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**Report to the Human Rights Council on the realisation of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3**

*Report concerning Romania prepared by the Euroregional Center for Public Initiatives (ECPI) with the support of ACCEPT Association*

**1.Research: understanding the health care needs of LGTBI and GNC people**

Over the past 15 years, Romania has failed to address the needs of LGBTI and GNC people to HIV/AIDS through its National HIV Program. The endemic absence of a National HIV Strategy or even a National HIV Plan leads to a lack of programming and budgeting in the field of HIV/AIDS prevention, with a considerable impact on these vulnerable populations. Regrettable, there is no disaggregated information about the LGBT and GNC population in Romania conducted by state authorities except for the information collected by the National Institute of Infectious Diseases with a focus on MSM.

While the HIV epidemic in Romania is perceived as stable with an estimated <1,000 new HIV infections per year and a resulting HIV incidence of 0.10 (0.07-0.08) and 0.1 HIV prevalence among adults aged 15-49 years[[1]](#footnote-1), the impact upon key populations such as MSM is much higher and not known among GNC people. Additionally, the budget available is insufficient for ensuring HIV monitoring, while cases of discrimination based on HIV, sexual orientation and gender identity in healthcare services remain unaddressed and unpunished.

The civil society has repeatedly requested the Ministry of Health to comply with Law no. 585/2002 (HIV/AIDS law) by adopting the National Strategy in this field, according to art. 1, (2) of the law. Starting with 2007, the suspension of the activity of the National Commission for surveillance, control, and prevention of cases of HIV/AIDS infection/National AIDS Commission (an intersectoral/inter-ministerial mechanism stated by art. 4 of the law) leads to non-compliance with the law. In the absence of this Commission, the Ministry of Health does not comply with its legal obligations to adopt the National HIV/AIDS Strategy and to fund prevention programs at national level. Following the removal of the National HIV Commission in the summer of 2021 by a governmental ordinance without consulting the direct key populations affected by such a toxic decision, there is no longer any inter-ministerial and cross-sectoral coordination in the field of HIV / AIDS - except for a program funded by the Global Fund focusing on TB near completion.

The current National HIV Program is primarily focused on ARV treatment and does not provide resources for HIV/AIDS prevention and research. New and effective approaches to HIV prevention (PREP, PEP, testing and treatment as prevention) are not implemented. At the same time, despite increasing financial allocations through the National HIV Program, the people living with HIV in Romania are systematically confronted with stockouts and interruptions to vital medications thus compromising long term viral suppression and its benefits.

There are no steps taken to research and understand the health care needs of LGTBI and GNC people of all ages at the national level. In the educational field where these needs can be addressed in accordance with the age of students, comprehensive sexuality education is not a mandatory educational discipline and does not cover properly topics such as sexual orientation, gender norms, gender identity. Despite the Final Observations of 13 July 2017 of the U.N. Committee on the Rights of Child, that urged Romania to provide comprehensive, age-appropriate health and sexuality education (CRC / C / ROU / CO / 5, para. 36 (d)), the situation in Romania has not improved. On the contrary, the Romanian Parliament voted in 2020 the Law for amending and supplementing Law no. 272/2004 on the protection and promotion of children's rights, replacing sexuality education with the so-called „sanitary education”. The replacement of sex education with “sanitary education” does not correspond to the purpose provided by law (art. 46 paragraph (3) letter i) of Law no. 272/2004 on the prevention of "sexually transmitted diseases and the pregnancy of minors"). At the same time, the elimination of the phrase "at least once a semester" of sexuality education from the law affects the interests and rights of LGBTI students to receive relevant information with an impact on their overall health, including sexual and reproductive health and rights.

**2. Inclusion: LGTBI and GNC people in the decision-making process**

**In the absence of National HIV Strategy allocating resources for the health related needs of LGBTI and GNC people,** and by eliminating the national interministerial/intersectoral mechanism that can lead to the approval, implementation and monitoring public policies and actions in the field of HIV, key populations are ignored in the decision-making process. A recent consultation organised in November 2021 by the Romanian chapter of the European Parliamentary Forum for Sexual and Reproductive Rights has allocated space for testimonies describing the high level of stigma and discrimination faced by the LGBTI people and people living with HIV in relation to the Romanian health system and the social distance between majority and these minority groups - a reality periodically reported by Equality Bodies such as the National Council for Combating Discrimination.

There are no official medical protocols adopted in Romania to serve the transgender population or specialized training for professionals on providing healthcare services for transgender persons. Therefore, trans community is lacking access to healthcare services that are specialized in supporting medical transition, while discrimination in accessing ordinary healthcare services is rampant. Aside from hindering access to healthcare, the lack of expertise in this specific health area is directly affecting their access to legal gender recognition because judges require a mandatory medical evaluation.

Access to various trans-specific healthcare services is obstructed by mistrust in health specialists and the financial costs, because the health insurance covers only a fraction of these services, if at all. For specialized services (psychologist, psychiatrist, endocrinologist, etc.), the financial effort falls mostly on the shoulders of the transgender beneficiary. An ACCEPT study focusing on the needs of transgender population in Romania revealed these realities that often function as real barriers for transgender people. ” Mistrust in the unsupportive or unprofessional attitude of some of the specialists, the high costs of tests, treatments and interventions, as well as the limited access to viable solutions lead to situations of partial or total avoidance of the health system. Some transgender people choose *unsafe, sometimes risky options, such as self-medication with hormones ordered from the Internet (often from steroid sites), on the advice of people they know more or less.* This fact, which causes many to turn to black market products (ordered online), is also caused by the frequent lack of suitable substances in Romanian pharmacies”. [[2]](#footnote-2)

**3.Access: ensuring that LGTBI and GNC people have access to health care**

There are no policies or programmes addressing the mental health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity. The same situation of endemic deficiency is registered in the case of policies or programmes covering the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity. In terms of access to sexual and reproductive health and rights, Romania has not adopted a National Strategy or Plan despite its international obligations, while the current National Health does not include any operational plan in this specific area. The current National Program for Women and Children implemented by the Ministry of Health cannot in any way compensate for the lack of public policies concerning sexual and reproductive health and rights. In the absence of this National strategy, there is no budget allocated to the sexual and reproductive needs of LGBTI and GNC people in Romania.

**4.Training and Education: health care professionals and educational institutions**

Romania is not having in place a comprehensive, rights- and evidence-based and age-appropriate sexuality education in the national school curricula, while teachers are not equipped with the necessary skills to cover sexual orientation and gender identity related topics. There are no guidlines related to SOGI that can be used for programming and services within health care institutions. In the same time, the WHO standards of depathologization of gender identity (ICD 11) were not yet adopted at national level, implemented and communicated as such by the Ministry of Health in relation to the medical providers offering services to transgender people.

**5.** **Sustainable Development Goals**

Criterias of non-discrimination such as sexual orientation and gender identity are not used by the Romanian state in the process of measuring the national progress against SDG3. In the current National Strategy for Sustainable Development 2030, important indicators such as 3.4.2, 3.5.1, 3.5.2, 3.7.1, 3.7.2, 3.8.1, 3.8.2 are not including references to the persons affected by violence and discrimination based on sexual orientation and gender identity.

1. AIDSinfo Geneva, Switzerland: UNAIDS; 2020 , Available from: http://aidsinfo.unaids.org/. [↑](#footnote-ref-1)
2. Report made available by ACCEPT Association in November 2020, available at <https://transinromania.ro/wp-content/uploads/Trans-in-Romania_EN.pdf>, p.86. [↑](#footnote-ref-2)