

# Systematic Review of the Literature

Access to Healthcare for LGBTQIA+ Populations in MSF Settings

Summer 2020

## Table of Contents

1. Introduction .....	1
2. Risk Factors for LGBTQIA+ Individuals in Humanitarian Settings .....	2
2.1 Migrants, refugees, asylum seekers, and internally displaced LGBTQIA+ individuals .....	2
2.2 Transgender individuals .....	2
3. Access to Care .....	2
3.1 Access to mental health care .....	3
4. Recommendations to Alleviate Access to Care Issues .....	3
5. Protocols and Guidance Notes .....	4
Appendix 1: Search Terms .....	10
Appendix 2: Summary of the literature: .....	11

### 1. Introduction

These articles derive from a systematic review of the literature conducted in July of 2022, with no restriction by language, in PubMed/MEDLINE, with supplemental searches in the MSF Science Portal, and Google Scholar. Search terms are detailed in [Appendix 1](#). Articles from 2012 to 2022 were eligible for inclusion. The scope of this review was kept intentionally broad and includes both peer-reviewed and gray literature sources, with an emphasis on practical, operational tips that could inform project design. Seventeen systematic reviews, 13 research publications, 9 gray literature articles, and 7 protocols/toolkits were considered of sufficient quality and interest to be included in the below summary document. This summary document does not attempt to describe all studies in detail, but rather provides the reader with a landscape analysis of what is available with full text embedded links to the articles. A summary of the literature will be provided in narrative format in the following sections with hyperlinks to articles referenced. A list of all articles with key descriptive information can be found in a table in [Appendix 2](#). Details on each article's 1. Target population, 2. Study design or program intervention, 3. Major outcomes, and 4. Relevant findings are detailed in [Appendix 2](#).

The goal of this review is to inform the project design of an initiative being funded as part of the MSF TIC fund (Transformational Investment Capacity) that will transform how LGBTQIA+ patients are welcomed and treated in MSF health projects through and reduce barriers to appropriate and dignified healthcare for this population. While abundant, HIV studies were largely excluded from this review as the proposed program will not have an emphasis on HIV care.

It is also important to note that stigma and the criminalization of same sex practices contribute greatly to a lack of documented risk factors and barriers to healthcare access for LGBTIQ+ individuals globally ([Logie 2019](#)). Such a lack of documentation is apparent in the lack of quantitative data available on this topic. The vast majority of identified studies are qualitative studies, grey literature, and systematic reviews. This is not to say that the identified studies lack credibility or validity, rather that they pull from real life accounts and may even be underestimations of the severity of LGBTIQ+ health risks and access issues.

## 2. Risk Factors for LGBTIQ+ Individuals in Humanitarian Settings

A slew of risk factors for LGBTIQ+ individuals were identified in the literature including but not limited to: higher rates of mental health and psychosocial issues ([Medina-Martinez 2021](#), [Yarwood 2022](#), [Rich 2020](#), [Wilson and Cariola 2020](#), and [Blondeel 2016](#)) substance abuse ([Medina-Martinez 2021](#), and [Tat 2015](#)), and risky sexual behaviors ([Medina-Martinez 2021](#)). LGBTIQ+ individuals are also at an increased rate of sexual violence ([Kiss 2020](#), [Logie 2019](#), [Raftery 2022](#), [Blondeel 2016](#), and [Schein 2020](#)). Additionally one study highlighted that the barriers to care, that will be detailed in the following section, lead many study participants to delay or avoid healthcare leading to increased health risk as well ([Muller 2017](#)).

Moreover, many of the identified articles highlighted and discussed the major potential for double marginalization to greatly affect the health outcomes and risk factors for LGBTIQ+ individuals. Minority stress was shown to greatly impact health risk within the broader LGBT community, depending on their sexual orientations and gender identities ([Medina-Martinez 2021](#)). Displaced LGBTIQ+ individuals and transgender individuals were most commonly referenced as having the most risk factors:

### *2.1 Migrants, refugees, asylum seekers, and internally displaced LGBTIQ+ individuals*

Two of the published studies, and many of the protocols focused on the double marginalization and increased risk LGBTIQ+ individuals face when forcibly displaced. Health risks identified include: discrimination, harassment, sexual violence, inability to access services, PTSD and other mental health conditions ([Yarwood 2022](#) and [Logie 2019](#)). According to the UNHCR, LGBTIQ+ individuals are high risk while displaced for a number of reasons such as stigmatization and lack of protection from police and security forces.

### *2.2 Transgender individuals*

Notably, across many of the identified studies, transgender persons were of the highest risk for a slew of health factors including gender-based violence, coercion, discrimination, and unprescribed hormone use ([Schein 2020](#) and [Muller 2017](#)).

## 3. Access to Care

Not a single study identified in this review did not state that access to health care and other services was not a major issue for LGBTIQ+ individuals globally. There are many factors that contribute to access to care issues in humanitarian settings and generally for LGBTIQ+ individuals. Criminalization in many countries (71 countries as according to the [WHO](#)) contributes greatly to the barriers to care as many studies highlight the fear of being reported as a concern for seeking care ([Wirtz 2014](#)). Fear of healthcare professionals and distrust in healthcare facilities were also common findings ([Medina-Martinez 2021](#),

[Alencar Albuquerque 2016](#), [Stephens 2020](#), [Logie 2019](#), and [Muller 2017](#)). Stigma was reported by a number of studies to be an access to care issue as well ([Logie 2019](#), [Cox 2022](#), [Gamariel 2020](#), [Rumbach 2014](#), [Stephens 2020](#), and [Zeeman 2018](#)).

Double marginalization is a major barrier to care as well. A study in Malawi, Mozambique, Namibia, Zambia, and Zimbabwe found that sexual and gender minority adolescents in these countries experience barriers to accessing LGBT organizations, who fear being painted as “homosexuality recruiters,” and are excluded from heteronormative adolescent sexual and reproductive health services ([Muller 2018](#)). Displaced LGBTIQ+ individuals faced increased health barriers such as a lack in services specific to LGBTIQ+ needs ([Yarwood 2022](#)). Additionally, transgender individuals were found by multiple studies to especially have issues finding health services tailored to their needs ([Yarwood 2022](#)).

### *3.1 Access to mental health care*

Mental health and psychosocial (MHPS) issues were clearly identified as a health risk for LGBTIQ+ populations above. A number of studies confirmed this and reaffirmed that access to mental health services and social support services is lacking for LGBTIQ+ individuals in humanitarian settings. Multiple studies pointed out the particular burden of MHPS on LGBTIQ+ individuals and youth ([Medina-Martinez 2021](#), [Yarwood 2022](#), [Rich 2020](#), [Wilson and Cariola 2020](#), and [Blondeel 2016](#)). A qualitative study found that LGBTIQ+ youth expressed feelings of isolation, marginalization, and depression ([Wilson and Cariola 2020](#)). Additionally, one systematic review found a lack of initiatives targeting male and LGBT survivors of conflict related violence for MHPSS support ([Kiss 2020](#)).

## 4. Recommendations to Alleviate Access to Care Issues

The following is a non-comprehensive summarized list of the most notable intervention recommendations from the literature:

1. Tailored service access and support approaches are needed to respond to the particular health and protection needs of LGBTIQ+ individuals in each setting
2. Healthcare workers should undergo trainings that promote cultural competence regarding LGBTIQ+ health and address gaps in health professionals’ knowledge of LGBTIQ+ health and healthcare
3. Increase the provision of services and policies that will address the disparity into health statistics for the LGBTIQ+ population as to better inform research
4. Promote the creation of programs, practices, and policies that address the multilevel barriers to reproductive health for LGBTIQ+ individuals with particular attention to transgender, displaced, and youth LGBTIQ+ individuals as they are at increased risk
5. Promote models of care that are gender-sensitive and integrated into local resources. Suggested models detailed in the literature are as follows:
  - a. Self-care approaches were shown to be particularly appropriate for humanitarian crises ([Logie 2019](#))
  - b. Peer-driven model was found to be useful in promoting HIV access ([Gamariel 2020](#))

- c. Community engagement was found to be useful in reducing health inequalities for LGBTIQ+ individuals across multiple settings ([Cyril 2015](#)). Methods for community engagement include: Reaching out to LGBT community organizations during and in the aftermath of crises
- 6. Make sure LGBTIQ+ voices are represented within community feedback and assessment evaluations, paying special attention to not out individuals thereby putting them at increased risk
- 7. Review of policies and practices that can help LGBTIQ+ people not be excluded from programming. Policies should include a clear, unambiguous anti-discrimination clause, which is well communicated both internally and externally.
- 8. Many of the systematic reviews evaluated for this review called for more investment and more dedication to research on healthcare access barriers of LGBTIQ+ individuals. Some specific recommendations include:
  - a. Invest in and evaluate healthcare access interventions in refugee contexts for young LGBTIQ+ refugees, or those living with HIV as they are at increased risk
  - b. Promote research that includes transgender and gender diverse people from the Global South, understudied populations, and marginalized subpopulations
  - c. Promote research guided by intersectionality
  - d. Promote intervention, implementation science, and community-based participatory research approaches
  - e. Promote community-based research approaches and theoretically driven research as they may help to increase the relevance and rigor of LGBTIQ+ research
  - f. Increase the number of research articles on LGBTIQ+ inclusion and health in high quality journals such as the lancet

## 5. Protocols and Guidance Notes

The following protocols, guidelines, and toolkits can be utilized to inform MSF programming striving to decrease health risks and barriers to healthcare amongst LGBTIQ+ individuals. These reports were compiled with the same criteria as the previously referenced literature with a greater emphasis on practical recommendations for the inclusion of LGBTIQ+ individuals in humanitarian settings similar to MSF program settings.

Through the identification of the following reports, the following organizations were also identified as potential partners, funders, or sources of information: Inter Agency Standing Committee (IASC), Global Protection Cluster (GBV prevention and response), International Planned Parenthood Federation (IPPF), Inter-Agency working group on reproductive health in crisis (IAWG), World Health Organization (WHO), many of the UN agencies (ILO, OHCHR, UNAIDS Secretariat, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN Women, WFP and WHO), MOSAIC in Lebanon, and the Women's Refugee Commission (WRC).

Additionally, as all of the below are evidence-based reports, many included highly relevant information on health risks and access barriers for LGBTIQ+ individuals in humanitarian settings. Such findings are

detailed in the below summary table and were included in the above narrative summary of the literature under the relevant headings.

<b>Protocols, Guidance notes, Toolkits and Frameworks</b>	
<b>Name of Resource with Hyperlink</b>	<b>Key Messaging and Notable Findings/Recommendations</b>
<a href="#">IASC Gender Handbook for Humanitarian Action, 2018</a>	<ul style="list-style-type: none"> <li>• Handbook for integrating gender equality into humanitarian action with practical guidance</li> <li>• States that LGBTI individuals should be treated as a priority group for access to all services</li> <li>• Recommendations for needs assessment and analysis:               <ul style="list-style-type: none"> <li>○ Consultation of ALL affected women girls, men, and boys including LGBTI individuals</li> <li>○ Incorporate questions relating to LGBTI individuals' access when conducting needs assessments</li> </ul> </li> <li>• Recommendations for integrating gender in humanitarian response:               <ul style="list-style-type: none"> <li>○ Identify local groups, networks, and social collectives from the outset of humanitarian action, identify local groups, in particular, informal networks of women, youth, organizations of persons with disabilities and LGBTI groups</li> </ul> </li> <li>• Recommends establishing livelihood generating implements               <ul style="list-style-type: none"> <li>○ Example: MOSAIC in Beirut makes calls to investigate potential job placement opportunities for transgender women</li> </ul> </li> </ul>
<a href="#">2015 IASC Guidelines for integrating gender-based violence interventions in humanitarian action</a>	<ul style="list-style-type: none"> <li>• Guidance note providing practical guidance and effective tools for humanitarians and communities to coordinate, plan, implement, monitor and evaluate essential actions for the prevention and mitigation of gender-based violence, throughout all stages of humanitarian response—from preparedness to recovery.</li> <li>• Finds that lesbians and transgender women are at particular risk for GBV because of gender inequality and power relations within families and wider society               <ul style="list-style-type: none"> <li>○ Homophobia and transphobia not only contribute to this violence but also significantly undermine LGBTI survivors' ability to access support</li> </ul> </li> <li>• Recommends that actors coordinate and consult with gender specialists and, where appropriate, diversity specialists or networks (e.g. disability, LGBTI, older persons, etc.) to ensure specific issues of vulnerability are adequately represented and addressed</li> <li>• Recommends that camp design and safety consider the specific risks of violence faced by LGBTI persons.               <ul style="list-style-type: none"> <li>○ When possible, CCCM actors should work with LGBTI specialists to ensure that basic protection rights and needs of LGBTI persons are addressed in CCCM programming.</li> <li>○ If the setting mandates ID or ration cards or any other kind of universal documentation, allow people to self-identify their gender, including the option not to identify</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>○ Provide separate spaces in registration areas to allow people to disclose sensitive personal information in confidence, including information regarding sexual orientation and gender identity</li> <li>○ Ensure that registration staff is trained to assist LGBTI persons and ask appropriate questions that enable them to safely disclose information regarding their sexual orientation or gender identity, particularly where it may relate to their security.</li> <li>● The entire handbook is very useful with LGBTI considerations thoroughly covered</li> <li>● Key considerations for LGBTI persons in humanitarian settings: <table border="1" data-bbox="602 554 1507 863"> <tr> <td data-bbox="602 554 732 863"><b>Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons</b></td> <td data-bbox="732 554 967 863"> <ul style="list-style-type: none"> <li>● Social exclusion</li> <li>● Sexual assault</li> <li>● Sexual exploitation and abuse</li> <li>● Domestic violence (e.g. violence against LGBTI children by their caretakers)</li> <li>● Denial of services</li> <li>● Harassment/sexual harassment</li> <li>● Rape expressly used to punish lesbians for their sexual orientation</li> </ul> </td> <td data-bbox="967 554 1507 863"> <ul style="list-style-type: none"> <li>● Discrimination based on sexual orientation and/or gender identity</li> <li>● High levels of impunity for crimes against them</li> <li>● Restricted social status</li> <li>● Transgender persons not legally or publicly recognized as their identified gender</li> <li>● Same-sex relationships not legally or socially recognized, and denied services other families might be offered</li> <li>● Exclusion from housing, livelihoods opportunities, and access to health care and other services</li> <li>● Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities</li> <li>● Social isolation/rejection from family or community, which can result in homelessness</li> <li>● Engagement in unsafe livelihoods activities</li> </ul> </td> </tr> </table> </li> </ul>	<b>Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons</b>	<ul style="list-style-type: none"> <li>● Social exclusion</li> <li>● Sexual assault</li> <li>● Sexual exploitation and abuse</li> <li>● Domestic violence (e.g. violence against LGBTI children by their caretakers)</li> <li>● Denial of services</li> <li>● Harassment/sexual harassment</li> <li>● Rape expressly used to punish lesbians for their sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>● Discrimination based on sexual orientation and/or gender identity</li> <li>● High levels of impunity for crimes against them</li> <li>● Restricted social status</li> <li>● Transgender persons not legally or publicly recognized as their identified gender</li> <li>● Same-sex relationships not legally or socially recognized, and denied services other families might be offered</li> <li>● Exclusion from housing, livelihoods opportunities, and access to health care and other services</li> <li>● Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities</li> <li>● Social isolation/rejection from family or community, which can result in homelessness</li> <li>● Engagement in unsafe livelihoods activities</li> </ul>
<b>Lesbian, gay, bisexual, transgender and intersex (LGBTI) persons</b>	<ul style="list-style-type: none"> <li>● Social exclusion</li> <li>● Sexual assault</li> <li>● Sexual exploitation and abuse</li> <li>● Domestic violence (e.g. violence against LGBTI children by their caretakers)</li> <li>● Denial of services</li> <li>● Harassment/sexual harassment</li> <li>● Rape expressly used to punish lesbians for their sexual orientation</li> </ul>	<ul style="list-style-type: none"> <li>● Discrimination based on sexual orientation and/or gender identity</li> <li>● High levels of impunity for crimes against them</li> <li>● Restricted social status</li> <li>● Transgender persons not legally or publicly recognized as their identified gender</li> <li>● Same-sex relationships not legally or socially recognized, and denied services other families might be offered</li> <li>● Exclusion from housing, livelihoods opportunities, and access to health care and other services</li> <li>● Exclusion of transgender persons from sex-segregated shelters, bathrooms and health facilities</li> <li>● Social isolation/rejection from family or community, which can result in homelessness</li> <li>● Engagement in unsafe livelihoods activities</li> </ul>		
<p><a href="#">IPPF: LGBTIQ+ INCLUSION IN HUMANITARIAN ACTION</a></p>	<ul style="list-style-type: none"> <li>● Lists the following takeaways and recommendations for the inclusion of LGBTIQ+ individuals in humanitarian settings: <ul style="list-style-type: none"> <li>○ Meaningfully engage and include people of diverse LGBTIQ+ as leaders, participants, staff, and volunteers in all aspects of humanitarian action and disaster risk reduction actions across the Asia and the Pacific</li> <li>○ Strengthen partnerships between diverse LGBTIQ+ civil society and humanitarian actors, for mutual capacity development opportunities and facilitation of sharing of good practices and learning</li> <li>○ Expand the evidence base of experiences of people of diverse LGBTIQ+ facing disasters, crises, and emergencies, and ensure safe and sensitive collection of data, for evidence-informed policy, practice and advocacy</li> <li>○ Revise and/or develop humanitarian policies, plans, and guidance to ensure diverse LGBTIQ+ inclusion in responses, including developing indicators for monitoring progress.</li> </ul> </li> <li>● Provides practical examples from Sri-Lanka, Nepal, and Tonga <ul style="list-style-type: none"> <li>○ Trans-friendly dignity kits in Sri-Lanka</li> <li>○ In Tonga going to public clinics, they often face abuse and are more likely to be ignored or dismissed by staff. Awareness sessions were utilized to integrate sexual and gender diverse transformative messaging to affected communities. A notable increase in the number of LGBTIQ+ clients at mobile clinics was seen as a result.</li> </ul> </li> <li>● Provides recommendations on the intersection of LGBTIQ+ inclusion and the MISP emphasizing the need for effective <ul style="list-style-type: none"> <li>○ Coordination</li> </ul> </li> </ul>			

	<ul style="list-style-type: none"> <li>○ Prevention and response to sexual violence</li> <li>○ Prevention of transmission of HIV and other STDs</li> <li>○ Preventing excess maternal and newborn morbidity and mortality</li> <li>○ Prevention of unintended pregnancies</li> <li>○ Planning for comprehensive SRH services</li> </ul>
<p><a href="#">Adolescent Sexual and Reproductive Health (ASRH) Toolkit for Humanitarian Settings: 2020 Edition</a></p>	<ul style="list-style-type: none"> <li>● Toolkit for adolescent SRH needs in humanitarian settings</li> <li>● Builds off similar concepts as the MISP (detailed below)</li> <li>● Pays special consideration to LGBTQI+ adolescents identifying them as vulnerable subgroups of adolescents as they are <ul style="list-style-type: none"> <li>○ Often targeted for sexual violence crimes</li> <li>○ Have limited legal protections</li> <li>○ Are double stigmatized</li> <li>○ May be forced to live in poor quality housing</li> <li>○ Face risk of extortion and sexual exploitation</li> </ul> </li> </ul>
<p><a href="#">Minimum Initial Service Package (MISP)</a></p>	<ul style="list-style-type: none"> <li>● The Minimum Initial Service Package for Sexual and Reproductive Health in Crisis Situations (MISP) is a set of priority lifesaving sexual and reproductive health (SRH) services and activities to be implemented at the onset of every humanitarian emergency to prevent excess SRH-related morbidity and mortality.</li> <li>● The 2018 revision notably expanded on sub-populations such as LGBTQ+ but does not differ considerable to the overall package</li> <li>● Utilization of the MISP for LGBTQI+ inclusion is detailed in the IPPF document above</li> <li>● MISP is an Inter-Agency working group on reproductive health in crisis (IAWG) product. IAWG has a number of additional guidance's that may be of use: <ul style="list-style-type: none"> <li>○ <a href="#">Ensuring universal access to sexual and reproductive health supplies</a></li> <li>○ <a href="#">SRH Clinical Outreach Refresher Trainings for Crisis Settings (S-CORTs)</a></li> </ul> </li> <li>● MISP reference guide attached <a href="#">here</a>.</li> </ul>
<p><a href="#">Unhcr working with lesbian, gay, bisexual, transgender, intersex and queer (lgbtiq+) persons in forced displacement</a></p>	<ul style="list-style-type: none"> <li>● Guidance document by the UNHCR on working with LGBTQI+ individuals in forced displacement</li> <li>● UNHCR identifies LGBTQI+ individuals as high risk while displaced based on the following common experiences: <ul style="list-style-type: none"> <li>○ stigmatization, pathologizing, abuse and violence, including gender-based violence (GBV), trafficking for sexual and/or labor exploitation,6 torture or murder at the hands of state actors, militia, gangs, smugglers, community and family members or other displaced persons</li> <li>○ lack of protection from police and security forces, including those who manage reception of, and group accommodation for, displaced persons</li> <li>○ severe discrimination and exclusion from access to appropriate health care, GBV responses for survivors, housing, education, recreational activities, employment and other social services,</li> </ul> </li> </ul>

	<p>including services to obtain official identity documents that correspond to their gender identity</p> <ul style="list-style-type: none"> <li>○ arbitrary extortion, arrest and/or detention, especially in countries that criminalize consensual same-sex relations and that forbid the legal change of one’s gender identity</li> <li>○ social banishment from their family, community members of the same ethnic, linguistic and/or faith group and/or from other support mechanisms</li> <li>○ challenges to establish associations and to participate actively in society, due to stigmatization and exclusion</li> </ul> <ul style="list-style-type: none"> <li>● Details response guiding principles and actionable ways to act on them: <ul style="list-style-type: none"> <li>○ Rights based approach (policy and legal action)</li> <li>○ Participation (map stakeholders, consult LGBTQI+ refugees, establish support groups)</li> <li>○ Non-discrimination and inclusion (ensuring inclusivity)</li> </ul> </li> <li>● Details operational protection risks and approaches of dealing with them</li> <li>● Details approaches to providing access to LGBTQI+ inclusive services and programs (with practical examples) <ul style="list-style-type: none"> <li>○ Access to shelter</li> <li>○ Access to health services</li> <li>○ Cash and voucher assistance</li> <li>○ Livelihoods</li> </ul> </li> <li>● Additional resource: <a href="#">Tip sheet on applying the UNHCR age, gender and diversity policy to LGBTQI+ persons</a> <ul style="list-style-type: none"> <li>○ More consolidated version of the UNHCR guidance with practical operational tips</li> </ul> </li> </ul>
<p><a href="#">Addressing Sexual Violence against Men, Boys, and LGBTQI+ Persons in Humanitarian Settings: A Field-Friendly Guidance Note by Sector</a></p>	<ul style="list-style-type: none"> <li>● Guidance note in response to the below findings detailing the key actions and considerations for service provision per sector to support frontline workers to better address sexual violence against men, boys, and LGBTQI+ individuals <ul style="list-style-type: none"> <li>○ From 2018 to 2019, the Women’s Refugee Commission’s (WRC) sexual violence project undertook exploratory research in three refugee settings the study found high unmet needs among men, boy, and LGBTQI+ survivors.</li> </ul> </li> <li>● Details four guiding principles for addressing sexual violence against LGBTQI+ persons: <ul style="list-style-type: none"> <li>○ Safety: The safety and security of the survivor and the survivor’s children must be prioritized.</li> <li>○ Confidentiality: Survivors have the right to choose if, when, how, and with whom they share their story, and the information disclosed should only be shared with others after the informed consent of the survivor has been secured.</li> <li>○ Respect: All decisions and actions should be guided by respect for the survivor’s choices, interests, rights, and dignity.</li> <li>○ Non-discrimination: Survivors should receive fair and equal treatment regardless of their age, gender, race, religion,</li> </ul> </li> </ul>



	<p>nationality, ethnicity, marital status, sexual orientation or expression, or any other characteristic.</p> <ul style="list-style-type: none"> <li>• Details some statistics of sexual violence against LGBTIQ+ individuals <ul style="list-style-type: none"> <li>○ Ecuador, Ghana, and Kenya: Of 55 LGBTIQ+ refugees in four countries, 29.3% reported experiencing sexual abuse as a child and 17.2% reported sexual victimization as an adult.</li> <li>○ Kenya: A 2017 survey of 332 refugees with diverse sexual orientation, gender identity, gender expression, or sex characteristics in Nairobi found that, among lesbian, bisexual, and queer refugee women, 42% disclosed ever experiencing sexual violence.</li> <li>○ Mexico: An estimated 50% of gay and transgender refugees and migrants fleeing Central America through Mexico have suffered sexual violence.</li> </ul> </li> <li>• Details practical programs and actions to address sexual violence against these populations including: <ul style="list-style-type: none"> <li>○ Key Actions for Health Providers</li> <li>○ Considerations for Health Service Provision</li> <li>○ Community Outreach and Awareness Raising</li> <li>○ Mental Health and Psychosocial Support</li> <li>○ Protection measures</li> </ul> </li> </ul>
--	--

## Appendix 1: Search Terms

- Access to (health)care
- Barriers to (health)care
- Dignified (health)care
- Health disparities
- Quality of care
- Safe (health)care
- Cultural barriers
- Religious barriers
- Sexual and gender-based violence (SGBV)

AND

- LGBT (QIA+)
- Gay
- Lesbian
- Transgender
- Queer
- Gender non-conforming
- Sexual orientation
- Sexual identity
- Same-sex couples
- MSM (men who have sex with men)
- Intersex

AND

- Low resource settings
- Low- and middle-income settings (LMIC)
- Humanitarian settings
- Conflict settings
- \*Note: much literature may come from high-income settings (HIC), the most interesting/useful of these can be included as a sub-section of the final memo

## Appendix 2: Summary of the literature:

Reference Table	
Article Title	Article Key Points
<b>Systematic Reviews</b>	
<a href="#">LGBTQI + Migrants: A Systematic Review and Conceptual Framework of Health, Safety and Wellbeing during Migration</a>	<ul style="list-style-type: none"> <li>• Review of literature from 2000-2021 across 6 regions and largely focused on the health safety and wellbeing of gay male migrants while in transit</li> <li>• Health risks include: <ul style="list-style-type: none"> <li>○ Daily exposure to discrimination, harassment, and violence</li> <li>○ Coping, social support, and resilience</li> <li>○ Access to services</li> <li>○ Mental health</li> <li>○ Physical and sexual health</li> <li>○ Depression, anxiety, and post-traumatic stress disorder (PTSD) were prevalent as well, particularly when associated with detention or camp environments, and were exacerbated by social isolation</li> </ul> </li> <li>• Health barriers include: <ul style="list-style-type: none"> <li>○ Specific sexual health services were often found lacking, especially for trans persons.</li> <li>○ Double marginalization of their migrant or minority status and their gender identity.</li> </ul> </li> <li>• Recommendations: <ul style="list-style-type: none"> <li>○ Tailored service access and support approaches are needed to respond to the particular health and protection needs of LGBTIQ+ individuals in each setting.</li> </ul> </li> </ul>
<a href="#">Barriers and facilitators for the sexual and reproductive health and rights of young people in refugee contexts globally: A scoping review</a>	<ul style="list-style-type: none"> <li>• Review of the literature from 2008-2018 across 22 countries on sexual and reproductive health barriers, facilitators, and interventions for refugees aged 10-24.</li> <li>• Health barriers: <ul style="list-style-type: none"> <li>○ Found that young refugees face similar barriers to SRHR as other young people however they are exacerbated by the refugee context</li> </ul> </li> <li>• Recommendations: <ul style="list-style-type: none"> <li>○ Due to a limited number of publications on SRHR interventions for young homosexual, bisexual, transgender, or queer refugees, or those living with HIV, this review highlights the need to invest in and evaluate SRHR interventions in refugee contexts for these populations</li> </ul> </li> </ul>

<p><a href="#">Mapping the scientific literature on reproductive health among transgender and gender diverse people: a scoping review</a></p>	<ul style="list-style-type: none"> <li>• Review of the literature from 2000 to 2018 on the reproductive health (RH) of transgender and gender diverse assigned female at birth and assigned male at birth persons.</li> <li>• Found that literature on the above was limited regarding the breath of RH topics, geographic locations, study designs, sampling and analytical strategies, and populations studied</li> <li>• Calls for additional research on: <ul style="list-style-type: none"> <li>○ The full range of RH issues</li> <li>○ Research that includes transgender and gender diverse people from the Global South, understudied populations, and marginalized subpopulations</li> <li>○ Research guided by intersectionality</li> <li>○ Intervention, implementation science, and community-based participatory research approaches to RH</li> </ul> </li> <li>• Calls for programs, practices, and policies that address the multilevel barriers to RH among transgender and gender diverse people</li> </ul>
<p><a href="#">Exploring the role of community engagement in improving the health of disadvantaged populations: a systematic review</a></p>	<ul style="list-style-type: none"> <li>• Review of the literature from 1995 to 2015 on the role of community engagement in improving health outcomes for select populations including: <ul style="list-style-type: none"> <li>○ Those of low socio-economic status, ethnic minorities, sexual minorities, culturally diverse populations, indigenous groups, and marginalized groups such as people with disabilities and the homeless.</li> </ul> </li> <li>• Found that community engagement is useful in reducing health inequalities</li> <li>• Also found that it is labor-, cost-, and time-intensive, and its effectiveness varies according to the type of intervention and CE model used</li> <li>• No clear findings distinguishable by population</li> <li>• Community engagement methods found to be effective on health outcomes: <ul style="list-style-type: none"> <li>○ real power-sharing</li> <li>○ collaborative partnerships</li> <li>○ bidirectional learning</li> <li>○ incorporating the voice and agency of beneficiary communities in research protocol</li> <li>○ using bicultural health workers for intervention delivery</li> </ul> </li> </ul>
<p><a href="#">Health of transgender men in low-income and middle-income countries: a scoping review</a></p>	<ul style="list-style-type: none"> <li>• Review of peer-reviewed and grey literature from 1999 to 2019 on the health of transgender men and</li> </ul>

	<p>transmasculine persons living in lower middle-income countries</p> <ul style="list-style-type: none"> <li>• Across study designs, social determinants of health and gender-affirming care were the most commonly represented domains</li> <li>• Common themes in the research included gender-based violence, coercion, discrimination, and unprescribed hormone use.</li> <li>• Review calls for a greater inclusion and disaggregation of trans men and transmasculine persons in global health research</li> <li>• States that community-based research approaches and theoretically driven research may help to increase the relevance and rigor of such research</li> </ul>
<p><a href="#">Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review</a></p>	<ul style="list-style-type: none"> <li>• Review of the evidence from 2016 to 2021 on how nurses can intervene in reducing health inequities in LGBT people, identifying their specific health needs, and describing their experiences and perceptions of the barriers they face in the healthcare system</li> <li>• The findings described the following health disparities prevalent in the LGBT community <ul style="list-style-type: none"> <li>○ higher rates of mental health problems, substance abuse, risky sexual behaviors, self-harm, and suicide.</li> <li>○ Inequalities related to minority stress, and each of them differently impacted individual populations within the broader LGBT community depending on their sexual orientations and gender identities</li> </ul> </li> <li>• LGBT people described discriminatory experiences by health professionals, as well as their distrust and fear in this setting</li> <li>• Findings demonstrate a number of nursing interventions that can alleviate health disparities: <ul style="list-style-type: none"> <li>○ Inclusive education about sex and sexual and gender diversity</li> <li>○ bullying and suicide prevention programmes</li> <li>○ Gender-affirming and family-centered care</li> <li>○ Educational interventions have been shown to be useful to improve the skills and knowledge related to LGBT cultural competence in health professionals and students</li> </ul> </li> <li>• Calls for an obligation on health professionals to acquire cultural competence regarding LGBT health</li> </ul>
<p><a href="#">A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities</a></p>	<ul style="list-style-type: none"> <li>• Review of the literature from 2010 to 2018 on the causes and range of health inequalities for LGBTI individuals</li> </ul>

	<ul style="list-style-type: none"> <li>○ More than half of the literature reviewed was on European populations</li> <li>● Found that LGBTI individuals are more likely to experience health inequalities due to heteronormativity or heterosexism, minority stress, experiences of victimization and discrimination, compounded by stigma <ul style="list-style-type: none"> <li>○ With variations by gender, age, income, and LGBTI identification</li> </ul> </li> <li>● Found evidence that health inequalities can be addressed via: <ul style="list-style-type: none"> <li>○ changes in policy and research</li> <li>○ in practice through health services that accommodate the needs of LGBTI people.</li> </ul> </li> <li>● Researchers call for: <ul style="list-style-type: none"> <li>○ improved training to address gaps in health professionals knowledge of LGBTI health and healthcare</li> <li>○ health professionals should work in collaboration with LGBTI people to address a range of barriers that prevent access to care</li> <li>○ structural change combined with increased knowledge and understanding so that services can be more inclusive and equally accessible to all</li> </ul> </li> </ul>
<p><a href="#">Non-HIV chronic disease burden among transgender populations globally: A systematic review and narrative synthesis</a></p>	<ul style="list-style-type: none"> <li>● Review of the literature from any date before 2019 on chronic disease research, policy and clinical care for transgender populations worldwide.</li> <li>● Review revealed major gaps in information on non-sexual or mental health diseases for this population</li> <li>● Calls for increased evidence and higher quality studies on the population.</li> </ul>
<p><a href="#">LGBTQI+ Youth and Mental Health: A Systematic Review of Qualitative Research</a></p>	<ul style="list-style-type: none"> <li>● Review of qualitative studies on mental health services and social support service policies and programs for LGBTQI+ youth</li> <li>● Study identified five core themes: <ul style="list-style-type: none"> <li>○ (1) Isolation, rejection, phobia, need for support</li> <li>○ (2) Marginalization</li> <li>○ (3) Depression, self-harm and suicidality</li> <li>○ (4) Policy and environment</li> <li>○ (5) Connectedness.</li> </ul> </li> <li>● Findings call for community, school, and family resources to support resilience <ul style="list-style-type: none"> <li>○ Evidence shows that it will optimize LGBTQI+ mental health.</li> </ul> </li> <li>● Calls for the provision of services and policies that will address the disparity into mental health statistics for the LGBTQI+ population</li> </ul>

<p><a href="#">Women Who Have Sex with Women Living in Low- and Middle-Income Countries: A Systematic Review of Sexual Health and Risk Behaviors</a></p>	<ul style="list-style-type: none"> <li>• Review of the literature from 1980 to 2013 on sexual health and risk behaviors of WSW in LMICs.</li> <li>• Study found that the HIV prevalence among WSW ranged from 0% in East Asia and Pacific and 0%–2.9% in Latin America and the Caribbean to 7.7%–9.6% in Sub-Saharan Africa.</li> <li>• Found that many WSW reported risky sexual behaviors, including sex with men, men who have sex with men (MSM), and HIV-infected partners; transactional sex; and substance abuse.</li> <li>• Findings support that WSW are at risk for contracting HIV and STIs.</li> </ul>
<p><a href="#">Evidence and knowledge gaps on the disease burden in sexual and gender minorities: a review of systematic reviews</a></p>	<ul style="list-style-type: none"> <li>• Review of the literature on the burden of communicable and non-communicable diseases, mental health conditions and violence experienced by SGM</li> <li>• Findings confirm a high burden of disease for certain subpopulations of SGM in HIV, STIs, STI-related cancers and mental health conditions, and that they also face high rates of violence</li> <li>• Findings also reveal major knowledge gaps on SGM access to health services and attitudes of healthcare providers</li> </ul>
<p><a href="#">Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review</a></p>	<ul style="list-style-type: none"> <li>• Review of the literature from 2004 to 2014 on the difficulties associated with homosexuality in access and utilization of health services</li> <li>• Findings show that LGBTQI populations have difficulties of access to health services as a result of heteronormative attitudes imposed by health professionals</li> </ul>
<p><a href="#">Sexual and reproductive health during disasters: A scoping review of the evidence</a></p>	<ul style="list-style-type: none"> <li>• Review of post-disaster needs assessments on the post-disaster provision of healthcare services for SRH</li> <li>• Found that Post-disaster needs assessments did not address SRH needs thoroughly</li> <li>• Found that HIV was more likely to be considered in PDNAs than sexually transmitted infections (STI)</li> </ul>
<p><a href="#">Gender-based violence (GBV) coordination in humanitarian and public health emergencies: a scoping review</a></p>	<ul style="list-style-type: none"> <li>• Review of the literature from 1990 to 2020 on GBV coordination in humanitarian, natural disaster or public health emergencies</li> <li>• Found that timely establishment of GBV coordination mechanisms, led by dedicated, experienced coordinators, increased funding and strengthened service provision.</li> <li>• Found that GBV risk mitigation was compromised by weak commitment across sectors, poor accountability systems, and limited engagement of affected women. <ul style="list-style-type: none"> <li>○ Implementation of the GBV Information Management System has reinforced</li> </ul> </li> </ul>

	<p>coordination, funding allocation and service provision.</p> <ul style="list-style-type: none"> <li>○ Sustainability and long-term impact are compromised by over-reliance on international leadership and funding, weak commitment by governments, and limited attention to GBV prevention</li> <li>● Found a lack of evidence on GBV programming for LGBTQ+ populations</li> </ul>
<p><a href="#">Barriers Preventing Access by Men who have Sex with Men to HIV-related health services in Southeast Asia: A Scoping Review</a></p>	<ul style="list-style-type: none"> <li>● Review of the literature from 2010 to 2020 on access to HIV-related health care in Southeast Asia for men who have sex with men (MSM)</li> <li>● Found an intersection of stigma and discrimination, fear and shame, cultural norms and societal expectations coalesce to influence the ability, either physically through lack of service provision or emotionally through personal restraint, of MSM to access HIV-related health services.</li> <li>● Calls for a concerted interdisciplinary response to HIV care access at the local, governmental, and regional level</li> </ul>
<p><a href="#">Male and LGBT survivors of sexual violence in conflict situations: a realist review of health interventions in low-and middle-income countries</a></p>	<ul style="list-style-type: none"> <li>● Review of the literature on medical, mental health and psychosocial support (MHPSS) interventions with particular focus on male and LGBT survivors of conflict related sexual violence (CRSV)</li> <li>● Found no intervention evaluations focused on LGBT survivors of CRSV</li> <li>● Found that initiatives targeting male and LGBT survivors of CRSV need to be designed to actively address specific gender differences in access, adherence and response to MHPSS interventions</li> <li>● Calls for models of care that are gender-sensitive and integrated to local resources to promote the health of male and LGBT survivors of CRSV</li> </ul>
<p><a href="#">Tools for measuring gender equality and women's empowerment (GEWE) indicators in humanitarian settings</a></p>	<ul style="list-style-type: none"> <li>● Scoping review from 2004 to 2019 that describes and identifies gaps in the measurement tools, methods, and indicators used to measure Gender Equality and Women's Empowerment GEWE in humanitarian settings</li> <li>● Found 38 toolkits and questionnaires for GEWE of which 19 were designed for humanitarian settings <ul style="list-style-type: none"> <li>○ Indicators for acceptance of individuals who identify as lesbian, gay, bisexual, transgender and/or queer (LGBTQ+) (n = 2, 1%) and awareness of individuals who identify as LGBTQ+ community members (n = 1, 0.6%) were not often measured or included in the toolkits assessed.</li> <li>○ Rights and awareness of LGBTQ+ (n = 4, 2%) were lacking in measurement.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• Calls for a more comprehensive framework for measuring GEWE in these settings is needed; objective measurement of women’s empowerment and gender equality should be prioritized by organizations providing humanitarian aid</li> <li>• Calls for future measurement initiatives require culturally sensitive approaches to capture the LGBTQ+ experience in conflict/humanitarian settings.</li> </ul>
<b>Published Articles</b>	
<a href="#">Queering global health: an urgent call for LGBT+ affirmative practices</a>	<ul style="list-style-type: none"> <li>• 2022 Opinion article published in the Lancet</li> <li>• In response to the question, What is wrong with global health? The researcher’s answer is that global health under-represents the experiences of LGBTQ+ people. <ul style="list-style-type: none"> <li>○ Specifically calls out the lancet and other big journals for a notable absence in published LGBT health research</li> </ul> </li> </ul>
<a href="#">Advancing reproductive health on the humanitarian agenda: the 2012-2014 global review</a>	<ul style="list-style-type: none"> <li>• Makes a call for advancing reproductive health in humanitarian settings but only makes brief mention of the need to prioritize LGBT communities</li> </ul>
<a href="#">Wishful thinking versus operational commitment: is the international guidance on priority sexual and reproductive health interventions in humanitarian settings becoming unrealistic?</a>	<ul style="list-style-type: none"> <li>• Critiques the 2018 revision to the MISP for including a chapter that expands the guidance for sub-populations such as LGBTQ+ individuals claiming that for ‘Such activities, to be meaningful and of high quality, (they) cannot be done in a “touch-and-go” fashion amid chaos and insecurity and require in-depth needs assessment and planning with the populations of concern.’ <ul style="list-style-type: none"> <li>○ MISP: Minimum Initial Service Package (MISP) for sexual and reproductive health (SRH)</li> </ul> </li> <li>• Calls for LGBTQ+ and other subgroup prioritization to be an essential part of planning for comprehensive programming and emergency preparedness plans instead of the MISP <ul style="list-style-type: none"> <li>○ Non-discrimination, safety, respect, and confidentiality are already embedded in the overarching values necessary to the MISP implementation.</li> </ul> </li> </ul>
<a href="#">Self care interventions could advance sexual and reproductive health in humanitarian settings</a>	<ul style="list-style-type: none"> <li>• Postulates that self-care interventions may be particularly appropriate for humanitarian crises when countries may lack sufficient trained health workers, have poorly maintained and unsustainable health infrastructures, and lack evidence based sexual and reproductive health practices and policies. <ul style="list-style-type: none"> <li>○ “Self care interventions are strategies by which people can take control of their own health.”</li> </ul> </li> <li>• Difficult to ascertain the prevalence of LGBTI people as this information is not routinely collected.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Stigma and the criminalization of same sex practices are found in 71 countries which the study links to the lack of systematic data collection of sexual orientation and gender identity among refugees and displaced people</li> <li>● Findings via secondary research and not their own study: <ul style="list-style-type: none"> <li>○ LGBTI people often experience stigma and discrimination when attempting to access HIV testing, condoms, lubricant, and tailored safer sex information.</li> <li>○ Displaced LGBTI and other gender non-conforming people may be at increased risk of sexual violence.</li> </ul> </li> <li>● Self-care interventions could offer confidential and accessible information for this important group.</li> <li>● Calls for more information on the knowledge, priorities, and preferences for self-care of forcibly displaced LGBTI people to be used for the design and implementation of tailored self-care.</li> <li>● Suggests LGBTI affirmative training for healthcare providers</li> </ul>
<p><a href="#">Sexual and Gender Minorities in Humanitarian Emergencies</a></p>	<ul style="list-style-type: none"> <li>● Postulates that existing stigmas surrounding minority sexual orientation and gender identities, coupled with rigid normative systems within the context of emergency response, may further marginalize and compromise the security and well-being of LGBTI persons.</li> </ul>
<p><a href="#">Developing Actionable Research Priorities for LGBTI Inclusion</a></p>	<ul style="list-style-type: none"> <li>● Identifies several key research priorities that would advance the inclusion of LGBTI individuals <ul style="list-style-type: none"> <li>○ research on health</li> <li>○ research on education</li> <li>○ research on economics</li> <li>○ political participation</li> <li>○ development of a more robust research infrastructure</li> </ul> </li> </ul>
<p><a href="#">Access to health services for men who have sex with men and transgender women in Beira, Mozambique: A qualitative study</a></p>	<ul style="list-style-type: none"> <li>● HIV prevalence and incidence are higher among Men who have Sex with Men (MSM) and transgender women in low- and middle-income countries, when compared to the general population</li> <li>● Uptake of HIV services in many resource-limited and rights-constrained settings is low</li> <li>● MSF has been offering health services for MSM and transgender women in Beira, Mozambique since 2014 but uptake of services has not been as high as expected <ul style="list-style-type: none"> <li>○ Peer-driven model</li> <li>○ Reasons ascertained via qualitative interviews with program participants: <ul style="list-style-type: none"> <li>▪ perceptions of stigma and discrimination</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ experiences of the peer-educator driven model</li> <li>▪ the use of face-to-face and virtual platforms for communication and engagement, including social media</li> <li>• Found that HIV-related stigma and health-care setting discrimination, including gossip and breach of confidentiality, was prevalent</li> <li>• Found that peer-driven models of engagement were appreciated but have limitations</li> </ul>
<p><a href="#">“There is not a safe space where they can find themselves to be free”: (Un)safe spaces and the promotion of queer visibilities among township males who have sex with males (MSM) in Cape Town, South Africa</a></p>	<ul style="list-style-type: none"> <li>• Focuses on men who have sex with men (MSM) as a priority group for HIV/AIDS prevention, treatment, and care</li> <li>• The development of LGBTIQ safe spaces may potentially be a viable option to promote community-based engagement by bridging the divides between HIV-prevention researchers, marginalized queer populations, and other HIV-prevention stakeholders located in heteronormative spaces <ul style="list-style-type: none"> <li>○ However, this study found that “safe spaces” in Cape Town are not stable spaces nor are they always safe</li> </ul> </li> </ul>
<p><a href="#">The no-go zone: a qualitative study of access to sexual and reproductive health services for sexual and gender minority adolescents in Southern Africa</a></p>	<ul style="list-style-type: none"> <li>• Qualitative study in Malawi, Mozambique, Namibia, Zambia, and Zimbabwe. <ul style="list-style-type: none"> <li>○ Study found that sexual and gender minority adolescents in these countries experience double marginalization</li> <li>○ Adolescents experience barriers to accessing LGBT organizations, who fear being painted as “homosexuality recruiters,” and are excluded from heteronormative adolescent sexual and reproductive health services</li> </ul> </li> <li>• Existing literature assumes that adolescents identify as heterosexual, and exclusively engage in (heteronormative) sexual activity with partners of the opposite sex/gender, so little is known about if and how the needs of sexual and gender minority adolescents are met.</li> <li>• An additional barrier is the criminalization of consensual sexual behaviors between partners of the same sex/gender, regardless of age</li> </ul>
<p><a href="#">A qualitative assessment of health seeking practices among and provision practices for men who have sex with men in Malawi</a></p>	<ul style="list-style-type: none"> <li>• Past research has documented low uptake of HIV prevention and health services among MSM, self-reported fear of seeking health services, and concerns of disclosure of sexual orientation and discrimination in health settings.</li> </ul>

	<ul style="list-style-type: none"> <li>• Study found that service providers reported concerns of adverse repercussions related to the provision of services to men in same sex sexual relationships.</li> <li>• Found a general lack of HIV information for MSM, low awareness of appropriate prevention, and low perception of risks related to HIV infection in Malawi</li> </ul>
<p><a href="#">Scrambling for access: availability, accessibility, acceptability and quality of healthcare for lesbian, gay, bisexual and transgender people in South Africa</a></p>	<ul style="list-style-type: none"> <li>• South Africa qualitative study</li> <li>• Found that all interviewees reported experiences of discrimination by healthcare providers based on their sexual orientation and/or gender identity.</li> <li>• Found that all interviewees reported violations across all four elements of the UN General Comment 14: <ul style="list-style-type: none"> <li>○ Availability: Lack of public health facilities and services, both for general and LGBT-specific concerns</li> <li>○ Accessibility: Healthcare providers' refusal to provide care to LGBT patients</li> <li>○ Acceptability: Articulation of moral judgment and disapproval of LGBT patients' identity, and forced subjection of patients to religious practices</li> <li>○ Quality: Lack of knowledge about LGBT identities and health needs, leading to poor-quality care.</li> </ul> </li> <li>• Participants had delayed or avoided seeking healthcare in the past, and none had sought out accountability or complaint mechanisms within the health system.</li> </ul>
<p><a href="#">HIV and mental health among young people in low-resource contexts in Southeast Asia: A qualitative investigation</a></p>	<ul style="list-style-type: none"> <li>• Qualitative study looking at the intersection of HIV and mental health amongst children and young people in the Philippines, Thailand and Vietnam.</li> <li>• Study identified cross-cutting challenges in healthcare, family, school, and peer domains amid fragmented and under-resourced HIV and mental health services in socio-politically fraught environments</li> </ul>
<p><a href="#">Sexual and reproductive health rights of Ukraine's young sanctuary seekers: Can we pre-empt risks and uncertainty?</a></p>	<ul style="list-style-type: none"> <li>• Over 4.6 million Ukrainian people (UNHCR 2022) have sought sanctuary in neighboring and more distant countries. More than two million are children and young people (CYP) (UNICEF 2022), suffering extreme trauma due to separations, losses and living with ongoing fear, in addition to poor physical health caused by injuries, lack of food and sleep</li> <li>• States that sanctuary seeking children and young people are at an increased risk <ul style="list-style-type: none"> <li>○ LGBTQ+ individuals and individuals living with HIV face stigma and extra challenges</li> </ul> </li> <li>• Youth-led peer education programs and LGBT-networks were central to the HIV response—promoting HIV prevention, sexual health, and mental health awareness for young people, and resilience and socioeconomic</li> </ul>

	empowerment of peer educators themselves—thereby transforming sociocultural and political contexts of vulnerability.
<b>Grey Literature</b>	
<a href="#">WHO: Improving the health and well-being of LGBTQI+ people</a>	<ul style="list-style-type: none"> <li>• In over 70 countries laws criminalize same sex relationships between adults, undermining LGBTQI people’s access to healthcare services (WHO Statistic)</li> <li>• WHO backed claims: <ul style="list-style-type: none"> <li>○ LGBTQI individuals are less likely to access health services and engage with healthcare workers due to stigma and discrimination and bear a disproportionate burden of adverse physical and mental health outcomes.</li> <li>○ LGBTQI communities are more likely to experience human rights violations including violence, torture, criminalization, involuntary medical procedures, and discrimination</li> <li>○ LGBTQI individuals face denial of care, discriminatory attitudes, and inappropriate pathologizing in healthcare settings</li> </ul> </li> </ul>
<a href="#">How Can We Include LGBT People in the Humanitarian Sector?</a>	<ul style="list-style-type: none"> <li>• Article by international policy officer at Stonewall <ul style="list-style-type: none"> <li>○ LGBT organization in the United Kingdom</li> </ul> </li> <li>• States that pre-existing marginalization of LGBT communities in the global south is likely to be increased during times of crisis</li> <li>• Calls for: <ul style="list-style-type: none"> <li>○ Reaching out to LGBT community organizations during and in the aftermath of crises</li> <li>○ Making sure LGBT voices are represented within existing community feedback</li> <li>○ Review of policies and practices that can help LGBT people not be excluded from programming</li> <li>○ Policies should include a clear, unambiguous anti-discrimination clause, which is well communicated both internally and externally.</li> <li>○ Staff support during and after assignments in the humanitarian sector</li> </ul> </li> </ul>
<a href="#">How humanitarians should consider LGBT+ issues in their work</a>	<ul style="list-style-type: none"> <li>• Gay, lesbian and gender-diverse people face high rates of rejection from their family homes, which can then lead to lower educational attainment, poorer job prospects and higher rates of poverty over time.</li> <li>• Strategies seeking to ‘shine a light’ on exclusion can be ineffective and harmful. <ul style="list-style-type: none"> <li>○ Accidentally outing people can have grave consequences because the ability to ‘pass’ as straight or cisgender, or to maintain a degree of privacy, can be critical to safety and survival</li> </ul> </li> </ul>

<p><a href="#">WHO and the health of LGBT individuals</a></p>	<ul style="list-style-type: none"> <li>• LGBT individuals are exposed to substantially more health-related risks—including HIV/AIDS and other communicable diseases, mental health disorders, violence against them, and suicide—than the general population</li> <li>• Calls for the WHO's Executive Board and Director-General to show leadership and not to shun their accountability towards health of the LGBT community.</li> </ul>
<p><a href="#">UNAID Background Note</a></p>	<ul style="list-style-type: none"> <li>• Provides two meaningful examples of LGBT inclusion in programming <ul style="list-style-type: none"> <li>○ J-FLAG (Equity for all foundation Jamaica) implemented a project titled “Mitigating risks and enabling safe public health spaces for LGBT Jamaicans”. They utilized training on stigma and discrimination and the human rights of LGBT individuals to promote a lack of stigma and discrimination for HIV services. The project developed or revised policies, protocols and guidelines for lesbian, gay, bisexual and transgender-friendly public health facilities and programs</li> <li>○ The LGBT Fund PEPFAR program took a community-based approach to reducing discrimination through supporting the creation of a non-stigmatizing environment that pretexts the human rights of all persons receiving services</li> </ul> </li> </ul>
<p><a href="#">THE USAID VISION FOR ACTION: PROMOTING AND SUPPORTING THE INCLUSION OF LESBIAN, GAY, BISEXUAL, AND TRANSGENDER (LGBT) INDIVIDUALS</a></p>	<ul style="list-style-type: none"> <li>• USAID made a commitment to the inclusion of LGBT individuals in their programming through the following <ul style="list-style-type: none"> <li>○ accounting for country and cultural context</li> <li>○ ensuring openness and safe space for dialogue</li> <li>○ integrating LGBT issues into USAID's work</li> <li>○ supporting and mobilize LGBT communities</li> <li>○ building partnerships and create allies and champions.</li> </ul> </li> <li>• USAID committed to prioritizing the following “next steps” to ensure that their development work and workplace elevate LGBT equality: <ul style="list-style-type: none"> <li>○ Increase capacity for inclusive development within USAID</li> <li>○ Apply selectivity and focus to integration efforts</li> <li>○ Build capacity of local LGBT organizations in developing countries</li> <li>○ Hold themselves accountable for upholding non-discrimination requirements</li> <li>○ Expanding a learning agenda</li> </ul> </li> </ul>
<p><a href="#">The Role of the United Nations in Combatting Discrimination and Violence against Lesbian, Gay,</a></p>	<ul style="list-style-type: none"> <li>• Detail of all recent (as of 2018) UN work on combatting discrimination and violence against LGBTI individuals</li> </ul>

<p><a href="#">Bisexual, Transgender and Intersex People A Programmatic Overview</a></p>	<ul style="list-style-type: none"> <li>• In 2015, 12 UN 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 LGBTI people.</li> <li>• Includes a list of organizations and contacts for collaboration (most likely outdated)</li> </ul>
<p><a href="#">Protection of LGBTIQ+ people in the context of the response in Ukraine</a></p>	<ul style="list-style-type: none"> <li>• Prior to the war, LGBTIQ+ individuals in Ukraine were under stigma and subject to a widely spread negative perception by the vast part of the Ukrainian society</li> <li>• Key protection concerns for LGBTIQ individuals in Ukraine <ul style="list-style-type: none"> <li>○ Safety <ul style="list-style-type: none"> <li>▪ Since the war started, there have been reports of cases of attacks against LGBTIQ+ activists, human rights defenders and shelters in Ukraine</li> <li>▪ The LGBTIQ+ population in Ukraine has experienced heightened levels of fear and anxiety about the exposure to violence and trauma</li> </ul> </li> <li>○ Access to accommodations <ul style="list-style-type: none"> <li>▪ Where reception and collective centers are gender segregated, LGBTIQ+ may face barriers to choose the housing option that they believe is safest for them</li> <li>▪ Calls for arrangement of safe shelters for LGBTIQ+ people who arrive to safer areas of Ukraine and transit cities.</li> <li>▪ States that barriers are especially acute for displaced transgender individuals whose identification does not match their gender identity in Ukraine</li> </ul> </li> <li>○ GBV <ul style="list-style-type: none"> <li>▪ Challenges accessing protection from police or security personnel due to discrimination</li> </ul> </li> <li>○ Access to healthcare <ul style="list-style-type: none"> <li>▪ LGBTIQ+ encounter limited supply of HIV medication<sup>9</sup>, unavailability of hormone therapy treatments for transgender and intersex persons, as well as limited access to sexual health services due to the prejudices of medical staff</li> </ul> </li> <li>○ Access to livelihoods</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>▪ LGBTIQ+ IDPs may experience double discrimination due to their IDP status as well as sexual orientation.</li> <li>• Provides many recommendations for inclusive programming advocacy and response <ul style="list-style-type: none"> <li>○ Collect data to inform future programming</li> <li>○ Map presence and reach out to LGBTIQ+ organizations</li> <li>○ Establish specific LGBTIQ+ reception and registration measures</li> <li>○ Encourage the active participation of LGBTIQ+ individuals in programs</li> <li>○ Ensure specialized LGBTIQ+ shelters and centers are linked to the humanitarian system</li> <li>○ Include staff from different genders and backgrounds</li> <li>○ Address barriers to safe and equal access for LGBTIQ+ persons to social services and programs</li> <li>○ Advocate for equitable and non-discriminatory provision of services to LGBTI individuals by humanitarian actors, civil society organizations, Government and law enforcement agencies.</li> <li>○ Create safe spaces</li> <li>○ Ensure accountability to the affected population</li> </ul> </li> <li>• Contains a list of useful guidance and resources for LGBT+ programming in conflict settings</li> </ul>
<p><a href="#">How LGBTIQ+ to LGBTIQ+ support is helping Ukrainian refugees find safety in the EU</a></p>	<ul style="list-style-type: none"> <li>• The number of LGBTIQ+ Ukrainians affected by the war is uncertain however dozens have reportedly been turned back at official Ukrainian border crossings and have experienced mistreatment by Ukrainian authorities</li> <li>• Fighting has disrupted supply chains and medical services inside Ukraine, creating a shortage of necessary hormone therapy drugs for trans people, HIV medication, and other important medical treatment</li> <li>• Worry over the receiving countries of Ukrainian refugees being unwelcoming and discriminatory towards LGBTQ+ refugees <ul style="list-style-type: none"> <li>○ Homophobia and transphobia have increased in Poland in recent years for example</li> </ul> </li> </ul>