

ANDORRA

Despite the Government's promise of implementation by late 2023 or early 2024, mechanisms to access transition-related healthcare in Andorra are still not operational. The envisioned mechanisms include establishing a circuit with reference doctors, endocrinologists, and mental health professionals trained in trans healthcare, but these processes have not yet been finalised or accredited by the CASS system.

By December 2024, no specific regulations for gender-affirming care had been published, but the Health Ministry had sent an almost finished draft to Diversand in November 2024. Emphasising the need for more specialised trans healthcare, Diversand suggested that those interested might start their transition abroad, although this is not yet officially facilitated by the Andorran healthcare system.

AUSTRIA

In February, Federal Chancellor and ÖVP leader Karl Nehammer proposed a ban on hormone treatments for patients under the age of 18 without medical justification. The ban was part of the 'Austria Plan' of reforms, intended to be implemented by 2030, which became part of the ÖVP manifesto for the national elections 2024. Civil society organisations expressed their disappointment in the proposal, asking the ÖVP to reject it in favour of more inclusive legislation. A group of CSOs responded to the proposal by addressing an open letter to Nehammer, denouncing the dangers of such measures and advocating for legislation that respects trans identities. The proposal has not gained significant traction yet.

In May the Vienna Labour and Social Court sentenced the social health insurance ÖGK to pay a share of the costs for a laser beard epilation for a trans woman. There was already a similar judgement in 2022, but the ÖGK refused to move forward with the payments as long as it was not sued. Nonetheless, since the ÖGK did not raise an objection against the decision, it will have no general validity and those concerned by the issue in the future will still have to face individual judicial proceedings to be awarded similar benefits.

The Ministry of Health issued an e-learning tool for healthcare professionals to support LGBTI-inclusive healthcare. The e-learning tool was developed by Gesundheit Österreich GmbH and was awarded the Pride Biz Research Prize, a biannual prize for outstanding research on LGBTIQ+ subjects in business and society.

BELGIUM

In the Namur province, a new consultation service will be established by the Willy Peers centre to better support trans people undergoing transition processes. This initiative addresses

the region's previous lack of tailored support for trans people and aims to meet their specific needs by offering comprehensive care, including psychological, social, and medical support, with on-site hormonal treatment available for those who need it.

The city of Verviers, in collaboration with Maison Arc-en-Ciel de Verviers and the local associative network, has introduced its first free public sexual health products dispenser. The municipality plans to add ten more units throughout the city and nine additional locations across Wallonia to enhance accessibility.

At the end of 2023, the National Institute for Health and Disability Insurance (RIZIV) launched a call for hospitals to apply as centres for trans-specific care. Several gender-specific teams have already been established. This will make psychosocial support more financially and regionally accessible.

BOSNIA AND HERZEGOVINA

In February, Bosnia and Herzegovina released its first thematic report examining LGBTI people's access to healthcare. The report acknowledged some progress in improving the legislative and institutional framework for recognising and protecting the rights of LGBTI persons within the health sector. However, it also identified numerous shortcomings in both regulatory frameworks and practical implementation, resulting in inadequate recognition and fulfilment of LGBTI people's rights to access health services. LGBTI people often remain overlooked in the healthcare system, as they are not widely recognised as a vulnerable social group. Many healthcare professionals reflect the dominant societal attitudes, which can result in substandard care for LGBTI patients. Moreover, medical curricula, training programs, and educational materials generally fail to address the specific needs and challenges of LGBTI people or provide guidance on how to support them. The report further noted the absence of specialised health services for trans people and highlighted that the process for legal gender recognition is both inefficient and potentially degrading, lacking respect for rights related to self-determination, privacy, and bodily integrity. In the area of mental health, existing strategic documents in Bosnia and Herzegovina fail to acknowledge the inequalities faced by LGBTI people due to stigma, pathologisation, and broader determinants such as public policies and societal attitudes.

BULGARIA

Due to the lack of implementation of the CJEU Panharevo ruling, tens of children are left without access to public healthcare in Bulgaria.

CYPRUS

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tested positive for HIV was unable to complete their education and left the island due to inadequate healthcare services and unresolved residency status, raising concerns about the availability of HIV treatment in the region.

NORTHERN CYPRUS

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CZECHIA

The Department of Sexology at University Hospital Brno established a gynaecological outpatient clinic specifically for trans people, marking it as the first facility of its kind in the Czech Republic. The clinic aims to provide a comfortable, gender-inclusive, and welcoming environment for patients undergoing transition.

From July, men who have sex with men no longer face a blanket exclusion from donating blood. This change resulted from the Society for Transfusion Medicine revising its guidelines in collaboration with the Ministry of Health. According to Health Minister Vlastimil Válek from the TOP09 party, the new methodology emphasises individual risk assessments related to sexual activity for each prospective donor, without considering gender or sexual orientation as criteria.

The Standards of Care for Trans and Gender Diverse People, Version 8, published by the World Professional Association for Transgender Health (WPATH), was translated into Czech and released by the National Institute of Mental Health in partnership with the Transparent team. Although this document is non-binding, it represents the first officially published comprehensive guidance for healthcare professionals working with trans patients.

ESTONIA

Since March, Estonian blood centres have updated their donor selection criteria to allow men having sex with men to donate blood on the same terms as men who have sex with women. Previously, Estonia had reduced the permanent ban on blood donations from men who had sex with men to a 12-month restriction, and later to four months as of 2022.

GEORGIA

The anti-LGBTI law undermines Georgia's efforts to end AIDS and combat other infectious diseases, posing a significant threat to public health. The United Nations Programme on HIV and AIDS (UNAIDS) has expressed deep concern, stating that the

law exacerbates stigma and hinders LGBTI people's access to essential health services.

The Women's Initiatives Support Group (WISG) launched a study to assess the healthcare needs of trans people. The analysis of numerous individual cases revealed specific issues encountered by trans people in accessing healthcare services and the need for coordinated responses to tackle such shortcomings. Even before the anti-LGBTI law was enacted, there were cases when healthcare service providers practiced self-censorship and refused to provide services to trans people. (See also under Equality and Non-discrimination.)

GERMANY

In March, the Federal Social Court released a written statement for its judgement in case B 1 KR 16/22 R, delivered on October 19, 2023. The ruling restricts the assumption of costs for people wishing to start their medical transition and reduces access to trans-healthcare for non-binary people. In practice, if a person is open about their non-binary identity to the insurance company, the insurance company can, and often will decline to cover the costs.

Three years after the Conversion Treatment Protection Act came into force, conversion therapies are still present across the country. Although the governing parties have recognised the urgent need for reform and promised an amendment in the coalition agreement, the responsible ministries seem to have shelved these measures in this legislative period.

In September, a hearing was held in the Bundestag on the rights of sex workers as part of the efforts of some politicians who are pushing for the introduction of a Nordic model in Germany, which would decrease sex workers' health and safety.

GREECE

In July, it was reported that a Christian organisation made attempts to attract trans women and sex-workers and subject them to conversion practices in Syggrou Avenue in Athens.

In October the SEGM, an organisation of mental health professionals, considered a hate group by the Southern Poverty Law Centre (SPLC), organised a conference in Athens leading to opposition by civil society, which denounced the pathologisation of trans identities promoted by the event.

HUNGARY

Hungarian authorities started to enforce existing criminal sanctions on unauthorised trade of medications against people ordering PrEP online. Access to PrEP in Hungary is very limited

as the medication can only be prescribed by a few specialists and users need to pay the full list price, which is four-to-five times higher than abroad.

Following the ban on legal gender recognition in 2020, access to trans-specific healthcare has become significantly more difficult, and was only offered one by a public hospital and private health provider outside the capital. In August, the hospital cancelled a trans patient's appointment, arguing the hospital is no longer treating patients with a 'transsexualism' diagnosis. Legal proceedings are being considered.

The Hungarian LGBTI Medicine Society launched a campaign for health professionals to wear a rainbow pin to communicate to patients that they are LGBTI inclusive. Nearly 400 professionals participated in the initiative.

The LGBTI Section of the Hungarian Psychological Association published the [Hungarian version](#) of the American Psychological Association's Guidelines for Psychological Practice with Sexual Minority Persons and held several training sessions for professionals on its implementation.

ICELAND

In [October](#) the [Minister of Health](#) made changes to [regulations](#) regarding blood donations. From July 2025 blood donations for men who have sex with men (MSM) will be allowed following a nucleic acid testing (NAT) to screen for HIV, Hepatitis B, and Hepatitis C. Iceland had previously been one of the few European countries to uphold a ban on blood donations for MSM.

Analysis of the data from the [Icelandic Youth Survey](#) showed that young people who identify as genderqueer or "other gender" are more likely than cisgender teens to have witnessed physical violence in their home, to have been subjected to physical violence in their home, and to have been subjected to physical violence in an intimate relationship. Furthermore, the data from the Icelandic Youth Survey highlighted that 15-20% of Icelandic children and youth identify as LGBTI.

IRELAND

In March, following England's NHS decision to discontinue routine prescriptions of puberty blockers to children, Ireland's HSE announced its own plans to conduct a [clinical trial](#) to evaluate the use of these blockers in trans healthcare.

Following the release of the Cass Review in the UK, Senator Michael McDowell called for an [immediate halt to the prescription of puberty blockers](#) in Ireland's public health service.

In April, Trinity College Dublin and Belong To released the findings

of ['Being LGBTQI+ in Ireland'](#) the largest study on the mental health and wellbeing of the LGBTI population in Ireland to date. The survey underscored that the wellbeing of the LGBTI population has significantly decreased since 2016, with a 17% increase in symptoms of severe depression, and a 30% increase in symptoms of severe anxiety.

In late September, members and allies of the trans and intersex community [gathered](#) outside the Dáil in Dublin, demanding urgent reforms to the Irish healthcare system. The rally, organised by Transgress The NGS, drew participants from various activist groups, seeking to pressure the Health Service Executive and the National Gender Service to address significant barriers faced by trans and intersex people in accessing medical care.

ITALY

In January, the Minister of Health launched an investigation into the Careggi Hospital in Florence, following a request by Senator Maurizio Gasparri from Forza Italia party, regarding the use of triptorelin, a hormone blocker, for trans youth. The investigation [threatens](#) access to this life-saving treatment and risks shutting down one of the country's only services for trans adolescents.

LITHUANIA

The Ministry of Health initiated training of healthcare professionals based on [Health4LGBTI](#) methodology.

In November, Aleksandras Alekseičikas-Kirinovas, a psychiatrist who previously claimed to have "treated" LGBTI people during the Soviet occupation and defended this practice in public interviews, was [dismissed](#) from the Vilnius City Mental Health Centre after the Lithuanian Bioethics Committee ruled that his statements breached professional ethics.

MALTA

In January, Checkpoint Malta [announced](#) it would host free, community-led HIV testing sessions throughout the year in Valletta, Gozo, and Paola. These sessions address a vital need for accessible and stigma-free HIV testing, which is not consistently available through public health services.

The [National Strategic Policy for Active Ageing 2023-2030](#) includes measures to address the specific needs of older LGBTI individuals. One such measure is the establishment of a national working group tasked with mapping both the common and unique social and healthcare challenges faced by the LGBTI population. The National Sexual Health Policy was [launched](#) for public consultation in December 2024 after being last updated in 2010. The Minister for Health [announced](#) that PrEP and PEP will be free in 2025, but it is unclear if they will be universally accessible.

MOLDOVA

In December 2023, a new law was enacted to amend Article 191 of Law No. 1409/1997 regarding medication. This legislation effectively prohibits the medications commonly used by trans men for hormone therapy. In the wake of this ban, several trans people have reached out to the GENDERDOC-M Information Centre, reporting that they are unable to purchase these essential medications, even when they possess a doctor's prescription. Since then, the Centre has met the Ministry of Health on this subject, clarifying that the Ministry is planning to set up a committee that will create a protocol for prescribing hormone therapy.

NETHERLANDS

In June, a symposium was organised by outspoken critics of gender-affirmative care for trans youth at the Free University in Amsterdam about non-medical interventions, with speakers including Dr. Hillary Cass and Dr. Riittakerttu Kaltiala. Outside the venue, a protest was held by trans people against the anti-trans premises of the symposium.

In July, the draft bill seeking to ban so-called conversion practices was concluded and the bill was submitted for review during a plenary session by Parliament (expected in 2025).

NORWAY

Across Norway, four new regional centres for trans-specific care opened, offering therapy and access to prosthetics but not medical or surgical services, as that is still under the control of the national treatment centre in Oslo, contrary to the guidelines. The last to open was the centre in Bergen on February 15.

POLAND

Ordo Iuris, an ultra-conservative Polish advocacy and legal organisation, petitioned the parliament to introduce legislation banning access to trans-related healthcare, including surgical procedures, hormone replacement therapy and puberty blockers, for minors and people diagnosed with any mental illness. In July, the parliamentary Petition Commission referred the matter for further proceedings in two other commissions (the Justice and Human Rights Commission and the Health Commission).

In August, the Ministry of Health established the Department of Equality in Health (Departament Równości w Zdrowiu), which will specifically focus on advancing healthcare policies and services for LGBTI persons, with particular emphasis on the needs of non-binary and trans individuals.

PORTUGAL

In March, the Advisory Group for Sexual and Gender Diversity, previously monitoring the Health Strategy for LGBTI people, was officially integrated into Portugal's Directorate-General for Health (DGS). The Group is expected to maintain its mission to evaluate the implementation of the Health Strategy for LGBTI people.

In March, the Directorate for General Health (DGS) considered ending anonymity in cases of sexually transmitted diseases. GAT - Group of Activists in Treatment - denounced that this reversal communicates the policing of other people's sex lives, is a screening deterrent and will promote the underreporting of STIs.

In July, the Minister of Youth and Modernisation announced that anyone with a uterus, regardless of their name or gender marker in identity documents, will be included in cervical cancer screenings.

With the aim of carrying out a diagnosis of the situation regarding menstrual health in Portugal, the Directorate-General for Health developed the online questionnaire - "Let's talk about menstruation?" The Directorate-General was subjected to criticism for using the wording 'people who menstruate' while referring to its expected target audience.

ROMANIA

A study by MozaiQ Association revealed significant gaps in healthcare services for LGBTI people. Queer women reported feeling unsafe during visits to obstetricians, gynecologists, and even in ambulances. Additionally, the study highlighted the lack of established procedures for trans healthcare, rendering it inaccessible and experimental. Furthermore, 23% of respondents living with HIV experienced medication shortages in hospitals. Trans people who have undergone legal gender recognition no longer have access to medical services specific to their reproductive health as the system does not allow the reimbursement of gynecological procedures for people with documents reflecting the male gender, nor urological procedures for people with documents reflecting the female gender.

RUSSIA

Due to pressure from conservative activists, a clinic cancelled a scheduled gender-affirming surgery for a trans woman, despite the fact that the patient had obtained a transition certificate and changed the gender marker on her passport before the law banning gender transitions was passed.

The Coming Out study, published in November 2024, reveal that trans people in Russia are increasingly forced to seek semi-legal or illegal methods for acquiring essential medications, due to limited access to hormonal treatments and medical consultations.

There is growing mistrust among trans people towards healthcare providers, primarily due to concerns over confidentiality and the quality of services. This lack of professional support creates significant risks, as incorrect dosage calculations and inadequate care can severely impact the health and wellbeing of transgender individuals.

SAN MARINO

The parliament voted in favour of providing free PrEP treatment to combat the spread of HIV. While the therapy is approved on paper, implementation measures, such as dedicated offices, personnel, funding, drug availability, and informational resources, remain absent. Full availability is anticipated to be delayed until 2025.

SLOVAKIA

In April, the Health Ministry announced the discontinuation of a series of standards outlining the necessary steps in medical transition. The decision was justified on the basis of alleged administrative and implementation-related issues. LGBTI organisations argued that the Health Ministry's decision to cancel transgender care standards was part of a political trade-off in exchange for the Slovak National Party's endorsement of Hlas Party's presidential candidate, Peter Pellegrini. The organisations emphasised that the decision came just days before the presidential election.

SWEDEN

The persistent issue of lengthy waiting times for accessing one of the six national teams responsible for conducting gender dysphoria diagnostic assessments in Sweden continues to worsen. Currently, patients face waiting periods of 3 to 3.5 years from referral to their first appointment at adult clinics, while adolescents experience a waiting time of approximately 2.5 years.

On January 1, most of gender-affirming healthcare became national specialised medical care in Sweden. One of the main goals with this change has been to make gender affirming healthcare more equally accessible across the country, as the healthcare system for long has been criticised for unequal waiting times and not offering the same treatments. Other goals of this change have been to centralise and further develop specialised medical competence, as well as raising the status of the medical field. However the gender-affirming healthcare continues to be underfunded, and the waiting times are still several years.

SWITZERLAND

In January, SRF Investigativ aired a movie on health care for trans youth suggesting that professionals prescribe treatment too quickly, without careful diagnostics, and therefore many regret the treatment undergone. Several experts, as well as TGNS,

protested against the movie and denounced its alleged biases.

In November, the National Advisory Commission on Biomedical Ethics published an opinion on medical treatment of minors with gender dysphoria.

The Swiss National Science Foundation launched a National Research Programme on Gender Medicine and Health, leading to 19 funded research projects, including some on trans medicine and health.

TAJIKISTAN

In Tajikistan, although health programs are officially equal for all and public medicine is free, medical care often comes with high costs for consultations, tests, and treatments, making it inaccessible for many. Access to quality care typically requires visiting private clinics, where most skilled specialists have migrated due to better working conditions. However, for members of the LGBTI community, particularly those with limited financial means, this is rarely an option. In the mid-2000s, a UNFPA-supported project created "umbrella" organisations that distributed grants for health initiatives, including HIV testing and prevention programs aimed at men who have sex with men. However, under state pressure, these organisations were shut down.

As a result, the beneficiaries of these programs became fearful of accessing the services, going "underground" to avoid scrutiny. This fear extended to HIV and STI testing, which led to a spike in infections within the community.

Violations of confidentiality by AIDS centre employees, and sometimes even by NGO workers, further eroded trust, causing LGBTI people to avoid essential healthcare services. Confidentiality breaches are particularly dangerous, as they can lead to law enforcement visiting people's homes and disclosing their HIV status, often followed by an epidemiological investigation to identify and track down their sexual partners. This invasive process generates widespread fear and deters individuals from undergoing HIV testing or seeking medical support.

Additionally, the threat of criminal prosecution under Article 125 of the Criminal Code, which imposes penalties of two to five years in prison for knowingly infecting another person with HIV, exacerbates the situation.

Despite recommendations from civil society and the WHO, the legal framework of Tajikistan continues to criminalise people living with HIV under Article 125 of the Criminal Code (endangerment of HIV transmission). The bill punishes those who knowingly put another person at risk of contracting HIV with penalties of up to three years of restricted freedom or two years of imprisonment.

Access to medical services for trans people in Tajikistan is very limited. Medical professionals and psychologists are generally inexperienced in trans health issues, and there are no official recommendations for professionals to prescribe hormone replacement therapy.

TURKMENISTAN

Reports indicate that the Ministry of National Security is collaborating with regional AIDS centres, meaning that data of the people who are tested for HIV, including LGBTI people, is shared with the authorities, which means a risk of criminal prosecution for a same-sex act. Such collaboration often entails requesting information about individuals seeking treatment for HIV/AIDS, which is then used to target and arrest members of the LGBTI community.

UNITED KINGDOM

In February, a consultation draft of new guidelines for Scotland's publicly funded healthcare system, NHS Scotland, suggested that permitting trans patients to change their gender marker on medical records might lead to "unintended negative consequences" for their health. The draft was shared with stakeholders for feedback.

In March, NHS England announced new guidelines restricting access to puberty blockers for children, limiting their prescription to clinical trials or specific cases requiring approval from a national panel of experts. The move followed a 2022 review and the findings of a new review commissioned by the NHS on gender identity services for young people in England. Best known as the Cass Report, the study allegedly reported inadequate evidence to support the routine use of puberty-suppressing hormones in minors.

In March, NHS England was accused of exposing trans teenagers to "unreasonable risk of irreversible harm." The lawsuit was submitted by two mothers concerned about the transition from adolescent to adult gender clinics and requesting that the latter adhere to similar protections as those required for younger patients. Following the filing, a High Court judge decided to pause the legal action to allow time for the possible release of the research project that later became known as the 'Cass Report'.

In April, the Health Secretary revealed plans to revise the NHS England Constitution to "ensure that biological sex is respected." The Secretary emphasised the alleged need to remove gender-neutral language and guarantee hospital patients in England the right to request single-sex wards, with trans patients being accommodated in separate rooms.

In April, the Sandyford Clinic in Glasgow, Scotland's sole provider of trans healthcare for young people, halted new prescriptions

of puberty blockers and cross-sex hormones for trans people under 18, following the publication of the Cass Review. Scotland's Public Health Minister Jenni Minto assured Members of the Scottish Parliament that while the Cass Review focused on NHS England, its findings would be carefully considered in Scotland. Furthermore, Minto defended the decision to inform young trans people and their families of a temporary ban on puberty blockers before notifying elected representatives.

At the end of May, the Conservative UK government introduced emergency legislation to temporarily ban the prescription of puberty blockers for trans people under 18 in England, Scotland and Wales. The emergency order was renewed by the new Labour government in August, and again in November, also extending it to Northern Ireland.

In June, as one of the final measures by the outgoing Conservative Party before the general election, the Department of Health and Social Care imposed restrictions on prescribing puberty blockers to under-18s, effective until at least September 3, 2024.

In July, Health Secretary Wes Streeting, from the Labour Party, defended his decision to extend a ban on puberty blockers despite backlash from Labour MPs.

In July, the UK High Court upheld the ban on puberty blockers introduced by former Conservative Health Secretary Victoria Atkins. This decision followed a legal challenge initiated in June by TransActual UK, a trans rights advocacy group, and an anonymous trans young person. The judicial review proceedings were aimed at contesting the emergency legislation that restricts access to puberty blockers for trans youth.

In August, Scotland's gender service for young people in Glasgow announced it would no longer accept self-referrals. This decision aligned with recommendations from the UK Chief Medical Officer, following a review of how the Cass Review on gender services for children and young people could be applied in Scotland. (See also under Bodily Integrity.)

In September, the NHS in Scotland published three documents on trans health: gender identity healthcare standards, a trans care knowledge and skills framework, and an updated gender identity healthcare protocol.

Following a UK government consultation (in which most respondents opposed the ban), the government made the ban on puberty blockers for under 18 year olds permanent in December. There are two exceptions to the ban: young people who were already using puberty blockers prior to the ban and young people who agree to be part of a future research trial, due to start in 2025, (who may be able to receive them). In addition, puberty blockers can continue to be prescribed to cisgender young people, for example to treat precocious puberty.