

Recommendation CM/Rec(2025)7 of the Committee of Ministers to member States on equal rights for intersex persons

*(Adopted by the Committee of Ministers on 7 October 2025
at the 1539th meeting of the Ministers' Deputies)*

Preamble

The Committee of Ministers, under the terms of Article 15.b of the Statute of the Council of Europe (ETS No. 1),

Considering that the member States of the Council of Europe have undertaken to guarantee the rights and freedoms enshrined in the European Convention on Human Rights (ETS No. 5, the Convention) to everyone within their jurisdiction, and that human rights and freedoms are universal, indivisible, interdependent and interrelated, and apply to all persons irrespective of their sex characteristics;

Underlining that the preparation and implementation of policies and legislation that aim at ensuring the realisation of fundamental rights and freedoms of intersex persons should be based on and fully respect the provisions of the Convention, notably the right to life (Article 2), the right not to be subjected to torture or to inhuman or degrading treatment or punishment (Article 3), the right to respect for private and family life (Article 8) and the right to live free from discrimination in respect of protected Convention rights (Article 14);

Recalling that the best interests of the child should be the primary consideration in all decisions concerning children (Article 3 of the United Nations Convention on the Rights of the Child), including intersex children, that an intervention in the health field may only be carried out after the person concerned has given prior, free and informed consent or, under strict conditions, with the authorisation of their representative, an authority or a person or body provided for by law (Article 5 *et seq.* of the Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine: Convention on Human Rights and Biomedicine, ETS No. 164), and recalling the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (Part I of the European Social Charter (revised) (ETS No.163) and Article 12 of the International Covenant on Economic, Social and Cultural Rights);

Recognising the breaches of physical integrity and the related psychological repercussions affecting intersex persons as a result of medical, including surgical, interventions that are not necessary to avert an imminent threat to life or imminent serious damage to physical health, which in many cases concern infants or very young children, and which are carried out without their prior, free and informed consent;

Acknowledging the harmful practices to which intersex persons have been and continue to be subjected, the necessity to provide monitoring mechanisms and legal accountability to protect patient rights and the need to ensure they receive justice and redress;

Recognising that intersex persons and their legal representatives continue to face challenges in accessing appropriate information on the purpose and nature of medical, including surgical, interventions, as well as on their consequences and risks; underlining that such information is necessary to enable intersex persons to provide prior, free and informed consent, and assist their legal representatives in giving their prior, informed authorisation where appropriate, without being subject to undue influence; and taking into account that intersex persons and their legal representatives are often presented with incomplete records of medical, including surgical, interventions performed without their consent or authorisation, and that they face obstacles in accessing these medical records;

Acknowledging the progress made in some member States in protecting the physical and mental integrity and bodily autonomy of intersex persons, especially minors and those who are unable to consent, through the enactment of hate crime, hate speech and anti-discrimination provisions that explicitly protect persons on the ground of sex characteristics;

Noting that progress in protecting the rights of intersex persons is a significant undertaking for governments of member States, and recalling that approaches to implementation may vary in the light of different national legal frameworks and that such progress may require sustained efforts over time;

Recalling that, in accordance with the case law of the European Court of Human Rights (the Court), medical procedures carried out in the absence of any therapeutic necessity and without procedural guarantees, such as the prior, free and informed consent of the person concerned, may constitute ill-treatment;

Underlining the insufficient investment in human rights-based research and data focusing on the life situations of intersex persons and the impact and outcomes of medical, including surgical, interventions performed on them without their prior, free and informed consent;

Recognising the unique experience, challenges and vulnerabilities faced by intersex persons, including discriminatory practices, stigmatisation, inequality, marginalisation, social exclusion, violence, hate and other forms of intolerance, which severely and negatively affect intersex persons' physical and mental well-being, as rooted in pathologisation, stigmatisation and stereotypes related to sex, sexuality and gender;

Underlining the lack of understanding and the prevalence of inaccurate information about intersex persons at the social and institutional levels, and the need to increase awareness and counter stigma;

Acknowledging that a number of human rights issues relevant to intersex persons and to the ground of sex characteristics have remained largely unaddressed, including hate crime and hate speech, access to legal gender recognition and multiple and intersectional forms of discrimination in all areas of life, such as in health, education, employment and sport;

Acknowledging the important role of multistakeholder co-operation and the vital roles of public institutions, including equality bodies and national human rights institutions and non-governmental stakeholders in the concerted effort to end human rights violations against intersex persons;

Acknowledging that any action towards ensuring intersex persons' full enjoyment of their human rights requires the meaningful participation of and consultation with intersex persons and civil society organisations working on intersex matters with a human rights-based approach, in particular intersex-led organisations;

Taking note of United Nations Human Rights Council Resolution 55/14 on combating discrimination, violence and harmful practices against intersex persons, adopted on 4 April 2024;

Building on existing Council of Europe treaties and other relevant standard-setting instruments, and drawing on the relevant case law of the Court and the findings and recommendations of Council of Europe bodies, in particular Parliamentary Assembly Resolution 2191 (2017) "Promoting the human rights of and eliminating discrimination against intersex people", the Commissioner for Human Rights

Issue paper "Human rights and intersex people" (2015) and its recommendations, as well as the European Commission against Racism and Intolerance (ECRI) General Policy Recommendation No. 17 on preventing and combating intolerance and discrimination against LGBTI persons, and being cognisant of the broader international and European human rights standards;

Concluding, in the light of the foregoing considerations, that achieving equal protection, respect and enjoyment of human rights for all intersex persons requires comprehensive and common approaches,

Recommends that the governments of the member States:

1. take all necessary measures and dedicate sufficient resources to ensure the prompt and full implementation of the principles and guidelines appended to this recommendation to ensure the full enjoyment of human rights by intersex persons;
2. ensure, in particular, that comprehensive legislation, policies and other protective measures are adopted, effectively implemented and reviewed, and that relevant data are collected and analysed, in line with human rights standards, in order to prevent, monitor and redress human rights violations against intersex persons;
3. engage with relevant stakeholders, including civil society organisations, in particular intersex-led organisations, equality bodies and national human rights institutions, and take appropriate action to support relevant actors in implementing the principles and guidelines set out in the appendix of this recommendation;
4. promote the goals of this recommendation at the national, European and international levels and engage in dialogue and co-operation with all stakeholders to achieve those goals;
5. ensure that this recommendation is translated as far as possible into national, regional and minority languages and disseminated as widely as possible, and through all accessible means, among competent authorities and stakeholders;
6. review regularly the status of implementation of this recommendation with a view to enhancing its impact and inform the Committee of Ministers about the measures taken by member States and other stakeholders, the progress achieved and any remaining shortcomings.

Appendix to Recommendation CM/Rec(2025)7

Principles and guidelines on a comprehensive and effective approach to ensuring the full and equal enjoyment of human rights by intersex persons

Scope and definitions

1. The aim of the following principles and guidelines is to assist member States and other relevant stakeholders in adopting a comprehensive approach to addressing the various challenges encountered by intersex persons and ensuring the effective protection of their human rights.
2. It is essential to ensure the use of established, respectful and human rights-based terminology concerning intersex persons and that these definitions are translated accurately in all languages to reflect human rights principles. For the purpose of this recommendation, the following definitions apply:
 - a. the expression "sex characteristics" shall refer to each person's physical and biological features relating to sex, including internal and external genitalia, sexual and reproductive anatomy, gonads, chromosomes, hormones and distribution of body hair, fat and muscle mass;

b. the term "intersex" shall refer to persons who have innate variations of sex characteristic(s), including chromosomal, gonadal, anatomical or hormonal, that vary from the societal and/or medical understanding of typical female and male bodies.

I. Right to life and respect for human dignity.

A. Prohibition of non-consensual interventions or treatments

3. Member States should enact legislation that explicitly and specifically prohibits any medical intervention on a person's sex characteristics, including surgical, hormonal and/or mechanical procedures and other treatments, without their prior, free, informed, express and documented consent.

4. Member States should ensure that any intervention on the sex characteristics of children and other persons who, according to the law, do not have the capacity to consent is postponed until they are capable of providing, withholding or withdrawing consent, except:

a. where it is necessary to avert an imminent threat to life or imminent serious damage to physical health and where the intervention is strictly confined to the minimum required to address the immediate medical need. The opinion of the person on whom the intervention will be carried out should be duly taken into consideration, ensuring that they can express their views freely without undue influence. In the case of a child, their opinion shall similarly be taken into account, as an increasingly determining factor in proportion to their age and degree of maturity;

b. where a sufficiently mature minor explicitly requests a medical intervention related to their sex characteristics, provided that a clear decision-making process is in place to assess such requests. This process should assess the maturity of the minor on a case-by-case basis, with their wishes carefully considered in light of their best interests, taking into account their evolving age, maturity and capacity for discernment. The process should include robust safeguards against undue influence and be thoroughly documented. Under such conditions, the process should then allow the legal representative, or an authority, person or body provided for by law, to authorise such an intervention. A similar process should be provided for adults who have a permanent or long-term incapacity to provide consent. The intervention should be strictly confined to that requested by the person on whom it is to be carried out.

In both cases, the following conditions should be met:

a. the person on whom the intervention will be carried out has received information about it in compliance with paragraph 5 of this appendix;

b. prior, specific and documented authorisation is given by the legal representative or an authority, a person or body provided for by law, who must have received prior information about the proposed intervention, in compliance with paragraph 5.

5. Member States should ensure that all persons on whom any intervention on their sex characteristics is considered, as well as their legal representatives in cases where they do not have the legal capacity to consent, are provided with comprehensive, comprehensible and evidence-based information about the proposed intervention, including the medical rationale, related risks and the short- and long-term consequences of the intervention, of delaying the intervention, not performing the intervention or performing another intervention.

6. Where member States have established specific age thresholds for capacity to consent to medical interventions on sex characteristics, they are encouraged to review and possibly lower these thresholds.

7. Member States should ensure that all appropriate measures are in place for the protection of persons from harmful practices on their sex characteristics, such as bodily examinations and exposure without therapeutic or diagnostic benefit.

B. Monitoring mechanisms and legal accountability

8. Member States should ensure that monitoring and evaluation mechanisms are in place to assess and further the implementation of the aforementioned provisions concerning medical interventions on sex characteristics.

9. Member States should ensure that either the general civil and criminal law provisions on the protection of bodily integrity, or specific provisions with at least equally severe sanctions, are applicable and effectively enforced with regard to the prohibited interventions on sex characteristics referred to in this recommendation, including in relation to referrals to jurisdictions where such prohibitions are not effectively in place.

C. Justice and redress

10. Member States should provide intersex persons who have been subjected to medical interventions or treatments that violated their rights with effective access to justice, access to effective remedy, adequate redress and reparation and safeguards against repetition of these acts, which may include public apologies, financial compensation and, in accordance with national law, other forms of accountability and restorative justice. Member States should also ensure the right to information and truth about human rights violations based on variations of sex characteristics, and ensure that society at large is adequately informed about such human rights violations and their consequences.

11. Member States should aim to ensure that statutes of limitations allow intersex persons to access redress and reparation at a time when they are able to understand what has happened to them.

II. Right to security

A. Hate crime and hate speech

12. Member States should ensure that their hate crime legislation encompasses sex characteristics as a protected ground in line with paragraph 2.b of the appendix to Recommendation CM/Rec(2024)4 on combating hate crime.

13. Member States should introduce provisions in their legal order and take appropriate measures to prevent, prohibit and combat hate speech, hate crime and other hate-motivated incidents based on sex characteristics or other protected grounds that encompass sex characteristics, including in the media and online, in line with Recommendations CM/Rec(2022)16 on combating hate speech and CM/Rec(2024)4, ensuring that they promptly investigate such incidents, hold perpetrators to account and provide victims with support, protection and access to effective remedies.

14. In line with the aforementioned Committee of Ministers' recommendations, member States should establish effective monitoring mechanisms to measure the prevalence of hate speech and hate crime based on sex characteristics, or other protected grounds that encompass sex characteristics, and provide adequate support for victims of hate speech and hate crimes, incorporating an intersectional approach.

B. Protection of persons deprived of their liberty

15. Member States should ensure that intersex persons deprived of their liberty are afforded appropriate care, protection and dignity, including by developing and implementing protocols to address their specific needs, such as the provision of healthcare, protection from violence, adequate living conditions, privacy and other essential requirements.

III. Right to seek asylum

16. Member States should, in line with their international obligations, ensure that a well-founded fear of persecution based on sex characteristics is considered a valid ground for seeking asylum and for granting refugee status under national law. Where the expression "sex characteristics" is not explicitly mentioned in grounds for asylum, member States should ensure that intersex persons are protected under the existing grounds.

17. Member States should ensure that intersex asylum seekers are not sent to a country where they would face a real risk of torture, inhuman or degrading treatment or punishment because of their sex characteristics or where their life, bodily integrity or freedom would be threatened.

18. Appropriate measures should be taken to prevent risks of physical violence, including sexual abuse, verbal aggression and other forms of harassment against intersex asylum seekers, in particular those living in collective housing and those deprived of their liberty, and to ensure they are provided with information relevant to their particular situation, and with healthcare that meets their specific needs.

IV. Substantive equality and prohibition of discrimination

A. General issues

19. Member States should ensure that legislative and other measures are adopted and effectively implemented to promote substantive equality and protect the human rights of intersex persons. To that end, they should develop and implement equality, inclusion and diversity policies in all areas of life, including education, work, healthcare, housing, social protection and sport, as well as in cultural and political spheres.

20. Member States should prevent, prohibit and combat discrimination on the ground of sex characteristics and protect intersex persons from all forms of discrimination, including intersectional discrimination. Where the expression "sex characteristics" is not explicitly mentioned in equality and non-discrimination legislation, member States should ensure that intersex persons are protected under the existing grounds. Additionally, member States should, in consultation with civil society, in particular intersex-led organisations, and other stakeholders, promote understanding and implementation of this protection through awareness-raising and training programmes.

B. Education, work and sport

21. Member States should ensure the adoption and effective implementation of equality, diversity and inclusion policies and practices in the public and private sectors to support intersex persons in education, work and sport.

22. Member States should, in their endeavour to foster inclusivity, review their policies and practices to accommodate the varied life circumstances of intersex persons, including but not limited to inclusive dress codes and the provision of spaces that are safe for all, such as the option for all-gender^[1] facilities, particularly in work and educational settings.

23. Member States should, in consultation with civil society organisations, including intersex-led organisations, take effective measures to ensure that intersex persons can participate in sport at all levels, as appropriate, including professional sport, without any additional requirements, such as specific examinations or medical interventions on their sex characteristics. Member States can achieve this by:

- a. ensuring that the framework conditions and, where appropriate, legal requirements necessary for the development of sports comply with human rights principles;
 - b. working with sports bodies to ensure their regulations comply with human rights principles, norms and standards, including when adopting and implementing eligibility rules for sports; and
 - c. ensuring that athletes have access to effective, human rights-compliant and accessible remedy mechanisms.
24. Member States should take appropriate legislative and other measures, addressed to educational staff and students, to ensure the promotion and achievement of equality in education and the right to education, including informal and non-formal education, and extracurricular activities, without discrimination on grounds of sex characteristics. This includes, in particular, education in a safe environment, free from violence, bullying, social exclusion or other forms of discriminatory and degrading treatment.
25. Member States should ensure the provision of support for intersex students; the adoption of inclusive curricula, policies and educational materials that promote awareness of the diversity of sex characteristics and respect for intersex persons; and the design and implementation of monitoring and evaluation systems to assess the effectiveness of measures aimed at promoting and achieving equality for intersex students in education.
26. Member States should, as part of their awareness-raising efforts, encourage the use of calendar dates associated with intersex visibility to increase the understanding of students and young people of human rights concerns that have an impact on intersex people, highlight human rights violations to which they have been subjected and celebrate the contributions of intersex persons to society.
27. Member States should ensure that intersex persons have equal access to work, including remuneration and career advancement, and that, along with other discriminated groups, they benefit from positive measures, where in place, regarding employment and pension rights.

V. Healthcare and social care

A. Medical records

28. Member States should ensure that those legally responsible for keeping medical records, record full information, including about the diagnoses related to a person's sex characteristics, the decision-making process, all details of interventions, the underlying rationale for these interventions, the related risks, short- and long-term consequences of both the intervention and of delaying or not performing the intervention and of possible alternatives to the intervention, as well as the consent or, where applicable, authorisation.
29. Member States should ensure that those legally responsible for retaining medical records retain such records concerning interventions on sex characteristics for a sufficient period, in order to ensure that persons who become aware, at a later stage in life, of medical interventions performed on them during childhood are able to obtain all relevant information. Medical institutions should have the obligation to inform the persons concerned and, where applicable, their legal representatives sufficiently ahead of any potential destruction of such documentation.
30. Member States should ensure that intersex persons and, where applicable, their legal representatives have easy and direct access to their records.
31. Member States should ensure that with regard to retention and access to such medical records, the rights to privacy, including confidentiality of personal data, are safeguarded through effective data protection measures.

32. Member States should take appropriate measures to ensure that persons who have undergone medical interventions on their sex characteristics and, where applicable, their legal representatives are provided, upon their request, with assistance to understand the records, as well as psychosocial support to help them deal with the implications of such interventions.

B. Medical classifications, protocols and guidelines

33. Member States should ensure that medical classifications, clinical coding systems, protocols and guidelines concerning persons with variations of sex characteristics respect their human rights and are non-discriminatory and non-stigmatising. These should be developed and regularly reviewed with the active participation of civil society organisations working on intersex matters with a human rights-based approach, in particular intersex-led organisations. Member States should also ensure that this is reflected in the training curricula of healthcare professionals. This approach should extend to how information regarding care for intersex persons, as well as general information about intersex persons, is provided to the persons concerned, their legal representatives, all prospective parents and the general public.

34. Member States should ensure that variations of sex characteristics are not the sole basis for encouraging selective abortion, where abortion is legal under national law; that prospective parents are provided with clear, comprehensive, comprehensible and evidence-based information about intersex variations and their associated health outcomes; and that they receive psychological and social support services.

C. Access to and provision of healthcare

35. Member States should take effective measures to ensure that persons with variations of sex characteristics have equitable access to healthcare and are provided with effective, lifelong and publicly funded health services tailored to meet their needs. This should include health promotion, prevention and care, including gender-affirming healthcare, access to medically assisted procreation and fertility preservation, alongside knowledgeable medical, psychological and social assistance, as well as peer-support mechanisms provided by intersex persons. This support should extend to their families, caregivers and legal representatives, ensuring that they, like intersex persons, have access to quality prenatal, postnatal and lifelong care, as well as appropriate diagnostic methods that can facilitate more informed decisions about potential medical treatments, in line with paragraphs 3 and 4 of this appendix; and that they are equipped to support the person effectively from the moment any direct or indirect signs of potential variation of sex characteristics are observed.

36. Member States should address the specific health needs of intersex persons and the multiple barriers they face in accessing healthcare, including psychological support, and address the health issues resulting from previous medical interventions. They should also ensure access to reparative medical treatment, especially for intersex persons who have experienced interventions and treatments without their prior, free and informed consent, as well as for those facing irreversible and irreparable consequences of such interventions.

VI. Right to respect for private and family life

A. Birth registration

37. Member States should review laws and practices governing the registration of births to ensure these adequately address the needs of intersex persons, including the time frames for the registration of births and the legal sex or legal gender and, where applicable, the recognition of gender-neutral first and last names.

38. When member States require that a legal sex and/or legal gender be assigned as part of the birth registration process, they should ensure that laws and practices governing the registration do not lead to the involuntary disclosure of the child having a variation of sex characteristics and/or cause undue delays in the child's

birth registration, which would impede the protection of the child's rights and their access to services. It is imperative that such procedures do not create undue pressure on legal representatives to seek medical interventions.

B. Legal gender recognition

39. Member States should take appropriate measures to ensure that, where the gender identity of a person is not aligned with the legal sex or legal gender assigned at birth, they are provided with the possibility to change their names and sex marker or gender marker in official documents in a quick, transparent and accessible manner, based on the principles of privacy and self-determination. Member States should also ensure that non-state actors recognise those changes and make the corresponding modifications and reissue key documents, such as educational or work certificates.

40. Member States should explore the possibility of optional and voluntary additional sex or gender markers other than "male" or "female", the possibility of voluntary non-declaration of sex or gender on identity documents, where appropriate, and the recognition of gender-neutral first and last names for all.

C. Protection of family life

41. Member States should ensure that family law is applied to intersex persons without discrimination.

42. Member States should take all appropriate measures to ensure that marriage and any other form of legal recognition of partnership are accessible to, and inclusive of, intersex persons.

43. Taking into account that children's best interests should be the primary consideration in all decisions related to them, including regarding the parental responsibility, guardianship or adoption of a child, member States should ensure that such decisions are taken without discrimination based on sex characteristics.

44. Member States should take effective measures to address the multiple barriers that intersex parents face concerning their parenthood, particularly in being legally recognised and recorded as parents without delay.

VII. Public authorities

45. Member States should ensure that their authorities take intersex persons into account in relevant documentation, applications, processes and surveys, including the census, while ensuring that any disclosure of having a variation of sex characteristics and other sensitive or confidential information remains optional. Authorities should also ensure the meaningful participation of intersex persons in decision-making processes across all spheres of life, particularly those directly affecting their well-being and lives, including in the development of care standards and protocols.

46. Member States should ensure that the mandates of equality bodies and national, European and international human rights structures cover sex characteristics.

47. While upholding the independence of the media, press councils, media regulatory bodies and other public entities overseeing media ethics should actively promote inclusive reporting about intersex persons in full respect of their right to privacy, ensure that information about them is not discriminatory and encourage the media and journalists to disseminate accurate and reliable information that reflects the diversity of intersex persons and avoids misleading or harmful representations.

VIII. Transversal concerns

A. Data collection and evaluation

48. Member States should collect both qualitative and quantitative data, disaggregated by the ground of sex characteristics, analyse these data to assess the life situations of intersex persons, including experiences of bullying, harassment and violence, and identify best practices. Additionally, they should conduct further quantitative and qualitative research on the long-term impact of medical interventions performed without the consent of the concerned person, including in relation to aged care, home care, State care and disability services.

49. Member States should ensure that ethical safeguards are in place that guarantee that intersex persons and intersex-led organisations can participate in research conducted on intersex persons from its design and at all stages, including the formulation of research questions, the identification of research participants, data analysis and contextualisation.

50. Member States should encourage researchers, especially those engaged in medical projects funded by public authorities, to ensure that any data collection in relation to groups that include intersex persons is conducted in a manner that allows effective disaggregation of information relating to intersex persons, and which addresses the specific issues faced by intersex persons. Such data collection should avoid exploitation of intersex persons and related issues, follow ethical research conduct and emphasise approaches that respect human rights and do not perpetuate pathologising and stigmatising understandings of intersex issues.

51. In relation to data collection, member States should ensure that the right to privacy is fully guaranteed, without any obligation to disclose personal characteristics.

B. Training and awareness raising

52. In their efforts to promote and protect the right to equality of intersex persons, member States should raise awareness on those issues among persons and institutions engaged in various sectors, including education, employment, health, law enforcement, the judiciary, sport, social care and social welfare. In particular, this should include the introduction of mandatory training addressing the fact that innate variations of sex characteristics occur naturally and are not a disease; the human rights of intersex persons; their right to equality; the prevention of and fight against discrimination, hate speech and hate crime against them; and the importance of respecting and upholding the principle of free and informed consent in relation to any medical interventions.

53. Member States should promote respect for the right to equality of intersex persons among the general public through awareness-raising activities, ensuring that these are free from bias, stereotypes or exoticisation of intersex bodies, including through the provision of training for media professionals that promotes inclusive and accurate representations of intersex persons, while respecting the independence of the media.

C. Empowerment of intersex communities

54. Member States should take appropriate measures to support the rights to freedom of expression, assembly and association of civil society organisations working to ensure the full and equal enjoyment of the human rights of intersex persons.

55. Member States should adopt measures that enable the effective and meaningful participation of intersex persons and of civil society organisations working on intersex matters with a human rights-based approach, in particular intersex-led organisations, in consultation processes on policies that have an impact on their enjoyment of human rights, including through access to public funding. State-funded service providers working in the fields of victim support, anti-discrimination, access to justice and human rights, among others, should effectively collaborate with intersex organisations for mutual learning and support.

56. Member States should ensure adequate funding and human resources for community-based and, where feasible, peer-to-peer counselling for intersex persons and their families, especially in relation to guidance on medical interventions and treatments. Such counselling should also be accessible to individuals who may suspect that they have a variation of sex characteristics.

IX. International co-operation

57. Member States should strive to ensure, in co-operation with one another, that the rights and freedoms of intersex persons, in particular their right to access to and protection of their private and family life, are protected and can be enjoyed in cross-border situations.

58. Member States should take effective measures to ensure the exchange of good practices and information regarding legislation and measures for the promotion of equality and the protection of intersex persons.

59. Member States are encouraged to promote, within the relevant international bodies, a review of medical classifications, clinical coding systems, terminologies and nomenclatures, such as the International Classification of Diseases, and of guidelines, including those of the World Health Organization and the European Centre for Disease Prevention and Control, regarding variations of sex characteristics, to ensure alignment with human rights standards.

[1] In accordance with Article 10.2.c of the Rules of Procedure for the meetings of the Ministers' Deputies, the Republic of Bulgaria reserves the right of its government to interpret the recommendation regarding the term of gender and the gender-related terminology in accordance with its internal legal order.