Under international human rights standards, everyone has the right to the highest attainable standard of health without discrimination of any kind. This includes discrimination based on sexual orientation and gender identity (SOGI). To fulfil this right, governments are obliged to lift discriminatory barriers preventing access to health by disadvantaged communities, and to put in place legal, policy and budgetary measures to progressively realize the right to health for all.

In practice, however, millions of people across the globe are denied their right to health because of discrimination and violence based on SOGI. The harms they face include:

- rape and other forms of sexual and gender-based violence, forced sterilization, coercive therapies and surgery without consent;
- abuse at the hands of health system providers, and denial of essential healthcare and services, including sexual and reproductive health and gender-affirming services;
- increased vulnerability to diseases such as HIV/AIDS due to exclusionary health prevention and education programs; and
- heightened risk of mental health problems typically linked to stigma, trauma and violence, such as depression, anxiety and suicidal ideation.

Those who also face discrimination on grounds such as race, gender, class, age or disability, in addition to SOGI, experience these harms disproportionately.

Health-related discrimination and violence are fueled by laws and policies that criminalize, pathologize and stigmatize diverse sexual orientations and gender identities. Some 69 countries criminalize same-sex relations, with penalties ranging from imprisonment to the death penalty. Criminal laws are also used to regulate gender expression, sex work and reproductive autonomy in repressive and discriminatory
ways. Though long removed from the international classification of diseases and mental disorders, lesbian, gay, bisexual, trans and intersex (LGBTI) identities continue to be pathologized in many countries, resulting in so-called “conversion therapies”, non-consensual surgeries and other forms of medically-sanctioned torture or ill-treatment. The stigmatization and negation of SOGI diversity serve to condone discrimination and violence, perpetuating the impunity and invisibility surrounding them.

The Sustainable Development Goals (SDGs) are a potentially powerful tool to tackle the drivers of SOGI-based discrimination and violence, and to advance the right to health for all. Adopted by UN member states in 2015 as a comprehensive agenda for sustainable development to be achieved by 2030, the SDGs include universal commitments to ensure healthy lives for all, to achieve gender equality and to combat all forms of discrimination, so as to “leave no one behind”. A framework of targets and indicators was agreed for each goal, and mechanisms set up at the national, regional and global levels to review progress.

Many of the SDG targets are particularly relevant to the health inequalities faced by LGBTI people - and will not be met unless discrimination and violence against them are addressed. For example, strategies for reaching the SDG target on reducing HIV infections must be tailored to the needs of key populations including men who have sex with men. The target on reducing suicide deaths cannot neglect worldwide evidence that LGBTI persons are at increased risk of suicide due to the mental health impacts of surviving stigma, discrimination and violence. The rights and realities of lesbian, bisexual and trans women must be taken into account when pursuing the target of increasing the proportion of women who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health.
As the SDG agenda reaches its mid-point, progress on these commitments has been mixed. Good practices abound across continents, with many governments repealing discriminatory criminal laws, prohibiting “conversion therapies” and unnecessary medical interventions on intersex children, enabling the legal recognition of gender identity and adopting inclusive sexual health education programs, for example. Yet some countries have taken serious steps back, for example using “propaganda laws” to restrict discussion about SOGI health issues or curtailing access to reproductive services essential for the equal enjoyment of the right to health. What’s more, the COVID-19 pandemic has widened health inequalities and other forms of socioeconomic exclusion faced by LGBTI people. It has highlighted the urgent need for states to invest in robust and equitable public health systems, in line with their human rights obligations and their SDG commitment to ensure universal health coverage.

Three closely interrelated challenges need to be overcome if the SDGs are to live up to their inclusive promise. Firstly, efforts by states to address SOGI discrimination and violence in the context of SDG implementation remain inadequate and uneven, despite steadfast efforts by civil society organizations to bring a SOGI lens to SDG monitoring at national and global level. Secondly, LGBTI human rights defenders and organisations often encounter significant barriers to participation in SDG processes, reflecting the environment of hostility and harassment in which many operate. Thirdly, there is a dearth of disaggregated data on the scale, prevalence and nature of SOGI-based discrimination and violence around the world, which official SDG data-gathering initiatives have generally failed to address.

The ASPIRE guidelines can serve as a plan of action to address these challenges, and to fulfil the SDG pledge to ensure healthy lives for all.
Developed by the IE-SOGI in June 2020 to guide the design, implementation and evaluation of rights-based and non-discriminatory pandemic response and recovery measures, the guidelines call on states, inter-governmental bodies and other stakeholders to:

- **Acknowledge** that the SDGs and their aspiration to “leave no one behind” will only be achieved if discrimination and violence based on sexual orientation, gender identity and sex characteristics are addressed in all national and global implementation efforts.

- **Support** advocates working on sexual orientation and gender identity issues by recognizing them as human rights defenders, and ensuring they are enabled to carry out their work without fear, harassment or arbitrary restriction.

- **Protect** all people against discrimination and violence based on sexual orientation and gender identity, as well as sex characteristics, by repealing all discriminatory laws and policies and putting in place non-discrimination guarantees and strategies, including the training and sensitization of public officials.

These steps should be taken with maximum regard to:

- **Intersectionality**: recognizing that people’s experience of discrimination and violence based on sexual orientation, gender identity or sex characteristics is also shaped and compounded by other factors such as race, class, age, disability and economic status.

- **Representation**: enabling the inclusion, participation and voice of LGBTI-led organizations in SDG processes at the national, regional and global levels, drawing on their expertise and diverse perspectives to inform SDG implementation.

- **Evidence-based action**: ensuring a radical transformation in how evidence and data relating to SOGI discrimination and violence is gathered, analysed and acted on in the SDG context, ensuring all necessary safeguards to prevent its misuse.

The pledge to “ensure healthy lives for all, leaving no one behind” will remain lofty rhetoric unless it connects to the lived realities of those facing discrimination and violence based on SOGI. Sexual orientation and gender identity are deeply rooted aspects of human personality that go to the core of every person’s right to the highest attainable standard of physical and mental health. If the SDG commitments are to be met by 2030, now is the time to unequivocally recognize LGBTI people as full subjects of rights and active agents of sustainable development.