Clinton MUNC 2024

Committee: World Health Organization

Topic: Achieving Healthcare Access for LGBTQ+ Youth

Chair: Caroline Fish

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Table of Contents

Meet Your Chairs....2

Committee Policies....5

The World Health Organization....5

History of the Topic....6

Current Healthcare Disparities for LGBTQ+ Youth....7

Sexual Education and Disease Prevention....8

Mental Health....9

Gender Affirming Care....11

Regional Positions....12

Guiding Questions for Committee....14

Works Consulted....15

Hello delegates, and welcome to Clinton MUNC 2024!

My name is Caroline, and I will be your chair for this committee. In addition to chairing this committee, I am a Co-President of Clinton Model UN, and I have been a part of Model UN since the seventh grade. I have been dreaming of hosting a conference of our own since I first took over as Co-President, and I am so thrilled that we have finally managed to accomplish this goal. My co-directors and I are so excited to welcome you to the first ever annual Clinton Model UN conference!

Outside of Model UN, you can always find me in a dance studio. I am also very passionate about medicine and the healthcare field. Throughout high school, I have been involved in various biology and research programs. I am so excited to chair this committee, as it brings together two passions of mine, healthcare and Model UN.

I hope this topic is engaging and brings up fruitful and multi dynamic conversations. I also hope to hear new and unique ideas from all of you. Please don't hesitate to reach out with any questions or concerns, I am always ready and willing to talk to you all prior to the conference!

See you all soon!
Caroline Fish (she/her)
caroline.fish@theclintonschool.net

Hello delegates!

As your committee's co-director, I am so excited to meet you and to have you all participating in Clinton MUNC (Clinton's very first Model UN conference)! My name is Kayla Murati and I'm an 11th grader here at The Clinton School. We're well aware that some of you get the gist for how these conferences go, but if you're new to Model UN, welcome! We understand that it can be intimidating at first, but the only way to grasp it is to dive right in. As your committee's chairing and directing team, we will do our very best to keep the committee running with the basic parliamentary procedures. We're eager to hear what you all come up with and bring to the table for this conference.

Being a part of Model UN has undeniably carved out a pathway for my growth as a person in terms of public speaking, diplomacy, and my determination to grab onto opportunities. As I'm sure older delegates already know, MUN builds up skills necessary to carry you through life regardless of which career path you choose. When I'm not writing resolution papers, I'm writing poems or I have my nose in a book. Here at Clinton MUNC, delegates both old and new will have the opportunity to engage in productive debate. We wish to see all of you put in your best efforts!

If you have any questions or concerns, please do not hesitate to contact me. I'm always happy to help and I'm looking forward to seeing you all at Clinton MUNC 2024!

Best,
Kayla Murati (she/her)
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Hey Delegates!

Welcome to Clinton MUNC, my name is Samantha and I will be a co-director for this committee. I'm in 10th grade and this is only my second year doing MUN, but I'm very excited to oversee the debate and learn new things about conferences since this is my first time not representing a person or a country.

Outside of MUN I play volleyball and crochet in my free time. I also enjoy reading and debating controversial global issues (hence, my love for this club). MUN has been beneficial to me in many ways such as helping me raise my hand more and speak more confidently, as well as being knowledgeable on real world issues. Whether this is your first conference or if you've done many before, I hope you have a lot of fun researching and debating this topic!

This topic is very exciting for me, as well as being the first conference I'm directing and I really can't wait to see where the debate goes. If you have any questions or need any clarifications, please don't hesitate to contact me. Can't wait to see you all!

Samantha Jeffery (she/hers)
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Committee Policies

1) Position Papers are required of every delegate to write and submit. As this will show the chairs that each delegate has researched their assigned country and has knowledge on the topic of discussion.
2) The use of Chat GPT is strictly prohibited and if the chairs notice the use of AI or the paper itself has been flagged, the paper will be disqualified and further action may be taken.
3) Electronic devices will be allowed in committee but we highly recommend using them only to draft resolution papers.
4) Prewriting is not permitted. All draft and final resolutions must be started and completed during committee sessions.

The World Health Organization

Founded in 1948, the World Health Organization (WHO) was created with the purpose of coordinating health affairs within the United Nations. WHO was originally involved with disease prevention and control efforts, aiming to tackle these issues across their seven different regional offices. The organization's original priorities included combating malaria, tuberculosis, venereal diseases, and more. In the 75 years since WHO's founding, the organization has tackled many different issues across the healthcare field, from pandemic prevention to advancing health care access for people with disabilities.

At the heart of the World Health Organization lies the Triple Billion Targets. These targets are divided into three categories: healthier populations, universal health coverage, and health emergencies protection. These targets provide a framework to aid countries in delivering on the Sustainable Development Goals. The Triple Billion Targets should remain a central point of debate within this committee.

The World Health Organization has taken multiple steps towards achieving gender equity, adolescent healthcare access, mental healthcare access, and sexual healthcare access, but the organization has yet to combat the intersection of these different goals in order to achieve healthcare access for LGBTQ+ youth.

History of the Topic

According to the Universal Declaration of Human Rights (UDHR), all people have the right to equality and non-discrimination. This statement, a foundation of the United Nations itself, "Applies to all people, regardless of sex, sexual orientation and gender identity" (OHCHR). Unfortunately, this has historically not been the case when it comes to healthcare access for LGBTQ+ youth.

Largely neglected until the 20th century, LQBTQ+ rights have remained a major global issue where members who identify within this group face extreme challenges, especially when facing the healthcare industry. The main catalyst for this exclusion in more modern times started with the HIV and AIDS epidemic in the 1980s. Starting in California with just four cases affecting gay men, these diseases spread across the United States crossing into New York with a devastating outbreak, and eventually Europe, Asia, and Africa were hit as well. Governments' health divisions around the world were unsuccessful at, if any, attempts to stop the spreading of HIV/AIDS, which sparked the 1982 founding of the Gay Men's Health Crisis (GMHC) which is an NGO that speaks on supporting gay healthcare surrounding the diseases.

Within the LGBTQ+ community, minorities such as Black and Latino men have faced unproportional odds against HIV/AIDS. As of 2015, one in six men would test positive, while one in four gay latino men, and one in two gay black men would face a case of HIV/AIDS. Since especially the 1980s, healthcare rights for LQBT+ have become a highly debated topic for both medical education and whether they can be declined service for their identity or not.

In 1952, Christine Jorgenson came out as the first openly trans woman, having received the first gender confirmation surgery, which sparked a lot of controversy and was an international shock since she was at the time the only known openly transgender person internationally in the modern media. In 1977 in the United States, Harvey Milk set a global example as an openly gay elected member of the San Francisco Board of Supervisors. In 1985, the LGBTQ+ victims of the Holocaust were recognized with a memorial headstone at the Neuengamme former concentration camp. In 1989, Denmark became the first country to recognize same sex couples legally (a 71-47 vote),

which was extremely moving for LGBTQ+ within the country, and sparked hope for nations around the world.

In 2013, The United Nations launched a public information campaign dedicated to promoting rights for the LGBTQ+ community (UNFE). As a newer organization, the project mainly focuses on spreading anti-homophobia messages through social media, using celebrities to help promote their cause through videos and newsletters. The committee sub-launched across Latin American countries (Brazil, Cambodia, Chile, Columbia, Ecuador, Mexico, Paraguay, and Peru) and India in 2014 to work on more specific solutions for those regions. In 2013 UNFE launched during a press conference in South Africa which received a lot of media attention and coverage to help spread the word and the campaign's goals, eventually reaching Europe and Asia as well. It is important to note that while the United Nations stands as an international body with influence, it cannot direct laws or enforce them, which is an extremely limiting factor in the context of the LGBTQ+ health crisis. The goal with the Free and Equal campaign is to change the rampant biases and prejudices surrounding the LQBT+ community, which may fuel changes in legislation.

In 2022 several national campaigns mostly around South America and East Asia were implemented to advocate for LQBT+ equality and partner with UN Women to focus on women within the LQBT+ community. UNFE also recognized how racism and homophobia are linked and included this in national campaigns to further promote equality.

Current Healthcare Disparities for LGBTQ+ Youth

Due to stigma, ostracism, and historical discrimination, there are great disparities among LGBTQ+ youth in terms of receiving appropriate healthcare for their mental and physical needs. LGBTQ+ youth are known to be at a higher risk than their non-LGBTQ+ peers for health concerns such as sexually transmitted diseases (STDs), cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression, and suicide. Adolescent gay or bisexual males have higher rates of HIV, syphilis, and other STDs while adolescent lesbian and bisexual females have higher rates

of unintended pregnancy. Overall, LGBTQ+ teens are more likely to report health concerns, mental and physical, than their cisgender and heterosexual peers.

Sexual Education and Disease Prevention

Sexually transmitted diseases (STDs) impact all populations, but they disproportionately affect LGBTQ+ people. Specifically, HIV and AIDS has been a pandemic that has seemingly targeted LGBTQ+ populations. There are currently an estimated 39 million people globally who are living with HIV. As of 2022, the median HIV prevalence among the adult population was 0.7%. However, this prevalence greatly increased amongst LGBTQ+ people. For example, the global median prevalence rate of HIV was 7.7% amongst gay men and 10.3% among transgender people.

Clearly, there is a global need to combat HIV prevalence amongst LGBTQ+ people, specifically youth. The World Health Organization has implemented certain measures towards increasing such healthcare worldwide, with solutions such as their Global PrEP Network (GPN). This WHO-led forum, established in 2017, aims to implement prep-exposure prophylaxis (PrEP) in order to work towards HIV prevention efforts. And, the UN HIV Prevention Coalition (UNAIDS) was established the same year to build on HIV prevention efforts. UNAIDS comprises many NGOs and 34 UN Member States, including 25 of the highest HIV burden countries. UNAIDS has made many strides towards HIV prevention efforts, and between 2010 and 2021, new HIV infections declined by an average of 50% in 23 focus countries. However, among gay men and men who have sex with men, the number of new HIV infections has not reduced as much as the general population.

There has also been a large number of HIV prevention efforts in individual nations as well. For example, Cote d'Ivoire and Zimbabwe have both reduced new HIV cases annually by over 70% since 2010. And, in Uganda, the Uganda AIDS Commission (UAC) has worked over the past couple of years towards a more comprehensive HIV prevention plan in the country. However, the UAC's 2018 Sexuality Education Framework is not being rolled out because of governmental concerns that the framework's inclusion of information on sexuality and gender issues does not reflect Uganda's traditional values.

In addition to the need for HIV and STD prevention efforts globally, there is also an immense need for sexual education programs that include LGBTQ+ people. Comprehensive sexual health education has been proven to delay the onset of sexual intercourse, and reduce the risk of HIV and other STDs. National commitments to sexual education vary greatly across the globe. In 28 countries in Asia and the Pacific, over half teach sexuality education in some form as a mandatory subject. The majority of these countries integrate this curriculum into other subjects. Within the Middle East, there are many societal and religious norms that prohibit access to any sexual education initiatives.

There is also a need to increase sexual health education for LGBTQ+ youth specifically, as the majority of sexual health education globally centers heteronormative conversations on sex. Studies have shown that sexual experiences of LGBTQ+ youth are different than their heterosexual peers, and therefore many sexual health curriculums do not relate to LGBTQ+ youth. And, a lot of times, when LGBTQ+ sexual education is included, it is unhelpful due to a lack of comprehensive terminology and specific language related to gender identity. In order to provide sexual health education, as well as to promote disease prevention, it is necessary to include comprehensive language and knowledge that pertains to LGBTQ+ youth specifically. This may be hard to implement in countries with societal and religious norms that oppose sexual health education in general.

Mental Health

Mental health disorders also disproportionately impact LGBTQ+ youth at higher rates. In a study published in 2022 studying the course and severity of suicidality among young adults in Sweden, it was revealed that sexual minorities experienced suicidality at much higher rates than their heterosexual counterparts, with 35.1% of sexual minorities having experienced persistent suicidality compared to 15% of heterosexuals. And, when individuals are facing severe life stressors such as displacement, LGBTQ+ people are especially at risk to develop mental health disorders. A study conducted in 2019 on displaced Syrian refugees, specifically gay men and transgender women, revealed that 63% of participants met criteria for depression, 21.3% met criteria for severe anxiety,

and 33% met criteria for post-traumatic stress disorder. It was shown that a combination of socio-demographic characteristics, displacement-related stressors, and stigma-related stressors all contributed to the risk of mental health disorders such as anxiety and PTSD. Clearly, mental health amongst LGBTQ+ people, specifically youth, is an issue that must be addressed.

In Middle Eastern and North African (MENA) countries, there is limited research behind the mental health of LGBTQ+ youth, however, a systematic review conducted by the Trevor Project displayed that MENA LGBTQ+ individuals often report symptoms of depression, posttraumatic stress, suicidal thoughts, and substance abuse. This is a result of the cultural, societal, and oftentimes traditional norms and pressures that are unique to MENA people. All of the stigma associated with being LGBTQ+ in MENA countries is accompanied by lack of sexual health awareness–hence the disproportionate statistics of LGBTQ+ youth health concerns–and, in some cases, prosecution.

In the United States, The Trevor Project conducted their 2022 national survey on LGBTQ+ youth mental health and came up with some key findings: 45% of LGBTQ+ youth sincerely considered committing suicide in the past year, with almost 1 in 5 transgender and nonbinary youth having reported attempting suicide and higher rates of suicide considerations from LGBTQ+ youth of color in comparison to their white peers. LGBTQ+ youth with familial support reported less than half the rate of suicide attempts as those who did not have the same support, as well as lower rates of attempted suicide for those who found their schools to be LGBTQ-affirming than those who did not. Less than 1 in 3 transgender/nonbinary youth found their homes to be gender-affirming, and 60% of LGBTQ+ youth who wanted mental healthcare in the past were not able to receive it.

The stigma and misinformation surrounding the topic of LGBTQ+ health concerns contribute to the lack of aid that LGBTQ+ youth are able to receive. Among the many reasons that LGBTQ+ youth were unable to receive healthcare, the leading cause was fear of discussing their own mental health concerns; these concerns do not arise from the LGBTQ+ identity itself, but rather the insufficiency of awareness and support that LGBTQ+ youth endure. However, despite the alarming statistics concerning mental health amongst LGBTQ+ people, there is a lack of international action to increase access to mental healthcare for LGBTQ+ people and youth. In general, individuals with mental

health concerns face stigma and discrimination around the world. According to the World Health Organization, during the COVID-19 pandemic, global depression and anxiety rates went up by 25% in just the first year. 20 countries around the world still criminalize attempted suicide. The "shame" of mental health problems is a widespread pandemic in itself. The countries with the least amount of wealth and lowest standards of living are the ones at the greatest risk of mental health concerns among their people–while simultaneously being the ones that receive the least amount of help.

Gender Affirming Care

According to the World Health Organization (WHO), the International Classification (ICD) records and reports global health and health-related conditions and concerns. ICD-11 revised and redefined health conditions that correlate with gender identity when it came into effect globally on January 1st, 2022. Gender incongruence has been moved out of the "Mental and behavioral disorders" category and into "Conditions related to sexual health"–a step in the direction of global acceptance and elimination of gender stigma.

However, acceptance does not always come with equity. 95% of global health organizations do not mention or recognize the needs of gender-diverse individuals, which results in the exclusion of trans people from healthcare policy. And, there is a lack of trans inclusive research globally. Despite the lack of gender inclusion in the healthcare field, gender-affirming care goes far back in global history. In 1910, the German physician Magus Hirschefield offered hormone therapy to those who identified as transgender at his Institute for Sexual Science and there recorded the first ever documented genital transformation procedure. Adolf Hitler and his oppressive regime deemed Hirschfeld the "most dangerous Jew in Germany" and ordered the Nazis to burn down his research center.

Despite all of the violence and the shaming of the trans identity, transgender healthcare continued to progress (primarily in the U.S. and Europe). Endocrinology advancements in the 1930s led to the use of testosterone and estrogen for medical transitioning. In the 1970s, Thailand developed their own medical techniques for gender-affirming surgeries, leading to an influx of medical tourists in Thailand. Tourists

came seeking gender-affirming healthcare and services that are legalized, more accepted, and more affordable in other places of the world than in their home countries. Medical tourism is seen as an essential in many places where the trans identity is criminalized, heavily stigmatized, or forbidden under legislation. Evidently, while there has been progress made towards the acceptance and accessibility of gender-affirming care since the 1900s, there is still a long way to go.

Regional Positions

NORTH AMERICA

North America is relatively progressive when it comes to justice for LQBT+ in the healthcare system. The majority of the rights enjoyed today were passed throughout the last fifteen years. In Canada, one could not be discriminated against in any industry based on sexual orientation or sexuality since 1967. In the United States, though the Constitution in theory protects its people from discrimination, this power varies from state to state. In Mexico, 60% of LGBTQ+ people reported experiencing harassment in some form because of their identity or expression. In 2015 it was stated that same sex marriages are within the rights of the Constitution of Mexico, but state laws vary regarding the legitimacy of this ruling.

SOUTH AMERICA

Discrimination in the Caribbean and Latin America is largely dependent on region and income, but there have been developments in most of these countries that have laws against discrimination for LGBTQ+. That being said, these countries also face some of the highest violence rates against sexual and gender minorities.

EUROPE

Europe may be the most progressive continent when it comes to LGBTQ+ rights, but still requires attention to improve lives for sexual and gender minorities. In February of 2023, Spain ruled that someone sixteen and older could change their registered gender without physiological and medical screening beforehand. However,

Poland faces less progressive movements with “LGBT- free zones” which are zones that face high rates of homophobia and pose threats to LGBTQ+ people.

MIDDLE EAST

Middle Eastern countries face counter-modern ideas and laws surrounding laws and policy for LGBTQ+. Especially in Egypt, Saudi Arabia, and Sudan , trangender rights are extremely threatened, having laws passed in 2016 (Egypt), 2018 (Saudi Arabia), and 2019 (Sudan) to prevent their healthcare access. Morocco, one of the more progressive Middle Eastern countries, faces legality issues against LGBTQ+, many of whom also face violence and other forms of harassment.

ASIA

LGBTQ+ rights depend largely on the country, but are relatively progressive. South Korea is the most progressive nation in Asia which legalizes gender re-affirming surgery, though not covered by insurance. However, up until 2022, Vietnam recognized LGBTQ+ people as being mentally ill, but still face immense difficulties combating systematic oppression.

OCEANIA

Oceania is extremely progressive when it comes to LGBTQ+ rights, with several countries having explicit bans on conversion therapy. New Zealand offers some of the most substantial and broadest rights for gender and sexual minorities, although some systems including healthcare are somewhat prejudiced and facing systematic homophobia. Oceania is largely in agreement with each other's laws surrounding this topic, though nations such as Fiji face some legal issues for LGBTQ+ people.

AFRICA

African LGBTQ+ minorities face immense difficulties and are having their rights challenged, with less than half the countries having no laws that discriminate. Uganda especially is one of the most unsafe places for gender and sexual minorities and threatens criminalizing any non heteronormative relationships and identity. South Africa is currently the only African nation with any laws that protect LGBTQ+ against

and discrimination, with their bill of rights stating that one cannot be denied service based on identity or expression.

Guiding Questions for Committee

1) Has your country passed any legislation or promoted any organizations for the purpose of achieving rights for LGBTQ+ people?
2) What inequalities for LGBTQ+ people and youth are most present in your country?
3) What can be done to promote access to sex education, birth control, and preventative measures against STDs?
4) How can gender affirming care and access to physicians become more available to LGBTQ+ youth?
5) How can access to mental healthcare for LGBTQ+ youth be promoted and made accessible?
6) How can healthcare access be achieved for all LGBTQ+ youth, regardless of financial background or any other social identity? How will funding be provided for free and affordable programs?
7) Keeping the Triple Billion Targets in mind, how will you promote healthier populations, universal health coverage, and health emergencies protection?
8) How will you dispel the cultural and societal stigma surrounding the LGBTQ+ identity in order to make healthcare for LGBTQ+ youth more accessible in your country?

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