**Webinar Consultation**

**14 April 2022, 10:00 am ET / 4:00 pm CET**

**Registration via this** [**link**](https://harvard.zoom.us/webinar/register/WN_MwGn2A3DQaCbyLMnR1hbJA)

**Report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity**

The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity was mandated by Human Rights Council resolution [32/2](https://documents-dds-ny.un.org/doc/UNDOC/GEN/G16/154/15/PDF/G1615415.pdf?OpenElement) to assess the implementation of existing international human rights instruments with regard to ways to overcome violence and discrimination against persons on the basis of their sexual orientation or gender identity, and to identify and address the root causes of violence and discrimination.

In accordance with his mandate, the Independent Expert intends to present a thematic report at the 50th session of the Human Rights Council, which will focus on the question of health and sexual orientation and gender identity, including in the context of sustainable development. In particular, the Independent Expert will explore how the human rights of people with diverse sexual orientations and gender identities can be incorporated into the national plans aimed at the realisation of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, under the rubric of Sustainable Development Goal (SDG).

This consultation will serve as one of the channels through which the Independent Expert will collect views and inputs to inform the preparation of his report to the 50th session of Human Rights Council.

**Background**

Violence and discrimination based on sexual orientation and gender identity continue to impede the realisation of the right to health for lesbian, gay, bisexual, transgender, intersex (LGBTI) and gender non-conforming (GNC) people.

Since the establishment of the mandate, the Independent Expert has received reports of discrimination and violence in accessing health care, discriminatory medical classifications pathologising people on the basis of their sexual orientation or gender identity, violations of confidentiality by health care providers, abusive or coercive medical procedures, including so-called “conversion therapies”,[[1]](#footnote-1) as well as forced surgeries and sterilisations. Health care providers lack appropriate training on the needs of persons with diverse sexual orientations and gender identities, leading to discriminatory treatment and other violations of the human rights of LGBTI and GNC patients. In the absence of proper investigation and accountability mechanisms, these violations often remain unpunished. Obstacles to accessing adequate healthcare have been particularly harmful over the course of the COVID-19 pandemic, and sometimes lead to LGBTI and GNC people avoiding professional health services altogether. In combination with broader societal marginalisation, ostracism, and violence, these obstacles culminate in compounded mental and physical health issues, and risk frustrating the realisation of the right to the highest attainment standard of physical and mental health for all, as guaranteed by international law.

Research has shown higher vulnerability to HIV infection for men who have sex with men and trans women, as well as elevated rates of suicide and substance abuse among LGBTI youth and adults, including older persons. However, severe data gaps remain, especially with regard to the Global South and the needs and realization of the right to health of lesbian and bisexual women as well as trans persons. Data collection issues are particularly striking in the context of sexual and reproductive health and rights, which remains largely based on heteronormative and cisnormative ideas about sex and gender characteristics, as well as reproductive rights.

The United Nations (UN) human rights mechanisms have already raised concerns and proposed recommendations on addressing the right to the highest attainable standard of health for LGBTI and GNC persons. For example, the Human Rights Committee, the Committee on the Elimination of All Forms of Discrimination Against Women, and Committee Against Torture have drawn attention to the burdensome requirements for legal gender recognition, including psychiatric assessment and compulsory sterilisation or surgery.[[2]](#footnote-2) The Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and the Special Rapporteur on the right to physical and mental health have raised serious concerns about so-called “conversion therapies”.[[3]](#footnote-3) UN human rights mechanisms have also addressed the impact of criminalisation and stigma on access to health care and on mental health, the need to ensure that health professionals receive training on respecting the rights of LGBTI people, the benefits of developing age-appropriate comprehensive sexuality education programmes and access to information on sexual and reproductive health and rights, and the impact of gender norms on sexual and reproductive health. The mechanisms have also brought attention to violence in medical settings, refusals of service provision by health providers, exclusion from sports and restrictions in access to toilets and other sanitary facilities.

Furthermore, SDG 3,[[4]](#footnote-4) which aims to “ensure healthy lives and promote well-being for all at all ages”, cannot be achieved for all people unless the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and the well-being needs of persons affected by violence and discrimination based on sexual orientation and gender identity are met. The SDGs are a set of goals intended to act as a “blueprint” for coordinated global action over the 2015-2030 period. They include 17 goals, each of them accompanied by a set of targets (which specify what the goal is designed to achieve), and indicators (which identify measures that will show if progress is made against the goal). The Independent Expert is of the view that the targets linked to SDG3 will be more comprehensively and expeditiously reached if the specific health care needs of LGBTI and GNC people are taken into account in national laws, policies and action plans aimed at implementation of the SDGs. These measures should be implemented in combination with the review of laws that criminalise or otherwise discriminate on the basis of sexual orientation or gender identity, measures to combat discrimination and violence against LGBTI and GNC people, and policies to strengthen the socio-economic inclusion of people of diverse sexualities and genders.

The SDGs should be read as an integrated whole, and SDG 3 should guide actions towards the fulfilment of the other SDGs, such as SDG 10 (reducing inequality). The report will identify both the challenges associated with adopting such an integrated approach, as well as the good practices that have advanced the rights of all persons affected by violence and discrimination based on sexual orientation and gender identity, including but not limited to LGTBI and GNC persons. The report will further link SDG 3 to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, as protected in international human rights law.

**Objective and output**

The purpose of the meeting is to seek views and inputs from all relevant stakeholders around the issue of how States have worked toward the realisation of SDG 3 in relation to persons affected by violence and discrimination based on sexual orientation and gender identity, what positive examples can be documented, and what existing challenges and barriers prevent its realisation.

The Independent Expert invites particularly inputs commenting on the relationship between SDG 3 and populations whose experience of barriers to healthcare as well as obstacles that may prevent them from enjoying their right to health including because of violence and discrimination is less well known. This includes lesbian and bisexual women and trans persons, particularly those living in countries of the Global South. It also includes LGTBI and GNC individuals who seek healthcare following the experience of assault or gender-based violence.

Information shared will inform the report of the Independent Expert to the 50th session of the Human Rights Council.

**Participants and methodology**

The consultation is open to States, UN agencies, programmes and funds, regional human rights mechanisms, National Human Rights Institutions, members of civil society organizations, academic institutions, corporate entities, and all other interested stakeholders.

Webinar participants will have the opportunity to present oral input in response to the questions below.

The consultation will start with a general segment during which the Independent Expert will introduce his work and his initial thoughts about the issue. Thereafter, participants will be invited to present their views and provide inputs to the discussion. A list of speakers will be circulated at the beginning of the meeting and the Independent Expert will hear three interventions of 5-10 min from each cluster of participants, i.e. States, civil society organizations, and other stakeholders, successively.

The event will be held in English; interpretation in French and Spanish will be available.

**Guiding questions for the consultation**

The following questions may guide the contributions of the participants at the consultation:

## Research: understanding the health care needs of LGTBI and GNC people

## Does the State (or other stakeholders) gather data, including data disaggregated by sexual orientation and/or gender identity, on:

## access to and/or delivery of health services

## the number of new HIV infections per 1000 uninfected population?

## The suicide mortality rate?

## Coverage of treatment interventions for substance use disorders?

## Harmful use of alcohol?

## Access to sexual and reproductive health care?

## Coverage of essential health services?

## What steps have been taken to research and understand the health care needs of LGTBI and GNC people of all ages at the national level?

## Is this data analyzed through an intersectional lens, such as by disaggregating data by sexual orientation and/or gender identity, as well as intersecting identities including social or geographic origin, ethnicity, socio-economic status, nationality or migration status, minority, disability, and indigenous or other identity or status?

## Inclusion: LGTBI and GNC people in the decision-making process

## What measures have been put in place to consult with and include persons affected by violence and discrimination based on sexual orientation and gender identity in law and policy making in relation to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and in relation to realising the SDGs?

## To what extent are persons affected by violence and discrimination based on sexual orientation and gender identity included in policies and practice around sexual and reproductive health care?

## What support or technical assistance is needed to ensure that the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity people are comprehensively addressed and included in relevant laws, policies, and practices?

## What are the main barriers, in law or practice, for persons affected by violence and discrimination based on sexual orientation and gender identity to receive care that meets their physical and mental health needs and rights?

## Access: ensuring that LGTBI and GNC people have access to health care

## What measures have been taken to ensure access to affordable non-discriminatory health care services for persons affected by violence and discrimination based on sexual orientation and gender identity?

## What policies or programmes exist to address the mental health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity, specifically around depression and anxiety, suicidal ideation, and substance abuse?

## What policies or programmes exist to assist the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity following the experience of assault or gender-based violence?

## Have adequate human and financial resources been allocated to implement those policies and/or programmes?

## Training and Education: health care professionals and educational institutions

## Are sexual orientation and gender identity, and the specific health needs of persons affected by violence and discrimination based on sexual orientation and gender identity, included in training and education of health care professionals?

## What measures are being taken to provide age-appropriate comprehensive sexuality education inclusive of sexual and gender diversity in educational institutions?

## Are evidence-based and up-to-date guidelines that include SOGI issues available? How are they used to influence health related decisions on policy, programming, services including diagnostic manuals, and practices within the health care institutions?

## Sustainable Development Goals

## Where the State measures its progress against SDG3, does it make reference to the health outcomes and needs of persons affected by violence and discrimination based on sexual orientation and gender identity?

## Does the State measure progress against any of the following SDG3 indicators for persons affected by violence and discrimination based on sexual orientation and gender identity? If so, please comment on whether health outcomes are improving or declining:

* + - Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations;
    - Indicator 3.4.2: Suicide mortality rate;
    - Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders;
    - Indicator 3.5.2: Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol
    - Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, including lesbian and bisexual women, and trans persons;
    - Indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women and trans men in that age group, particularly among LBT and GNC young individuals;
    - Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population); and
    - Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income.

**Practical details and contact information**

The consultation will take place on **14 April 2022,** **from 10:00 to 12:00 ET / 16:00 to 18:00 CET**. Please register via this link:

<https://harvard.zoom.us/webinar/register/WN_MwGn2A3DQaCbyLMnR1hbJA>

The consultation will be recorded. The recording will be available through the Office of the United Nations High Commissioner for Human Rights to anyone who requests it ([ohchr-ie-sogi@un.org](mailto:ohchr-ie-sogi@un.org)).

For any further question or clarification, please do not hesitate to contact the Independent Expert through the Office of the United Nations High Commissioner for Human Rights ([ohchr-ie-sogi@un.org](mailto:ohchr-ie-sogi@un.org)).

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1. See the IE SOGI report to the 44th session of the Human Rights Council, A/HRC/44/53, available at <https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/ReportOnConversiontherapy.aspx>. [↑](#footnote-ref-1)
2. CEDAW/C/BEL/CO/7, 2014, para. 44; see also CEDAW/C/NLD/CO/5, 2010, para. 46-47, CCPR/C/KOR/CO/4, 2015, para.14, CCPR/C/UKR/CO/7, para. 10, CAT/C/CHN-HKG/CO/5, 2016, para.28 [↑](#footnote-ref-2)
3. See A/56/156, 2001, para. 24; A/HRC/14/20, 2010, para 23. [↑](#footnote-ref-3)
4. See <https://sdgs.un.org/goals/goal3> [↑](#footnote-ref-4)