



# World Health Organization

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AT THE LAUNCH OF THE REPORT "DISCRIMINATION ON GROUNDS OF SEXUAL  
ORIENTATION & GENDER IDENTITY IN EUROPE", STRASBOURG, 23 JUNE 2011**

It is an honour for me to be here and to represent the World Health Organization (WHO). On behalf of the WHO, let me start by congratulating High Commissioner Hammarberg and his team at the Council of Europe for the comprehensive report "Discrimination on grounds of sexual orientation and gender identity in Europe" which we are launching today. Several of the report's recommendations concern health and many of the issues raised in the report relate to the mandate of the WHO. Allow me now to reflect upon some of these from the perspective of the work of WHO.

WHO was established in 1946 just after the Second World War, a time when human rights were high on the agenda of the international community. The enjoyment of the highest attainable standard of health as a fundamental right without discrimination was enshrined in its Constitution. Yet now, over 60 years later, and with human rights mainstreaming high on the UN agenda, we still struggle to ensure that equality and non-discrimination are at the heart of all our efforts. Finding out who is being left behind, and why, is still a challenge. We still lack sufficiently disaggregated data, and in some countries, even very basic information about who was born and who died. This lack of data challenges the ability to ensure that we really have addressed everyone's needs and that the right to equality is ensured in the provision of health services.

For those of you who have the WHO website as your homepage - which probably includes most of you in this room - you will have seen this morning that the front page sets out new public health guidelines for the scale up of HIV-services, specifically addressing men who have sex with men and transgender populations. For the first time WHO has issued guidance addressing these population groups. Stigma and criminalization of same sex relationships are set out as root causes of why people cannot, or fear to, access health services. Issuing evidence-based guidance is a core function, the "bread-and-butter" of the work of the WHO.

Another important function of WHO is "to promote improved standards of teaching and training in the health, medical and related professions" (WHO Constitution). Your report documents examples of medical textbooks in Europe still portraying homosexuality as a disease. Since 1990, the international classification of diseases (ICD) no longer includes homosexuality. This means that today's medical students are being misinformed. How can we work to ensure that health professionals become part of the solution and not part of the problem? Accurate information is an essential ingredient to turning health professionals into catalysts for change.

A third function of WHO is to establish and revise, as necessary, international nomenclatures of diseases. The above-mentioned ICD is the vehicle for this. It supports health authorities in determining what type of services should be made available to the population. The 11<sup>th</sup> version of the ICD is scheduled to be presented to the World Health Assembly (WHO's Governing Body) in May 2015. Although homosexuality is no longer included, other issues that may concern us remain, such as transsexualism as a mental disorder. How can we ensure that we address the health care needs of transgender populations without further stigmatizing them? I hope that transgender people and the transgender movement can help us in addressing this challenge invoking the key human rights principle of participation - "nothing for us without us".

To conclude, an important ingredient of success in making positive change is leadership and nowhere is this more evident than in the field of human rights. Let me end by applauding the Member States of the Council of Europe for putting the issue of discrimination on grounds of sexual orientation and gender identity on the agenda of the Council of Europe.

Thank you.