Call for inputs:

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 SDG3.

# Deadline for inputs:

31 January 2022

# Issued by:

The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity

# Purpose:

To inform the Independent Expert's report to be presented to the 50th Session of the United Nations Human Rights Council.

The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, Mr. Victor Madrigal-Borloz, will dedicate his report to the 50th session of the Human Rights Council to the question of health and sexual orientation and gender identity (SOGI) 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).

The SDGs should be read as an integrated whole, and SDG 3 (to ensure health and well-being for all) should guide actions towards the fulfilment of the other SDGs, such as SDG 10 (reducing inequality). This 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 lesbian, gay, trans, bisexual, and intersex (LGTBI) persons and gender non-conforming (GNC) people.[[1]](#footnote-1) 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.

# About the SDGs

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 goal is 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 United Nations supports States and other actors in implementing these goals, including through providing advice, monitoring, as well as capacity building and awareness raising activities.

SDG 3 is to “ensure healthy lives and promote well-being for all at all ages”. The goal is accompanied by 13 targets and 26 indicators.[[2]](#footnote-2) Plainly, the goal 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.

# Call for inputs

In this call for inputs, the Independent Expert is seeking information about 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 all interested States, civil society organisations, academics, international organisations, activists, corporations and others, to provide written input for his thematic report.

Respondents are requested to limit their comments to a maximum of 2,500 words. Additional supporting materials, such as reports, academic studies, and other types of background materials may be annexed to the submission.

The Independent Expert particularly invites 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.

Inputs are welcome in response to the following questions:

## 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 – Yes, my country has disaggregated data on Male/Female/Others and all citizens of the country have access to health care services

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

## The suicide mortality rate?

## Coverage of treatment interventions for substance use disorders? Not all who use substances require treatment, but those who do require treatment, cannot access it due to the lack of capacity and knowledge of service providers to handle such cases. Detoxification of substance use depends on the type of substances used which can be administering by using minor painkillers or sedatives. This information is missing among the healthcare service providers who use a blanket approach for all those seeking services for treatment of substance use disorders.

## Harmful use of alcohol? There is lack of specific data of people using alcohol and/or of people into harmful use of alcohol. How can one arrive to understand the ‘Harmful use of Alcohol’? What are the bio-markers? What are the measuring indicators for harmful use? How can it be technically defined as harmful use?

## 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; there is an existing HIV Sentinel Surveillance Study (HSSS) Data
		- 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; Under the National AIDS Control Program (NACP) pharmacological services with Buprenorphine and methadone (commonly known as OST) is provided for People who Inject Drugs (PWID) but this does not add up to psychosocial, rehabilitation and aftercare services. OST and rehabilitation are looked after by two different ministries where OST is looked as a Harm Reduction service and rehabilitation is a complete abstinence based model.
		- 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 there is no such study done and hence no data available.
		- 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.

# HOW TO SUBMIT INFORMATION

Inputs should be submitted via email to ohchr-ie-sogi@un.org before 31 January 2022 (6 p.m. CET). Late inputs will not be considered.

The Independent Experts welcomes inputs from States, civil society, NHRIs, academia and other stakeholders, including inputs that would address issues and topics that, although connected with the main theme of the report, are not covered by this call for inputs.

1. The Independent Expert has taken note of the announcement made by the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health on the fact that her upcoming report on violence and its impact on the right to health will address violence experienced by LGTI persons (the call for inputs can be found [here](https://www.ohchr.org/EN/Issues/Health/Pages/Violence-and-its-impact-on-the-right-to-health.aspx)). The Special Rapporteur and the Independent Expert are committed to good coordination within the realm of their independent action and their respective mandates. [↑](#footnote-ref-1)
2. See <https://sdgs.un.org/goals/goal3> [↑](#footnote-ref-2)