Report to the UN 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 SDG-3

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

According to the new Global AIDS Strategy 2021-2026: 95-95-95, Kyrgyzstan has adopted a Program of the Government of the Kyrgyz Republic to overcome HIV infection for 2022-2027.

To implement this program, the Republican AIDS Center of the Ministry of Health and Social Development is actively working in Kyrgyzstan, which is a state organization and performs a certain range of measures to identify, treat and prevent the spread of HIV infection in the country. The "AIDS" service is represented by the Republican AIDS Center (RC "AIDS"), 7 regional AIDS centers (OCPS), 1-the urban AIDS Center (GCPS) in Bishkek. Also, the Republican AIDS Center works with partners of UNAIDS, UNFPA, as well as with LGBT+ organizations of Kyrgyzstan on the implementation of various projects for HIV prevention.

In Kyrgyzstan, according to the Government's HIV programs, a bio-behavioral study of key population groups among drug users, men who practice sex with men, trans\* people and migrants is being conducted. According to the RC "AIDS", as of January 1, 2022, the number of registered persons living with HIV in Kyrgyzstan is 10535 people, as of December 1, 2021, 346 people were registered with MSM with HIV. In 2021, 84 people were identified[[1]](#footnote-1).

The main problem today is a single database of registration of men who practice sex with men and trans\* people. In order to conduct a separate assessment of people living with HIV and identify statistics, a bio-behavioral study for trans\* people, separate from men who practice sex with men, has been launched for the first time in Kyrgyzstan since January 2022.

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

Despite the existence and implementation of HIV prevention programs and projects, there is discrimination against the LGBT+ community and representatives of PLHIV at the legislative level. There is no mechanism of protection against discrimination, despite the UN human rights documents ratified by Kyrgyzstan, as well as national legislation that prohibits discrimination, including due to HIV status.

For this reason, Kyrgyzstan has a high level of stigma and discrimination against LGBT+ people. This is facilitated by the spread of hatred on the part of statesment, religious leaders and radical groups. In 2019, 20% of all manifestations of intolerance in public discourse were directed against the LGBT+ community[[2]](#footnote-2).

Discrimination against trans\* people in all spheres of public life is also at a high level. One of the recent discriminatory introductions at the legislative level of human rights is that, on June 17, 2020, the Parliament of the Kyrgyz Republic adopted amendments to the Law of the Kyrgyz Republic "*On acts of civil status*". The new version of the law came into force on August 1, 2020.

The previous version of Law 14 made it possible for trans\* people to change their passport gender in accordance with paragraph 3 of Article 72[[3]](#footnote-3): "if a document of the prescribed form on gender change issued by a medical organization is provided." In the new version of the law "On Acts of Civil Status", paragraph 3 of Article 72 was deleted. Now trans\* people receive refusals to change their passport gender. And in the databases of HIV+ representatives, this amendment can be considered a legislative barrier for trans\* people to receive services.

"The Gap Report" (UNAIDS, 2014) says that many trans\* people experience social isolation and marginalization because of their gender identity. The statistics of 2020 below show that a high level of stigma and discrimination in its various manifestations persists in relation to trans\* people in Kyrgyzstan[[4]](#footnote-4):

* Insults and humiliations (obscene language, criticism, offensive nicknames) - 62%;
* Psychological pressure - 61, 5%;
* Blackmail, threats, intimidation - 34, 6%;
* Forced marriage - 26,3%;
* Conversion therapy - 26,3%;
* Forced sexual intercourse without using a condom - 22, 9%;
* Infliction of bodily harm - 19, 5%;
* Forced sex - 16,1%;
* Attempted rape - 14, 1%;
* Coercion to use alcohol or drugs - 14,1%;
* Physical harassment (surveillance, control) - 8,8%;
* Failure to provide medical care or creating obstacles to this - 5,9%;
* Rape - 4,9%.

To eliminate these barriers of the LGBT+ community, community organizations are jointly engaged in advocacy and human rights protection. In 2014, efforts began to be made to draft an equality law that would protect the most vulnerable groups from discrimination. In recent years, the Coalition for Equality has been working hard to promote the law. Thus, the Law of the Kyrgyz Republic "On ensuring Equality" was submitted for public discussion in the Jogorku Kenesh (Parliament) of Kyrgyzstan, June 27, 2018[[5]](#footnote-5). Currently, the anti-discrimination law has been removed from the agenda, but key groups of the population need it.

In 2021, the Kyrgyz Indigo team, in cooperation with the Informal Coalition CEDAW and ECOM, submitted an alternative report on the situation of LGBT+ people in the Kyrgyz Republic to the UN Committee against the Elimination of Discrimination against Women. The main important recommendations received from CEDAW were:

* To return the possibility of changing the gender marker for trans\* people;
* Ensure that lesbian, bisexual and trans women are free to participate in political and public life, exercising their right to freedom of peaceful assembly without intimidation and harassment;
* Adopt anti-discrimination legislation;
* The Committee also made recommendations on HIV. In particular, CEDAW stated the need to decriminalize HIV transmission\AIDS on the basis of sexual relations between consenting adults. The Committee proposed to cancel the repressive epidemiological investigation and prohibit the practice of requiring an HIV certificate for employment.

On November 10-11, Kyrgyzstan submitted its third periodic report and received recommendations from the Committee. Kyrgyz Indigo together with ECOM prepared an alternative vision of the current situation with torture against LGBT+ people. In an alternative report, we mentioned registered cases of torture of LGBT+ people, difficulties in accessing hormone therapy for trans\* people in prison and ARV therapy for HIV+ people.

The Committee recommended that Kyrgyzstan ensure effective investigations of all torture against LGBT people and ensure that perpetrators are brought to justice and victims receive compensation and rehabilitation.

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

Universal health coverage is necessary not only to comply with the principle “leave no one behind,” but also for the proper functioning society. Unfortunately, the government does not collect disaggregated data on SOGIESC with regard to universal health coverage. When the government doesn’t ask, it will fail to properly respond. Although community-generated data is helpful, the government also needs to collect and disaggregate its data. A study[[6]](#footnote-6) on the quality of medical services for LGBT+ people suggests 6 that 77.5% of the services received as part of the study were satisfactory, but 7% of healthcare and service providers were discriminatory and used religious or traditional based values arguments to deny or harass LGBT+ people and criticize their sexual orientation and gender identity. This demonstrates that there are isolated cases where LGBT+ people are discriminated by health workers. However, the study covers only the capital of country and it is more likely that the situation in the regions and rural areas is much worse[[7]](#footnote-7).

As for the data on the services received for HIV prevention already for 2020, there are very positive results. Over the past three years, the indicator of HIV-positive MSM who know their status has been growing by an average of 5-6% per year. This can be explained by the emergence of targeted programs to identify HIV-positive MSM in Kyrgyzstan. Thus, from October 2018 to August 2020, the USAID Flagship project on HIV in Central Asia, including the MSM component, operated. From January 2019 to June 2020, within the framework of the Flagship project, 35 people were tested at a state institution, and their VICH status was confirmed.

The following results were achieved in 2020:

- 23.7% MSM living with HIV know their status;

- 67% MSM living with HIV are registered at the dispensary;

- 61,7% MSM living with HIV are on antiretroviral therapy;

- 86,7% MSM living with HIV achieved suppressed viral load.

But currently there is no data on trans\* people[[8]](#footnote-8).

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

The Kyrgyz State Medical Academy of Retraining is friendly to the topic of SOGIESC. In 2018 and 2019, in cooperation with Kyrgyz Indigo, sensitization training were held for doctors undergoing retraining. UNFPA also supports training in family medicine centres in working with the key populations. In 2019, KI, together with UNFPA, conducted[[9]](#footnote-9) a TOT on Transit for Doctors and received positive reviews, it was noteworthy that the trainers were trans\* people.

The problem is that these training are possible while there are friendly civil servants and projects supporting this activity. It is important that sensitization training is conducted on an ongoing basis. Sensitization sessions to LGBT+ should be included in training modules for the future doctors.

But despite this, there is stigmatization on the part of medical professionals of representatives of PLHIV from the LGBT+ community during the receipt of services.

According to the Analysis of the SMITH package of services and implementation in Kyrgyzstan, 12 interviewed people from the LGBT+ community did not visit medical institutions to visit a proctologist, presumably because of the stigmatization of homosexuality.

The taboo nature of STIs, HIV and SGI contributes to the stigmatization of GB/MSM, because of which they do not dare to visit a certain medical specialist in state institutions. The issue of doctors' awareness of the SOGI in the regions remains open, whereas in large cities doctors are more aware.

The study "Monitoring the level of homo/bi/transphobia and the quality of services provided to the LGBT community in public medical institutions" also observed discriminatory behavior of health care providers. This study is based on the "participant observation" method— a qualitative research method that allows conducting a field study of people in their natural environment and in everyday life circumstances, and on the "secret client" methodology guide for evaluating the quality of services provided, prepared by the Eurasian Coalition on Men's Health. After the cuming-out, trans\* people noted the following reaction and behavior of medical personnel:

*“She didn't look in my direction for a very long time and didn't listen to me, but wrote it down from the words.”*

(The secret client, trans\* woman, 28 years old)

*“After the cuming—out a couple of minutes later, the woman who was sitting in the registration began to burn juniper in the reception room."*

(The secret client, trans\* man, 22 years old)

1. **Sustainable Development Goals**

The UN system in Kyrgyzstan assists the country in implementing development reforms and supports the achievement of internationally agreed development Goals[[10]](#footnote-10). Kyrgyzstan has adopted the National Development Strategy of Kyrgyzstan from 2018 to 2040. It should be noted that Kyrgyzstan has adopted the National Development Strategy of Kyrgyzstan from 2018 to 2040, which defines ways to achieve all indicators according to the SDGs. But Kyrgyzstan is still on the way to achieving these indicators. The work of Kyrgyz Indigo, which published an alternative report on the inclusion of LGBT+ people inclusion to SDG[[11]](#footnote-11), also remains important.

Equal access to the realization of the right to health is a key element of sustainable development. A positive factor is that LGBT+ people are reflected in several documents relating to the health care system of Kyrgyzstan.

* + - **Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations:**

The HIV programs in Kyrgyzstan addresses the sexual health of gay, bisexual men, and other MSM. Thanks to the national program, there are several preventative programs. However, the policy does not directly target and reflect the needs of trans \* people -a key affected group. The lack of disaggregated data by gender identity impedes the ability to make informed decisions for programs targeted for trans\* people.

A 2019 study[[12]](#footnote-12) of trans\* women sex workers with migration experience 4 displays prevalence among respondents - 26% of trans\* women sex workers are HIV+. These numbers cannot be generalized to the entire trans\* community; however, they are an alarming signal about the prevalence of HIV among trans\* people in Kyrgyzstan and indicates the need for focused work and directed programs for trans\* people in HIV prevention. The positive factor is that the country has applied to the Global Fund for HIV and TB took into account the needs of trans\* people and in 2021 a pilot project on HIV prevention for transgender people will be launched. Kyrgyzstan recognizes that stigma and discrimination are significant factors in the spread of HIV, but there is no anti-discrimination law in the country.

* + - **Indicator 3.4.2: Suicide mortality rate:**

Various studies show that LGBT+ people suffer from mental health issues/ In Needs Assesments of trans\* people, 48% experienced depression, 17% had conflicts with their families, and 14% began to use psychotropic substances in the last 12 months. A study of trans\* women sex workers with migration experience indicated that 69% have experienced depression and 46% of have attempted suicide. In Needs Assessments of LGBT+ people, one third indicated that they had 2 or more psychological disorders, 20.25% of LBQT women and 31% of GBQT men tried to commit suicide.

As practice shows, free psychology support provided by NGOs cannot cover regions, and not all people in the community are aware of the existence of LGBT+ organizations. Therefore, it is necessary to train operators of state free lines to provide high-quality psychological support to LGBT+ people, including adolescents.

* + - **Indicator 3.8.1: Coverage of essential health services:**

Access to information on sexual reproductive health in Kyrgyzstan is low. Existing data almost never reflects the sexual reproductive life of LGBT+ people. According to the LGBQ needs assessment[[13]](#footnote-13), slightly less than half of 5 the respondents indicated that they needed more information on sexual health issues. 18.61% indicated that they needed information on HIV / AIDS and sexual life, 27% - information about STIs, and safe sex. Testing and treatment for STIs are individually paid and expensive. Many LGBT+ people cannot afford it. At the same time, STIs are considered the entrance gateway to HIV, and trans\* people, gay, bisexual men are vulnerable to HIV.

In order for LGBT+ people to have equal access to quality medical services, it is necessary to combat discrimination, stigma, and centralization of services. Services should be of high quality and affordable.

- Adopt a comprehensive anti-discrimination law that includes healthcare system;

- Decentralize services for LGBT+ people in public-funded facilities and make them available in the regions; - Safeguard funding for LGBT+ led organizations to offer necessary health care services;

- Make testing and treatment of STIs free for the key populations, including LGBT+ people;

- Include information about SOGIESC in SRHR brochures;

- Include the direction on working with trans\* people in the updated HIV program in the Kyrgyz Republic;

- Provide timely access to ARV treatment for HIV positive people in prisons;

- Regulate the process of changing the gender marker for trans\* people at the legislative level;

- Train hotline staff in providing quality non-discriminatory psychological support to LGBT+ people, with involvement of LGBT+ led organizations;

- Monitor private institutions/organizations for discrimination against HIV-positive people;

- Collect and disaggregate data on access to the right to health for LGBT+ people;

- Include SOGIESC topics in routine training of health care providers on an ongoing basis. It is necessary to connect LGBTI-led organizations to prepare the module and conduct trainings.

1. Data of registered HIV cases, URL: <https://aidscenter.kg/?lang=ru> [↑](#footnote-ref-1)
2. Discrimination and intolerance in public discourse/ Coalition for Equality, 2020, URL: [https://equality.kg/2020/05/07/%d0%b4%d0%be%d0%ba%d0%bb%d0%b0%d0%b4-%d0%be-%d0%b4%d0%b8%d1%81%d0%ba%d1%80%d0%b8%d0%bc%d0%b8%d0%bd%d0%b0%d1%86%d0%b8%d0%b8-%d0%b2-%d0%bf%d1%83%d0%b1%d0%bb%d0%b8%d1%87%d0%bd%d0%be%d0%bc-%d0%b4%d0%b8/](https://equality.kg/2020/05/07/%D0%B4%D0%BE%D0%BA%D0%BB%D0%B0%D0%B4-%D0%BE-%D0%B4%D0%B8%D1%81%D0%BA%D1%80%D0%B8%D0%BC%D0%B8%D0%BD%D0%B0%D1%86%D0%B8%D0%B8-%D0%B2-%D0%BF%D1%83%D0%B1%D0%BB%D0%B8%D1%87%D0%BD%D0%BE%D0%BC-%D0%B4%D0%B8/) [↑](#footnote-ref-2)
3. The Law of the Kyrgyz Republic "On Acts of Civil Status" dated August 1, 2020 No. 110, Article 35, URL: <http://cbd.minjust.gov.kg/act/view/ruru/112094> [↑](#footnote-ref-3)
4. Analysis of the MSMIT package of services and implementation in the Kyrgyz Republic/ Public association "Kyrgyz Indigo". - Kyrgyzstan, Bishkek, 2021, URL: [https://indigo.kg/uploads/File/2021/09/02/Анализ\_пакета\_услуг\_и\_имплементации\_МСМИТ\_MSMIT\_в\_Кыргызскои\_Республике.pdf](https://indigo.kg/uploads/File/2021/09/02/%D0%90%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7_%D0%BF%D0%B0%D0%BA%D0%B5%D1%82%D0%B0_%D1%83%D1%81%D0%BB%D1%83%D0%B3_%D0%B8_%D0%B8%D0%BC%D0%BF%D0%BB%D0%B5%D0%BC%D0%B5%D0%BD%D1%82%D0%B0%D1%86%D0%B8%D0%B8_%D0%9C%D0%A1%D0%9C%D0%98%D0%A2_MSMIT_%D0%B2_%D0%9A%D1%8B%D1%80%D0%B3%D1%8B%D0%B7%D1%81%D0%BA%D0%BE%D0%B8_%D0%A0%D0%B5%D1%81%D0%BF%D1%83%D0%B1%D0%BB%D0%B8%D0%BA%D0%B5.pdf) [↑](#footnote-ref-4)
5. Website of the Jogorku Kenesh of Kyrgyzstan, the Page of public discussions of the Law on Equality, URL: <http://www.kenesh.kg/ru/article/show/4046/na-obshtestvennoe-obsuzhdenie-s-28-iyunya-2018-goda-vinositsya-proekt-zakonakirgizskoy-respubliki-ob-obespechenii-ravenstva> [↑](#footnote-ref-5)
6. Kyrgyz Indigo, Assessment of the level of homo \ bi \ transphobia and the quality of services provided at state medical institutions among the LGBT community according to the “Mystery Client” methodology, 10-11, [↑](#footnote-ref-6)
7. Spotlight Review, 2020, URL: <https://indigo.kg/uploads/File/2021/01/14/Spotlight-Review.-Kyrgyz-Indigo.docx.pdf> [↑](#footnote-ref-7)
8. Analysis of the MSMIT package of services and implementation in the Kyrgyz Republic/ Public association "Kyrgyz Indigo". - Kyrgyzstan, Bishkek, 2021, URL: [https://indigo.kg/uploads/File/2021/09/02/Анализ\_пакета\_услуг\_и\_имплементации\_МСМИТ\_MSMIT\_в\_Кыргызскои\_Республике.pdf](https://indigo.kg/uploads/File/2021/09/02/%D0%90%D0%BD%D0%B0%D0%BB%D0%B8%D0%B7_%D0%BF%D0%B0%D0%BA%D0%B5%D1%82%D0%B0_%D1%83%D1%81%D0%BB%D1%83%D0%B3_%D0%B8_%D0%B8%D0%BC%D0%BF%D0%BB%D0%B5%D0%BC%D0%B5%D0%BD%D1%82%D0%B0%D1%86%D0%B8%D0%B8_%D0%9C%D0%A1%D0%9C%D0%98%D0%A2_MSMIT_%D0%B2_%D0%9A%D1%8B%D1%80%D0%B3%D1%8B%D0%B7%D1%81%D0%BA%D0%BE%D0%B8_%D0%A0%D0%B5%D1%81%D0%BF%D1%83%D0%B1%D0%BB%D0%B8%D0%BA%D0%B5.pdf) [↑](#footnote-ref-8)
9. <https://indigo.kg/v-bishkeke-proshel-ocherednoy-trening-po-transit-delaem-obzor-vnedreniya-novogo-rukovodstva.html> [↑](#footnote-ref-9)
10. URL: <https://kyrgyzstan.un.org/ru/sdgs> [↑](#footnote-ref-10)
11. Spotlight Review, 2020, URL: <https://indigo.kg/uploads/File/2021/01/14/Spotlight-Review.-Kyrgyz-Indigo.docx.pdf> [↑](#footnote-ref-11)
12. Kyrgyz Indigo, Challenges and barriers as consequences of economic vulnerability of trans\* women, 46. [↑](#footnote-ref-12)
13. Ibid, 31, 74. [↑](#footnote-ref-13)