Union of Equality: LGBTIQ Equality Strategy 2020-2025

Position Paper

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This position paper has been prepared in response to the draft EU LGBTIQ Equality Strategy 2025-2030, on *behalf of the European Public Health Association (EUPHA) and the EUPHA Section on Sexual and Gender Minority Health (EUPHA-SGMH).*

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Introduction

Founded in 1992, the **European Public Health Association (EUPHA)** is a leading umbrella organization connecting researchers, policymakers, and public health professionals across Europe. Operating in 53 WHO European Region countries, including all 27 EU Member States, EUPHA has 87 member organizations, organizes the **European Public Health Conference** (3,000+ professionals), coordinates the **European Public Health Week**, and publishes the **European Journal of Public Health**, a peer-reviewed open-access journal.

This position paper has been developed in response to the European Commission's initiative to renew the EU LGBTIQ Equality Strategy for 2026–2030, with the contribution of **EUPHA's Sexual and Gender Minority Health Section**. It draws on the public health and human rights expertise of the EUPHA network, to ensure the strategy is firmly grounded in **legal obligations, scientific evidence, and the lived realities** of LGBTIQ+ populations across Europe.

While the EU has made **significant strides in protecting LGBTIQ+ rights**, persistent gaps in enforcement, rising anti-LGBTIQ+ rhetoric, and unequal access to health and justice demand urgent attention. As public health professionals, we emphasize the **urgent need for a strategy** that meaningfully addresses the **entrenched and often worsening health inequities** faced by Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, and other sexually and gender-diverse (LGBTIQ+) populations across Europe.

Indeed, social emancipation has progressed in parts of Europe, but these **gains remain fragile**. Health inequities—including in mental health, sexual and reproductive health, and access to appropriate care—are not only persistent but are in some cases exacerbated by **rising political backlash, misinformation, and systemic marginalisation**. These inequalities are unjust, preventable, and unacceptable and must be urgently addressed.

We commend the Commission's **prioritisation of health**, particularly mental health, in the proposed strategy. However, we urge that this **focus be expanded** to better reflect the **intersecting vulnerabilities** within LGBTIQ+ communities. We also stress the importance of **broad stakeholder engagement**, to ensure the policy is grounded in the lived realities of LGBTIQ+ individuals, by engaging LGBTIQ+ communities themselves as well as a wider range of professionals who regularly support them.

Only through a **truly inclusive, intersectional, and evidence-informed approach** can the EU Equality Strategy deliver on its promise: to create a Union where LGBTIQ+ people not only live free from discrimination, but thrive with full health, dignity, and opportunity.

We raise a total of **eleven**, more specific **priorities**.

Key Recommendations

1. **Eliminate conversion therapy:** The EU must support comprehensive national bans and promote public education to eliminate these harmful and unethical practices

2. **Protect access to gender-affirming care:** The EU must safeguard scientific integrity in healthcare policy, protect experts, and ensure independent medical science on gender-affirming healthcare.

3. **Ensure bodily autonomy:** The EU must mandate binding legal protections, promote informed consent, and address systemic bias and invisibility in healthcare and legal systems to uphold intersex rights and dignity.

4. **Expand sexual and reproductive care:** The EU must ensure access to inclusive and affirming sexual and reproductive healthcare services for all.

5. **Adopt binding legislation:** The EU must expand legal protections for LGBTIQ+ individuals beyond employment and improve LGBTIQ+ rights globally.

6. **Implement life-course policies:** The EU must promote equity and protection for LGBTIQ+ people at every stage of life and across diverse families.

7. **Institutionalize inclusive education:** The EU must ensure LGBTIQ+ content is integrated into medical and school curricula to reduce stigma and improve health.

8. **Protect the most vulnerable:** The EU must integrate LGBTIQ+ needs into climate and asylum policies and frameworks across intersectional vulnerabilities.

9. **Facilitate intersectional research:** The EU must promote interdisciplinary research and evidence-based clinical training on intersectionality, such as the intersection between gender identity and neurodiversity.

10. **Expand LGBTIQ+ health research:** The EU must safeguard and expand funding, ensure inclusion of sexual orientation and gender identity variables in health monitoring.

11. **Combat hate and disinformation:** The EU must strengthen measures against hate speech and radicalisation as well as promote inclusive digital spaces and comprehensive education that foster cross-cultural understanding.

1. LGBTIQ+ Conversion Practices Across the EU

The comprehensive term sexual orientation and gender identity and expression change efforts (SOGIECE), often delivered in unregulated settings [1] and often referred to as conversion practices, describe deeply harmful, ineffective, and unethical interventions aiming at changing or suppressing a person's sexual orientation, gender identity or expression, when these do not align with dominant norms across societies and faith communities. The prevalence of conversion practices is alarmingly high in Europe. According to the most recent wave of the EU's Fundamental Rights Agency (FRA) LGBTIQ survey shows that on average, 1 out of 4 respondents were forced to undergo conversion practices [2]. A robust evidence base refutes any desired effects of SOGIECE while underscoring the serious chronic harms to somatic and mental health, which may even result in suicide [3].

Literature suggests that gender minorities, such as transgender persons, are more often subjected to SOGIECE than non-transgender persons, and that SOGIECE practitioners often do not differentiate between sexual and gender identity-related aspects of affected individuals [4]. However, sexual orientation and gender identity or expression are regarded as separate and independent aspects of any individual that may exist in any combination (e.g., a transgender person might also be bisexual). A selective conversion practices ban that encompasses only sexual orientation/identity would therefore be ineffective and could be interpreted as de facto legitimising conversion practices targeting the omitted characteristic.

Because SOGIECE commonly takes place in hard-to-regulate settings outside of EU competency, the EU should take steps so that effective bans encompassing all the necessary domains be passed at national level. The EU should engage with mental health association, LGBTQI+ youth groups, and faith communities in public education and partnership programs.

We recommend the Commission to:

- ★ Take steps to effectively ban conversion therapy and change efforts across the EU.
- ★ Facilitate bans barring both sexual orientation and gender identity change efforts.
- ★ Engage in public education and partnerships with professionals, youth groups, and faith communities on the harms of sexual orientation and gender identity change efforts.

2. Transgender-Affirming Care & Gender Ideology

Transgender and gender-diverse individuals are facing targeted attacks across Europe, often under the guise of resisting so-called “gender ideology.” These political narratives have contributed to the rollback of gender-affirming healthcare services, delays, and challenges in treatment access, prohibitive co-payments for healthcare services, the rise in self-administered hormonal treatments, and the stigmatization of both providers and patients. A stark example of this trend is the Cass Review in the United Kingdom [5], which has been widely criticized for methodological flaws, ideological bias, and its potential to undermine access to essential care for transgender youth [6].

In contrast, the recent German clinical guidelines for the care of transgender, gender-diverse, and non-binary youth, published by the *Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften* (AWMF; the German Association of the Scientific Medical Societies) in 2024 [7], represent a landmark in affirming, evidence-based healthcare. These interdisciplinary, consensus-based guidelines were developed through collaboration with paediatricians, psychologists, endocrinologists, and representatives from affected communities. The AWMF guidelines firmly support the availability of individualized, gender-affirming care for youth, grounded in scientific evidence, clinical ethics, and human rights principles. Importantly, they align with the World Professional Association for Transgender Health Standards of Care, Version 8 [8].

The EU must prioritize scientifically grounded and evidence-based approaches to transgender healthcare and protect the provision of essential healthcare against politically motivated disinformation campaigns. The EU must create the conditions for an independent assessment of the available evidence and protect the editorial board of such published recommendations. Expert team members have been attacked across the EU, including an expert in charge of the writing of the first-ever recommendation guidelines for streamlined gender-affirming healthcare in France [9].

We recommend the Commission to:

- ★ Prioritize scientifically grounded and evidence-based approaches to transgender healthcare.
- ★ Protect the provision of essential healthcare against politically motivated disinformation campaigns.
- ★ Create the conditions and protections for an independent assessment of the available evidence.

3. Intersex Rights, Bodily Autonomy & Health

Intersex individuals, who are born with physical sex characteristics that do not fit typical definitions of male or female, have long been subject to medicalization, coercion, and a lack of recognition and respect for their bodily autonomy. Intersex people often face non-consensual surgeries and other medical interventions in infancy or early childhood intended to "normalize" their bodies according to societal expectations of gender [10]. These practices, which are frequently carried out without informed consent, have severe physical, psychological, and emotional consequences, leading to lifelong trauma and human rights violations. Informed consent must be prioritized, particularly in the absence of any immediate, life-threatening conditions [11]. While medical guidelines have changed over the years and put more emphasis on bodily autonomy and delaying interventions, intersex persons continue to be subjected to medically unnecessary interventions [15]. Review literature on elective medical interventions is in most cases neither evidence- or consensus-based [16], inadequately justified, with aesthetic (i.e., cosmetic) or psychosocial concerns most often reported [17], and can have well-documented harms [18]. Medical interventions should be postponed so that self-determination and body autonomy can be respected.

Intersex individuals may also encounter bias and ignorance in healthcare settings, leading to misdiagnosis, inadequate treatment, or outright denial of care [12]. A lack of legal recognition is a source of discrimination and invisibility for intersex people, and it limits their access to appropriate health services, including mental health support and gender-affirming care [13]. It is important to note that the medically defined term “disorders/differences in sex development” (DSD) is less comprehensive in scope than in the human rights-based understanding of the term “intersex” [14]. DSD may not encompass all intersex persons, such as those identified at a later stage in life, without a genetically verified diagnosis, or with an unrecognized variation in their sex characteristics. These persons often also need comprehensive evidence-based care, management of associated risk factors for other non-communicable diseases, and most notably effective protections against medically unnecessary interventions on their sex characteristics.

Importantly, changes in medical scientific consensus and guidelines appear insufficient in ensuring evidence- and human rights-informed clinical practice is adequately implemented [19]. Therefore, additional protections should restrict medical procedures in early childhood in intersex persons to medical emergencies only [20]. Intersex individuals remain invisible in many policy discussions, and their specific needs and rights are often overlooked in both LGBTIQ+ and gender equality frameworks. The EU has an opportunity to prioritize intersex rights and health in the LGBTIQ Equality Strategy for 2026–2030 by advancing autonomy, dignity, and bodily integrity for intersex people, while addressing the historical and ongoing injustices they face. The EU should take steps so that Member States adopt binding legal protections that ensure the bodily autonomy of all intersex persons is upheld.

We recommend the Commission to:

- ★ Take steps so that Member States adopt binding legal protections that ensure the bodily autonomy of intersex persons.
- ★ Facilitate the legal recognition of intersex individuals.
- ★ Counteract bias and ignorance in healthcare settings regarding variability in sex characteristics.

4. Sexual & Reproductive Health for All

In its definition of sexual health, the World Health Organization underscores the importance of "having pleasurable and safe sexual experiences, free of coercion, discrimination and violence" and having "sexual rights [...] respected, protected and fulfilled" [21]. The United Nations (UN) states that reproductive health implies "people [...] able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so" [22]. Reproductive health includes various subjects such as family planning, birth control, abortion, medically assisted reproduction and fertility preservation.

Regarding sexual and reproductive health, the current draft strategy rightly highlights the elevated risk of sexual abuse among LGBTIQ+ people, but this must be expanded to include broader sexual and reproductive health inequalities. LGBTIQ+ individuals are more likely to contract sexually transmitted infections [23], less likely to have access to appropriate, non-discriminatory sexual healthcare, and more likely to encounter mistreatment, neglect, or moral judgment from providers [24,25]. These inequities are compounded by the stigma and taboo that still surround both sexual health and non-normative sexual and gender identities—a double burden that often renders these issues invisible.

A significant driver of these outcomes is the lack of recognition and responsiveness from state institutions. When governments fail to recognize the legitimacy of LGBTIQ+ identities—whether through policy neglect, denial of specific medical needs, or insufficient civil protections—it creates a form of structural erasure. This not only undermines mental wellbeing but also puts individuals' physical and sexual health at risk, as they may delay or avoid seeking necessary medical care due to fear of discrimination, denial of service, or previous negative experiences.

The WHO reminds that "access to sexual and reproductive health services is a human right" [26]. A key to said fulfilled sexual health is equal access to inclusive sexual and reproductive health, with professionals trained in LGBTIQ+ health, regardless of the socio-economic or administrative (citizenship, visa, lack of visa) status.

We recommend the Commission to:

- ★ Expand its strategy to comprehensive address broader sexual and reproductive health inequities.
- ★ Foster equal access to inclusive sexual and reproductive health.
- ★ Facilitate affirming and inclusive LGBTIQ+ training for (health) professionals.

5. LGBTIQ+ Equal Rights, Legal Protections & Health Inequities

LGBTIQ+ individuals across Europe and beyond continue to experience structural inequality and discrimination, often resulting from institutional stigma, lack of recognition, and persistent prejudice. While legislative progress has improved the legal standing of LGBTIQ+ people in some Member States, these formal rights often do not translate into lived equality. Structural inequality and discrimination manifests in overt but often also in subtle but pervasive forms: exclusion from decision-making, repudiation in health systems, inadequate legal protection, or the erasure of LGBTIQ+ realities in education and public policy. Current EU-wide legal protections only cover the dimension of sexual orientation, and exclusively in the workplace [27].

These systemic gaps have severe mental and physical health consequences. Despite increasing visibility and formal protections, mental health gains among LGBTIQ+ populations have plateaued or even regressed in certain countries. Rates of anxiety, depression, and suicidal ideation, as well as problem gambling and substance use, remain disproportionately high, especially among trans youth, non-binary individuals, and LGBTIQ+ with additional intersectional marginalized identities [28-32]. Suicide among LGBTQ+ youth, in particular, has reached crisis levels across several EU countries [33], underscoring the urgent need for legal protections, but also community-informed, culturally competent mental health care and the availability of safe, affirming spaces. Globally, LGBTIQ+ individuals increasingly face prosecution and even the death penalty. Europe also has an important role to play in improving the human rights of LGBTIQ+ individuals and the systemic oppression they face in a sensitive postcolonial manner.

We recommend the Commission to:

- ★ Expand EU-wide legal protections and equal rights for LGBTIQ+ individuals.
- ★ Facilitate culturally competent mental health care and the availability of safe spaces.
- ★ Ensure the human rights of LGBTIQ+ individuals globally and end their prosecution.

6. Navigating School, Family, Workplace & Social Environments

Despite the existence of protective legislation in many Member States and at an EU level, LGBTIQ+ individuals continue to face unequal treatment in both employment and educational settings. LGBTIQ+ Europeans face discrimination in in their daily life. A staggering 1 in 3 respondents reported having experienced discrimination in their daily life according to the most recent FRA Wave III LGBTIQ survey [2], which is associated with harmful mental and physical health effects [34-37]. Legal frameworks are necessary, but insufficient without dedicated enforcement mechanisms and institutional support that ensure equality translates into real-world outcomes. Binding EU-wide anti-discrimination protections are crucial to advance the physical and mental health of LGBTIQ+ Europeans.

These patterns often begin early in life. Yet, the draft strategy lacks a strong emphasis on LGBTIQ+ children, adolescents, and young adults—groups who are disproportionately affected by bullying, harassment, and exclusion in family, peer, and school environments with long-lasting effects [38]. While the 2020–2025 LGBTIQ Strategy acknowledged these concerns, the issue was not prioritized. Early interventions, including affirming school policies, access to gender-neutral facilities, visibility of queer role models, and comprehensive anti-bullying frameworks, can significantly improve LGBTIQ+ youths' health and resilience. While legal recognition with gender-concordant identity documents is associated with better health outcomes [39,40], social recognition and the use of a chosen name are also associated with better health outcomes [41,42]. Research on these issues remains scarce and fragmented in Europe, hindering effective policymaking [43]. The EU must prioritise cross-sectoral policies linking education, health, and social protection, specifically focused on LGBTIQ+ youth. The EU should also prioritise leveraging their existing tools in education, such as Erasmus+, to drive inclusion and diversity, create safer learning environments, and support LGBTIQ+ students.

The family life of children who are born to individuals in same-sex couples should also be protected, regardless of whether the family changes their country of residence in Europe. The criminalization of surrogacy in several countries as a universal crime poses a serious risk to the wellbeing of the child and parent(s), when the child is born abroad and the family returns to their home country. In addition, full legal parental recognition for both parents in same-sex couples should be respected when moving between countries.

In the labour market, discrimination remains a structural barrier. A 2024 study by the International Labour Organization found that individuals living with a same-sex partner earn significantly less and experience worse employment outcomes than their heterosexual counterparts [44]. These disparities are particularly acute for trans and gender-diverse workers, who face higher rates of unemployment, underemployment, and workplace exclusion. Queer and trans workers often navigate hostile or precarious job markets, despite formal equalities legislation, and that intersectional discrimination compounds economic vulnerability [45]. Targeted labour market measures are needed, including employer accountability

mechanisms, inclusive hiring and retention practices, and support for LGBTIQ+ entrepreneurship.

Discrimination also extends into later life, particularly in the context of long-term care. Older LGBTIQ+ individuals frequently face exclusion, neglect, or abuse in nursing homes and elder care facilities, often forcing them back in the *closet*. Fear of discrimination may lead many older LGBTIQ+ people to conceal their identities, contributing to social isolation, poor mental health, and reluctance to seek care [46]. Institutional discrimination in elder care leads to many older LGBTIQ+ people without appropriate support or dignified aging options. Ensuring safe, affirming care environments for older adults must be part of a life-course approach to LGBTIQ+ equality. This includes mandatory inclusion training for care staff, anti-discrimination protocols in elder care settings, and the recognition of same-sex partners and chosen families in medical and end-of-life decision-making [47].

Combatting prevalent discrimination against sexual and gender minorities, on the basis of sexual orientation, gender identity and expression, as well as sex characteristics in various sectors of public and social life, including healthcare, education, employment, housing, and social benefits is necessary.

We recommend the Commission to:

- ★ Adopt a life-course approach for combatting discrimination, ensuring inclusion from early life through old age for LGBTIQ+ individuals.
- ★ Protect and expand the rights of diverse families, partnerships, and relationships.
- ★ Advance economic equity through inclusive labour market policies.

7. LGBTIQ+ Affirming Training in Healthcare Education & Schools

High-quality, affirming healthcare for LGBTIQ+ individuals begins with inclusive education—yet across the EU and globally, LGBTIQ+ content remains widely absent or inconsistently included in school curricula and medical training programs. Education systems must play a proactive role in advancing LGBTIQ+ equality and health equity by preparing professionals, empowering young people, and dismantling harmful myths. In medical schools, LGBT+ health teaching was sparse, non-standardized, and often treated as peripheral to core medical education [48,49]. This absence contributes directly to health disparities, social exclusion, and barriers to care, reinforcing stigma and medical mistrust from a young age and leaving future professionals ill-equipped to support LGBTIQ+ individuals in clinical settings. Standardized and evidence-based training on LGBTIQ+ health within all undergraduate and postgraduate medical programs is essential and contributes to increasing students' self-confidence and comfort interacting with LGBTIQ+ patients [50]. European medical societies and national medical, psychiatry, and primary care associations are uniquely positioned to advance inclusive clinical cultures among their membership through research, education, and leadership, to affect change from within the health systems.

At the primary and secondary school levels, LGBTIQ+ inclusive curricula are associated with improved mental health outcomes, greater school safety, and reduced bullying and absenteeism for queer and trans youth. According to the American Psychological Association, integrating LGBTQ+ history, culture, and people into educational content helps foster a climate of respect, lowers dropout rates, and affirms students' identities [51]. Furthermore, comprehensive, inclusive sex education has been shown to reduce risk of sexually transmitted infections, improve consent literacy, and promote healthier relationships among LGBTIQ+ youth. Across all Member States, broad support for LGBTIQ+ student inclusion, including anti-bullying measures, access to affirming student groups, and gender-neutral facilities, is of utmost importance for achieving LGBTIQ+ health equity.

We recommend the Commission to:

- ★ Integrate standardized LGBTIQ+ health training into all medical education.
- ★ Engage professional medical associations to foster inclusive healthcare.
- ★ Ensure LGBTIQ+ inclusive curricula in primary and secondary education.

8. Climate Change, Displacement & LGBTIQ+ Vulnerability

Climate change has been recognized as a public health crisis—but it is also a structural inequality crisis, with LGBTIQ+ communities among those disproportionately at risk. These risks are not rooted in inherent vulnerabilities, but in systemic marginalization, legal precarity, and social exclusion that leave many LGBTIQ+ individuals without the protections needed to survive and recover from climate-related disruptions.

During climate disasters, LGBTIQ+ individuals—especially trans and non-binary people—face discrimination in emergency shelters, denial of aid, and exclusion from formal recovery planning. A lack of legal recognition of gender identity or same-sex relationships can prevent access to housing, health care, or family reunification after displacement [52]. In countries where LGBTIQ+ identities are criminalized, climate-induced displacement can force individuals into refugee status while simultaneously jeopardizing their safety, access to asylum, and right to family unity [53], often through narrow and culturally prescriptive credibility assessment (e.g., Not Gay Enough standards). Environmental and climate justice frameworks must be expanded to recognize the lived realities of LGBTIQ+ people, who are often excluded from climate policymaking, resilience-building programs, and land rights debates and face barriers in asylum procedures [54]. This may result in unsafe or inaccessible asylum procedures, disbelieved and denied asylum claims based on sexual orientation and/or gender identity, lack of access to legal protections, and forced return or detention. While several countries may exhibit formal commitments to protections of LGBTIQ+ individuals, they often simultaneously enforce rigid, normative frameworks that exclude those who do not perform queerness in ways legible to dominant cultural codes. The EU must close this protection gap by integrating LGBTIQ+ status into climate migration frameworks, strengthening asylum protections, and investing in inclusive climate adaptation strategies that foreground the needs of the most marginalized and protect their health.

We recommend the Commission to:

- ★ Integrate LGBTIQ+ status into climate migration frameworks.
- ★ Strengthen asylum protections for LGBTIQ+ individuals seeking refuge.
- ★ Invest in equitable climate adaptation strategies that protect those at greatest risk for harm.

9. Critical Research Gaps: Neurodiversity & Intersectionality

While the proposal mentions intersectionality in the section on the target audience of the consultation, it does not highlight potential intersections of female sex, (minority) gender identity, sexual orientation, ethnic identity (or racial identity), disability and chronic conditions, homelessness and other minority identities, and their impact on health and equality [55]. Intersectional approach was integral to the 2020-2025 strategy, and this should be maintained and expanded in the new iteration of the strategy.

One particular intersection that urgently needs more research is the overlap between neurodiversity—particularly autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)—and LGBTQ+ identities. Recent research shows that autistic individuals are substantially more likely to identify as LGBTQ+ than their neurotypical peers [56,57]. Similarly, gender diversity is overrepresented in autistic populations, with one study suggesting that transgender and gender-diverse identities may be three to six times more prevalent among autistic individuals than cisgender people [58]. This intersection creates unique challenges and compounded vulnerabilities. Autistic LGBTQ+ individuals often experience greater mental health burdens, increased exposure to bullying or exclusion, and systemic barriers to accessing competent care [58], such as misdiagnosis or neglect due to intersecting stigma. There is an urgent need for the EU to promote interdisciplinary research and evidence-based clinical training that addresses these intersections, and to support tailored, inclusive health and education services. Recognizing this population as a priority group would significantly advance equity in mental health, disability support, and gender-affirming care. The EU should fund interdisciplinary research to better understand these overlaps and inform inclusive support services.

We recommend the Commission to:

- ★ Promote interdisciplinary research and evidence-based clinical training on intersectionality.
- ★ Recognize neurodiversity and gender identity as a priority area for advancing health.
- ★ Fund interdisciplinary research to expand knowledge on the intersection between neurodiversity and gender identity.

10. Science & Funding Under Threat: Need to Expand Research

There is a concerning global trend of reduced visibility and support for LGBTIQ+ health research. Key health data on sexual orientation and gender identity (SOGI) often also go unmeasured in large public health surveys and monitoring. This greatly limits LGBTIQ+ health science. Moreover, the current global scientific LGBTIQ+ health inquiry is under threat. Key health data on sexual orientation and gender identity (SOGI) have recently been censored or removed from public databases [59,60]. Such actions undermine the scientific basis for targeted intervention development and policy design, with global impacts. The EU must safeguard and expand funding for LGBTIQ+ health research, ensure inclusion of SOGI variables in routine and specific health surveillance, and protect researchers from political interference and censorship.

The proposal indeed notes that "limited data on LGBTIQ+ people's experiences prevents effective monitoring of how the existing legal and policy instruments are applied to combat hate speech, hate crime and discrimination". Additionally, the new strategy should also prioritise cross-national population health data collection on mental and sexual health that have state-of-art, standardised measures on birth-registered sex, gender identity, and sexual orientation [61], allowing participants to mark variations of sex development and allowing expression of their preferred identity and orientation markers. These studies should use a combination of probability sampling and oversampling of LGBTIQ+ groups [62] and contain optional modules on health issues specific to gender and sexual minorities, such as experiences of SOGI-based discrimination, experiences with transgender healthcare (or the lack of thereof), chemsex, and SOGI-specific sources of stress. The engagement of LGBTIQ+ groups, and where possible, participation of LGBTIQ+ youth (not bound to parental consent [63]) should be facilitated.

We recommend the Commission to:

- ★ Safeguard and expand funding for LGBTIQ+ health research.
- ★ Ensure inclusion of SOGI variables in routine and specific health surveillance.
- ★ Protect researchers from political interference and censorship.

11. Emerging Far-Right Mobilisation & Online Radicalisation

The rise of far-right populism and incel subcultures poses a growing threat to LGBTIQ+ health. Incel subcultures and far-right movements, often thriving in isolated and online environments, exploit frustrations around identity and belonging, reinforcing norms of masculinity rooted in control, aggression, and emotional suppression—norms that directly threaten the dignity and safety of LGBTIQ+ people. These groups promote anti-LGBTQ+ rhetoric, leading to increased risk for violence and regressive policies [64]. The EU must take action to combat online radicalization, support civil society groups working to counter extremist ideologies, and promote inclusive digital spaces that challenge hate speech and violence.

A key factor in combating discrimination is addressing the ignorance and misunderstanding about LGBTQ+ experiences. This lack of awareness fuels hostility and makes it harder to implement inclusive policies. To address this, the EU should prioritize comprehensive sexual and emotional education in schools, starting from an early age. Such education helps students understand sexuality, gender identity, and diversity, reducing prejudice and fostering a culture of respect and inclusivity. The EU should advocate for standardized curricula across all Member States, ensuring that future generations grow up with a better understanding of LGBTQ+ rights and diversity.

We recommend the Commission to:

- ★ Combat online radicalization and support civil society groups working to counter extremist ideologies.
- ★ Promote inclusive digital spaces that challenge hate speech and violence.
- ★ Address the ignorance and misunderstanding about LGBTIQ+ experiences.

Conclusion

LGBTQ+ health and rights are **under significant threat**, not only from individual prejudice but increasingly from **coordinated political and ideological campaigns**.

Despite certain gains in health and equal rights, progress has **not been equally distributed** among all LGBTIQ+ individuals and across the EU. **Key challenges remain** and many groups with the LGBTIQ+ community remain **invisible** or are **currently facing backlash**, directly affecting **access to** often life-saving **healthcare**.

The 2026–2030 Strategy must respond to this context with **urgency, evidence, and an unwavering commitment** to equity, safety, and dignity—and crucially, **health—for all**.

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