**Submission to inform the upcoming thematic report of the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity on the realisation of the right to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3**

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| The present submission is prepared by the Eastern European Coalition for LGBT+ Equality focusing on Armenia, Georgia, Moldova and Ukraine.  |

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

Governments in the Eastern Partnership systematically fail to gather data disaggregated by sexual orientation, gender identity and sex characteristics in most areas related to health, well-being and access to care. Organisations working in Armenia, Georgia, Moldova and Ukraine report that the only sphere where sexual behavior (in relation to the MSM populations) and rarely gender identity (with regards to trans populations) are encountered are the programs aimed at prevention, detection and treatment of HIV/AIDS[[1]](#footnote-1). For example, in Moldova (question ii), National Biobehavioral (RDS) Surveillance is conducted every 3 years, with inclusion of members of the key affected populations into the Working group (question iii) tasked with development, implementation and evaluation of specific areas pertaining to the research. Unfortunately, in other spheres (questions ii and iii) no steps are taken by the State institutions in the four countries, to research and understand the healthcare needs of LGBTI[[2]](#footnote-2) people of all ages on the national level and furthermore the data that is gathered is not analysed through intersectional lenses.

It is important to mention, that the areas of suicide mortality rate, analysis of prevalence of harmful use of alcohol and addictive substances and coverage of relevant care services (question i) are perhaps the most understudied (both by state and non-state actors) areas across the region, both for general population and especially in relation to LGBT+ people.

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

The authorities in charge of health and social protection in Moldova, Georgia, Armenia and Ukraine are reported to be particularly rigid to the inclusion of LGBT+ people in the process of policy making and implementation (question i) including in the field of SRHR (question ii). Moreover, survivors of homo/bi/trsansphobic violence are typically omitted from the policies and practices related to survivor assistance services and the anti-discrimination laws existing in Ukraine, Georgia and Moldova, provide only weak protections from discrimination in access to healthcare.

The process of elaboration of the Human Rights Strategies and Action Plans in Moldova, Ukraine and Georgia has been (to varying extents) inclusive of LGBT+ activists, however lacking implementation and follow-up point to scarce political will to de-facto improve the situation of LGBT+ communities in respective countries. For example, in Georgia, (question ii) the National Human Rights Action plan for 2018-2020 includes some of the most ambitious objectives on improving social and healthcare services for LGBT+ people. Activities foreseen under this objective (N15.3) include mapping existing services, elaborating recommendations and initiating their implementation process, improving access to trans-specific healthcare services by elaborating relevant protocols and guidelines, researching human rights situation of intersex people including access to healthcare. While this level of commitment is commendable, in reality, none of the abovementioned activities were carried out by the responsible Ministry of Health. Moreover, the Human Rights Strategy and Action Plan for the period beyond 2020 has not yet been drafted and approved, leaving activists with vague advocacy opportunities.

Some exceptions when it comes to inclusion in decision-making, again are related to the HIV-related programs. Activists from Moldova, for instance, explain that MSM and transgender people are included in the national standards for service quality, guidelines, national clinical protocols on HIV, PrEP etc. Additionally, LGBT+ people are represented in decision-making bodies such as National Coordinating Mechanism on HIV/TB in Moldova (CCM) as members with the right to vote. National KAP Committee (Key Affected Populations) is also functional and tasked with bringing relevant issues/recommendations to the CCM. Similar structures also exist and function in Georgia, Ukraine and Armenia[[3]](#footnote-3).

Overall, out of the four countries reviewed here, Armenia is perhaps the one with less inclusion of LGBT+ people in policy and decision-making fora. Armenian legislation lacks comprehensive anti-discrimination law providing and Criminal legislation does not include specific clauses allowing for enhanced sentences for violence on the grounds of sexual orientation and gender identity. State has no other plan or policy to address discrimination and violence towards LGBT+ people, despite the civil society organisations regularly documenting relevant cases[[4]](#footnote-4).

When it comes to some of the barriers that prevent persons affected by violence and discrimination based on sexual orientation and gender identity in the 4 countries to receive necessary care, they can be summarized as follows:

* Lack of political will to interpret existing legislation as inclusive of LGBT+ people and recognizing the adverse health conditions resulting from stigma, discrimination and violence;
* Lack of trust towards authorities (law enforcement, judiciary, medical establishment) and fear of re-victimisation on the part of LGBT+ survivors and other community members, which leads to lower reporting levels;
* Lack of state-funded psycho-social and SRHR services that are sensitized to and inclusive of SOGIESC issues;
* Lack of qualified medical personnel that would provide care and assistance in a non-discriminatory and sensitive manner;
* Lack of national medical guidelines and protocols that would ensure higher quality of services received by LGBT+ (and in particular trans persons).
1. **Access: ensuring that LGTBI and GNC people have access to health care**

When it comes to care required for survivors of hate crimes, as well as general mental health care, care related to substance abuse (questions i and ii) and sometimes even medical care, across the four countries reviewed here, the NGO’s ( in our case community-based LGBT+ organisations) are providing a lion’s share of these services by recruiting specialists or teaming up with other NGO’s who have relevant specialization. NGO’s are also the ones studying and assessing the needs of the community members, including survivors of hate crimes and domestic violence, in order to identify areas of intervention and coverage. For example, a study from Georgia illustrates that the surveyed LGBT+ survivors of violence required, psychological assistance (69% of respondents), medical help (20.8%), legal assistance (47.8%), social assistance (31%) and shelter (9.7%).[[5]](#footnote-5)

The state, unfortunately fails to listen to the data coming from the NGOs on top of not collecting it’s own. This results in absence of any specialized services for survivors of homo/bi/transphobic hate crimes across the region. In Georgia, shelters and crisis centers, operating under the umbrella of the Ministry of Health offer free counseling to victims of domestic violence/violence against women.[[6]](#footnote-6) However, number of mental health specialists is very limited and in some regions even non-existent, therefore, survivors sometimes are not able to receive timely psycho-social assistance.[[7]](#footnote-7) In addition, the level to which the mental health specialists working with the ministry are inclusive and accepting of LGBT+ people also varies to an unreliable degree. Additionally, most service provider facilities in Georgia are being privatized and State only maintains a weak oversight, and an even weaker funding system, which also hinders the effectiveness of the existing programmes.[[8]](#footnote-8)

Another area where governments across the region fail to identify and document bias motive are domestic violence incidents against LGBT+ people.[[9]](#footnote-9) In 2021, UN agencies together with civil society organizations[[10]](#footnote-10) elaborated a document listing operational procedures for Healthcare Response to Gender-Based Violence, aiming at assisting medical and psycho-social assistance professionals in providing medical care to victims of GBV. The document includes SOGI-specific items and is now pending approval by the Ministry of Health of Georgia.

It must be noted, that when it comes to access to care, trans communities remain particularly vulnerable. While forced sterilization remains an implied requirement for legal gender recognition in Armenia and Georgia[[11]](#footnote-11), acquiring a diagnosis (often based on other medical interventions, such as hormone therapy) remains mandatory in Moldova and Ukraine. Additionally, when it comes to gender affirming care, the newest updates in the ICD-11 have yet to be integrated into the medical system across the region. Gender affirming services continue to be available in an uneven way (mostly through NGOs), and overall fail to correspond to modern standards, in addition to not being covered by any insurance whether state or private. Outdated and pathologizing language and practices continue to be used across the legal and medical systems, ignoring, among other things, the needs of non-binary people. Trans and non-binary children and adolescents, remain one of the groups whose needs are ignored to a greater extent and have close to no access to gender affirming or general care that is sensitive and inclusive of their identities.

To summarise, relevant policies (question iii) and proper financial resources (question iv) are not being put in place by the states, which also fail to adopt a comprehensive approach to services and ensuring adequate protection of survivors from secondary victimization during the criminal justice process*.*[[12]](#footnote-12)

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

In all 4 countries reviewed here, formal education of medical professionals with regards to SOGIESC issues remains sporadic, outdated and often discriminatory (question i). This puts the LGBT+ people at a disadvantage, because the community-based organisations with their limited resources can only train and cooperate with a limited number of professionals (both due to lack of resources and difficulties in outreach to more closed professions). It must also be noted, that LGBT+ organisations have long been translating and adapting the existing guidelines, whether it is on psycho-social assistance to LGBT+ communities, or for example WPATH’s Standards of Care, or as reported by activists from Moldova an online course on HIV and Gender, which includes a chapter on SOGI, but for the most part the state institutions have remained uninterested.

When it comes to Comprehensive Sexuality Education, due to the pushback from religious institutions and anti-gender movements, it is still not a part of the public education in the region (question ii). Attempts to introduce CSE in Moldovan schools in 2010, failed due to protests from the Orthodox Church and conservative parents’ groups. The same thing happened in Georgia in the early 2000s and later with a civic education curriculum ’’Me and Society’’ being introduced in Georgian schools[[13]](#footnote-13). Currently existing curriculum in Georgia attempts to cover issues such as effects of early marriage, pregnancy at a young age, STD’s, reproduction, factors having influence on development of foetus, etc. the abovementioned issues are very important aspects of CSE but they are more oriented on the medical aspects and do not cover issues related to sexual orientation, gender identity, gender power imbalance and its root causes, pleasure and sexuality, sexual relations, etc. According to the report of Public Defender of Georgia, this component of education is superficial and it hinders adolescents from developing skills to recognize sexual and/or other forms of violence committed against them.[[14]](#footnote-14)

Georgia[[15]](#footnote-15), Moldova[[16]](#footnote-16), and Armenia[[17]](#footnote-17) have received several recommendations on introducing CSE into the education system and, over the years, within the frames of various reforms, different elements pertaining to CSE appeared in the school curricula of these states[[18]](#footnote-18) [[19]](#footnote-19) [[20]](#footnote-20) [[21]](#footnote-21). In Armenia, the ongoing education reform envisioning the introduction of some aspects of CSE into school programs faced toxic speculations from the far-right groups, who claim that there is not enough focus on family, and the program could become a way to promote tolerance for LGBT+ people[[22]](#footnote-22).

Despite the sporadic moves towards improvement, teachers overwhelmingly lack competence in CSE making efficient implementation of existing programs even more difficult. Moreover, the optional nature of some of the topics (such as pregnancy and contraception) and lacking monitoring efforts make it close to impossible to follow-up on which areas are adequately covered and which are omitted. LGBT+ community is at a particular disadvantage, as the essential topics concerning sexual orientation, gender identity, expression, and sex characteristics are entirely left out of the curricula.

1. **Sustainable Development Goals**

The review of information presented in the VNR’s in relation to the SDG 3, reveals that approaches to gathering data are different in the 4 countries reviewed here, and lack intersectional approach to analyzing the data. It must also be said, that overall the efforts on measuring the governments’ progress on SDG 3 are not explicitly inclusive of SOGIESC (question i) – unless there is a referral to key affected populations in the HIV prevention programs.

While diving deeper into indicators pertaining to SDG 3 (question ii) it becomes clear that the governments prioritize issues listed under indicators 3.3.1, 3.4.2, 3.5.1, 3.5.2, 3.7.1, 3.7.2, 3.8.1, 3.8.2 to different extents. No data presented by the States is disaggregated by SOGIESC. The grounds most often encountered for data segregation are age, gender (based on biological sex assigned at birth) and area of residence (urban or rural).

1. Statistical information about prevalence of HIV across Eastern Partnership can be found here: <https://ecom.ngo/hiv-msm-eeca> [↑](#footnote-ref-1)
2. In the submission we will mostly use acronym LGBT+, as the organisations providing input to the submission do not work directly with Intersex communities, in addition there are no efforts or data coming from the state or research institutions pertaining to this sub-population. [↑](#footnote-ref-2)
3. <https://ecom.ngo/country-maps> [↑](#footnote-ref-3)
4. Reports on human rights situation of LGBT people in Armenia, available at: <https://www.pinkarmenia.org/en/publications/report/> [↑](#footnote-ref-4)
5. ibid. [↑](#footnote-ref-5)
6. Law of Georgia on the elimination of violence against women and/or domestic violence, and the protection and support of victims of such violence. Source available at: <https://bit.ly/33OFi0N> last visited: 18.01.2022. [↑](#footnote-ref-6)
7. Information available at: <https://bit.ly/33KL5o7> source last visited: 18.01.2022. page 20. [↑](#footnote-ref-7)
8. Information available at: shorturl.at/mvF38 Source last visited: 24.01.2022. [↑](#footnote-ref-8)
9. Equality Movement, WISG and ILGA-Europe; Submission to the UN independent Expert on protection against violence and discrimination based on sexual orientation and gender identity ahead of country visit to Georgia. Source available at: <https://bit.ly/3GHmwqq> source last visited: 18.01.2022. [↑](#footnote-ref-9)
10. Including WISG, contributing to the present submission [↑](#footnote-ref-10)
11. In 2020, the Public Defender of Georgia issued a recommendation towards the Ministry of Health recommending that the Ministry should elaborate national medical protocols and guidelines for trans-specific medical health care, noting that the Ministry should ensure maximum involvement of trans persons in the elaboration process. Unfortunately, despite the fact that the Ministry accepted the abovementioned recommendation, the process was delayed indefinitely. [↑](#footnote-ref-11)
12. [G. Khatiashvili, “Rights of Victims in Criminal Proceedings,” The Georgian Young Lawyers’ Association](https://gyla.ge/files/news/2008/dazaralebulis%20uflebebi_eng.pdf), Tbilisi, 2016. [↑](#footnote-ref-12)
13. <https://jam-news.net/sexual-education-in-georgia-who-is-against-having-it-included-in-the-school-curricula/> [↑](#footnote-ref-13)
14. Report of Public defender of Georgia on the Situation of Protection of Human Rights and Freedoms in Georgia, 2020; Report available at: <https://bit.ly/33Jri8o> source last visited: 18.01.2022. [↑](#footnote-ref-14)
15. <http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPRiCAqhKb7yhsldCrOlUTvLRFDjh6%2Fx1pWDqKYdAsZCi%2FpTG5mONu7rLEgGDzc4uYj4EX9q0OwgEtztAerYJ0NdpVEHSESZXwGVYxjsz8OaUw6uLeEqhG0qBpr7G2F1eAhw8U9lp5arMXA%3D%3D> [↑](#footnote-ref-15)
16. Committee on the Rights of the Child (CRC) Recommendation 2017 Source:[CRC/C/MDA/CO/4-5](http://undocs.org/CRC/C/MDA/CO/4-5) [↑](#footnote-ref-16)
17. Special Rapporteur on the sale and sexual exploitation of children, including child prostitution, child pornography and other child sexual abuse material Recommendation 2016 Source:[A/HRC/31/58/Add.2](http://undocs.org/A/HRC/31/58/Add.2) [↑](#footnote-ref-17)
18. <https://www.bzga-whocc.de/fileadmin/user_upload/Dokumente/BZgA_Factsheets_Online_Ukraine.pdf> [↑](#footnote-ref-18)
19. Information provided by Genderdoc-M [↑](#footnote-ref-19)
20. ##  [Prime Minister Presents Education Reform Vision at Ikalto Monastery Complex](http://gov.ge/index.php?lang_id=ENG&sec_id=497&info_id=67853), see: <http://gov.ge/index.php?lang_id=ENG&sec_id=497&info_id=67853>

 [↑](#footnote-ref-20)
21. ##  Mikheil Batiashvili held a presentation of the Education Reform in Ikalto Monastery Complex, see:

## <http://mes.gov.ge/content.php?id=8658&lang=eng>

 [↑](#footnote-ref-21)
22. <https://oc-media.org/features/armenias-new-education-standards-under-fire-for-lack-of-armenianness/> [↑](#footnote-ref-22)