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Access to Public Services and Social Protection

KEY FINDINGS

Mexico, South Africa, and Uruguay possess the most advanced legal frameworks that prohibit sexual orientation and gender identity (SOGI) discrimination in public services and allow civil society organizations (CSOs) to provide social services to sexual and gender minorities.

Out of the 11 services considered by the report, health care is the most protected public service; most countries explicitly prohibit discrimination in this sector, followed by subsidized health insurance and social housing.

Of the 16 countries surveyed, only Nigeria explicitly forbids the registration, sustenance, processions, and meetings of CSOs.

Most surveyed countries do not have any equality bodies or national human rights institutions that explicitly include sexual and gender minorities or SOGI within their mandates.

It is advised that countries establish a comprehensive legal framework to regulate nondiscriminatory access to public services.

Importance of the Access to Public Services and Social Protection Indicator Set

Social protection systems help individuals of all ages cope with personal and economic crises. These systems empower individuals to live healthier lifestyles, invest in education, and seek opportunities to escape poverty and economic inequality.¹ Access to public services and social protection is deeply rooted in economic and social equality, and securing access to public services is essential to reduce poverty and inequality. Public services should specifically address the needs and rights of sexual and gender minorities. An inclusive legal framework that protects all minorities, including sexual and gender minorities, can transform people's lives and create an inclusive society in which everyone prospers.

During the COVID-19 pandemic, the stigma and discrimination faced by sexual and gender minorities has been exacerbated because health care systems have been overloaded and it has proven easy to scale back care for these minorities. It is important to ensure that decisions about scaling back services be medical and data-based decisions, not decisions based on bias (box 4.1).

“Homophobia and other forms of stigma, violence, and discrimination against LGBTI people contribute significantly to their exclusion from society, limit their access to health and social services, and hinder social and economic development.”

—UNDP and PGA (2017, 8)

The access to public services and social protection indicator set examines whether the existing legal framework provides equal access to public services and social protection to sexual and gender minorities. The indicators aim to determine whether national laws, constitutional provisions, and regulations protect sexual and gender minorities from discrimination on the basis of sexual orientation, gender identity, gender expression, or sex characteristics in accessing a range of public services.² They also attempt to capture whether laws encourage CSOs to provide similar services,³ and whether governments impose funding limitations on the provision of such services. Finally, the indicator set measures the existence of national equality bodies or national human rights institutions responsible for handling claims of SOGI-based discrimination in public services.

In Japan, many lesbian, gay, bisexual, and transgender (LGBT) people unable to disclose their sexual orientation or gender identity often cannot obtain necessary services. When accessing mental health support, for example, patients often feel social pressure to hide their sexual orientation or gender identity because they do not trust that their sexuality will be understood or accepted.

—Amnesty International (2017)

BOX 4.1 Links between Access to Public Services and Social Protection and COVID-19

Sexual and gender minorities regularly experience stigma and discrimination while seeking health services, leading to disparities in health care availability, access, and quality. Laws that criminalize same-sex relations or target transgender people because of their gender identity or expression exacerbate adverse health outcomes for sexual and gender minorities. These people may avoid accessing health care services for fear of arrest or violence. With health care systems overloaded during the COVID-19 pandemic, treatment of sexual and gender minorities—including HIV treatment and testing, hormonal treatment, and gender-affirming treatments for transgender people—may be interrupted or deprioritized. Decisions about scaling back services should be medically based and data driven; they should not reflect bias against sexual and gender minorities.

Most of the countries studied do not have legal frameworks that allow civil society organizations (CSOs) to provide social services specifically to sexual and gender minorities (such as vaccinations, sanitation, health services, and HIV prevention services, or to provide information on vulnerable practices, antiretrovirals, and gender-affirming treatments). Some countries do not have laws prohibiting discrimination on the basis of sexual orientation and gender identity (SOGI) in key public services, such as health care. Sexual and gender minorities can be more vulnerable during the pandemic because of discrimination on the basis of SOGI. The contribution of CSOs is vital in the pandemic response.

Legal Framework Related to Discrimination on the Basis of SOGI

An effective legal framework that ensures equal access to public services and social protection interventions is fundamental to an inclusive and progressive society.⁴ Therefore, the basis for this indicator set is the existence of a nondiscrimination regulatory framework related to public services and social protection interventions. The survey reviewed data on 11 core services: health care, social housing, public transportation, electricity, water supply, waste disposal, microcredits, subsidized health insurance, social pensions, unemployment insurance, and child benefits. With respect to health care, for example, ignorance and discrimination in the health care sector frequently force patients who are sexual and gender minorities to avoid seeking care because they fear stigmatization by health care providers (Human Rights Watch 2014). Similarly, regarding access to housing, sexual and gender minorities are disproportionately represented in the homeless population, and they may also face discrimination in access to housing as a result of unfair treatment by public and private landlords, estate agencies, and credit providers (UNGA 2019).

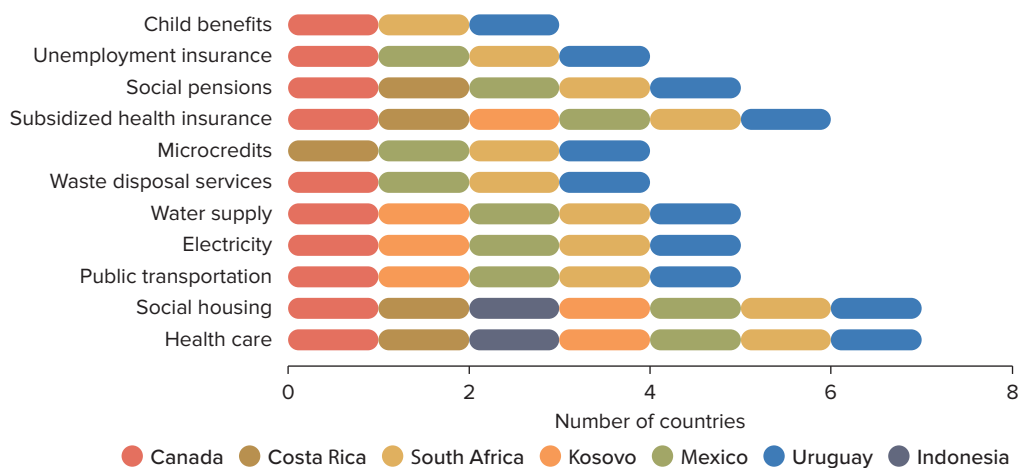
Nine of the 16 studied countries (Bangladesh, Indonesia, Jamaica, Japan, Lebanon, Mozambique, Nigeria, Tunisia, and Ukraine) do not explicitly prohibit discrimination on the basis of SOGI in the provision of public services. The remaining seven countries (Canada, Costa Rica, India,

Kosovo, Mexico, South Africa, and Uruguay) do protect equal access to public services (figure 4.1). Enacting laws or regulations that prohibit discrimination in broad terms is the most inclusive approach to ensuring universal access to public services. Rather than mentioning every possible public service individually, Uruguay’s legislation includes broad protections from discrimination based on sexual orientation and gender identity. The country’s antidiscrimination law prohibits discrimination on the basis of sexual orientation and gender identity in “the political, economic, social, cultural, and in any other sphere of public life.”⁵ Mexico, another example of good practice, has a comprehensive constitutional framework that covers economic and social rights. It also adopted the Federal Law to Prevent and Eliminate Discrimination (Ley Federal para Prevenir y Eliminar la Discriminación), which prohibits discrimination in accessing services on the basis of sexual orientation (but not gender identity or sex characteristics).⁶ Furthermore, Mexican laws on particular topics, such as health and housing,^{7,8} prohibit discrimination in the provision of the relevant services.

In sum, broad regulations can protect sexual and gender minorities from discrimination in the provision of public services and social protection interventions. In Ontario, Canada, sexual orientation, gender identity, and gender expression are protected grounds with respect to access to services.⁹ In 2014, Costa Rica expanded its social security system to offer same-sex and heterosexual couples equal rights (*Tico Times* 2014). The Indian Supreme Court has directed the central and state governments to take proper measures to provide medical care and appropriate counseling to transgender people in hospitals, including with regard to reproductive health, HIV/sero-surveillance, access to HIV/AIDS information and therapy, and hormonal or other therapy, as well as access to free gender-reassignment treatments when desired. Government authorities were also asked to operate separate public toilets and other facilities and offer various

FIGURE 4.1

Equal Access Guaranteed for Different Services, by Country, 2021



Source: World Bank Group, Equality of Opportunity database.

social welfare schemes.¹⁰ In addition, the Indian Constitution prohibits discrimination on the basis of sexual orientation and gender identity via the category of “sex”¹¹ in public spaces.¹² Furthermore, the country’s Transgender Persons (Protection of Rights) Act protects transgender and intersex people from discrimination in access to goods, accommodation, health care, and other services. The act also provides health-related measures ranging from access to medical care facilities, counseling, and provision for medical expenses coverage through a comprehensive insurance scheme.¹³ India’s National AIDS Control Organization has also launched SOGI-specific HIV prevention programs (India, Ministry of Health and Family Welfare 2017).

Similarly, Kosovo’s antidiscrimination law enumerates several types of services to which everyone, including sexual and gender minorities, has equal access.¹⁴ Kosovo has also enacted a separate health care law that prohibits discrimination on the basis of sexual orientation (but not gender identity or expression).¹⁵ South African law also prohibits discrimination in several types of services on the basis of sexual orientation (but not gender identity).¹⁶

It is advised that countries adopt the following good practice policy actions:

- Establish a comprehensive legal framework to regulate nondiscriminatory access to public services.
- Amend laws and regulations to prohibit SOGI-related discrimination in key public sectors, including health care, social housing, public transportation, electricity, water supply, waste disposal services, microcredits, subsidized health insurance, social pensions, unemployment insurance, and child benefits.
- Provide training for public service professionals to improve their understanding of the needs of sexual and gender minorities.
- Conduct an extensive social awareness campaign in the public sector to increase understanding of SOGI issues by public servants.
- Protect medical records and safeguard information.

Civil Society Approach to SOGI-Based Discrimination

The steady growth of CSOs that advocate for the rights of sexual and gender minorities is well-documented. However, CSOs continue to face monumental challenges in their attempts to assemble, associate, and communicate (ICNL 2016).¹⁷ These challenges are particularly formidable when they are created by the state—that is, when they are in the

form of national legislation. By imposing legal restrictions, countries not only prevent sexual and gender minorities from achieving full equality, but they also prevent CSOs from advocating on their behalf and providing social services.¹⁸ In some countries, funding laws limit the CSOs' ability to provide basic and necessary services.

The indicator set on access to public services and social protection studies the existence of and government approach to CSOs that provide services to sexual and gender minorities. Furthermore, it measures whether governments impose funding limitations on the provision of relevant services. CSOs play an essential role in providing public services and social protections otherwise not available to sexual and gender minorities. But CSOs can fill this vacuum only if the legal framework allows it. This section evaluates whether CSOs can provide services to sexual and gender minorities in areas including vaccinations, sanitation, transportation, family planning, health services (including psychological, physiological, and sexual and reproductive services), HIV prevention services, and can provide information on vulnerable sexual practices, antiretrovirals, medication for gender-reassignment surgery, and support for transgender individuals during and after gender reassignment surgery.

Across the countries analyzed, CSOs are generally allowed to provide services to sexual and gender minorities. The one exception is Nigeria, which legally forbids CSOs from delivering social services explicitly to sexual and gender minorities.¹⁹ Under the Same-Sex Marriage (Prohibition) Act, an individual who “registers, operates, or participates in gay clubs, societies, and organizations” commits a criminal offense subject to up to 10 years' imprisonment.²⁰ Even countries that criminalize same-sex relations typically do not prohibit CSOs from providing services to sexual and gender minorities. The same findings apply to funding that CSOs receive to provide services to sexual and gender minorities. The Equality of Opportunity for Sexual and Gender Minorities (EQOSOGI) team could not locate laws or regulations that explicitly prohibit funding for these purposes in any of the 16 countries studied. Therefore, absent an express prohibition, it appears that CSOs can, in principle, operate and provide important services to sexual and gender minorities as part of their operation under the principle of freedom of assembly and freedom of association. However, CSOs may still experience restrictions. As explained in the next chapter, sexual and gender minority CSOs often face legal hurdles when it comes to registration.

It is advised that countries adopt the following good practice policy actions:

- Remove legal hurdles that restrict the ability of CSOs to register and freely operate and provide legal protections to CSOs that offer services to sexual and gender minorities.
- Allow CSOs to receive funding to provide services to sexual and gender minorities.

Notes

1. See the World Bank's Social Protection website at <https://www.worldbank.org/en/topic/socialprotection/overview>.
2. *Public services* refers to, among other services, health care, social housing, public transportation, electricity, water supply, waste disposal services, microcredits, subsidized health insurance, social pensions, unemployment insurance, and child benefits.
3. These services include vaccinations, sanitation, transportation, family planning, health services, HIV prevention services, information on vulnerable sexual practices, antiretrovirals, medication for gender-reassignment surgery, and support for transgender individuals during/after gender reassignment survey.
4. Questions addressing the legal framework related to discrimination on the basis of SOGI in the indicator set on access to public services and social protection are: Are there any laws, constitutional provisions, and/or regulations that prohibit discrimination on the basis of sexual orientation, gender identity, gender expression, and sex characteristics in accessing health care, social housing, public transportation, electricity, water supply, waste disposal services, microcredits, subsidized health insurance, social pensions, unemployment insurance, child benefits, other social services, and so on?
5. Uruguay, Law No. 17817. 2004. Article 2: "A los efectos de la presente ley se entenderá por discriminación toda distinción, exclusión, restricción, preferencia o ejercicio de violencia física y moral, basada en motivos de raza, color de piel, religión, origen nacional o étnico, discapacidad, aspecto estético, género, orientación e identidad sexual, que tenga por objeto o por resultado anular o menoscabar el reconocimiento, goce o ejercicio, en condiciones de igualdad, de los derechos humanos y libertades fundamentales en las esferas política, económica, social, cultural o en cualquier otra esfera de la vida pública."
6. Mexico, Ley Federal para Prevenir y Eliminar la Discriminación. 2003. Article 9: "VII. Negar o condicionar los servicios de atención médica, o impedir la participación en las decisiones sobre su tratamiento médico o terapéutico dentro de sus posibilidades y medios; X. Impedir el ejercicio de los derechos de propiedad, administración y disposición de bienes de cualquier otro tipo ; XX. Impedir el acceso a la seguridad social y a sus beneficios o establecer limitaciones para la contratación de seguros médicos, salvo en los casos que la ley así lo disponga; XXI. Limitar el derecho a la alimentación, la vivienda, el recreo y los servicios de atención médica adecuados, en los casos que la ley así lo prevea; XXII. Impedir el acceso a cualquier servicio público o institución privada que preste servicios al público, así como limitar el acceso y libre desplazamiento en los espacios públicos; XXII. Bis. La falta de accesibilidad en el entorno físico, el transporte, la información, tecnología y comunicaciones, en servicios e instalaciones abiertos al público o de uso público; XXII. Ter. La denegación de ajustes razonables que garanticen, en igualdad de condiciones, el goce o ejercicio de los derechos de las personas con discapacidad; XXIII. Explotar o dar un trato abusivo o degradante; XXIV. Restringir la participación en actividades deportivas, recreativas o culturales; XXV. Restringir o limitar el uso de su lengua, usos, costumbres y cultura, en actividades públicas o privadas, en términos de las disposiciones aplicables; XXVI. Limitar o negar el otorgamiento de concesiones, permisos o autorizaciones para el aprovechamiento, administración o usufructo de recursos naturales, una vez satisfechos los requisitos establecidos en la legislación aplicable; XXXI. Difundir sin consentimiento de la persona agraviada información sobre su condición de salud; XXXII. Estigmatizar y negar derechos a personas con VIH/SIDA; XXXIII. Implementar o ejecutar políticas públicas, programas u otras acciones de gobierno que tengan un impacto desventajoso en los derechos de las personas."
7. Mexico, Ley General de Salud (in conjunction with Ley Federal para Prevenir y Eliminar la Discriminación, Article 9). 1984. Article 77 bis 1: "Todos los mexicanos tienen derecho a ser incorporados al Sistema de Protección Social en Salud de conformidad con el artículo cuarto de la Constitución Política de los Estados Unidos Mexicanos, sin importar su condición social. La protección social en salud es un mecanismo por el cual el Estado garantizará el acceso efectivo, oportuno, de calidad, sin desembolso

al momento de utilización y sin discriminación a los servicios médico-quirúrgicos, farmacéuticos y hospitalarios que satisfagan de manera integral las necesidades de salud, mediante la combinación de intervenciones de promoción de la salud, prevención, diagnóstico, tratamiento y de rehabilitación, seleccionadas en forma prioritaria según criterios de seguridad, eficacia, costo, efectividad, adherencia a normas éticas profesionales y aceptabilidad social. Como mínimo se deberán contemplar los servicios de consulta externa en el primer nivel de atención, así como de consulta externa y hospitalización para las especialidades básicas de: medicina interna, cirugía general, ginecoobstetricia, pediatría y geriatría, en el segundo nivel de atención.”

8. Mexico, *Ley de Vivienda* (in conjunction with *Ley Federal para Prevenir y Eliminar la Discriminación* 2003, Article 9). 2006. Article 3: “Las disposiciones de esta Ley deberán aplicarse bajo principios de equidad e inclusión social de manera que toda persona, sin importar su origen étnico o nacional, el género, la edad, la discapacidad, la condición social o económica, las condiciones de salud, la religión, las opiniones, las preferencias o el estado civil pueda ejercer su derecho constitucional a la vivienda. Las políticas y programas, así como los instrumentos y apoyos a la vivienda a que se refiere este ordenamiento, se regirán bajo los principios de respeto a la legalidad y protección jurídica a la legítima tenencia, así como el combate a la invasión de predios y al crecimiento irregular de las ciudades. Las dependencias y entidades de la Administración Pública Federal que lleven a cabo u otorguen financiamiento para programas o acciones de vivienda, quedan sujetas a las disposiciones de esta Ley y demás ordenamientos que resulten aplicables. Los organismos encargados de financiar programas de vivienda para los trabajadores, conforme a la obligación prevista en el artículo 123 de la Constitución Política de los Estados Unidos Mexicanos, se regirán en los términos de las leyes que regulan su propia organización y funcionamiento y coordinarán sus lineamientos de política general y objetivos a lo que marca esta Ley y el Plan Nacional de Desarrollo. Los representantes gubernamentales en los órganos de gobierno, administración y vigilancia de dichos organismos cuidarán que sus actividades se ajusten a lo dispuesto en esta Ley.”
9. Ontario’s Human Rights Code (amended in 2019). 1990. Article 1: “Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.”
10. *National Legal Services Authority v. Union of India*, WP (Civil) No 400. 2012.
11. In 2014, the Supreme Court of India directed the central government and state governments to ensure the treatment of “hijras”/ “eunuchs” (transgenders) as third gender so as to afford them same protections of fundamental rights, including those under Article 14 (Right to Equality) and Article 15 (Prohibition of Discrimination). In 2017, the Supreme Court of India declared that sexual autonomy is inherent in the Right to Privacy protected under Article 21 of the Constitution of India (“Right to Life and Liberty”). Therefore, protection of rights and interests of sexual and gender minorities is ensured by the constitution. Affirming the principles upheld earlier, the court in a 2018 judgment stated that the word “sex” under Article 15 (Prohibition of Discrimination) and Article 16 (Equality of Opportunities) of the constitution has to be read broadly to include gender and sexual minorities.
12. Constitution of India. Article 15: “(2) No citizen shall, on grounds only of religion, race, caste, sex, place of birth or any of them, be subject to any disability, liability, restriction or condition with regard to (a) access to shops, public restaurants, hotels and places of public entertainment; or (b) the use of wells, tanks, bathing ghats, roads and places of public resort maintained wholly or partly out of State funds or dedicated to the use of the general public.”
13. India, *Transgender Persons (Protection of Rights) Act*. 2019. Section 2: “In this Act, unless the context otherwise requires, ... (k) “transgender person” means a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities

as kinner, hijra, aravani and jogta.” Section 3: “No person or establishment shall discriminate against a transgender person on any of the following grounds, namely: ... (d) the denial or discontinuation of, or unfair treatment in, health care services; (e) the denial or discontinuation of, or unfair treatment with regard to, access to, or provision or enjoyment or use of any goods, accommodation, service, facility, benefit, privilege or opportunity dedicated to the use of the general public or customarily available to the public; (f) the denial or discontinuation of, or unfair treatment with regard to the right of movement; (g) the denial or discontinuation of, or unfair treatment with regard to the right to reside, purchase, rent, or otherwise occupy any property.” Section 15: “The appropriate Government shall take the following measures in relation to transgender persons, namely: (a) to set up separate human immunodeficiency virus Sero-surveillance Centres to conduct sero-surveillance for such persons in accordance with the guidelines issued by the National AIDS Control Organisation in this behalf; (b) to provide for medical care facility including sex reassignment surgery and hormonal therapy; (c) before and after sex reassignment surgery and hormonal therapy counselling; (d) bring out a Health Manual related to sex reassignment surgery in accordance with the World Profession Association for Transgender Health guidelines; (e) review of medical curriculum and research for doctors to address their specific health issues; (f) to facilitate access to transgender persons in hospitals and other health care institutions and centres; (g) provision for coverage of medical expenses by a comprehensive insurance scheme for Sex Reassignment Surgery, hormonal therapy, laser therapy or any other health issues of transgender persons.”

14. Kosovo, Law No. 05/L-021 on the Protection from Discrimination. 2015. Article 1 (1): “The purpose of this law is to establish a general framework for prevention and combating discrimination based on nationality, or in relation to any community, social origin, race, ethnicity, colour, birth, origin, sex, gender, gender identity, sexual orientation, language, citizenship, religion and religious belief, political affiliation, political or other opinion, social or personal status, age, family or marital status, pregnancy, maternity, wealth, health status, disability, genetic inheritance or any other grounds, in order to implement the principle of equal treatment.” Article 2 (1): “This law applies to all acts or omissions, of all state and local institutions, natural and legal persons, public and private sector, who violate, violated or may violate the rights of any person or natural and legal entities in all areas of life, especially related to 1.5. social protection, including social assistance scheme, social security and health protection; 1.6. social advantages; 1.7. social amenities, including but not limited to humanitarian aid; 1.8. education; 1.9. access to housing, which is available to the public, and the access to other forms of property (movable and immovable); 1.10. access to and supply of goods and services which are available to the public; 1.11. fair and equal treatment in court proceedings and all other authorities administering justice; 1.12. access and participation in science, sports, art, services and cultural activities; 1.13. personal insurance; 1.14. participation in public affairs, including the right to vote and the right to be elected; 1.15. access to public places and 1.16. any other rights provided for by the legislation in force.”
15. Kosovo, Law No. 04/L-125 on Health. 2013. Article 5 (1) (1.2): “Inclusiveness and nondiscrimination: equal health care for all citizens and residents by ensuring the standards during fulfilling the needs at all levels of health care as well as ensuring health care without discrimination on basis of: gender, nation, race, color, language, religion, political preferences, social status, sexual orientation, the level of physical or mental abilities, family status, or age.”
16. South Africa, Promotion of Equality and Prevention of Unfair Discrimination Act 4. 2000. Schedule “Illustrative List of Unfair Practices in Certain Sectors” (Section 29): “3. Health care services and benefits (a) Subjecting persons to medical experiments without their informed consent. (b) Unfairly denying or refusing any person access to health care facilities or failing to make health care facilities accessible to any person. (c) Refusing to provide emergency medical treatment to persons of particular groups identified by one or more of the prohibited grounds. (d) Refusing to provide reasonable health services to the elderly. 4. Housing, accommodation, land and property (a) Arbitrary eviction of persons on one or more of the prohibited grounds. (b) ‘Red-lining’ on the grounds of race and social status.

- (c) Unfair discrimination in the provision of housing bonds, loans or financial assistance on the basis of race, gender or other prohibited grounds. (d) Failing to reasonably accommodate the special needs of the elderly. 5. Insurance services (a) Unfairly refusing on one or more of the prohibited grounds to provide or to make available an insurance policy to any person. (b) Unfair discrimination in the provision of benefits, facilities and services related to insurance. (c) Unfairly disadvantaging a person or persons, including unfairly and unreasonably refusing to grant services, to persons solely on the basis of HIV/AIDS status. 6. Pensions (a) Unfairly excluding any person from membership of a retirement fund or from receiving any benefits from the fund on one or more of the prohibited grounds. (b) Unfairly discriminating against members or beneficiaries of a retirement fund. 7. Partnerships (a) Determining in an unfair discriminatory manner who should be invited to become a partner in the partnership in question. (b) Imposing unfair and discriminatory terms or conditions under which a person is invited or admitted to become a partner. 9. Provision of goods, services and facilities (a) Unfairly refusing or failing to provide the goods or services or to make the facilities available to any person or group of persons on one or more of the prohibited grounds. (b) Imposing terms, conditions or practices that perpetuate the consequences of past unfair discrimination or exclusion regarding access to financial resources. (c) Unfairly limiting access to contractual opportunities for supplying goods and services.” The same law defines “prohibited grounds” in Article 1: “Prohibited grounds are: (a) race, gender, sex, pregnancy, marital status, ethnic or social origin, color, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth; or (b) any other ground where discrimination based on that other ground – (i) causes or perpetuates systemic disadvantage; (ii) undermines human dignity; or (iii) adversely affects the equal enjoyment of a person’s rights and freedoms in a serious manner that is comparable to discrimination on a ground in paragraph (a).”
17. Questions addressing the civil society approach to SOGI-based discrimination in this indicator set are: Are there any laws and/or regulations that allow civil society organizations (CSOs) to provide social services specifically to sexual and gender minorities (for example, vaccinations, sanitation, transportation, family planning, health services—psychological, physiological, and sexual and reproductive); HIV prevention services [for example, condoms, lubricants, pre-exposure prophylaxis, and so on]; and information on vulnerable sexual practices, antiretrovirals, medication for gender-reassignment surgery, and support for transgender people during/after gender reassignment surgery)? Are there any laws and/or regulations imposing funding limitations on civil society organizations on the provision of such services?
 18. These services can include, among others, vaccinations, sanitation, transportation, family planning, health services (psychological, physiological, sexual, and reproductive), HIV prevention services, and information on vulnerable sexual practices, antiretrovirals, medication for gender-reassignment surgery, and support for transgender individuals during and after gender-reassignment surgery.
 19. Nigeria, Same-Sex Marriage Prohibition Act. 2013. Section 4: “(1) The Registration of gay clubs, societies, and organizations, their sustenance, processions, and meetings is prohibited.”
 20. Nigeria, Same-Sex Marriage Prohibition Act. 2013. Section 5 (2): “A person who registers, operates, or participates in gay clubs, societies, and organization, or directly or indirectly makes public show of same-sex amorous relationship in Nigeria commits an offense and is liable on conviction to a term of 10 years imprisonment.”

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