



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



52nd DIRECTING COUNCIL
65th SESSION OF THE REGIONAL COMMITTEE

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CD52.R6 (Eng.)
ORIGINAL: ENGLISH

RESOLUTION

CD52.R6

**ADDRESSING THE CAUSES OF DISPARITIES
IN HEALTH SERVICE ACCESS AND UTILIZATION
FOR LESBIAN, GAY, BISEXUAL, AND TRANS (LGBT) PERSONS**

THE 52nd DIRECTING COUNCIL,

Having considered the concept paper *Addressing the Causes of Disparities in Health Services Access and Utilization for Lesbian, Gay, Bisexual, and Trans (LGBT) Persons* (Document CD52/18), and accepting that working towards universal access requires addressing political, sociocultural, and historic barriers to care for members of stigmatized, discriminated against, and marginalized populations, including LGBT persons;

Recalling World Health Assembly Resolutions WHA62.12 and WHA62.14 as examples of the commitment of the international community to support the values and principles of primary health care, including equity, solidarity, social justice, universal access to services, multisectoral action, decentralization and community participation as the basis for strengthening health systems;

Mindful of the Pan American Sanitary Conference Resolution CSP27.R10 (2007), *Regional Policy and Strategy for Ensuring Quality of Health Care, including Patient Safety*, and the Directing Council Resolutions CD45.R10 (2004) *Scaling-up of Treatment within a Comprehensive Response to HIV/AIDS*; CD49.R12 (2009) *Plan of Action for Implementing the Gender Equality Policy*; CD49.R14 (2009) *Plan of Action on Adolescent and Youth Health*; and CD50.R8 (2010) *Health and Human Rights*;

Aware that the Pan American Sanitary Conference has identified that quality of care in health services is also measured in limited access, marked by administrative, geographic, economic, cultural, and social barriers and indifference on integrating a gender perspective in health service delivery in the context of the *Regional Policy and Strategy for Ensuring Quality of Health Care, including Patient Safety* (Document CSP27/16 [2007]);

Alarmed at trends in violence toward and persecution of LGBT persons, and noting that violence against LGBT persons, in particular sexual violence, is a critical indicator of marginalization, inequality, exclusion, and discrimination;

Recognizing that the stigma and discrimination LGBT persons face often prevents them from accessing needed health care services, including mental health and a wide array of services, and that this and other factors of social and cultural exclusion result in health inequity, inequality, and increased vulnerability to adverse health outcomes;

Attaching utmost importance to the elimination of health inequalities, including those associated with gender expression and gender identity;

Concerned that a failure to target and provide accessible health services to the populations that need them weakens the effectiveness of health systems;

Reaffirming that universal access to care is a key component of strong national health systems, and that universal care should advance the efficiency and equality of access for all to health care services and social and financial protection in a non-discriminatory manner;

Acknowledging the critical role of civil society, including faith-based organizations, in promoting access to health care services for all,

RESOLVES:

1. To urge Member States to:
 - (a) work to promote the delivery of health services to all people with full respect for human dignity and health rights within the scope of each Member States' legal framework, taking into account the diversity of gender expression and gender identity;
 - (b) give priority to promoting equal access to health services in policies, plans, and legislation and to consider developing and strengthening universal comprehensive social protection policies, including health promotion, disease prevention, and health care, and promoting availability of and access to goods and services

- essential to health and well-being, taking into account the stigma, discrimination and persecution experienced by those in the LGBT community;
- (c) collect data about access to health care and health facilities for LGBT populations, taking into account privacy rights regarding all personal health-related information with the purpose of strengthening the planning, delivery, and monitoring of health care and services, and health-related policies, programs, laws, and interventions for LGBT persons.
2. To request the Director to prepare, within existing resources, a report on the health situation and access to care of LGBT persons, the barriers they can face in accessing health care services, and the impact of reduced access for this population, in consultation with Member States and relevant stakeholders.

(Fourth meeting, 1 October 2013)