level in pursuit of gay rights and in particular to apply concerted political pressure on governments and international institutions to set up an information centre to distribute information on gay matters” (ILGA.org home page). Not long afterward, formal support for sexual and gender minority rights was endorsed at the **Parliamentary Assembly of the Council of Europe**, with the passage of Resolution 756 on discrimination against homosexuals on 1 October 1981 (Sanders, “Human Rights and Sexual Orientation in International Law”).

In 1990, a second globally-focused LGBTI rights organization was established, the International Gay and Lesbian Human Rights Commission (now known as OutRight Action International), with an emphasis on complementing the International Lesbian, Gay, Bisexual, Trans and Intersex Association by both documenting human rights violations and leveraging the formal human rights system and the intergovernmental system more broadly to advance LGBTI rights.

Then, in 1992, the World Health Organization made the first significant step forward on sexual and gender minority rights by an organization affiliated with the United Nations system when the tenth edition of the International Statistical Classification of Diseases and Related Disorders (ICD-10) declassified homosexuality as a mental disorder.

In 1994, the International Gay and Lesbian Human Rights Commission organized a petition to “put sexuality on the agenda” of the upcoming Fourth World Conference on Women, to be held in Beijing in 1995. The organization joined forces with the International Lesbian, Gay, Bisexual, Trans and Intersex Association and several other NGOs from around the world to bring the voices of lesbians and bisexual women to the conference. The conference’s final declaration ended up deleting the phrase “sexual orientation,” which had been included in working drafts, but it did assert that “the human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence” (Beijing Declaration, paragraph 96).

The HIV epidemic catalyzed the most significant expansion of international cooperation related to sexual and gender minorities. Over the course of the 1980s, the Council of Europe agreed on several policies underlining LGBT rights in the context of the emerging HIV epidemic. Official development assistance to support countries responding to HIV and AIDS began in the late 1980s and increased in the early 1990s, focusing overwhelmingly on issues associated with heterosexual transmission of HIV, but occasionally providing support to NGOs that worked with sexual and gender minorities including ABIA in Brazil and The Library Project in the Philippines. In May 1990, the WHO Director General issued a *note verbale* on avoidance of discrimination in national AIDS programmes worldwide, pointing out that criminalization of male homosexual behaviour and other types of discrimination fueled the spread of HIV (Mann et al.).

International NGO networks like ICASO (established in 1989) and NGOs like the International HIV/AIDS Alliance (established in 1993) advocated for attention to sexual minorities in HIV-related policies and programmes throughout the 1990s (Gordenker et al.), although **significant investments were not forthcoming until after the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria** in 2002. The Bill and Melinda Gates Foundation launched Avahan in 2003, a large-scale investment in HIV prevention in India that focused primarily on (female, heterosexual) sex workers while also including some attention to transgender women and to men who have sex with men. **A further surge of attention to sexual and gender minority issues in development cooperation began in late 2006 with the development of the Yogyakarta Principles**, an analysis of the application of human rights, including economic and social rights, to issues of sexual orientation and gender identity. In 2008, UNDP successfully proposing that it be designated as a ‘lead agency’ for UNAIDS on sexual minority and HIV issues and UNESCO launching a significant programme of research and advocacy linking sexual orientation and gender identity issues, bullying in schools and vulnerability to HIV.

In 2010, **Sweden’s international development agency, Sida, published “Poverty and Sexuality: What are the connections?”** In contrast to most policy papers from bilateral agencies at the time, the Sida publication went far beyond HIV to look at the intersection of sexuality with poverty overall and more specifically with health services, work and livelihoods, education and housing. The Secretary General of the United Nations at that time, Ban Ki-moon, also began speaking out regularly on the rights of sexual and gender minorities. Since 2011, the United Nations Human Rights Council has adopted three resolutions and commissioned two studies by OHCHR that have exposed the scope and scale of discrimination and violence against LGBT and intersex people.

More than 100 countries have now accepted United Nations human rights recommendations, generated through the Universal Periodic Review, to change their domestic laws and take other steps to protect the rights of LGBT people. **In September 2016, the United Nations Human Rights Council appointed the first ever United Nations Independent Expert to monitor and report on violations** – marking a significant step forward and helping to cement the issue on the international human rights agenda. Violence against LGBT people has also been taken up at the United Nations Security Council, which in 2015 held its first ever meeting on the subject, and in June 2016 issued its first ever statement referencing sexual orientation in response to the murder of 49 people at the Pulse nightclub in Orlando, Florida, most of whom were Latino and LGBT. These developments build on more than two decades of work carried out by the United Nations human rights treaty-monitoring bodies, which have repeatedly reaffirmed that sexual and gender minorities are not to be subjected to either discrimination or violence and urged United Nations Member States to take steps to end these abuses.

At the same time, while support for measures to protect the rights of sexual and gender minorities has grown, **opinion among members of the United Nations General Assembly remains sharply divided** – a pattern also reflected in the most recent vote at the United Nations Human Rights Council. Reflecting continuing opposition by some States, a significant number of civil society groups were excluded from the 2016 United Nations High Level Meeting on AIDS, presumably because of their involvement in LGBTI and similar issues. While some countries strongly frame progress for sexual and gender minorities in human rights terms, others are reticent or resistant.

The programmes, funds and specialized agencies of the United Nations were relatively slow to engage in sexual and gender minority-related issues beyond HIV, but momentum is building. United Nations development system action on sexual and gender minority social inclusion issues in and of themselves, distinct from HIV, has taken off in the last five years, with UNDP and UNESCO generalizing their efforts and UNICEF publishing a position on sexual orientation, gender identity and children in 2014. A particularly significant step forward took place in September 2015, when 12 United Nations entities (ILO, OHCHR, UNAIDS Secretariat, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP and WHO) released a joint statement calling for an end to violence and discrimination against sexual and gender minorities (OHCHR, “Joint United Nations Statement on Ending Violence and Discrimination against Lesbian, Gay, Bisexual, Transgender and Intersex People”).

The role of three United Nations system actors deserves special mention. In addition to serving as the secretariat to the United Nations Human Rights Council activities

described above, **OHCHR** has also played other important roles on LGBTI issues within the United Nations system. For example, its global public education campaign for LGBTI equality, *Free and Equal*, has reached more than two billion people since it launched in 2013. **UNAIDS** has played a key role as the main United Nations development system actor that has been able to support Resident Coordinators and United Nations Country Teams to respond to specific country crises linked to sexual and gender minority issues, both from the UNAIDS secretariat (including its country level staff) and from UNAIDS co-sponsors, albeit with an HIV lens. Finally, **UNDP** was the first of the development-oriented multilaterals to explicitly develop programming and to build expertise in the intersection of LGBTI issues and development.

Most of the developments described above reflect increased engagement and leadership on sexual and gender minority issues at high levels of the United Nations system and in global policy debates. While such advocacy and action at a global level can make important contributions in countries and communities, **the most direct opportunity for the United Nations development system to improve the day to day lives of sexual and gender minorities is through country development programming**, organized and implemented under the chapeau of country-specific United Nations Development Assistance Frameworks. Over the last decade, numerous United Nations development system entities have initiated country-level programming and policy dialogue to promote sexual and gender minority social inclusion in dozens of countries. As noted above, even more countries have received support from UNAIDS and its co-sponsors related to the impact of HIV on men who have sex with men and transgender women.

Nevertheless, **there is a very large untapped potential for more impactful country-level action by United Nations Country Teams (UNCTs) on sexual and gender minority social inclusion, both directly and indirectly**. OHCHR compiled an initial overview of United Nations system-related work on LGBTI issues in 2015, updated in 2018 (OHCHR, *The Role of the United Nations in Combatting Discrimination and Violence against Lesbian, Gay, Bisexual, Transgender and Intersex People. A Programmatic Overview*), but no mechanism exists to track United Nations development system involvement in sexual and gender minority issues, let alone to promote coordination and cohesion. United Nations Resident Coordinators and United Nations Country Teams lack access to systematic technical support and tailored policy guidance on sexual and gender minority issues. Very few UNCTs advocate for and support the systematic collection and analysis of sexual and gender minority-related data, the foundation of an effective prioritization of (and action on) sexual and gender minority social inclusion. The UNCT action that does exist is too often dependent on a single staff person in a single UNCT

agency, rather than being organized under results groups that bring together the complementary skills of different UNCT members and institutionalize the kind of long-term action required for sustained progress.

While sexual and gender minority issues in developing countries have received more political and rhetorical attention in recent years, **there continues to be a dramatic under-investment in these issues from bilateral agencies and philanthropies.** The Global Philanthropy Project (GPP) has surveyed funders around the world about their LGBTI-related investments over a four-year period, with their first survey covering 2013 and 2014 and their more recent survey covering 2015 and 2016. **Allocated funding grew each year from 2013 to 2015 but then declined in 2016.** GPP calculated these trends both including and excluding United States government support to LGBTI issues, given the change of government in the United States, and identified a decline in investments whether or not the United States government contributions are taken into account. GPP emphasized that “despite the recent growth of LGBTI funding, it remains small and has not grown in proportion to overall foundation funding and international aid...**for every \$100 that foundations gave only about 17 cents explicitly focused on LGBTI communities.**”

For official development assistance **from governments, only four cents of every \$100 focused on LGBTI communities and issues.** The gap between the visibility and debate about sexual and gender minority funding and the reality is partly explained by the number of grants, which continued to grow even as the total amount decreased, reflecting the allocation of smaller and smaller grants each year. About 24 percent of the funding tracked by GPP was focused on LGBTI issues in the “Global South and East.” Over the two-year period of 2015 and 2016, \$54 million was allocated to Sub-Saharan Africa, \$24 million to Latin America and the Caribbean, \$22.5 million to Asia and the Pacific, \$19.3 million to Eastern Europe, Central Asia and Russia and \$6.7 million to North Africa and the Middle East. An additional \$72 million over two years was allocated to work on LGBTI at an international or global level (Global Philanthropy Project).

GPP reports that in 2015 and 2016, roughly 57 percent of the small amount of funding available to global and developing country LGBTI issues was for human rights-related work and a further 22 percent for health (including HIV). **Over this two-year period, only about \$1 million was granted for the entire world, outside the United States, on education and safe schools, only about \$1.8 million was granted on economic issues and under \$8 million granted for confronting gender-based violence that affects LGBTI people** (Global Philanthropy Project).

The path forward: International efforts to support inclusion of sexual and gender minorities in national efforts to achieve the sustainable development goals

In country-level interviews in Kenya, India and South Africa, respondents were asked about the positive and negative impacts of international cooperation activities designed to promote and protect LGBTI rights and support LGBTI inclusion in development. Overwhelmingly, such efforts were welcomed by community members and activists, albeit while noting the importance of donors and other international cooperation actors being sensitive and responsive to guidance from local LGBTI communities.

Public and private sector donors, multilateral agencies and others who influence these policies and practices should consider prioritizing the actions below.

- Linking and learning from sexual and gender minorities in developing and middle-income countries, develop country-specific strategies, particularly concerning priority issues and the risks and benefits of more visible and more discrete approaches to partnership.
- When it is safe to do so, highlight success stories regarding both inclusion of sexual and gender minorities and the association of sexual and gender minority inclusion with benefits to broader populations.
- Dramatically increase international funding available to sexual and gender minority issues in developing and middle-income countries, balancing across human rights, health, gender-based violence and gender equality, poverty, education, social inclusion, legal advocacy and other priorities.
- Ensure that sexual and gender diversity is fully integrated into health, development and gender equality strategies, including by developing and using sexual and gender minority-related indicators in programme monitoring and evaluation.
- Expand actions by and through the United Nations development system, given the system's capacity to convene a wide range of actors and to be respected as a neutral and supportive partner to country's development efforts.
- Hold the United Nations system to account for its action and inaction in this area, according to each agency's mandate.

- Further develop supportive regional and international policy guidance and precedents by supporting NGO and human rights engagement with regional economic commissions, regional human rights bodies, the Human Rights Council and similar bodies.
- Identify and catalyze new efforts to leverage private sector funding of sexual and gender minority social inclusion, including for example through partnerships with the tourism industry in the Caribbean and telecoms and media companies in Africa.
- Support innovative approaches to strengthening capacity of individual activists, sexual and gender minority NGOs and community-based organizations and relevant networks in developing and middle-income countries, including through coaching, training and mentorship programmes, South-South exchange and use of host NGOs for fragile or emerging groups.
- Learn about and improve approaches to sexual and gender minority -related funding by participating in and expanding networks of relevant individuals in donor agencies and international cooperation agencies, such as the Global Philanthropy Project.

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