



Submission to the report on the right to health for women and girls in Afghanistan
of
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Input submitted by:
ILGA Asia



Table of Contents

Background.....	1
Challenges in access to healthcare for LGBTIQ+ women.....	2
Restrictions on freedom of movement.....	2
Household decision making dynamics impacting women’s personal and bodily autonomy....	3
Lack of gender-affirming healthcare and SRHR services.....	4
2025 Earthquakes and intersecting health concerns.....	4
Invisibilisation of LGBTIQ+ women.....	5
ILGA Asia interventions and funding cuts.....	6
Recommendations.....	7



Background

The written and verbal decrees, policies, and systemic practices of the *de facto* ruling Taliban government in Afghanistan amount to gender apartheid aimed at oppressing women and invisibilising sexual and gender minorities.¹ People are criminalised and persecuted on the basis of their sexual orientation, gender identity, expression, and sex characteristics (SOGIESC)—multiple reports detail public lashings, corporal punishment, and even death penalties for SOGIESC-based charges, which have been recognised as amounting to crimes against humanity by the International Criminal Court.² Lesbian, bisexual, trans, intersex, and queer (LBTIQ+) women with intersecting identities are left vulnerable: they are unable to express their queer identities for fear of punishment, barred from independent movement outside of their homes, and are grossly disenfranchised and restricted from accessing basic health services.³ LBTIQ+ women are also struggling to access the limited humanitarian assistance and aid that is available on the ground.

ILGA Asia, the Asian Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA World) is currently the secretariat for more than 200 LGBTIQ-led member organisations across 43 countries in East, West, South, and Southeast Asia. Over the past several years, ILGA Asia's team has developed a pioneering initiative that establishes secure channels to reach at-risk communities, enabling safe passage and the delivery of critical humanitarian support to LBTIQ+ women in Afghanistan under the SAFAR programme. We work with our secure channel and network within Afghanistan to manage the cases of LBTIQ+ women at risk of discrimination and violence. The system, which is already operational, allows ILGA Asia to respond to the complex and urgent need of LBTIQ+ women in real time, offering tailored, immediate support in life-threatening situations.⁴

ILGA Asia welcomes the opportunity to make a submission to the UN Special Rapporteur on Afghanistan, bringing examples of our outreach and support in Afghanistan showcasing how the public healthcare institutions are failing the LBTIQ+ women in Afghanistan with little to no access to basic life-saving healthcare services, let alone gender affirming healthcare and SRHR access.

¹ UN Special Rapporteur on Afghanistan, *Situation of women and girls in Afghanistan - Report of the Special Rapporteur on the situation of human rights in Afghanistan and the Working Group on discrimination against women and girls*, A/HRC/53/21, 15 June 2023 <https://www.ohchr.org/en/documents/country-reports/ahrc5321-situation-women-and-girls-afghanistan-report-special-rapporteur>

² UN News, 'Afghanistan: ICC seeks arrest warrants for Taliban leaders over gender-based persecution', 23 January 2025. <https://news.un.org/en/story/2025/01/1159366>

³ ILGA World Database, *LGBTI Rights in Afghanistan*. <https://database.ilga.org/afghanistan-lgbti>;

⁴ ILGA Asia, *Afghanistan Programme*. <https://ilgaasia.org/afghanistan-programme/>



Challenges in access to healthcare for LGBTIQ+ women

The restrictions placed on women in Afghanistan has hindered all aspects of their lives, including their ability to access healthcare services. These barriers are often intersectional and have life-threatening implications for LGBTIQ+ women, given their identities being criminalised and actively persecuted by the Taliban regime.

Restrictions on freedom of movement

Women in Afghanistan are not allowed free movement in public, except accompanied by their husband or a male family member as a guardian. This restriction has greatly impacted their ability to independently access healthcare. Furthermore, restrictions and surveillance from public and private service providers has created unsafe conditions for LGBTIQ+ women who cannot trust medical service providers with their wellbeing.

ILGA Asia was contacted by a lesbian woman in Afghanistan who has breast cancer and requires medical assistance but has no access to medical care. After her husband passed away, someone must be named as her guardian to accompany her for medical care due to the current mobility restrictions on women. On one occasion, she was harassed by hospital staff when she sought treatment and was asked where her *Mahram*⁵ was. She was denied care and was escorted out of the hospital by Taliban guards on account of not having a *Mahram*. She sought treatment in private hospitals on two occasions and was denied there as well. Hospitals are inspected and regularly monitored by the Taliban, and guidance has been issued requiring every woman needs an accompanying person to attend hospital. As a lesbian, without a male companion or *Marham*, she is unable to access even basic medical care and cannot trust medical providers.

Similarly, another lesbian woman with Psoriasis, a chronic skin disease that requires permanent care and medication, is also unable to access medical care. She escaped from her husband's residence due to serious safety concerns and is single and vulnerable. The closure of women's safehouses that were operated by the previous government has left her without a safety net. On top of her skin condition, she also needs mental health support as she is living under heightened anxiety and fear of getting caught by the Taliban and forcibly returned to her husband's residence where she is "treated as her husband's property". She currently lives in a friend's house where she rents a room for two thousand Afghani and another one thousand for utilities like electricity, water, and toilet use. The room has bare necessities, without carpets, curtains, or mattresses and she does not have warm clothes for winter. Even ordinary instances

⁵ Male with whom marriage is forbidden due to close relationship by blood or kinship, can act as an accompanying guardian for women under Taliban rule



like phone calls or the sound of a doorbell ringing makes her fear the Taliban is coming to detain her, and she is left in a state of constant fear. As a lesbian woman, she does not trust medical personnel, further limiting her capacity to seek care and increasing her overall medical vulnerability.

Household decision making dynamics impacting women’s personal and bodily autonomy

Taliban policies have codified patriarchal family dynamics in Afghanistan in a way that prevents women from making decisions related to their health. Furthermore, many women—including queer women—find themselves trapped in the institution of marriage in which they had no say or independent identity. These risks are further exacerbated in situations of domestic abuse and violence where there is no recourse left to them for immediate care or rescue.

LBTIQ+ women in Afghanistan are disproportionately exposed to gender-based violence within their families and are forced to share space with their abusers. Lesbian women who cannot come out to their families are married against their will where they are forced into sexual acts with a man. A lesbian woman in Kabul told us how her husband, who her family forced her to marry, repeatedly raped her and when she told him her sexual orientation, he threatened to report her to the Taliban. She escaped the house but without employment or income, she has no means to survive. “I am sick, and if I am not helped, I would either end my life or again sell my body to survive,” she states. Lesbian women often face both gender-based and sexuality-based violence. With their identity and freedom of movement tied to their male guardians, those who escape from homes end up homeless, forced into a cycle of poverty, and have very poor quality of life. The mental health situation of these women and girls is declining without a safe refuge.

Another 40 year old lesbian woman with a disability was denied access to necessary medical attention by her family. The family was concerned about the damage to their “honour” if a child with disability was seen in public while visiting a medical professional. She was significantly harassed, bullied, and isolated since childhood because of her micrognathia and it affected her access to education and employment—the stigmatisation of persons with disabilities in Afghanistan has been a long standing issue in her experience even before the Taliban regime. Upon finding out her sexual orientation, her family tried to force her into marriage, and refusing to comply led to physical violence from her brothers and hospitalisation. She fled her family’s house and was subsequently internally displaced. She sought undocumented work for income and was forced to work in cleaning houses in exchange for shelter and relative safety. ILGA Asia supported her medical costs, and she has received surgery and is currently recovering. The threat of domestic violence and homelessness still persists, however.



Lack of gender-affirming healthcare and SRHR services

Women whose gender identity and expression differ from their gender assigned at birth are at a higher risk of violence and have a harder time accessing healthcare services. Transwomen in Afghanistan suffer from severe restrictions to access dignified healthcare, and are typically left without any legal or social protections. Gender affirming healthcare for transgender and non-binary persons is impossible to access normally. Many transwomen who are engaged in sex work—often because it is impossible for them to engage in other income-generating activities—are constantly putting themselves at risk of violence and contracting STDs from clients, and have no recourse under the threat of criminalisation and state persecution. The stigma around reproductive health and STDs further compound these risks.

A transwoman engaged in sex work sought support with ILGA Asia after being attacked by two men on the basis of her gender identity and expression. She was walking on the streets when two men stopped their car beside her and questioned her on why she did not have a beard and attacked her when she said she preferred to not have one. They captured her, locked her in their car, took her to an empty house and proceeded to violently beat her. They also molested her private parts and disparaged her, calling her “a shameful creature”. Her injuries have made mobility difficult and she also suffers from mental health issues due to trauma. She has severe depression and is exhibiting suicidal ideations, and is greatly impacted by the inhumane violence stating no one would “beat even a cow or dog with this cruelty”. She had initially sought medical help for her injuries but was refused treatment because of her “camp” styling. She further said she has been unable to seek medical help for any potential STDs and shared her past experience of doctors discriminating against her and claiming she should change her behavior, hinting at potentially forced conversion therapy. She has deep mistrust and fear of medical institutions because of her experiences.

Another transwoman sex worker also contacted ILGA Asia seeking help after she was made unwell by a client, potentially contracting an STD. She was afraid of visiting medical professionals because of the risk that they would report her to the Taliban. With her consent, a private medical professional based outside the country was contacted on her behalf by ILGA Asia, who diagnosed her and prescribed necessary medication. The individual is treated and has been currently displaced in Pakistan.

2025 Earthquakes and intersecting health concerns

Many LBTIQ+ women who received severe injuries during the earthquakes in 2025 in Afghanistan did not seek medical help for themselves and/or their families due to fear of



persecution. People who had their homes and livelihoods destroyed were left homeless and exposed to the cold weather. They had serious concerns around survival, with no way of securing employment, and exposing themselves to serious health risks.

A transwoman also reported that when seeking humanitarian aid from NGOs who were distributing relief, she was attacked by other survivors who claimed her “sin” of being a transwoman caused the natural disaster. Another transwoman was denied support from an aid distribution programme citing risks associated with her gender identity that could jeopardise the programme—leaving her without any support. Without adequate resources for humanitarian support directed specifically to LBTIQ+ women, they are often stigmatised and disenfranchised from the limited support available on the ground in Afghanistan.

“I have two young children, and the earthquake took the roof from their heads. I’m worried about my children’s health and safety as we are on the street now and have nowhere to go. My daughter was injured, and my wife had to be with her in the hospital as I couldn’t be with her out of fear of being arrested,” a transwoman stated on how her marginalised identity could also impact her family following the disaster. The threat of homelessness impacts their family, especially those with children, and has lasting health consequences without adequate support.

Invisibilisation of LBTIQ+ women

Many LBTIQ+ women, as seen in the examples above, have experienced direct discrimination and stigma based on their SOGIESC from medical professionals and service providers—oftentimes carrying risk of detainment and persecution by the Taliban regime. This threat hinders many individuals from seeking medical help, even from private services. This is an intersecting issue, not only preventing LBTIQ+ women and girls from accessing life saving treatments but also exacerbating their mental health issues. They face intersecting barriers when seeking support from humanitarian assistance programs currently available in Afghanistan, as evidenced above.

The lack of safeguarding protocols that contextualise aid delivery with ground realities often compound the threats faced by LBTIQ+ women in Afghanistan; for them reaching out for aid sometimes puts them at greater risk. The volatile situation, with rapidly closing doors and shrinking spaces, further creates an environment of extreme fear for LBTIQ+ women in Afghanistan and keeps them from reaching out to alternative services for support—if they are even aware of them. Some individuals have also reported lack of willingness from I/NGOs to work with LBTIQ+ women and girls citing them as a high risk group which may jeopardise their humanitarian aid and assistance programmes which are already threatened in Afghanistan. With the threat of criminalisation on the basis of SOGIESC and Taliban persecution, these



vulnerable women and girls themselves are burdened with extra steps to ensure their safety and security.

ILGA Asia interventions and funding cuts

ILGA Asia continues to be in direct contact with LGBTIQ people in Afghanistan, who are living in fear and life-threatening situations, to assist them in accessing emergency evacuation since the Taliban's take-over. We are working with international partners to establish safe passage for LGBTIQ people at risk. Many LGBTIQ people remain in the country, waiting for opportunities to find safety before they are persecuted and even killed. Given the gravity of the human rights violations faced by the LGBTIQ community, ILGA Asia has set up the SAFAR programme, in collaboration with Stonewall, to provide the LGBTIQ community in Afghanistan with humanitarian aid, and to support their safe passage and resettlement. We have created secure channels under which the community can use digital technology to stay in contact with ILGA Asia caseworkers, other community members, and organisations they can reach out to for assistance—even as the civic spaces are shrinking. We have identified mental health challenges as one of the most pervasive issues faced by LGBTIQ+ women and girls in Afghanistan and provide them with online mental health services by connecting them to trained queer-affirming counselors for support.

These interventions have been severely impacted by funding cuts. The situation has worsened with the Taliban's nationwide internet shutdown, severing communication and leaving many unreachable. Humanitarian service providers are now forced to rely on costly offline methods like phone calls and mobile outreach to stay connected and save lives, efforts that not only require increased funding but puts a greater risk of their identities being exposed. Beyond immediate aid, SAFAR also generates vital data to strengthen global advocacy and improve humanitarian responses for those most at risk, and not being able to get the information and support from the ground will leave us unprepared to support them and advocate for their needs at scale.



Recommendations

For donors:

1. Prioritise funding for local activists, working in and out of Afghanistan and sub/regional LGBTIQ-led organisations with experience providing service to LGBTIQ+ women on the ground. They have the best idea regarding the context, know the safest way to reach the community, and have existing grassroots networks and strategies that require funding to support and sustain their work.

For I/NGOs and humanitarian aid providers:

1. Consult LGBTIQ activists and organisations for SOGIESC inclusive best practices and create LGBTIQ-informed strategies so as not to exclude an already vulnerable group from their programmes. Do not exclude LGBTIQ+ women from services because of the increased risk in reaching out to them.
2. International actors need to work with existing local actors to bridge the gap in humanitarian aid and service provided on the ground for wider reach and flexibility in providing access to healthcare for all women and girls in Afghanistan and contextualising aid delivery to their convenience and constraints.

For State actors and UN bodies:

1. State and nonstate actors need to support local organisations and continue to exert diplomatic, economic, and political pressure on the Taliban regime to end gender apartheid and adopt and adhere to international human rights standards.