

UPR pre-session Statement

UPR Pre-session on Sweden

Geneva, 21 February 2025

Delivered by: The Swedish Association for Sexuality Education, RFSU

1- Presentation of the Organisation

This statement is delivered on behalf of RFSU, the Swedish Association for Sexuality Education, the Swedish Federation for LGBTQI rights (RFSL), RFSL Ungdom - Queer Youth Sweden, Independent Living Institute (ILI), and the Rosengrenska Foundation.

2- National consultations for the drafting of the national report

A consultation with civil society organisations on the UPR process, and specifically on the national report, was held at the Swedish Government Offices on 4 October 2024. RFSU is a founding member of IPPF, International Planned Parenthood Federation and has actively engaged in all cycles of the UPR of Sweden, individually or, as part of broad or thematically focused coalitions.

3- Plan of the Statement

This statement addresses the right to health with a particular focus on undocumented migrants and LGBTQI-persons. This statement also addresses measures to combat racial discrimination in order to guarantee the right to health.

4- Statement

1) *Racial discrimination and ensuring all persons' sexual and reproductive health and rights (SRHR)*

A. Follow-up to the first review

In the previous UPR cycle Sweden received over 40 recommendations related to the objective to effectively fight racial discrimination. Sweden accepted to "scale up efforts in combating racism, racial discrimination and hate crime" and increase "knowledge, education and research on racism and hate crimes in all institutions in Sweden."¹

B. New developments since the first review

Since the last UPR cycle, Sweden has launched a new action plan to combat racism and hate crime. In particular, the Swedish Research Council, in consultation with the Research Council for Health, Working Life and Welfare (Forte) has announced funding for a national research program on racism.² This is a welcomed development as research is still lacking in terms of

¹ UN Human Rights Council (A/HRC/44/12), 18 March 2020, Recommendation 156:95 (Nigeria) and Recommendation 156:102 (Somalia), respectively. Both accepted.

² Government of Sweden, Swedish government's Action Plan to Combat racism, <https://www.regeringen.se/contentassets/c2591c789c8a4e57b6aa8f82c8ada2ab/slutversion-handlingsplan-mot-rasism-och-hatbrott-tillganlig-241212.pdf>, december 2024, pp 44-.45

fully understanding the effects of racial discrimination on access to the right to health and SRH services in particular.

C. Recommendations

We therefore recommend the Swedish government to:

- Continue to allocate financial resources to research and data collection to capture and address the specific ways in which different forms of discrimination, including racial discrimination, impact persons' equal access to sexual reproductive health and rights.

2) Access to sexual and reproductive health services for undocumented migrants

A. Follow-up to the first review

During the third UPR cycle, Sweden accepted a recommendation to “ensure that all women and girls, including those belonging to disadvantaged and marginalized groups have access to adequate sexual and reproductive health services” and noted a recommendation to “ensure equal access to sexual and reproductive health services, especially for asylum seekers, undocumented persons, Roma and persons belonging to other vulnerable groups”.

B. New developments since the first review

Unfortunately, since Sweden's last UPR review, the government coalition and its supporting party have put forward several proposals that, if implemented, would actually impede access to healthcare for migrants in general and in particular for undocumented migrants and asylum seekers. One notable proposal suggested to make it mandatory for public employees, including healthcare professionals, to report undocumented migrants to the Migration Agency or the Swedish Police authority.³ If such an obligation would be enforced, it would construct a serious barrier to healthcare for some of the most marginalised people in Sweden.

A government inquiry presented last year, proposed to exempt healthcare professionals from such obligation. However, an obligation to report undocumented migrants still remains in the same government inquiry for several agencies, including the Swedish tax agency. This could have a deterring effect on people in need of care, generally due to an increased lack of trust for government agencies, and specifically for undocumented migrants giving birth, as newborns are always registered with the Swedish Tax agency at birth.⁴

C. Recommendations

We therefore recommend the government of Sweden to:

- Ensure access to sexual and reproductive health services for undocumented migrants by ensuring that healthcare professionals and other public employees will not be obliged to report undocumented migrants to the Migration Agency or the police authorities.

³ Government of Sweden, Dir. 2023:126, “Supplementary Directive to the Public Inquiry on Strengthened Return Operations (Ju 2022:12)” (*Tilläggsdirektiv till Utredningen om stärkt återvändandeverksamhet (Ju 2022:12)*), 30 August 2023, <https://www.regeringen.se/contentassets/6b1c7e2d05a9435d8143a0a1b91f4754/tillaggsdirektiv-till-utredningen-om-starkt-atervandandeverksamhet-ju-2022-12-dir.-2023-126.pdf>.

⁴ The Swedish Association of Health Professionals et al (*Rätt till vård-initiativet*), “The right to healthcare cannot be undermined. Joint statement from the healthcare professions”, March 2023.

3) LGBTQI people's right to health

A. Follow-up to the first review

During the last UPR cycle, Sweden was recommended by several member states to adopt a new gender recognition law to ensure a quick, transparent and accessible mechanism based on self-definition, detaching medical procedures from legal gender recognition.

B. New developments since the first review

In April 2024, after 17 years of public inquiries and investigations, Sweden adopted a new law on legal gender recognition that will enter into force on July 1, 2025.⁵ The new law decouples the process of acquiring a new legal gender from the medical process of accessing gender-affirming healthcare. The new regulations are a significant improvement, however there is still need for further improvement. The current waitlists to access gender-affirming healthcare are long, with dire consequences on trans persons' mental health.⁶ For example, the waiting time to obtain a first visit for a gender dysphoria evaluation is 3-5 years.

C. Recommendations

We recommend that the Swedish government:

- Ensure effective implementation of the new law on legal gender recognition and build on previous recommendations to ensure a quick, transparent and accessible mechanism, in order to shorten waitlists to gender-affirming care and improve trans persons' mental health.

Thank you for your attention.

⁵ Parliamentary Social Committee (*Socialutskottet*), Committee Report, "Improved ways of changing legal gender" (*Förbättrade möjligheter att ändra kön*), 2023/24:SoU22, 17 April 2024, [https://www.riksdagen.se/sv/dokument-och-lagar/dokument/betankande/forbattrade-mojligheter-att-andra-kon_hb01sou22/](https://www.riksdagen.se/sv/dokument-och-lagar/dokument/betankande/forbatttrade-mojligheter-att-andra-kon_hb01sou22/).

⁶ Linander and Alm, "Waiting for and in gender-confirming healthcare in Sweden: An analysis of young trans people's experiences", *EUROPEAN JOURNAL OF SOCIAL WORK* 2022, VOL. 25, NO. 6, 995–1006, <https://www.tandfonline.com/doi/epdf/10.1080/13691457.2022.2063799?needAccess=true>.