

## The search for international consensus on LGBT health

Recent changes in legislation in India, Uganda, and Nigeria act to further the burden of discrimination towards lesbian, gay, bisexual, and transgender (LGBT) populations. As of 2014, 81 jurisdictions criminalise consensual sexual conduct between adults of the same sex, 38 of which are in Africa. Homosexuality is a capital offence in five countries.<sup>1</sup> According to the UN Universal Declaration on Human Rights, criminalisation on the basis of gender or sexual identity is a breach of human rights.<sup>2</sup> The UN Special Rapporteur on Health has observed that “criminal laws concerning consensual same-sex conduct, sexual orientation and gender identity often infringe on...the right to health”.<sup>3,4</sup> The UN Secretary General, UN Human Rights Council, and UNAIDS have drawn attention to the negative effect of criminalisation on health.<sup>5</sup>

With this in mind, we were dismayed that the 133rd session of the WHO Executive Board last year failed to reach consensus on the adoption of a provisional agenda on improving the health and wellbeing of LGBT people.<sup>6</sup> Young people have shown an aptitude for co-operation in improving LGBT health where WHO has so far failed. On March 6, 2014, the International Federation of Medical Students' Associations (IFMSA), which represents 1.2 million students from 91 member states, reached consensus in support of a resolution on ending discrimination to better the health of LGBT individuals. Endorsed by a two-thirds

majority by the IFMSA's highest decision-making body, the policy<sup>7</sup> is the first of its kind to recognise the effect of discrimination against LGBT populations on health.

With reference to the failures of WHO Executive Board members, the IFMSA policy<sup>7</sup> calls for improved cooperation from WHO member states, for commitment from health-care providers to adopt a zero-tolerance approach towards discriminatory practices, and for governments to review discriminatory laws that have a detrimental impact on the health of LGBT populations. The document also calls for inclusion of LGBT health in medical curricula.

Although we acknowledge the effort made by UN member states to address the health of LGBT people, we urge members to prioritise the safeguarding of human rights of vulnerable LGBT populations. We commend the aptitude of young people to reach consensus in this area, and we call for enhanced cooperation by member states and recognition of the negative health impacts of discriminatory practices against LGBT populations by member state consensus of the WHO Executive Board.

A coordinated response is needed by all interested parties, including WHO, UN member states, service users, caregivers, civil society groups, and members of the IFMSA to condemn discrimination on the grounds of gender or sexual identity. We urge health-care workers to engage with governments to remove any discriminatory laws and policies that have a detrimental impact on LGBT populations' health.

LS, AM, AD, EA, and TS are members of the IFMSA's UK national membership organization (Medsin UK).

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For more on the situation in India, Uganda, and Nigeria see [http://www.stonewall.org.uk/what\\_we\\_do/7976.asp](http://www.stonewall.org.uk/what_we_do/7976.asp)