Chairperson,

I have the honor to deliver this statement on behalf of the following Member States of the LGBTI Core Group Albania, Australia, Belgium, Bolivia, Brazil, Cabo Verde, Canada, Chile, Colombia, Costa Rica, Croatia, Denmark, Ecuador, Finland, France, Germany, Honduras, Iceland, Ireland, Israel, Italy, Japan, Luxembourg, Malta, Montenegro, Mexico, Nepal, New Zealand, North Macedonia, Norway, Peru, Portugal, South Africa, Spain, Sweden, Timor Leste, the United Kingdom of Great Britain and Northern Ireland, the United States of America, Uruguay, the European Union, as well as the Office of the UN High Commissioner for Human Rights, and the non-governmental organizations Human Rights Watch and Outright International. The group is co-chaired by Argentina and The Netherlands.

Our overarching goal is to work within the United Nations framework to ensure universal respect for the human rights and fundamental freedoms of all individuals without distinction, regardless of their real or perceived sexual orientation, gender identity or sex characteristics, including lesbian, gay, bisexual, trans and intersex (LGBTI) persons. Our particular focus is on protecting LGBTI persons from violence and discrimination.

Chairperson,

1. The Convention on the Rights of Persons with Disabilities is the first international treaty in which persons with disabilities are specifically recognized as having the right to the highest attainable standard of health, including the right to sexual and reproductive health, and in
which a clear obligation is established for States Parties to provide persons with disabilities with the same range, quality and standard of free or affordable health services and programmes as provided to other persons, including in the area of sexual and reproductive health services and population-based public health programmes.

2. Nonetheless, pervasive stigma and misconceptions around persons with disabilities persist, while multiple and intersecting discriminatory practices can be found even in the health sector. Persons with disabilities face a range of barriers in accessing and using sexual and reproductive health services. These are among the many barriers that need to be urgently addressed in order to ensure the full enjoyment of one’s human’s rights.

3. Women and girls in all their diversity with disabilities in particular experience increased risk of all forms of violence, including sexual harassment, abuse and exploitation, including within families and institutions. Sexual and the risk of gender-based violence is exacerbated when multiple and intersecting forms of discrimination related to sexual orientation and gender identity occur. This violence is compounded by the existence of discriminatory laws, policies, and practices that legally limit persons with disabilities in making autonomous choices about their sexual and reproductive health and rights by requiring consent from parents or legal guardians prior to the provision of information and services, or by permitting health providers to deny them reproductive health information, goods and services.

4. Adoption and implementation of the WHO recommendations on an equity-focused and human rights-based approach to the health and wellbeing of LGBTI persons, including transgender health, as human rights standards is essential. These recommendations require the availability and accessibility of quality health information, including comprehensive quality education, including for transgender persons, and require that all persons seeking services be treated with respect and dignity, without any form of discrimination.

5. Member States need to strengthen national legislation and policy frameworks in order to eliminate any existing discriminatory laws or policies that prevent persons with disabilities from exercising their sexual and reproductive health and rights, including their bodily autonomy, by guaranteeing equal access to sexual and reproductive health services, in line with the Convention, and by taking all appropriate measures to prevent discriminatory or harmful practices such as forced sterilization;

6. We underscore the need for conducting research, data collection and analysis disaggregated by disability, age, and where possible and appropriate, sexual orientation and gender identity to inform policymaking and monitoring, evaluating and improving programmes that provide sexual and reproductive health services for persons with disabilities; especially in the contexts of monitoring and reporting on national implementation of the Sustainable Development Goals and the Convention; and engaging persons with disabilities, including their representative organizations, in these research monitoring and reporting processes.

Thank you.