

Health

ALBANIA

According to the 2024-2025 nationwide [survey](#) of Aleanca LGBTI, 68% of respondents accessed healthcare services at least once during the past year, while 14% reported experiencing discrimination by healthcare personnel because of their LGBTI status. Avoidance of necessary medical care remains significant. While 29% reported attending sexual or reproductive health check-ups in the past year, 25% stated that they had avoided such services despite feeling they needed them.

Healthcare access for transgender persons remains structurally limited. A national medical protocol on hormonal treatment has been drafted but has not been formally approved and therefore remains unimplemented.

The Needs [Assessment](#) of Trans People in Albania found that access to healthcare information and services remains limited for trans and non-binary people. According to the assessment, only 50% of respondents knew where to seek assistance in the event of health concerns, and 47% reported a consistent readiness to seek support from medical professionals. The assessment further documented inappropriate and discriminatory conduct by healthcare providers as a significant concern. 23.5% of respondents reported experiencing inappropriate remarks by medical personnel, as well as violations of dignity, ethical standards, and professional obligations of care.

ANDORRA

In October, the decree regulating trans-specific healthcare [entered](#) into force. It allows trans and gender-diverse people aged 16 and over to access hormone replacement therapy through the Andorran Social Security system (CASS), while access to gender-affirming surgery is available from the age of 18. Trans children and adolescents under 16 are not eligible for medication coverage but are entitled to coverage for medical consultations and follow-up with healthcare professionals. Hormone replacement therapy is to be accessed through endocrinologists within the Servei Andorrà d'Atenció Sanitària (SAAS). However, only three endocrinologists [practice](#) in the country. According

to [testimony](#) received by Diversand, one reportedly refuses to provide treatment, citing insufficient training. Civil society organisations have called on the Ministry of Health to ensure comprehensive training on gender diversity and trans healthcare for medical professionals. The Ministry of Health has further [indicated](#) that gender-affirming surgeries will be carried out in Catalonia, Spain, as is the case for other specialised procedures. However, the terms of cooperation between the Andorran authorities and the Catalan healthcare system have not been made public, and questions remain regarding continuity of care, particularly in light of ongoing changes to Catalonia's own trans healthcare framework.

ARMENIA

In 2025, the absence of state-approved standards for legal gender recognition and trans-inclusive healthcare continued to force trans people into reliance on informal networks, as documented in a [report](#) by Pink Armenia. The report highlighted that Armenia currently lacks a comprehensive legal and regulatory framework governing gender-affirming care and underscored the systemic challenges that trans people face in healthcare institutions. In the absence of state-approved standards, trans people are forced to rely on informal networks or personal connections with healthcare professionals, resulting in inconsistent, unmonitored, and at times unsafe medical practices. Further, Armenia faces a significant shortage of endocrinologists and other specialists trained to provide gender-affirming care. Individuals are often left to self-administer treatments or depend on untrained providers, creating preventable health risks.

AUSTRIA

In March, the Vienna Labor and Social Court [ruled](#) in favor of a trans woman seeking reimbursement from her health insurance provider for laser facial hair removal. The court rejected the insurer's claim that covering such treatment would violate the principle of equality, affirming that health insurance must cover the procedure for trans women.

BELGIUM

In January, the number of recognised specialised centres providing gender-affirming healthcare was

increased from two to six, located in Ghent, Antwerp, Sint-Niklaas, Genk, Liège, and Brussels. Although people seeking care continue to face waiting times of between one and four years, this expansion makes psychosocial support more financially and regionally accessible.

In February, Belgium's first dedicated LGBTI healthcare centre, the Maison Arc-en-Ciel de la Santé (MACS), opened in Brussels. Accredited by the French Community Commission (COCOF), the centre aims to provide high-quality medical care in an inclusive, non-discriminatory environment, ensuring respect for all gender identities, sexual orientations and sex characteristics.

In July, Belgium confirmed its restrictions on blood donation by men who have sex with men (MSM). Under pressure from the Belgian Red Cross, the authorities again ruled out any prospect of fully ending the exclusion regime. Until 2017, MSM were subject to a permanent ban on blood donation. Following pressure from the Court of Justice of the European Union, Belgium replaced this with a deferral period of twelve months, which was subsequently reduced to four months as of 1 July 2023. By contrast, the MSM criterion was formally abolished for plasma donation in 2022, after the Prisme Federation successfully challenged the restriction before the Constitutional Court.

BULGARIA

In October, Single Step Foundation successfully established the first LGBTI-friendly healthcare partnership with a focus on preventative care in the areas of gynecology, internal medicine, dermatology, psychology and otorhinolaryngology with a local private health centre. The service offers free checkups and discounted cosmetic procedures delivered by supportive medical professionals. In addition to that, Single Step established the first network of LGBTI-friendly general practitioners in Sofia and expanded its trans healthcare support programme by establishing partnerships with additional endocrinologists in Sofia; thus, counteracting the lack of state-funded LGBTI-oriented healthcare

CYPRUS

According to Queer Cyprus Solidarity Line, significant requests for information submitted in 2025 concerned HIV status, access to treatment, PrEP/PEP information, psychological support, gender-affirming hormone treatments, trans-specific healthcare.

DENMARK

In August, the Region of Southern Denmark became the first in the country to initiate a dedicated policy and action plan aimed at improving how LGBTI people are met within the healthcare system. The decision followed a dialogue meeting held earlier in the year between regional politicians, healthcare representatives and LGBTI organisations. At the Executive Committee meeting, regional leaders agreed to begin drafting a formal policy and action plan. According to the region's 1st Vice-Chair, the discussions highlighted that presumed inclusivity often does not match patients' lived experiences, and that targeted changes are needed to ensure equitable treatment. The Danish Nurses' Council welcomed the initiative, stressing that staff training will be essential. Its 1st Deputy Chair noted that nurses are often the first and last point of contact for patients and must be equipped to meet diverse needs. The region plans to finalise and present the policy and action plan at the Regional Council meeting on 15 December 2025.

FRANCE

In January, the Regional Order of Physicians in Nouvelle-Aquitaine sanctioned a gynecologist from Pau for refusing to treat a trans patient in August 2023. The case was decided in the first instance by the disciplinary chamber which stressed that, under the Public Health Code, "no person can be discriminated against in access to prevention or care." In December, he was convicted by the Pau Criminal Court due to the fact that, following his refusal to treat the victim due to their gender identity, he posted a series of transphobic remarks online. As part of the proceedings he was acquitted of the charge of discriminatory refusal of care but sentenced to a €1,000 suspended fine for sexist contempt.

In July, the French National Authority for Health (HAS) published its first national recommendations on the medical care of trans adults. The report formally recognises the right to self-determination and for the first time, the HAS clearly stated that being trans is not a pathology, but a legitimate personal identity. The recommendations specify that access to hormonal treatments or surgical interventions should no longer require a psychiatric diagnosis, and emphasise flexible psychological support tailored to the needs of each individual.

In August, the French Blood Establishment (Établissement français du sang, EFS) confirmed that it had begun deleting references to "homosexual relationships" from its donor databases, following concerns that the continued storage of such data violated data protection principles. The decision, prompted by a petition from the association TOUS.TES, marked the removal of a former exclusion criterion for blood donation that had remained in EFS records despite the full abolition of sexual-orientation-based restrictions in 2022.

GEORGIA

Throughout the year, a report produced by the WISG underscored that LGBTI persons remained particularly affected by stigma, confidentiality concerns, and discriminatory practices in healthcare, with trans people facing additional hurdles due to the absence of national protocols for trans-specific care, limited medical competences, and a lack of insurance coverage. Civil society organisations have also pointed to a growing gap between Georgia's obligations and its domestic legal framework. In particular, they noted that Georgia has failed to properly implement the European Court of Human Rights (ECtHR) ruling in A.D. and Others v. Georgia, which required Georgia to provide legal gender recognition procedures that are efficient, transparent and accessible. Instead, recent national legislation continues to obstruct access to legal gender recognition and has introduced measures that effectively criminalise aspects of gender-affirming healthcare.

GREECE

In October, a report by ANTI, a major national television broadcaster, highlighted a case of systemic invisibility faced by a trans woman in Greece's public health system. Despite having undergone bottom surgery, the woman still has a prostate for medical reasons. When attempting to book a prostate examination through IDIKA, the electronic system for appointments and health procedures in public hospitals, she was repeatedly blocked, effectively denying her access to necessary care. The issue arises because IDIKA recognises her as a woman in all official records, creating a mismatch between her medical needs and the bureaucratic system. Health Minister Adonis Georgiadis acknowledged the problem, describing it as a "technical issue with IDIKA" and stated that he would investigate the matter.

IRELAND

Gender-affirming healthcare remained under significant pressure in 2025, with continued concerns about capacity and access. In May, the Professional Association for Trans Health Ireland (PATHI) warned that long waiting times, restrictive clinical practices and limited service availability within the National Gender Service (NGS) were leading some trans people to self-medicate. The Minister for Health acknowledged in the Dáil that services were failing to meet demand and committed to developing a new model of care. The State established the National Clinical Programme for Gender Healthcare which is tasked with developing a new Model of Care for gender-affirming care. The National Clinical Programme includes a scoping review of research into gender-affirming care, and in August, the Health Service Executive (HSE) launched a public call for submissions to the scoping review. In August, the Health Service Executive (HSE) a public consultation to inform this reform.

In December, the NGS announced its intention to close its waiting list to new patients from March 2026, prompting strong criticism from trans advocacy organisations, which warned that more than 2,470 people could be left without access to care. The Department of Health and the HSE responded that the NGS does not have authority to close its waiting list, which remained open to new referrals. During

the same month, the Labour Party tabled a motion calling on the government to provide a model of gender-affirming care in primary care settings with a focus on GP led care, based on informed consent as per WPATH and WHO guidelines and international best practice.

Oversight of gender services was also subject to legal scrutiny. In April, two senior clinicians from the NGS initiated judicial review proceedings in the High Court concerning the Health Information and Quality Authority's (Hiqa) handling of a complaint about the HSE's care pathway for children and adolescents, including referrals abroad for assessment. Leave to proceed was granted in May; no final judgment had been reported by the end of the year.

In June, St James's Hospital publicly apologised to a trans patient following deficiencies in her emergency treatment after complications from gender-affirming surgery abroad. The matter, initially brought before the Workplace Relations Commission under the Equal Status Act 2000, was resolved by agreement, with the hospital committing to engage with trans advocacy organisations to improve care pathways.

Alongside these systemic challenges, several institutional initiatives were introduced. In June, the Mental Health Commission published guidance and training resources for staff working with LGBTI service users. In July, the Irish Nurses and Midwives Organisation endorsed the adoption of World Professional Association for Transgender Health (WPATH) standards as the basis for a future model of trans healthcare. In August, public reporting highlighted uncertainty over whether trans women are eligible under Ireland's free Hormone Replacement Therapy scheme, prompting requests for clarification from the Department of Health. In October, the National Women's Council published research documenting healthcare inequalities affecting marginalised women, including LGBTI communities. Community-led initiatives also expanded, with the organisation Transgress the NGS broadening its Injection Supply Programme to improve access to safe hormone administration materials for trans and non-binary people.

KYRGYZSTAN

In January 2025, the Kol Kabysh Collective filed a complaint with the Prosecutor General's Office against Kyrgyzstan's Ministry of Health and the management of a dispensary, citing negligence and transphobia that contributed to the death of a community member. According to the collective, the woman had been discharged from hospital with the promise that the dispensary would secure her a place in a hospice. Nonetheless, when her condition deteriorated, she was left without proper care and denied a referral, which was required for admission to a hospice that was ready to receive her. In November 2024, after being forced to wait 2.5 hours in a car while in severe pain and requiring oxygen, she passed away. Kol Kabysh stressed that correspondence confirmed that she had a diagnosis for hospice admission, contradicting later claims by the dispensary's director, who reported to the Ministry of Health that the refusal came from hospice staff. The collective accused the dispensary of falsifying facts to evade responsibility. In late January, the Collective reported that the Prosecutor General's Office had transferred the case to the Pervomaysky District Department of Internal Affairs. By the end of 2025, no publicly reported update on the outcome of the investigation or potential accountability measures was available.

In March, during a meeting of the Parliamentary Committee on Social Policy, deputy Zhyldyz Sadyrbayeva raised criticism over what she described as the alleged misuse of funds allocated to Kyrgyzstan by the Global Fund to Fight AIDS, Tuberculosis and Malaria. According to Sadyrbayeva, millions of dollars earmarked for HIV/AIDS support are not reaching children living with HIV, but are instead being spent on flavored condoms, lubricants, and LGBTI community programs. She appealed directly to Health Minister Erkin Checheibayev to take personal oversight of the Country Coordination Committee (CCC), which manages Global Fund programs.

MALTA

In May, the Minister for Health confirmed in parliament that Mater Dei Hospital had carried out 17 gender-affirming surgical procedures since 2020 which included mastectomies, orchiectomies and

a hysterectomy. However, the hospital does not provide genital reconstructive surgeries for trans people, meaning transfeminine and transmasculine bottom surgeries are not available within the public healthcare system.

In July, regular provision of trans/non-binary healthcare services at the Gender Wellbeing Clinic resumed after many services were at a standstill for around two years due to its psychiatrist resigning. This is due to psychiatrist consultations being mandatory before any medical services can be offered. The Health Minister confirmed that a contract for psychiatric services was approved and clinical sessions resumed that same month.

NETHERLANDS

In July, Transgender Netwerk organisation reported that waiting times for an initial intake appointment in trans healthcare had reached six years in the Netherlands. The organisation's chair described the situation as a crisis that has gotten completely out of hand, noting that waiting lists continue to grow while no structural solutions are being implemented.

NORWAY

In June, the Health Centre for Gender and Sexuality (HKS) in Oslo announced it will no longer initiate hormone treatment for minors with gender dysphoria. The decision follows a supervisory report by the Norwegian Board of Health Supervision (Statens helsetilsyn), which concluded that aspects of the centre's treatment practices for minors were not in line with specialist healthcare requirements. In July, the Grünerløkka district in Oslo also decided to halt medical treatment for underage trans patients at the district level. This followed the supervisory process, although neither HKS nor the State Administrator had formally required the district to suspend care entirely. Subsequent reporting indicated that the district's decision to restrict treatment went beyond the specific recommendations made in the supervisory findings. Following these developments, the Patient Organisation for Gender Incongruence (PKI) held a demonstration in front of the Oslo Opera House to protest such restrictions on healthcare for underage trans people.

In June, the Patient Organisation for Gender Incongruence (PKI) released a report highlighting the experiences of trans patients at Oslo University Hospital (OUS). The report found that many trans people describe abusive treatment and experiences resembling conversion therapy. In October, the Patient Organisation for Gender Incongruence raised concerns on the research practices of the National Treatment Service for Gender Incongruence (NBTK), suggesting that the National Hospital may have mishandled – or even effectively falsified – documentation in order to conduct studies on trans people without their knowledge or consent. The controversy follows a recent decision by the Integrity Committee at Oslo University Hospital, which dismissed NBTK for using material from a quality register in research without securing the necessary consent. A second, comparable case is now under review by the same committee, and yet another related matter is being examined by the Regional Committees for Medical and Health Research Ethics (REK) South-East. In November, new questions were raised after the same team of researchers submitted yet another complaint to the Integrity Committee. As reported by Forskning.no, the group at the NBTK may have carried out additional violations.

SAN MARINO

In June, San Marino introduced a structured pathway for accessing PrEP (Pre-Exposure Prophylaxis) through the State Hospital. Individuals begin by calling the dedicated clinic number, where an answering machine usually provides instructions for follow-up via WhatsApp. By sending a short message describing their situation and expressing interest, they can initiate contact with the clinic and begin the process of accessing PrEP.

SERBIA

In 2025, access to gynecological and reproductive healthcare for lesbian, bi+ and trans (LBT) women in Serbia remains legally guaranteed but often undermined by stigma and provider bias. Rainbow Ignite's 2025 survey found that 42% of lesbian and bisexual respondents delayed or avoided gynecological visits due to fear of discrimination, and only 27% felt safe disclosing their orientation to

doctors. While national cervical screening programs exist and formal equality is guaranteed by the Law on Patients' Rights, implementation gaps persist. The Equality Commissioner previously ruled that excluding people with same-sex relationships from reproductive cell donation was discriminatory, showing how institutional bias can infiltrate regulations.

SLOVENIA

In April, Slovenia's Advocate of the Principle of Equality found that a gynecologist discriminated against a LGBTI patient by refusing to provide pregnancy care citing a conscientious objection against services related to same-sex couples. The Advocate ruled that this refusal amounted to discrimination, as the patient was treated less favorably solely on the basis of her sexual orientation, depriving her of the right to healthcare. According to a public announcement from the Advocate of the Principle of Equality, the patient reached a settlement in January 2026, and the gynaecologist paid compensation to the patient.

SPAIN

In March, the Administrative Litigation Chamber of the High Court of Justice of Asturias (TSJA) rejected the lawsuit of a trans woman who had sought the completion of her gender reassignment surgery and €1 million in damages. The plaintiff argued that the Asturian Health Service (SESPA) had provided inadequate care since her transition process began in 1992, leading to ongoing health problems including severe discomfort, dizziness, nausea, urethral complications, and chronic groin pain.

In May, the Galician Observatory against Discrimination based on Sexual Orientation and Gender Identity approved a new Primary Care health protocol for trans people, developed by the regional Ministry of Health with input from the Directorate-General for Equality Promotion. The protocol, drafted by a Primary Care working group, sets out guidelines to strengthen healthcare provision for trans people. In July, the Official Journal of Castilla-La Mancha published a resolution from the Management Directorate of Sescam establishing the Health Care Unit for Trans and Intersex People. The resolution provides a formal regulatory framework and legal

backing for the unit, detailing its benefits, scope, access, and protocols. According to the regional government, this will help normalise and improve the quality of care provided.

In July, the Plenary of the Interterritorial Council of the National Health System (CISNS) approved an update to the catalogue of procedures and pathologies requiring specialised care in Reference Centres, Services and Units (CSUR). For the first time, this catalogue now explicitly includes healthcare for trans people and those with diverse sexual development, recognising the need for a "comprehensive health response, expert and respectful of gender diversity." The update, agreed between the Ministry of Health and Spain's autonomous communities, establishes three CSURs dedicated to the care of trans people and those with diverse sexual development. FELGTBI+ had reported several inequalities between regions within Spain and demanded coherent protocols and the implementation of the national LGBTI law, which guarantees equal access to health care.

TAJKISTAN

ECOM documented cases in which LGBTI people were subjected to forced or coerced HIV testing, including during police raids and detention. In several instances, individuals living with HIV were threatened with prosecution under Article 125 of the Criminal Code solely on the basis of their HIV status. Civil society reported that fear of disclosure, criminalisation, and breaches of confidentiality continue to deter LGBTI people from accessing healthcare and HIV-related services (see also under Data Collection).

TURKEY

In January, Turkey's Ministry of Health appointed a series of Audit and Evaluation Scientific Commissions – among which the "Gender Change Audit and Evaluation Scientific Commission" – tasked with monitoring medical services for compliance with legislation and efficiency in the use of public resources, but also to launch investigations based on citizen complaints and to impose administrative or penal measures when deemed necessary. The move comes after pro-government media outlets had singled out hospitals providing trans-related healthcare and the Turkish Pharmacists' Association

announced that hormone replacement therapies would face new supply restrictions under an order from the Turkish Medicines and Medical Devices Agency.

In February, leaked government draft [amendments](#) to Turkey's Criminal and Civil Codes revealed plans to severely restrict access to legal gender recognition and trans-specific healthcare. The proposals included criminal penalties not only for those seeking or providing such healthcare, but also for "any person who publicly encourages, praises or promotes attitudes and behaviours contrary to innate biological sex and public morality."

In June, the Ministry of Health, through the Turkish Medicines and Medical Devices Agency, issued a [directive](#) to provincial health authorities introducing a minimum age of 21 for access to hormone treatment in the context of gender affirmation. The directive, titled "Abuse of Gender Hormone Medications," restricted the prescription of testosterone, GnRH analogues, and oestrogen-only medications for individuals under the age of 21. This measure goes beyond existing provisions of the Civil Code, which set the minimum age for eligibility for gender-affirming surgery at 18.

TURKMENISTAN

In 2025, [reports](#) indicated a lack of reliable access to HIV treatment inside Turkmenistan, including inconsistent availability of necessary medications and instances in which detainees were denied treatment.

UKRAINE

In January, Ukraine [adopted](#) a norm that guarantees equal access to medical services regardless of gender, sexual orientation, gender identity, or marital status. The provision is part of the newly adopted Strategy for the Development of the Health Care System until 2030. The inclusion of "family status" was also described as a major achievement, as it compels healthcare workers to recognise diverse family constellations, including same-sex couples and households with multiple children.

UNITED KINGDOM

In February, a legal [challenge](#) was filed in the High Court against a general practitioner (GP) practice concerning the prescription of hormone treatment to a 16-year-old patient. The claim, brought by the patient's father, alleged that treatment had been provided without parental consent and contrary to guidance issued by the National Health Service (NHS), the United Kingdom's public healthcare system. The challenge focused on the clinic's use of an informed consent approach and argued that it did not reflect the cautious approach outlined in the Cass Review in relation to gender-affirming healthcare for under-18s. The case remained ongoing at the end of the year.

In late April, [reports](#) revealed that the National Health Service (NHS) plans to screen all children referred to gender clinics for autism and ADHD, as well as assess their mental health, family relationships, and sexual development, including same-sex attraction.

In May, England's Health Secretary Wes Streeting [announced](#) a review into the prescribing of gender-affirming hormone treatment for trans people under the age of 18, following earlier restrictions on the use of puberty blockers. The review was intended to assess the available clinical evidence, with expert recommendations initially expected in July. However, by the end of 2025, no formal recommendations or policy decisions arising from the review had been published.

In July, the High Court [dismissed](#) a legal challenge to the registration of England's first private clinic providing gender-affirming healthcare to adolescents. The claim, brought by a former nurse and another individual, alleged that the Care Quality Commission had acted irrationally in approving the clinic. The court rejected the challenge, with Mrs Justice Eady finding that the CQC's assessment had been rational and that patient safety had been given primary consideration.

UZBEKISTAN

Throughout the year, human rights defenders recorded 15 cases in which LGBTI people faced violations of their rights in AIDS treatment centres.

The incidents revealed a recurring pattern in which medical staff breached confidentiality by passing patients' sexual orientation and HIV status to colleagues and even to the police. In some instances, doctors intimidated patients into disclosing personal details about their partners, warning them that care would differ for "people like them," and later used those statements to inform law enforcement. For instance, in January, a man who discovered he was HIV-positive following a routine pre-employment screening was later called to the AIDS centre for a follow-up consultation. During the meeting, a psychologist coerced him into revealing the name of his sexual partner. Soon after, the named partner was detained by the authorities and ultimately convicted on two separate charges.

In July, a gay man visited a public clinic due to abdominal inflammation. After examining his tests, the attending urologist questioned his sexuality in invasive terms and, upon learning he had a male partner, berated him, claiming his illness was the result of his orientation and that he needed "spiritual healing" rather than medical care.