



Will the U.N. “Leave No One Behind” and Improve LGBTI Health and Well-Being?

The global research coordinator for OutRight Action International urges more countries to accelerate a research revolution for inclusion.

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While there has been progress in researching the health and well-being of lesbian, gay, bisexual, transgender, and intersex (LGBTI) people and responding to certain emerging health threats in high-income countries — elsewhere in the world such research is inadequate and incomplete. A new report published by OutRight Action International and the Global Forum on MSM and HIV highlights that wherever research has been conducted, LGBTI people’s health is shown to be consistently poorer than the general population.

[Agenda 2030 for LGBTI Health and Well-Being](#) has been written in advance of the High Level Political Forum on Sustainable Development, which convenes from July 10 to 19, 2017, at the United Nations (U.N.) in New York. At this meeting, U.N. Member States will review progress on implementation of the Sustainable Development Goals (SDGs) — a plan of action for “people, planet and prosperity.”

Cover of "Agenda 2030 for LGBTI Health and Well-Being" Courtesy of OutRight Action International

The aspiration of the SDGs to "leave no one behind" can be utilized to improve the health and well-being of LGBTI people. U.N. officials, former Secretary General Ban Ki Moon and the

Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Prof. Vitit Muntarbhorn, have made it clear that the SDGs are inclusive of all people regardless of their sexual orientation, gender identity and expression, and sex characteristics.

LGBTI people have the right to health — the same as all other people, and thus LGBTI health concerns should be included in the implementation of the health goal: SDG 3. Agenda 2030 for LGBTI Health and Well-Being reviews data from low- and middle-income countries, which shows that compared with the general population gay, bisexual men and other men who have sex with men are 19 times more likely to be living with HIV and transgender women are 49 times more likely to be living with HIV.

The report notes that the health concerns of lesbian and bisexual women, trans and intersex people have all too often been overlooked, and presents data which demonstrates that LGBTI people also experience: poor mental health, higher prevalence of alcohol and substance abuse, lack of access to sexual and reproductive health services, and inadequate funding for inclusive and effective health interventions.

The common drivers behind these health disparities are violence, criminalization, social exclusion and discrimination, including widespread discrimination LGBTI people experience in health care settings. Ironically, this means that very often LGBTI people are rendered invisible in efforts to collect health data, which do not include questions about sexual orientation, gender identity and expression and sex characteristics.

The lack of data poses problems in effectively targeting health services to help those in most need. While some high-income countries have effectively used research to inform HIV prevention and care for gay and bisexual men and other affected populations, this has not been the case in most countries. Missing health data makes it harder for LGBTI people to advocate for resources they need and becomes an excuse for governments hostile to LGBTI populations to ignore the health needs of LGBTI people.

Moreover, data about LGBTI health overwhelmingly represents research conducted in high income countries where there has been social and legal progress for some sexual and gender minorities. For example, 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. Data gaps are starkest in countries where discrimination based on sexual orientation, gender identity or gender expression and sex characteristics is entrenched in law.

There are no specific indicators in the SDG framework that measure the health specifically for LGBTI people. Nevertheless, states can voluntarily report on progress and we urge them to do so in order to live up to the commitment to “leave no one behind.” Agenda 2030 for LGBTI Health and Well-Being details the type of data U.N. Member States should collect to effectively monitor

implementation of the targets of SDG 3 in a way that improves the health and well-being of LGBTI people. We want to ensure Member States ask the right questions in order to understand and monitor health and well-being among LGBTI people. We urge that they also focus on ending stigma and discrimination, which has a major detrimental impact on health and well-being, and also poses barriers to accessing health care services that LGBTI people need.

We stress that all Member States must repeal the laws, policies, and practices that criminalize same-sex behavior and limit the ability of people to express, and have legally recognized, their gender identity. States must also prohibit non-consensual medical procedures, including intersex genital mutilation, forced sterilizations as requirements for gender recognition, and forced anal examinations.

LGBTI people are well aware of the health disparities taking hold and stealing lives in their communities, but insufficient evidence makes it harder to make a convincing case for health services to respond to these needs. We hope more countries will accelerate a research revolution for LGBTI inclusion, which improves the health and well-being of these communities.

Felicity Daly
Courtesy of OutRight Action International

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