ACCESS TO HEALTH SERVICES AND QUALITY OF CARE FOR LGBT PERSONS IN ALBANIA

Technical Report

Written by:

Kristina Voko

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I. INTRODUCTION

Over the past few years even in Albania have sprung the public debates about the rights of the LGBT community, largely as a result of the empowering of local organizations run by LGBT people, as well as the support of various national and international lobbying for the rights of this community. Despite the positive changes achieved in various aspects, such as legal and social, it yet remains plenty to be done in regarding the respecting of the rights of LGBT persons in the country.

On this framework, one of the fundamental rights of every person or community it the right of health, and therefore health services must be provided without discrimination and should be available, accessible, appropriate and qualitative for all individuals. During recent years there have been a number of directives and recommendations from international organizations, which are concentrated in the responsibilities of each country to ensure the above, as for example:

> Member States should take appropriate legal measures to ensure that the highest health standards possible are efficiently provided without discrimination based on sexual orientation and gender identity , in particular, countries should take into account the specific needs of lesbian, gay, bisexual and transgender people in developing national health policies, including measures to prevent suicides, health researches, medical curricula, materials and training courses, as well as in monitoring and evaluating the quality of health care services (Recommendations of the Council of Europe CM / Rec (2010) 5, No. 33).
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> ... to ensure that health services are established with the aim of improving health status, as well as responding to the needs of all persons, without discrimination , but considering their sexual orientation and gender identity, and all medical data about such aspects are treated with confidentiality (the Yogyakarta Principles, No. 17).

These principles and recommendations are important as they don't focus only on the rights of LGBT people to receive equal service as all other persons, but go a step beyond. They recommend that the service should recognize and provide quality and ethical health care based on sexual orientation and gender identity, and draw supportive policies to respond to the health needs of LGBT person on a promotion, prevention and treatment level.

But despite interventions in regulatory framework of the health sector, various studies in Western countries have shown that LGBT people face a number of obstacles in getting equal and appropriate

service for them[1],[2]). Also, a quantitative study conducted in 2006 simultaneously in several countries of the Balkan region[3] highlighted various problems in accessing health care by LGBT people, which were related to: a) the presence of bias by the health sector professionals, disclosure of confidentiality and disrespect of professional ethics on one hand, and b) the presence of behaviours risking health and lack of necessary information by community members on health issues.

All studies to date in this field have identified as a priority the need to assess the attitudes and knowledge of health professionals, as these can have a direct impact on health care that LGBT people receive, and as a consequence result to:

- LGBT persons to be invisible and their specific needs to be not taken into account in the drawing of health policies, designing and development of services, as well as provision of health care as appropriate;
- Prejudices that professionals carry may limit contact with the patient and not allow the establishment of a close relationship that will enable the delivery of empathy and support needed;
- Professionals not to possess information and/or ignore the special health needs of LGBT people by not providing the most affordable and quality care possible;
- LGBT persons to not have confidence in the health service and professionals, which would lead to failing to seek health care when it is available.

The purpose and objectives of the study

Despite various problems faced by the Albanian health system and reforms that have been undertaken in recent years in this regard, so far it has not been undertaken any strategy, action plan or in-depth assessment of the health system with focus on the respecting of the rights of LGBT persons. For this reason, the Ombudsman and 'Alliance against LGBT discrimination', supported by the Council of Europe Office in Tirana, undertook this study, which aims to evaluate the issues related to access and quality of health services for LGBT persons in Albania .

The objectives of this evaluation were:

[1] European Union Agency for Fundamental Rights, 2010: Homophobia, transphobia and discrimination on grounds of sexual orientation and gender identity in the EU Member States: Luxemburg
[2] Hunt R. & Fish J., 2008: Prescription for Change: Lesbian and Bisexual women's health check 2008: Stonewall Equality, available at http://www.stonewall.org.uk/documents/prescription_for_change_1.pdf (10.10.2013)
[3] ILGA, 2006: Accessing Health: the Context and the Challenges for LGBT People in Central and Eastern Europe: available at www.ilga-europe.org/.../4638/28034/version/3/file/HEALTHreportWWW.pdf (09.10.2013)

1. Inspection of health institutions in Tirana to assess the procedures regarding access and respect of the rights of LGBT persons;
2. Identification of the attitudes, values and knowledge of health professionals about the rights and needs of LGBT people;
3. Identification and assessment of attitudes to LGBT people on the quality and access to health services;
4. Identification of recommendations for concrete steps that can be taken to improve access to services and quality of health care for LGBT people.

II. METHODOLOGY

Due to the fact that this is the first study of its kind in the country, selected methodology was largely qualitative, but intertwined with quantitative elements. Qualitative methodology was selected as the primary purpose of the current exploration on issues / specifications related to access to services and quality of health care provided to LGBT persons in our country, by conducting in-depth interviews with members of the community, representatives of NGOs working in this field, health care professionals, and representatives of policy-making institutions in the health sector. Data collection was conducted during the period October - November, 2013.

Also, for the findings of this study to provide data comparable to those of other countries in the region, and to be possible to compare their performance over the years, in addition to interviews and observations at medical institutions, the quantitative methodology was used as well. For this purpose, a questionnaire was adapted used previously in other countries of the region, which addresses LGBT persons and evaluates their positions on issues related to access and quality of health services[4].

For the drawing of the methodology, during September 20-30 were carried out consults with the representatives of the Ombudsman, in collaboration with whom was conducted the inspection of health institutions, as well as representatives of other local organizations like Pro LGBT and PINK Embassy. Based on this process were identified a list of institutions/services that will be included in this assessment, as well as key issues/priorities on which the study will focus.

[4]For more information about the research conducted in other countries of the region "Accessing Health: the Context and the Challenges for LGBT People in Central and Eastern Europe" refer to the link: www.ilga-europe.org/.../4638/28034/version/3/file/HEALTHreportWWW.pdf

Instruments

In fulfilling the above objectives, for data collection of this study were developed and adopted 4 instruments:

1. Inspection form that was used in conjunction with representatives of the Ombudsman - Annex A

Inspection form was intended to record the institutional positioning in relation to the issue, as it was reported by the authority or person in charge of the institution. For this reason, the main purpose of this instrument was to identify the policies and procedures of treatment and documentation in relation to sexual orientation and gender identity.

2. Guide to detailed interviews with health professionals - Annex B

This instrument was intended to identify the attitudes, values and personal knowledge of health professionals that may affect access and quality of health service to LGBT people.

3. Guide for in-depth interviews with LGBT people - Annex C

This instrument was intended to identify the experiences of LGBT people at health services in the country, as well as individual knowledge and attitudes that may affect the demand for health services.

Like all guides, even those presented above are merely an orientation for the issues to be covered during the interviews, but the wording of the questions, their order, and detailing in each interview was carried out, based on the specifics of the participants and examples brought by them.

All interviews conducted for this study were carried out after the informed approval of professionals on the purposes of the study, as well as ensuring the confidentiality and anonymity of participants regarding the information provided.

4. Questionnaire on LGBT persons attitude towards health service – Annex D

As presented above, the questionnaire used for this study was adapted from a questionnaire used for the same purpose in other countries of the region, which would allow comparison of data in the future. During the findings section of this report there have not been drawn quantitative comparisons between the results of this study and that in other countries due to the long period of time (7 years) between their implementation.

The questionnaire was distributed in the form of 'hardcopy' to some members of community, and was made available in electronic version through e-mail addresses in large groups, or through “Aleanca kunder diskriminimit te LGBT (Alliance against LGBT discrimination)” Facebook account. In all cases, the questionnaire was self-administered.

Sampling

Krahas procesit të inspektimit, i cili kishte për qëllim vlerësimin e pozicionimit institucional, specialitetet e përzgjedhura në të cilat u kryen intervista të thelluara me profesionistët mbi njohuritë dhe qëndrimet e tyre mbi të drejtat dhe nevojat e personave LGBT, përfshinin respektivisht:

Based on the review of literature, but also in preliminary interviews with key persons conducted during the preparatory phase, the main medical specialties identified as important for this assessment were those relating to sexual and mental health. For this reason, it was decided that the process of institutional inspection included three institutions: University Hospital Centre “Nënë Tereza”; Polyclinic No.3 of specialties in Tirana; and University Hospital Obstetric-Gynecologic 'Koco Gliozheni'.

Next the inspection process, which aimed at assessing the institutional positioning, selected specialities sectors where were conducted in-depth interviews with professionals on their knowledge and attitudes about the rights and needs of LGBT persons, include respectively:

University Hospital Center "Mother Teresa" in Tirana:
Psychiatric Service
Endocrinology Servvice
Pediatric Service*;
Infectious Diseases Service;
Dermatology Service.
Polyclinic nr.3 of Specialties, Tirana
Dermatology Service;
Obstetric- Gynecology Service;
Andrology Service
Community Mental Health Center (Psychiatry Service)
Endocrinology Servvice.
University Hospital Obstetric- Gynecology Service:

Gynecology Service;
Neonatology Service *.
Public Health Institute:
Centre of Voluntary Counselling and Testing.

* Interviews with service professionals of Neonatology and Pediatrics were added during the ground work to evaluate procedures related to intersex people, as will be presented in the findings section.

Also , in order to carry out a comprehensive assessment not only of professional practices, but of the policies that affect the approaches of professionals , in this study were also conducted interviews with representatives of the following institutions :

1 . **Ministry of Health** - to assess whether if there are specific policies that address health issues under the non-discrimination approach to LGBT people , as well as addressing specific health needs;

2 . **Institute of Public Health** - to identify up to date epidemiological studies which have collected information on the specific health needs of LGBT persons or awareness campaigns/information in this regard;

3 . **University of Medical Sciences of Tirana** - to collect information on undergraduate and graduate curricula that can address the specific health needs of LGBT persons .

At the end of the process, data reporting was conducted based on:

- 3 inspected institutions;
- 21 in-depth interviews with professionals;
- 17 in-depth interviews with LGBT persons and their advocates;
- 106 questionnaires completed.

Study limitations

Health institutions selected for the inspection process, as well as professionals selected for in-depth interviews were concentrated only in the city of Tirana. Also, the assessment focused solely on outpatient specialties, while concerning the inpatient services were selected institutions that provide secondary and tertiary service at the same time. This selection does not enable the identification of issues not related to the objectives of the study that can be faced at other levels of service (eg, family physician), or in other circles where the network's services is closer.

Also, analysis of data collected from the questionnaire showed that few of the questions have functioning (Question 3, which is related to the Question 4), which could be linked to the Albanian context or wording of the question that perhaps needed more detailing, especially considering that it was a self-administered questionnaire.

III. FINDINGS AND DISCUSSIONS

In this chapter are summarized the main findings of this assessment, organized in five main sections. The two first sections (A and B) represent the viewpoints of LGBT persons which were offered through in-depth interviews and the questionnaire on issues related to the access to services and to the quality of health care offered to them. In the two following sections (C and D) are summarized the data collected from the inspections of health services and interviews with health workers and key informants in this sector, related to the regulatory framework, institutional procedures and the knowledge and attitudes of health workers towards the health problems and needs of LGBT persons. In the last section (E) are summarized the main findings on the medical procedures related to the intersex persons.

According to the approach presented in the Introduction chapter of this report, the terms 'access to services' and 'quality of health care' will be used in their inclusive meaning, where the main focus is on offering health services based on the recognition and respect of sexual orientation and gender identity of LGBT persons, and on fulfilment of their needs for promotion, health information, prevention and adequate treatment.

A. Access to health services – Coming out

The process of the access to services, as abovementioned, in the context of this study is not limited in the opportunity of LGBT persons to get health care, but on offering health services based on the recognition and respect of their sexual orientation and gender identity. For this reason, it is very important that the LGBT persons feel comfortable to come out to their health professionals and to discuss with them issues related to their sexual and mental health.

But how many LGBT persons would express their sexual orientation and/or gender identity to health workers?

In the questionnaire directed to LGBT persons, only 27% of the respondents answered that they would feel comfortable to share with their doctor their sexual orientation, gender identity or same sex experiences (Table 2).

The identified factors influencing the hesitation to come out to health workers are summarized below:

1. Lack of relevance – Most of interviewees thought that offering information on sexual orientation or gender identity is not relevant to their relationship with professionals or to health care provision. Despite this, when asked specifically on specialties related to their sexual health, most of LGBT persons changed their opinion.

> *'I don't thinks that it is necessary for the doctors to know. Nothing would change... Maybe only the gynaecologist or when HIV/AIDS tests are done'* – Lesbian, 26 years old.

The same attitude is noticed in the quantitative question, where the percentage of respondents that would come out to health workers about their sexual orientation, gender identity or same sex experiences, if this information would be necessary for adequate treatment, increased from 27% in the previous question to 65% in this question.

Lack of relevance was often reinforced by the belief that health workers, even when informed, wouldn't know how to offer more specific/needs based care or information, based on the lack of knowledge on these issues.

2. Confidentiality – Another identified barrier to coming out is the fear of lack of confidentiality on the information offered by LGBT persons to health workers. They report that there are no clear and trusted procedures that ensure preservation of confidentiality, thus, information on their sexual orientation or gender identity could be shared with third parties. Also, for most of interviewees it was unclear if this information would be written in their medical chart or in the service registers, which are accessible to other persons, too.

> *'If I would tell them, they would treat me as a special case and may be as soon as I would leave (the clinic), they would tell their colleagues or friends'* – Gay, 18 years old

3. Prejudice – Another reported reason for not coming out was related to fear of inappropriate reactions from health workers. Most of interviewees though that the workers are prejudiced towards LGBT persons, and that would influence their patient-worker relationship, and may be also the help or the quality of health care offered. Despite this, it has to be mentioned that in some cases, the interviewees reported that when coming out, some workers reacted very properly and in a helping way.

> *'I'm used to prejudice in the streets, in everyday life and I don't get impressed anymore. But I wouldn't want to face them with the doctors and to debate with them. I go there for my medical problems.'* – Lesbian, 25 years old

The answers of the questionnaire in this case are a bit more complicated to interpret. On one hand, only 15% of the respondents though that the health workers (doctors, nurses) they have met are sensitive to the medical needs of LGBT persons, and on the other hand, only a similar percentage reported that they have been treated worse than other patients because of their sexual orientation of gender identity, or that they have experienced concrete problems because someone from the health workers knew or made assumptions about their sexual orientation or gender identity (Table 3).

This 'contradictory' answer can be explained based on the abovementioned fact, that only a small percentage reported their sexual orientation or gender identity to the health worker, thus they lack potential information for inappropriate reactions or breach of professional ethics. Another reason may be also the fact that LGBT persons are also prejudiced to health workers and services, even when they haven't had any personal negative experiences. This emphasizes the importance of the assessment of mutual attitudes, LGBT persons-health workers, because the trust of the individuals in the relationship with the professional influences the demand for health services and the access to them, even when they are available.

Table 2

Q6. Please express your opinion on each of the following statements.

	Yes	**No**	**I don't know**
Would you feel comfortable to tell your doctor about your sexual orientation, gender identity or sexual experiences with the same sex?	27%	61%	12%
Would you tell your doctor about your sexual orientation, gender identity or sexual experiences with the same sex if that information would be necessary for an appropriate treatment?	65%	24%	11%

Do you think that health professionals (doctors, nurses) your have met are sensitive to the health needs of gay, lesbian, bisexual and transgender persons?	15%	46%	39%
Can you openly discuss with your doctor your health needs?	48%	37%	15%
Have you experienced any problems from the fact that someone from the medical staff was aware or has assumed your sexual orientation or gender identity?	16%	77%	7%
Have you felt treated worse compared to other patients because of your sexual orientation or gender identity?	15%	66%	19%

4. Presumption of heterosexuality – The interviewees reported that it happened often that the procedures, the forms of documentations, or the way questions were addressed to them by the health workers didn't facilitated the provision of information on their sexual orientation or gender identity, even in those cases when LGBT persons where ready to provide it. In almost all the reported procedures of data collection, the questions on sexual practices or couple relations are automatically formulated by referring to the opposite sex relationship, which make difficult the process of coming out.

> *'I have been asked only once about my sexual relationships, when I had an HIV/AIDS test. The girl seemed very open, but she was asking me if I had a stable girlfriend; how often I had sex with my girlfriend; etc. I didn't say anything. I offered her the correct information, besides the fact that it wasn't a woman.'* – Gay, 18 years old.

> *'When I was a teenager, I went often to a psychologist and she immediately supposed that I had love problems with a boy. In the beginning, I couldn't even tell her that I was confused about my sexual orientation, while later on I started talking to her about my stories, but always using the masculine instead of the feminine'* – Lesbian, 27 years old.

B. The quality of health care provided

The perception of respondents on the overall quality of health care provided was relatively low, as it is shown by the percentages in the table below:

Table 3

Q5. How satisfied do you feel from the health care offered to you in general?

Not at all	Little	Somehow	Enough	A lot
21%	20%	23%	25%	10%

As it was mentioned in the previous section, one of the main reasons why LGBT persons do not receive adequate services for their health needs, is related to the fact that many of them hesitate to express, or deny to health workers their sexual orientation and gender identity. But what are the experiences of LGBT persons in relation to quality of health care, in the cases when they expressed their sexual orientation and gender identity?

1. Prejudices – Although some of the participants reported very adequate behaviours of health workers, some LGBT persons that came out to health workers, were faced with negative reactions. These prejudiced reactions where reported even in those cases when individuals didn't express their sexual orientation, but the worker had some indications about it, based on the presented symptoms, especially in the case of sexually transmitted diseases. Prejudices where expressed through 'sulking'; perceived neglect during treatment or provision of information; or through direct advice on 'lifestyle's changes', as in the example below:

> *'In the last years, I had all my medical visits abroad. But some years ago, when I had a visit because of an infection (sexually transmitted infection), the doctor, after prescribing me some medications, when asked about what should I do further on, patted me on my shoulders and said: 'You give up these things and everything will be fine'.* – Gay, 43 years old.

Previous negative experiences, as well as fear of discrimination and lack of confidentiality, were reported as the main reasons why LGBT persons delay, or hesitate to seek professional help, even when it was needed. As main strategy, the interviewees reported that in most of the cases they rely on mouth to mouth information in order to identify open and non-judgmental professionals.

> *'In most of the cases the doctors have stereotypes, but we try to refer each-other to doctors who are open, or that make us feel comfortable. For example, I know many members of the community that visit only a specific dentist, only because he is non-judgmental.'* – Lesbian, 26 years old

Another reported 'solution' from LGBT persons was visiting private clinics, instead of public ones, not only to ensure better quality of care, but most of all to ensure their confidentiality.

> *'When I had some emotional problems, my parents sent me at a private psychotherapist. Perhaps because they are supposed to be more open-minded, or because there you feel more comfortable about confidentiality issues. That's what I have heard even by others.'* – Lesbian, 26 years old

2. Non-recognition of sexuality – Another problem related to the access to services and quality of health care provided is the lack of recognition of sexual orientation or gender identity, in cases when the LGBT person expressed it. In some cases, the interviewees reported that even though they expressed their sexual orientation, the workers ignored this information and they continued to refer to their partner, using the opposite gender with that of the client. This fact, even though seemingly 'innocent', was perceived by the interviewees as judgmental towards their sexual orientation. Also, they didn't get the adequate health information based on the needs of LGBT persons, and will make them hesitate to ask further questions or to contact the same health worker again.

> *'When I met a dermatologist for a (sexually transmitted) infection, even though I told him I was gay, he said: 'This is your life and it has nothing to do with me!' Later, he went on offering the same information as if I was heterosexual, and at the end added: 'As part of the procedure, you should bring your girlfriend to have a check-up as soon as possible!'* – Gay, 26 years old.

In most cases, such reactions were perceived by LGBT persons as related to prejudiced, or to lack of knowledge and skills of the health worker in treating adequately the issue.

3. Lack of knowledge and of adequate procedures – The main perception of the interviewees was that health workers do not have the necessary knowledge on the specific health needs of LGBT persons, and also are not equipped with the right skills to manage these needs in their clinical practice. Thus, even the workers who have positive attitudes to their sexual orientation and gender identity, where reported not to have the adeguate information.

> *'I have told to my gynaecologist that I'm a lesbian and she is very open to discuss about it, but I don't think that she gave me any different information from what she gives to other girls. On the contrary, she often asked me about our ways (sexual practices)'* – Lesbian, 26 years old

Sometimes, LGBT persons reported that they didn't feel well when the workers started alluding on their sexual orientation, based only on their looks, and were asked directly and intrusively questions not related to their treatment:

> *'When I was at the hospital to have a surgery, the nurses that understood from my looks that I was a lesbian, came and asked me about my sexual life and my relationships. I can't understand this...*' – Lesbian, 26 years old

Prejudices and lack of knowledge were sometimes reported by the interviewees as being the basis of inappropriate an unprofessional advice from some workers, which suggested various treatments, mainly 'hormonal', in order 'to fix them'.

> *'The pharmacist I often go to, once told me: You are such a girl and you look like a boy. I can give you some hormones that can help you.' – Lesbian, ...years old.*

> *'My gynaecologist once suggested to my mother: 'I can make some tests and give her hormones', alluding that I looked like a boy. But my mother reacted immediately, saying that I felt very well as I was, and she didn't mention it again* – Lesbian, 27 years old.

The two last factors discussed, the attitudes and the knowledge of health workers, were identified by the respondents through the questionnaire as being a priority in the steps that need to be undertaken to improve the quality of health care for LGBT persons in the country (Table 4). Thus, 64% and 68% of the participants considered as fairly or very necessary changing the attitudes and behaviours of health workers, and increasing their knowledge on the health needs of LGBT persons.

4. Lack of information of LGBT persons – Another issue identified by the interviewees, which influences the quality of health care was also lack of information from the members of the community on their health needs, and the right to have specialized service. These factors and even more important in the case of those LGBT persons that can perform more often risky health behaviours, such as substance abuse, unprotected sexual relations, and/or with more than one partner, etc.

> *'Many of the members of community don't have the necessary health information, especially in relation to sexual transmitted diseases. This is important in two aspects: first, they don't have the necessary information to protect themselves; second, it is difficult for them to recognize the symptoms and to ask for the help of the specialist in time.'* – LGBT activist

Lack of knowledge, but also 'fear of disease' was reported by respondents as one of the main reasons of LGBT persons for the neglect of ongoing health checks. These data, which are evidenced by previous reports only for men who have sex with men, are identified even by collected questionnaire responses, where over 60% of respondents had never done any medical tests on HIV/AIDS, Hepatitis B, Hepatitis C or other sexually transmitted diseases.

Lack of knowledge of LGBT persons is identified also through the expressed need of the respondents in the questionnaire, where 72% of them expressed that it was fairly or very necessary to increase the level of knowledge of LGBT persons about their health needs and relevant services.

Table 4

Q7. Based on your experience, how important do you consider the following steps to improve the quality of health care for LGBT people in the country?

	Not at all	Little	Somehow	Enough	A lot
Changing attitudes and behaviors of health professionals tward LGBT people	15%	8%	13%	20%	44%
Increasing the knowledge of health professionals about the specific needs of LGBT	8%	7%	17%	18%	50%
Increased knowledge of LGBT persons on their health needs and related services	10%	7%	11%	21%	51%
Establishment of specific health services for LGBT people	20%	14%	18%	16%	32%

As shown in the table above, some respondents suggested that a possible solution to overcome obstacles reported in this chapter, could be the provision of specific services to LGBT people. Despite the fact that these services were identified identified as facilitators in the access to health care and improve the quality of care provided, some of the respondents were skeptical, given that these specific services can marginalize LGBT people even further among the public opinion.

C. Legal framework and procedures

The legal framework for the organization and operation of health services in Albania and the procedures foreseen in relation to the healthcare of the LGBT individuals, were evaluated in this study through the review of available literature (legislation, strategies and action plans, protocols of

treatment, etc); as well as through the information gathered from the interviews with representatives of health institutions, key informants and professionals from health sector.

1. The regulatory framework – In all the laws in the health field that were reviewed for the purpose of this study (for example Law Nr. 10,107 'For Healthcare in the Republic of Albania;" Law Nr. 10,138, 'For Public Health'; Law Nr. 9,952 'For the Prevention and Control of HIV/AIDS;' etc) no reference was found in relation to LGBT individuals. Drawing its base from Law Nr.10,221 "For the Protection from Discrimination', the regulatory framework in the health field does not include any categorization for different population groups when it refers to the defense of rights and the delivery of equal healthcare, and as a results there is no summery of specific articles in this report.

Given that in the above mentioned laws, references are based in the terms 'all individuals' or 'all population groups,' it's difficult to identify concrete suggestions for possible amendments. From the laws that were taken into review, the only law that can be recommended for an extended reinterpretation it's the Law Nr.8876 'For Reproductive Healthcare'. This law has under its focus not only the operation and organization of services for sexual and reproductive healthcare, but also comprises the obligations of the health system for the promotion and awareness of sexual and reproductive health, as well as the screening and treatment of sexually transmitted diseases and HIV/AIDS. Although one of the main goals of this law relates 'to the reproductive rights of individuals and couples in order to protect the reproductive rights of every individual in accordance with the laws, national policies and internationally recognized principles' (article 1), the terms foreseen in relation to artificial insemination and fecundation could infringe the rights of LGBT people based on medically assisted reproductive techniques.

Furthermore, article 17 of this law, which spells out that "Every individual has the right to protect its reproductive capacities, by bringing complaints against actions, decision, damages from third parties, when rights are infringed, which are related with reproductive health,' needs further interpretation in relation to medical interventions that include intersex persons, which will be summarized in section E of this chapter.

Also, in the strategies and action plans, protocols of treatment that have been approved so far, and the patient's bill of rights, based on the literature review but also reports from respondents, there are no provisions related to the health rights and needs of LGBT people. The only strategy in the health system that refers to gay or bisexual males, it's the National Strategy for the Prevention and Control of HIV/AIDS in Albania (2004-2010), which has identified them as one of the vulnerable groups. In this spirit, the Global Fund Project, and the services that were created from it in view of

strengthening Albania's national response to HIV/AIDS, for vulnerable groups (like the Centers for Counseling and Voluntary Tests), are the only that refer to the sexual orientation of males, as an important factor to be assessed and documented.

On the same wavelength, in the three services inspected as part of this study, the directors and representatives of these institutions did not report any manual, regulatory guide, treatment protocol or documentation format, which included elements related to the identification of the sexual orientation or gender of the patient.

2. Procedures – This study was focused in the evaluation of the existence of procedures related to the assessment and documentation of sexual orientation and gender identity in healthcare services. The loopholes in the regulatory framework are reflected also in the procedures that are followed by the respective health services. As a result, in none of the inspected services no procedures exist for the identification, documentation and/or use of data on sexual orientation or gender identity of patients in order to fulfill the specific needs of LGBT people, circulation of appropriate health information, or the collection of statistics. In regards to this situation key informants and professionals identified weak and strong points.

On one side, some representatives of the services and professionals reported that would be discriminatory if they would pose questions on sexual orientation or gender identity. This approach was reinforced by the conviction that this information would be totally unnecessary for the process of screening/diagnosis, treatment or the delivery of health education in the services of specialties inspected, which are directly connected with sexual or mental health.

> *"We don't discriminate them. We treat them like all the rest. We are not interested in this information because the treatment that we will offer will be the same, just like it would be for a heterosexual." – Health Service Director.*

> *"I am not interested if its gay?! I will give the same information for protective measures (in regard to sexually transmitted infections). I don't think there are any differences." - Dermatologist*

On the other hand, based on their point of view of the situation some professionals think differently, often affected also by their specialty.

Thus, some professionals thought that being attentive for the sexual orientation and gender identity of the patient and the availability of clear procedures for the discussion of the topic would help create a more trusting relationship between the patient and the professional. Such relationship

would enable the collection of more detailed information for the causes and treatment of the medical case, especially in the occurrence of sexually transmitted diseases. Also, the discussion of sexual orientation and gender identity would allow the dissemination or more appropriate health education, especially in regard to preventive measures or the achievement of a more gratifying and fulfilled sexual life.

> *'Cannot be the same information…There are many specifics that related to the type of sexual contact we have. For example, in the case that a male has intercourse with other males, than you should offer complete information on the risk of the transmission of diseases through oral sex. This information is not available to gay people most of the time.' – Infectionist*

As it was stated in section B of the findings, some of the professionals also reported that the protocol calls that people diagnosed with a sexually transmitted infections, have to refer his/her partner for screening. In this case, a lack of discussion of sexual orientation would affect the continuity of the treatment, considering that LGBT persons would have it even harder to refer his/her partner to the same dermatologist, gynecologist or infectionst. Although this is a qualitative study, which does not make possible the generalization of findings, during the interviews it was observed that the professionals who think that sexual orientation is not important in offering a proper service, did not have a single case of a same-sex partner that was self-referred for screening.

The contrary was reported in the Centers for Voluntary Counseling a Testing (CVCT), which are attached to the Departments of Public Health in administrative circles, and are the only centers with a clear procedure for the assessment of sexual practices, where the information is collected in a structured and informed way from a psychosocial specialist. In this service it was reported that individuals during the preliminary interview, before they are tested for HIV/AIDS or other sexually transmitted infections, would be open in expressing their sexual orientation or sexual contacts with same-sex partners, and in almost all cases when it was asked, brought in his/her same-sex partners in the service.

> *'We ask all individuals for their sexual orientation. There are cases were individuals do not express at first their sexual orientation but as the interview advances, the freer they feel and many times change their original statement. However, for the statistics that we collect, important is the way the infection was transmitted, so when they are asked about their sexual practices, even in cases when they identify themselves as a heterosexual can report same-sex relations' – CVCT staff*

Also, some of the respondents thought the procedures related to the collection of information on sexual orientation and intercourse with persons of the same-sex would allow the collection of encompassing statistics, which would later help orient promotional and preventive policies for certain population groups.

In the last few years, in relation to sexually transmitted diseases Albania has installed an information collection system in the Institute of Public Health, but only for syphilis and HIV/AIDS. However, in these two data collections systems, the only demographic variable which is registered relates to same-sex contacts for males (SMS), as an at risk group in comparison with the general population. This data, for the time being, are collected and reported only from individuals tested in the CVCT-s.

In other public services, which provide these types of tests, the situation is different. Based on the interviews carried out with representatives of services, in the specialties of dermatology and gynecology, sexual orientation and/or same-sex relations are not documented for statistical purposes. In the infections specialty, although there is a directive to collect this information, there is no form or standard procedure, which often creates problems for the collection of data.

> *"We always tell, even to the interns, that they should collect information on sexual orientation. However, I have noticed that it is often neglected or the info collected is not standardized. In my opinion there are two main factors that affect this process. First, we don't have a proper form but only a blank medical charter/file. This leaves it in the hand of the doctor or the psychologist on how the questions are asked, how well the patient has been informed, etc. Second, from the forms that I see, the professionals only direct detailed questions when they see it fit. So, they ask detailed questions only when the patient is not married or is detected from his/her outward appearance. But this is not an indicator.' - Infectionist.*

D. Knowledge and attitude of health profesionals

Even though, findings related to knowledge and attitudes of health professionals were presented in the Section B of this chapter, in this section are summarized main findings indendifed in this regard by the representatives of health institutions, key informants and professionals themselves on this issue.

1. Knowledge – All the interviewed professionals, except the ones working at communicable diseases' unit and CVCT, reported that they lack the necessary knowledge related to LGBT health issues and needs. The professionals reported that such topics are not included in university or post-university curricula, as well as had not received any related continuing education activity on this issue. Most of professionals working at communicable diseases' unit reported that they have attended some trainings which included topics related to health problems of LGBT persons. Even though, they reported that the issue was always discussed in terms of epidemiological specifics of this group, and not in terms of rights and health needs of LGBT persons.

In many cases, the lack of knowledge on the health needs of LGBT persons was reported to be identified for the first time during the interviews conducted in the framework of this study. This phenomenon seems to be connected to the fact that many professionals reported that they have never been contacted by a LGBT person during their clinical practice, or that they never had such information on their clients.

> *'The doctors of this maternity hospital have never been trained on issues related to health needs of LGBT persons… in fact, it was never considered necessary… I don't mean that the doctors have the necessary information, but by one hand they don't ask the patient about her sexual orientation, by the other hand the patient doesn't tell it, so…'* – Gynaecologist

All the professionals reported the lack of references on these issues in the university and post-university curricula in the past. Also, all the doctors that were working at University Hospital and are at the same time teaching at the Medical Sciences University, reported that topics related to LGBT health needs are not yet included in these curricula. This fact was also confirmed by the representative of the Medical Sciences University, which is the only public university in the country that offer a degree in medicine.

> *'Now that I am thinking about it, it is necessary to include into curricula topics on the causes, myths and needs of this community'* – Endocrinologist/Professor

The lack of knowledge was related also to the legislative framework on different medical procedures. None of the professionals interviewed didn't report having information if there are provisions that protect the rights of LGBT community; or if gender changes are legally recognised in our country; etc.

2. Attitudes – Most of the professionals interviewed reported that health professionals were not judgmental towards the LGBT persons during the care delivery. In most of the cases, these 'non-judgmental' attitudes were the basis for assumptions that sexual orientation and gender identity were not valuable and relevant information in terms of healthcare delivery for the patient.

> *'I don't care if he is homosexual. For me he is just a patient and I will provide him the needed service. I don't care what he does in its private life.'* – Endocrinologist

These wide spread attitudes among the interviewed professionals, seems to be mutually related to the lack of knowledge reported above. So, from one hand, the lack of knowledge supports the negative attitudes toward LGBT persons, such as:

> '*Ehhh, these are the results of the modern time... because the parents spoil the children and let them do whatever they want...'* – Dermatologist

> *'So, are they born this way or not? (asking the interviewer)... I don't think that they are so many. I can't understand why it is considered such a big issue!'* – Endocrinologist

From the other hand, existing judgmental attitudes were reported to be the main obstacle in demanding for information regarding the health needs of LGBT persons. This mutual correlation between lack of knowledge and negative attitudes is reported one of the factors that may impact the quality of care provided.

> *'I am not sure if we should start by introducing specific procedures (that include sexual orientation and gender identity), and then this will result in professionals demanding for more knowledge. Perhaps we should start with more training on the attitudes, as I believe that if some girl would declare to the professionals that she is lesbian or bisexual, probably they will not offer to her the best care available'* - Gynaecologist

Other stereotyping attitudes were related to the fact that the some professionals believe that they can distinguish LGBT persons based on their look, and only then they could provide some more specific health information:

> *'I don't need to ask. I can tell immediately because they have feminine behaviours and voice (referring to male patients)* - Dermatologist

E. Existing medical practices related to the intersex persons

Regardless of the fact that the initial objectives of this study did not include the evaluation of the current situation or medical practices related to the intersex persons in Albania, due to the complete

lack of written information on this issue, this chapter includes this short session. The findings presented in this session are based on in-depth interviews with neonatologists of the Obstetric-Gynaecologic University Hospital, the head of the Surgery unit and the staff of the Endocrinology unit of the Paediatric Service of the University Hospital Center (UHC) in Tirana.

As there are no written procedures or protocols related to this matter, the medical practices actually used with these persons, and particularly with infants and children, should be thoroughly evaluated including other regions of Albania, in order to have a comprehensive situation. It is particularly important to assess the knowledge and the practices performed by neonatologists in various maternity hospitals, which are the first to identify this specificity in the newborn babies.

The practice followed by the neonatologists, as reported by the professionals in the institution evaluated in the framework of this study, was:

1. The parents would get informed on the fact that their child was born as intersex, and they were offered the necessary information to understand the phenomenon.

2. The birth clinical file (that belongs to the institution) includes the fact that the baby was intersex.

3. The birth certificate handed to the parents included all the necessary generalities except the sex, which implies that the parent/parents can fill it out themselves in case they decide to register the baby in the civil state registry, which happens in most cases.[5].

4. The parents are advised to raise their child in a "neutral" manner regarding their gender identity, and to visit more specialized services in the future.

All of the above procedures happen within 2-5 days from the birth of the child, until the mother checked out of the maternity hospital, and there were no cases reporting further contact with this service. Furthermore, the service itself does not follow any referral procedures to other specialists, establish contact with them, or follow up the case. That means that all the reported procedures lives it in the parents' hand and will to undertake further steps in the referral system.

> *'We have the duty to calm the parents first, to explain to them that it is not something unusual, but then, it is their responsibility to decide what to do next"* - Neonatologist

[5] According to the existing regulatory framework (Law nr 10129, 11.05.2009 "For civil status") there is no deadline to register the child in the civil status registry, and they are not penalized for delays in this process. On the other hand, parents that register their children within 60 days receive an initial incentive from the state.

During the interviews conducted with the neonatologists it was reported that there were never dilemmas on the procedures and practices followed by the parents, or the consequences on the child based on the parents' decision-making process (including deciding what sex to put on the certificate, and automatically in the civil state registry).

Even when asked about the necessary further steps to undertake, such as what specialist should the parents contact and when, the answers collected were not detailed and consistent.

During the last two years, at the Obstetric-Gynaecologic University Hospital it was reported at least one case where the birth of an intersex child was turned into a media story.

> *'The journalists started to ask questions about this "abnormal" child. I got very irritated and I remember it was very difficult to explain to them that the baby was not abnormal; that the child was healthy and everything would be solved in the future"* - Gynaecologist

Regardless of the fact that the above mentioned are the actual practices followed only in one central institution in Tirana, the other specialists identified through the interviews were endocrinologists and surgeons of the Paediatric Service in the UHC of Tirana. These professionals are the only ones specialized in the assessment and necessary care for the intersex children, which means that the necessary expertise is lacking in the other regions of the country.

But what were the practices reported in this institutions?

Even after the interviews, the referral methods toward this service were still unclear, suggesting that the parents and the children were referred from different sources, and in different time periods, mainly based on the reasoning that these children were 'sick'. So, the endocrinologists, asked on the possibilities and the method of reporting, reported that:

> *'I am not sure who refers them here. I believe the neonatologist of the maternity hospital does. There is no other place to refer them to. They are sick children and only here they can receive the necessary care'* – Endocrinologist

Although the doctors reported that in most cases the first contact with the children occurred when they were a few months old, they also reported cases where the individuals referred for their first specialized evaluation to this service were 14, 18 and also 23 years old.

> '*This situation is unacceptable. Let suppose that the parents are indifferent or do not have the necessary information, my question is why hasn't the paediatrician ever referred them? It is*

their responsibility to check the children periodically in the first years of life." - Endocrinologist

The doctors suggested that the delays in referrals were mostly due to lack of knowledge of the doctors who have been in contact with the child (neonatologist, paediatrician, etc), as well as due to the family's prejudice towards the child's situation.

'Often the family members try to keep these situations to themselves because they feel ashamed. They bring in the child, at an older age, only the problems have started to become visible, such as a boy's chest growing or him having menstruation.' - Endocrinologist

The immediate referral was considered necessary for two reasons: a) because the child might have health complications, and b) to help identify the sex of the child as soon as possible, in order to lower the possibility of a confusion during the gender development of the child.

'Most of these children need continuous health care. First because they might have physical problems, such as urinary tract obstruction, that can be fixed by surgical intervention, and second because most of them will need hormonal treatment. The latter is a service covered by us up to the age of 18' – Endocrinologist

'The child should be referred in time, because when he is mistakenly raised up as a boy when "he" is a girl, the parent would get shocked and often do not accept our help. I don't understand why there is no regulation or a written protocol related to this. In France they have a three weeks period to register the baby in the civil state registry, for the only reason to give enough time to the doctors to do their evaluation. Here, I don't know what the deadline is to register a child as a female or male.' - Endocrinologist

The standard practice followed when a child was referred in the system included hormonal and gene tests. The doctors reported that unfortunately these tests were not provided by the public institutions and are not covered by health insurance, which results to a very high bill for the family, and as a consequence, uncertainty related to the continuity of care.

'*I tell the parents that these tests should be done, but they cost at least 60 thousand lek (about 600 $), and are not done in public institutions. Some parents cannot afford to spend that money and they never come back. Some of them go to private laboratories, which I personally don't trust.*' – Endocrinologist

The doctors reported that after the necessary tests and ultrasounds, in most cases they would have a correct answer related to the sex of the child and would recommend the proper plastic surgical interventions, which were planned for a second phase, based on the specifics of each case. In some particular cases the sex determination was difficult during the early years, and further analysis and evaluations were needed at an older age.

After the initial evaluation, but also before the surgical intervention, due to lack of procedures and a regulatory framework, the doctors reported that there were almost always the parents who decided on the child's sex, and consequently the type of surgery needed.

> *'The endocrinologists refer to me the case and their evaluation on it, but the parents are the ones that decide. Even when the doctors says that it is a girl with an enlarged clitoris… the parents still say they want to raise him as a boy because that's how he was registered, named and that's what the relatives know. And we do what the parents want.'* – Paediatric surgeon

> *'And when we tell them our opinion, they don't change their mind. This is very unfair. They can't decide for what Allah has already decided.'* - Endocrinologist

Regardless the fact that the doctors reported that the existing practices were not fair, their perspectives are focused more on the health and physical aspects, than on the child's rights and on the child's best interest. Also, the professionals didn't report any referrals of the parents to psychosocial or mental health specialists to ease the decision making process or to obtain advice related to child's gender development issues.

> *'The opposite decisions that the parents take are unfair, as they can cause health complications, such as ovarian cancer, or being forced to take a higher dose of hormones for the entire life in order to keep on with the parents' decision.'* - Endocrinologist

Based on the abovementioned, the doctors interviewed for the purpose of this study thought it was necessary to develop clear protocols related to the medical interventions for the intersex child. These procedures would not only standardize the interventions, but would also be known to other professionals that work with children, and would also ensure a fair and monitored decision-making for the child.

> *'Protocols are very important, as well as the financial aid for the tests needed. Even if the public institutions don't provide them, I believe the government is capable of*

covering the cost of the tests in the private laboratories for all the intersex children, which in Albania there are no more than 10 per year.' – Endocrinologist

Unclear procedures were also reported in relation to the legal recognition of few cases of chirurgical interventions performed abroad from intersex persons over 18 years old. In these cases, the persons who wanted to change their sex on the civil status registry (only in cases when the initial registration of sex does not match with the actual one), should undergo through a detailed examination from a medical commission, asked from the civil court. Based on what the professionals report, the procedures followed in these cases raise some concerns in terms of human rights and respect to patient dignity.

IV. RECOMMENDATIONS

This chapter summarizes some of the main recommendations based on the findings of this study, as well as on the suggestions identified by the participants, on the improvement of the access of LGBT persons in health services and increasing the quality of care provided to them.

1. Inclusive procedures

As previously noted, LGBT persons and their health needs, should become more visible in the health care system. This process should start by including data on sexual orientation and gender identity in all the procedures related to evaluation and documentation, especially regarding those specialties that are related to the sexual and mental health of the individuals. This would facilitate the process of outing, by structuring the process for the professionals as well as for LGBT individuals and, additionally, it would enable to discuss health matters in a more open way, as well as to better address specific health needs.

'Abroad, especially when you need to take a medical test, staff always asks you about the details regarding sexual practices. I think it is essential and it should be performed even here, but it has to be structured. If the professionals have a form, properly including all the necessary data, and they also inform beforehand the patient why all this information is needed, I am sure that most of the persons would be honest on their sexual orientation. After all, it depends on each person whether they want to reveal it, but at least it could enable those who want to come out' – Gay, 45 years old

Moreover, the collection of information about the sexual orientation and gender identity would be helpful not only for the development of a trustful and fruitful relation between the LGBT person and the professional, but it would also enable the data gathering on a central level. Thus, some professionals suggested that the information on sexual orientation and gender identity should be included as a demographic variable in public health databases related to sexual and mental health issues. The data collected would enable the orientation of comprehensive health policies in the context of promotion, prevention and treatment of health issues, sensitive toward the needs of LGBT persons.

> *'If there would be a systematic data gathering, the Institute of Public Health would have a clearer idea of the related health issues. This would enable in the future the allocation of specific funds for the promotion of safe sex practices and for the prevention of sexually transmitted diseases for example, which for the moment are detected in higher rate among men that have sex with men. For the moments, these data are based only in some small scale studies that are supported by sporadic projects.'* – Specialist of Public Health

2. Clear policies on the documentation and confidentiality

This recommendation is directly related to the previous one, but it stress more on the procedures through which the data should be gathered. As it was previously reported, many professionals and LGBT individuals suggested that there should be clear policies regarding the documentation of sexual orientation and gender identity, which should include provisions about: in which specialties or services is this documentation necessary; which professionals should undertake it; who should have access on this information; how will the confidentiality of the provided information be ensured; etc.

> *'Sometimes young people (LGBT persons) ask me: 'If we go for a check-up, do they ask us about the name, surname, sexual orientation...?'* – LGBT Activist

> *'I am not very clear about how sexual orientation is documented. I think it is necessary, but I don't know whether it should be written down on the patient's chart, or if it should be considered as confidential information, that I don't write, but I keep in mind throughout the procedure. So, is it a demographic data or it should be included in those professional secrets that I keep only in my personal notes.'* – Psychiatrist

3. Increasing knowledge and improving attitudes of health professionals

The need to increase the knowledge and change the attitudes of health professionals about the health needs of LGBT persons was identified as one of the most crucial suggestions, either through the interviews with LGBT persons and professionals, as well as through the answers to the questionnaire (Table 4). These changes must be achieved through the inclusion of these topics in undergraduate and graduate curricula of medicine, nursing and psychosocial professionals that work in health services, as well as through continuing education activities for all health professionals. In a more specific way, based on the participants' suggestions:

- The changes in the curricula and the trainings should not focus only on providing the appropriate medical information, but also on issues related to respecting rights of LGBT persons and improving their access in health services. So, the changes regarding knowledge should go hand by hand with the changes regarding attitudes; and
- The activities of continuing education for the health professionals should be always developed and organised in close cooperation with the LGBT organizations or individuals, so that they can have a direct impact on changing the professionals' attitudes.

> *'There have been some trainings before for the GPs, but only a few. Even though there were some associations included in these programmes, I reemphasize the fact that it is important for the trainings to take place in close cooperation with the LGBT individuals. Trainings shouldn't be delivered by you and me that talk about "them". Changes are achieved through inclusion.'* – Specialist of Public Health

4. Education of LGBT persons on health matters

Another important recommendation identified by all the actors is related to the need to improve the knowledge of LGBT persons on related health issues, such as: promotion of healthy behaviours; prevention of health problems by conducting regular medical check-ups; as well as raising awareness on their right to receive the necessary health care, when it's necessary.

> *'Most members of the community don't have the necessary information on the symptoms of many infections that can be sexually transmitted. Having in mind also the fear of discrimination in health services, they don't go for medical check-ups, or they consult each other for those symptoms. I think that there should absolutely exist appropriate and available information on different health issues, for example, on the website of the association.'* – LGBT Activist

'There have been some promotional campaigns on protective measures, but others should also take place. Moreover, efforts should be made in regards to risky behaviours, such as having multiple sexual partners at the same time, or the belief that "the use of contraceptives decreases the sexual satisfaction".' – LGBT Activist

Additionally, another recommendation was related to the possibility to establish specific health services for LGBT persons. Despite the various attitudes that were expressed about this issue, as reported on the chapter of findings, another more visible suggestion supported by the LGBT persons was the identification of a list of services which can be considered as LGBT-Friendly.

'We have thought about the need to develop a website where some services can be suggested as LGBT-friendly, based on the evaluation of the members of the community itself. Certainly the individuals can also add other services as well in the future, or this can serve as a way of raising the awareness of professionals too.' – Gay, 25 years old

5. Advocacy

Another recommendation, even though it was not very clearly formulated during the interviews, is the one related to the need for advocacy on the rights of LGBT persons in health services. In order to achieve this objective, it is necessary that the issues like the ones included in this study, to turn into a public debate between health professionals, LGBT persons and their associations, as well as broader community. Discussing about problems that LGBT persons face in accessing services and their health needs, would bring the matter into the attention of all actors, including policymakers and human rights advocates.

'If we don't raise our voice, we shouldn't wait for somebody to suddenly fight to improve the services, or the way how LGBT individuals are being treated by professionals. Sometimes changes happen only when you ask for them...' – Lesbian, 27 years old

Also, the interviewees suggested that the more empowered LGBT persons feel in the social context, the more empowered they will feel to come out to health professionals, and to ask for a more suitable care that suits their needs. Even the services or the system should enable this process of empowerment:

'I know members of the community that still are ashamed to express their sexual orientation to the doctors, because they have hidden the truth from their families or friends. But if there will be a poster inside the services that reveals the rights of LGBT

persons, or if there will be a contacting person in order to address these issues, then the situation would be easier.' – Gay, 25 years old

6. Increased knowledge on this field

Another recommendation is related to the need for further studies and evaluations on the possible obstacles that LGBT people face in accessing services or receiving an appropriate and qualitative medical care, based on their needs. Beside the fact that this was the first evaluation in this field in Albania, other more in depth studies should be conducted in order to evaluate the situation in other regions of the country, and with focus on some specialties, like the ones regarding sexual and mental health. Nevertheless, a particular attention should be paid to assessing the knowledge and attitudes of GPs on the rights of LGBT persons, since they are the first contact of individuals with the health services.

Future studies can be focused, also, on the evaluation of knowledge of LGBT persons regarding health issues, and on their risky behaviours of various subgroups of this community. Despite the fact that during this study there hasn't been a specific emphasis on the needs and attitudes of each group (gay, lesbian, bisexual, transgender), in the future, knowledge should be broadened based on these important specifications.

7. Recommendations related to intersex persons

The main recommendations identified regarding the medical procedures for intersex persons, summarized in section E of the chapter of findings, are:

- A more elaborated studies of the situation related to the procedures followed for intersex persons. These studies should be focused on the evaluation of knowledge and attitudes of professionals in all care levels that are part of the referral system, such as neonatologists, paediatricians, etc, but also of the experiences of intersex individuals that have gone through these procedures and their relatives.
- Developing protocols on the procedures related to assessment, possible interventions and follow-up of these cases on all healthcare levels and age-groups, focusing not only on medical care but also on the psychosocial support that is necessary throughout the process.

These protocols should reflect an approach based on scientific evidence, human rights and with respect to the highest interest of the child.

- Continuous monitoring by the institutions of human rights of the procedures to be followed in the future in relation to intersex persons.

Anex A

REPUBLIC OF ALBANIA
OMBUDSMAN

Adresss: Bulevardi: "Zhan D'Ark" Nr.2
Tiranë, Shqipëri

Tel/Fax:+355 4 2380 300/333
E-mail: ap@avokatipopullit.gov.al

INSPECTION FORM

In _____, on _____, we, as the employees of the Ombudsman Institution _____, at the position of _____,

_____, me detyrë (at the positon/with the duty of) _____, *based on article 19 / a of Law no. 8454, date. 04.02.1999 "On Ombudsman", amended by Law no. 9398, date. 12.05.2005*, inspect:

1. INSTITUTION…….

Object of inspectation:Respecting of the rights of the LGBT people in health institutions

Does your institution / service have a regulatory framework that refers to the respect of the rights of LGBT persons, and discrimination based on sexual orientation and gender identity?

_____

_____

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Does your institution/service offer assessment and individualized treatment procedures based on the specific needs related to sexual orientation and gender identity to the patient?

_____

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_____

How are performed the procedures of sexual orientation/gender identity of pation (if any) documentation and how is ensured the confidentiality?

How is performed the communication with patients on issues related to their sexual orientation gender identity and information on health issues related?

Does the institution's staff have the necessary information to properly address issues related to sexual orientation/gender identity patients?

_____

_____

_____

Çfarë sugjerimesh / hapash duhen ndërmarrë për sigurimin e të drejtave të personave LGBT dhe ofrimin e shërbimit sa më cilësor në përmbushje të nevojave të tyre?

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V/ Commissioners **Head of Institution**

Annex B

Guide to detailed interviews with health professionals

Hello! My name is ..... This interview was conducted in the framework of a joint project of the Ombudsman and Aleanca LGBT (LGBT Alliance) supported by the Council of Europe Office in Tirana, which aims to evaluate issues related to access and quality of health services for LGBT people. The information that you will provide will be very valuable not only to assess the current situation regarding this issue, but to identify possible recommendations for improving health care in meeting the needs and rights of LGBT persons. The information provided will remain anonymous and confidential.

Health Institution: _____

Service/ Specialty: _____

1. What is the terminology that you think is more appropriate to refer to LGBT people? What other terms are important or closely associated with this group of individuals?
   (Through this question it is important to identify not only the 'jargon' used in medical circles, but it is necessary to also orient as clearly possible the practitioner treating the topic. If deficiencies in the reported information are identified through,the interviewer introduces briefly the terms gay, lesbian, bisexual, transgender, as well as terms sexual orientation and gender identity in order to ensure the obtaining of more accurate information)

2. Gjatë praktikës suaj profesionale keni pasur pacientë LGBT? Nëse Po, si është identifikuar pacienti/pacientja? During your professional practice have you dealt with LGBT patients? If yes, how was the patient identified?
   (This question aims to explore the determinants factors of the patient's sexual orientation: eg self-declared by the patient; defined as such based on appearance / exterior features, from information provided by third parties, etc.)

3. What are the main health problems for which LGBT people refer to the service in question?
   (At this question, the interviewer must be careful to collect the necessary information regarding the health problems most often encountered or reported, but without affecting the anonymity and confidentiality of patients)

4. Do you think the LGBT persons' health issues are different (or more frequent / rare, etc.) from those of heterosexual persons? If yes, why? Which are the determining factors?
   (This question is intended to not only identify risk factors known from literature, but potential bias based on lifestyle; blaming of individual over medical situation, or other features that can be addressed LGBT persons)

5. How is usually performed the referal of LGBT persons at your service?
   (It is important the exploration of the referral source, such as if prior service links have been followed (referral from the family doctor or not; if referred by family members because of the specifics of the service, etc.)

6. Do you think sexual orientation/gender identity is important in the provision of a qualified service in this specialty?
   (Information about the sexual orientation of the patient would affect the assessment of the health situation, concerning intervention or informati/advice offered ?)

7. If the professional regards as important having this information, then how is the referal towards the sexual orientation of the person performat and is it documentet?
   (For example, when referring to sexual intercourse are both genders taken as an expample or not;, etc.)

8. Does your service provide services that take into consideration the sexual orientation/gender identity of patients?
   (Eg. treatment protocols; additional questions to identify risk factors, information leaflets, etc.))
9. Do you think or feel the need that there should be individualized services that take into consideration the above mentioned?
10. Do you believe you have sufficient information on the specific health needs that may be associated with LGBT persons or on appropriate relations/non discriminating (eg. Communication; provision of appropriate information etc)? How about other service or other specialties doctors?
11. What have been the main sources of information in this regard and how complete or inclusive do you consider them?
    (Eg. Undergraduate/postgraduate curricula; formal activities of continuing education, information obtained on individual level through literature, information exchange with colleagues, professional experience, etc.)
12. Based on your experience, do you think that LGBT persons face difficulties in access to health services? Do you think they are discriminated regarding the health service provided to them? Why?
    (The interviewer should identify as many concrete examples of difficulties in access or quality of service)
13. Do you think that there should be changes in the health care system to provide more appropriate and equal health service LGBT people? What should these changes be?
    (Special attention should be paid to the identification of recommendations on individual level (professionals) / service/ regulatory framework)

Annex C

Guide for in-depth interviews with LGBT persons

Hello! My name is ..... This interview was conducted in the framework of a joint project of the Ombudsman and Aleanca LGBT (LGBT Alliance) supported by the Council of Europe Office in Tirana, which aims to evaluate issues related to access and quality of health services for LGBT people. The information that you will provide will be very valuable not only to assess the current situation regarding this issue, but to identify possible recommendations for improving health care in meeting the needs and rights of LGBT persons. The information provided will remain anonymous and confidential.

How would you identify yourself: Heterosexual ____; Gay ____; Lesbian ____; Bisexual ___; Transgender ___; Other (specify) _____

Age: _____

1. Have you had previous experience with public or private health services? What services or specialties?

   (In each case must be offered some examples of health services to different levels and types of respondents to provide a broader perspective)

2. Have you informed any of the health professionals with whom you have contacted about your sexual orientation?

3. If **Yes,** which professionals, or in which cases and why? How have professionals reacted to this information?

   (The interviewer must be careful to collect information on each professional case, if there is more than one. First part of the question should explore the reasons associated with the provision of information, such as the provision of treatment / most appropriate information, specific requirements, etc..)

4. If **Not** what were the reasons? Do you think this information was not necessary or were other obstacles (such as fear of prejudice, limited quality service; characteristics of the profecssional etc?)

5. Do you think that your sexual orientation has prevented /delayed you in seeking health service? In what case of health problems? What were the reasons?

   (The interviewer should consider exploring multiple reasons in failing to seek or delay in seeking services, some of which may be related to self-stigma, lack of information regarding various health issues or specialized services, fear of lack of confidentiality, discrimination, etc.)

6. Mendoni se personat LGBT paragjykohen në lidhje me aksesin ose cilësinë e shërbimeve shëndetësore? Nëse **Po**, cilat mendoni se janë disa nga shkaqet e mundshme, përveç atyre individuale të raportuara më lart? Do you think that LGBT persons are prejudiced

regarding access or quality of health services? If **Yes**, what do you think are some of the possible causes other than those indivdual reported above?

(In this question the interviewer should identify as many reported cases of discrimination, as well as possible causes associated with it such as lack of knowledge needed by professionals, the lack of specialized services, etc..Particular attention should be paid to the possibility of identifying issues related to potential referrals at health services by family or other professionals that consider their orientation as a disiease.) or other professionals who consider their sexual orientation as a disease.)

7. How do you think should be some of the characteristics of services/professionals in order to be 'LGBT friendly'?
8. What are your suggestions so that the halth care could be as described above? What concrete steps should be taken and by which actors?

Annex D

Questionnaire on the position of LGBT persons about health services

This questionnaire is part of a study being conducted on the framework of a joint project of the Ombudsman and Aleanca LGBT (LGBT Alliance) supported by the Council of Europe Office in Tirana, which aims to evaluate issues related to access and quality of health services for LGBT people. The information that you will provide will be very valuable not only to assess the current situation regarding this issue, but to identify possible recommendations for improving health care in meeting the needs and rights of LGBT persons. The information provided will remain anonymous and confidential.

Please answer all the below questions!

Age: ☐ **Sex:** F ☐ M ☐

You identify yourself as: 1.Heterossexual ☐ 2. Gay ☐ 3. Lesbian ☐

4. Bisexual ☐ 5. Transgender ☐ 6. Other _____

Q1. How often have you seen one of the below mentioned specialists in the past 5 years?

	Never	Rarely	Once a year	Twice a year	Often
Family doctor					
Gynecologist					
Dermatologist					
Psychiatrist					
Psychologist					
Endocrinologist					
Oncologist					

Q2. How often have you carried out the below mentioned tests in the pas 5 years?

	Never	Rarely	Once a year	Twice a year	Often
HIV					
Hepatitis B					
Hepatitis C					
Other sexually transmitted deseases					

Q3. Do you think your sexual orientation and / or gender identity has prevented or delayed you in getting health care?

Yes ☐ No ☐

Q4. If yes, which of the following reasons do you think have been the causes of delay or for not being provided healthcare on your part ?

	Yes	No	I don't know
Fear that the health professionals may realize my sexual orientation			
The suspicion that information on sexual orientation or gender identity are not kept secret/ confidentail by the professionals (Disclosure to third parties)			
The belief that the doctor will not provide quality service because of prejudice or stereotypes towards your sexual orientation and gender identity			
The belief that the doctor will not provide quality services due to the lack of information			

Q5. How satisfied do you feel from the health care offered to you in general?

Not at all	Little	Somehow	Enough	A lot

Q6. Please express your opinion on each of the following statements.

	Yes	No	I don't know
Would you feel comfortable to tell your doctor about your sexual orientation, gender identity or sexual experiences with the same sex?			
Would you tell your doctor about your sexual orientation, gender identity or sexual experiences with the same sex if that information would be necessary for an appropriate treatment?			
Do you think that health professionals (doctors, nurses) your have met are sensitive to the health needs of gay, lesbian, bisexual and transgender persons?			
Can you openly discuss with your doctor your health needs?			

Have you experienced any problems from the fact that someone from the medical staff was aware or has assumed your sexual orientation or gender identity?			
Have you felt treated worse compared to other patients because of your sexual orientation or gender identity?			

Q7. Based on your experience, how important do you consider the following steps to improve the quality of health care for LGBT people in the country?

	Not at all	**Little**	**Somehow**	**Enough**	**A lot**
Changing attitudes and behaviors of health professionals tward LGBT people					
Increasing the knowledge of health professionals about the specific needs of LGBT					
Increased knowledge of LGBT persons on their health needs and related services					
Establishment of specific health services for LGBT people					