**Input**

**in Relation to the Call from the**

**Independent Expert on the**

**Realisation of the Right of Persons Affected by**

**Violence and Discrimination Based on SOGI to the**

**Enjoyment of the Highest Attainable Standard of Health**

**on**

**Countries of Eastern Europe and Central Asia**

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**Introduction**

The author of the given report is ECOM – Eurasian Coalition on Health, Rights, Gender and Sexual Diversity[[1]](#footnote-1), a regional NGO functioning as a membership-based association of a non-profits and individuals that work in the area of HIV prevention and treatment for gay men, other men who have sex with men (MSM), and trans\* people in the region of Eastern Europe and Central Asia (EECA).

With the given report, ECOM hopes to provide valuable input to shed light on the ongoing strengthening of stereotypes against the LGBTQ+ persons in EECA countries that is facilitated through populism, state-sponsored homophobia and transphobia, and gross under-education of the general public in the areas of sex education, SOGI issues, and HIV/AIDS.

The information shared in the report below will pertain to countries located in the EECA region. The states will be covered in aggregate, as EECA region, with seldom exceptions being highlighted where available and appropriate. The questions are numbered and answered in the order that has been assigned to them in the Independent Expert’s Call[[2]](#footnote-2).

**1. Research: understanding the healthcare needs of LGTBI and GNC[[3]](#footnote-3) people**  
  
Within the framework of this report, the most relevant SDG3[[4]](#footnote-4) goals that have a direct connection to the realisation of the right to the highest attainable standard of health of people who are subjected to SOGI-based violence and discrimination in the EECA region are the following:

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

3.7 By 2030, ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

EECA countries have some national HIV legislation in place, consisting of separate laws and regulations outside of the general law on healthcare, and they gather data regarding HIV prevalence, HIV services, and HIV cascade data, pertaining to people living with HIV (PLHIV). However, such data is largely gathered within the stereotypical binary gender/sex framework. No EECA country gathers disaggregated HIV data in relation to gay men, other MSM, or trans\* people. No EECA government gathers HIV data on LGBTQ+ people. LGBTQ+ people are not expressly included in national HIV laws, national HIV policies, or national HIV regulations in EECA. Some countries include MSM in their HIV data, however, due to stigma, MSM usually do not disclose their sexual orientation to the medical workers. Very few countries include MSM in official statistics and even fewer include trans\* people; those seldom ones that do, include trans\*people under the MSM category which renders them invisible to statistics. One State takes this violation even further: Turkmenistan denies the existence of HIV/AIDS and, recently, it has also come to light that it denies the existence of COVID-19 as well.[[5]](#footnote-5) Consequently, Turkmenistan gathers no HIV data and frivolously approaches HIV prevention overall. Even though EECA countries mostly do gather some heterosexual/cisgender-centered HIV prevention, PLHIV, and PWUD data, it is not adamantly credible as HIV stigma permeates the general public, the medical personnel, and the government across the region.

**II.** No EECA State has taken any steps at the national level to research and understand the healthcare needs of LGBTQ+ and GNC people of all ages. Data on HIV prevention, HIV cascade services, PLHIV, and PWUD, pertaining to LGBTQ+ people, is gathered solely by the LGBTQ+ community. Services across the HIV cascade, as well as research and assessment of LGBTQ+ healthcare needs, are executed by the community with their own effort and predominantly thanks to donor funds. With the above-mentioned SDG3 goals in mind, EECA States take no steps in the direction of meeting those goals and there are no national LGBTI-health-care-needs-centered measures to identify progress made against those goals.

**III.** Since no such data is gathered by EECA States at the national level, no appropriate analyses can be made since there are no source figures. SOGI-based discrimination and stigma also prevent the community from openly, properly, and comprehensively gathering relevant data: LGBTQ+ persons are afraid to undergo HIV and other STI screening for fear of further discrimination by state medical personnel, their family, friends, co-workers, and for fear of violence; medical workers can break medical confidentiality regarding LGBTQ+ persons (their SOGI and/or HIV status); funds are scarce and volunteers can only go so far to try and help their community and gather appropriate data to help LGBTQ+ health and receive more funds to continue to provide services; etc.

Based on ECOM’s network of partners, the situation with discrimination and stigma against the LGBTQ+ has been worsening during recent years, even pre-COVID-19. At the same time, data that might describe the impact of COVID-19 in EECA is limited. Just a few studies are taking place at this moment and both are organised by ECOM. Trans\* people were already in a dire financial state. The pandemic forced many to return to live with their parents or relatives and many reported facing abuse and violence from them; many were left without a roof, food and/or hormonal medication.[[6]](#footnote-6) TRANS\*COALITION NGO also reported 28 cases of violence and discrimination against trans\* people in EECA at the beginning of COVID-19 till June 2020; most were violations committed by family members, co-workers, or people at education institutions, and most of this case sample occurred in Russia, Ukraine, Kazakhstan.[[7]](#footnote-7) In an interim global study of the COVID-19 pandemic impact on gay men and other MSM between April and May 2020, out of the global sample, 151 MSM from Russia reported swift negative impacts of the pandemic, ranging from mental and economic consequences to interruptions to HIV prevention and testing, HIV care and treatment services.[[8]](#footnote-8)

Respondents from ECOM’s network noted that the provision of the following services decreased the most:

* HIV testing — 39% of respondents
* STI testing — 30% of respondents
* Condom and lubricant distribution — 27% of respondents
* Counseling on various issues — 24% of respondents
* Accompaniment to AIDS centers and other medical institutions — 21% of respondents
* Various support groups, including for PLH — 18% of respondents.[[9]](#footnote-9)

Again, the sourcing of data is limited, data is not always full and spans only across several major cities in EECA States. However, ECOM applies strict methodologies to extract as much qualitative, contextual and solid data as it is possible, given the circumstances outlined above.

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

**I.** As a rule, EECA governments do not include LGBTQ+ representatives in legislation or regulatory decision-making processes. This is based on high levels of SOGI-based stigma and discrimination both at the state officials and the general public levels. Very seldom and granularly, in some cases regarding HIV policies, LGBTQ+ representatives may be invited to discussions in more lenient countries. Nonetheless, the amount of such instances is meager and no actual favourable impact for the LGBTQ+ in those countries was acquired. LGBTQ+ NGOs, out of their own initiative, frequently appeal to EECA governments during public deliberations regarding anti-discrimination laws or HIV policies, yet their voices remain unheard.

**II.** LGBTQ+ people in the EECA States are not included in policies and practices around sexual and reproductive healthcare.[[10]](#footnote-10) Quite the opposite, the state-sponsored homophobia and transphobia prevent them from enjoying evidence-based sexual and reproductive healthcare, or adoption issues remain unresolved, with little hope for the better in the years to come, which is reflected in the un-desire of EECA governments to adopt comprehensive anti-discrimination laws that would also expressly ban SOGI-based discrimination.

**III.** The amount of assistance and issues needed is staggering. Relevant instances would include, but are not limited to, the following:

* Sensitization of medical workers regarding HIV and SOGI issues
* Unrestricted availability of antiretroviral (ART) drugs for LGBTQ+
* Unrestricted availability of pre-exposure prophylaxis (PrEP) drugs for LGBTQ+ (PrEP is available at the national level in most EECA States, however, the rates of people using it remain very low. This is linked to lack of funding for the PrEP infrastructure, high SOGI-based stigma among medical workers, and low awareness and education about PrEP among the community members)
* Inclusion of the LGBTQ+ lens into national mental health and PWUD policies (The issues of mental health and various drugs, including injection ones, are not reflected in national strategies for HIV prevention. MSM who practice chemsex face double stigmatization: homophobia and narcophobia. This drastically limits their ability to receive relevant healthcare)[[11]](#footnote-11)[[12]](#footnote-12)
* Increased education of relevant medical workers on the HIV issues that intersect with LGBTQ+ (EECA States need to educate medical staff about “undetectable equals untransmittable” (known to UNAIDS practice[[13]](#footnote-13) as “U=U”)[[14]](#footnote-14), PrEP, and chemsex. The medical education system in EECA virtually excludes any nuances regarding health care of disadvantaged groups)
* Awareness-raising and education campaigns regarding HIV and SOGI issues for high office and the general public
* Sensitization of law enforcement regarding HIV and SOGI issues.

**IV.** The main barriers include but are not limited to:

* Absence of comprehensive, anti-discrimination legislation, which, in addition, would expressly ban discrimination based on SOGI
* Lack of non-stigmatizing, legally, and comprehensively defined procedure of gender change and confirmation
* Inclusion of MSM and trans\* people as separate key population groups in national HIV prevention programmes
* Decriminalisation of voluntary same-sex sexual conduct between men in Uzbekistan and Turkmenistan
* Abolition of so called “gay propaganda” and “foreign agent” laws in Russia
* Decriminalization of unintentional HIV transmission
* Repeal of narcophobic legislation.

**3. Access: ensuring that LGBTI and GNC people have access to healthcare**

**I.** EECA countries have taken no such measures for LGBTQ+ persons.

**II.** EECA countries have no national mental health programmes or policies for LGBTQ+ persons. Any programmes that exist are community-led.

**III.** EECA countries have no such programmes or policies for LGBTQ+ people. There are shelters; however, they are scarce and community-based.

**IV.** EECA governments do not allocate funds for HIV cascade services, mental health programmes, or after-assault care in relation to LGBTQ+ persons. Even in rare scenarios where LGBTQ+ NGOs receive some government funds, they are absolutely inadequate to cover any HIV healthcare needs of LGBTQ+. UNAIDS also supports this, indicating that EECA is the only region with consistent growth in HIV cases and AIDS-related death.[[15]](#footnote-15) In addition, the biggest barrier to HIV health access for LGBTQ+ is the average medical worker: they appear as a “gatekeeper” with widespread prejudice towards LGBTQ+, which evokes fear in community members to turn for assistance to non-trained medical staff when it comes to HIV and STIs[[16]](#footnote-16). In essence, the fundamental financial tool that allows LGBTQ+ NGOs to function and provide services to the community consists strictly of international funds.

**V.** Transgender and GNC people have specific needs in the context of healthcare. In the EECA region we observe that trans\* people may travel to other countries to receive the diagnosis or medical interventions when it is impossible to obtain them at home; both physical and economic accessibility is very poor. Gender transforming medical procedures normally centralized, focused in the capital and big cities, sometimes there might be the requirement for HIV-positive trans people to pay elevated prices for surgeries. The medical barriers that complicate receiving the diagnosis which makes a person eligible for hormonal therapy and surgeries in post-Soviet countries include: long evaluation time (more than 2 years in some clinics), compulsory hospitalization at a psychiatric institution, invasive questions about the patient's sexual life, misgendering, physical examination of the patient's genitals, unnecessary medical tests performed at the expense of the patient, unfounded contraindications (presence of mental health issues, intersex traits), eligibility (age, appearance, sexual orientation, marriage, presence of children under 18).

**4. Training and education: healthcare professionals and education institutions**

**I.** SOGI and SOGI-adjacent HIV issues are not included in the curriculum of educational institutions or in medical staff training.

**II.** No EECA State has national evidence-based, up-to-date sex and reproductive education, which would include SOGI and SOGI-adjacent HIV issues in its programmes. Stigma, discrimination, and religious ostracization prevent that. Based on IGLYO’s “LGBTI Inclusive Education Index,” all EECA countries are in red, which means none such inclusivity is practiced whatsoever.[[17]](#footnote-17)

**III.** EECA countries have no evidence-based SOGI guidelines. This is especially critical for trans\* people. Even if a State has a singular norm that one’s gender marker can be changed in official documentation, there is either no clear procedure for state bodies to follow, or the process is discriminatory, not evidence-based, tied to sex reassignment and psychiatric diagnosing with “transsexualism,” demands the removal of reproductive abilities of the transitioning person, does not have outlined medical guidelines, does not have state trans\* healthcare coverage, etc. Only Kyrgyzstan has had a detailed guide on providing medical care for trans\* people since 2017.[[18]](#footnote-18) However, in 2020, the Kyrgyzstan legislation changed and the possibility for legal transition for trans\* people disappeared. Public hearings were held during quarantine time, as a result of which the civil society was unable to respond to the proposed changes. Having previously had a relatively progressive procedure for legal transition in Kyrgyzstan, this opportunity has now completely disappeared.

There are many examples for EECA States to follow or organisations, like IGLYO,[[19]](#footnote-19) to ask for assistance; however, no such cooperation has been exercised.

**5. Sustainable Development Goals**

**I.** All things considered, neither of the EECA States is able to measure their progress against the SDG3 goals because of the total void that exists among them when it comes to national healthcare and support for LGBTQ+ and GNC persons. Only Georgia has adopted an anti-discrimination law that includes the prohibition of SOGI-based discrimination; nonetheless, national integration and efficacy of this law are yet to bear fruit.[[20]](#footnote-20) Other EECA States have no such laws or provisions (except Georgia, Ukraine and Moldova) or have laws that criminalise voluntary same-sex sexual conduct (Uzbekistan. Turkmenistan). And even where broad, open-ended constitutional clauses exist, which prohibit discrimination “on other grounds” (most EECA countries), the governments do not enforce them to include SOGI protection because of increased stigma and discrimination of the LGBTQ+. With this in mind, not only EECA countries cannot measure progress against SDG3 goals when it comes to LGBTQ+ and GNC persons, but they also do not adopt any such measures. The state-sponsored SOGI-based discrimination of LGBTQ+ and GNC persons results in the gross and intentional violation of their right to health on the governments’ part. As a result, for LGBTQI+ such circumstances cause: distrust of the medical system as a whole; refusal of testing and therapy; seeking of medical help late and advanced illness; deterioration in the quality of life, worsening mental health, addiction issues, and problems in other areas of life related to disclosure of HIV status or SOGI, including cases of domestic and law enforcement violence.[[21]](#footnote-21)

**II.** EECA States do not exercise HIV prevention and treatment for LGBTQ+ and do not gather disaggregated relevant data, so they cannot measure anything against SDG3 in this regard. The HIV epidemic among the LGBTQ+ community in EECA has been getting worse over the recent years. Overall, the incidence of HIV in EECA rose by 43% between 2010 and 2020: even with the scarce data, UNAIDS indicates that gay men and MSM account for 16% from the general sample and transgender women for 1% (however, sex workers account for 13% and PWUD for 43%, and MSM and trans\* people can be among those percentages as well).[[22]](#footnote-22)

The Independent Expert is welcome to study ECOM’s succinct reports on the violation of the right to health of MSM and trans\* people in EECA for more context: [2018](https://ecom.ngo/library/violations_regional_report_2018_en), [2019](https://ecom.ngo/library/report-violations-2019-en), [2020](https://ecom.ngo/news-ecom/hrreport2020-en).

**Concluding Note**

An incredible amount of effort, funds, support, and technical and legal assistance is critical for LGBTQ+ and GNC persons in the EECA region. The EECA States should extend access to PrEP and actively participate in HIV prevention and HIV treatment alongside communities. It is impossible to achieve progress with donor funds only; LGBTQ+ NGOs are barely holding the HIV front for their members, at the risk of their safety and lives.

Awareness and education about LGBTQ+ healthcare, including HIV and chemsex, should be increased among medical workers and the community. Narcophobic laws and related stigma decrease the rate of people being included and retained in healthcare services. HIV laws should be substantially updated based on UNAIDS practices without delay. The education system for medical workers also needs to change; LGBTQ+ issues should be included in medical education at the earliest stages and existing medical workers should be educated on these issues without delay. Evidence-based and up-to-date sex and reproductive education, including comprehensive SOGI issues, should be adopted at national levels and taught in secondary schools. Sensitization of high office, law enforcement, and judiciary on SOGI issues is critical. The legal environment and laws in EECA should be improved: they should be directed at achieving the highest attainable standard of health for all people and should not be directed against civil society and people, regardless of their status or identity. Human rights organizations need to be able to operate within the legal framework without being harassed.

There is much work to be done in EECA. NGOs cannot accomplish this alone. The violation of the right to health of LGBTQ+, based on discrimination and stigma, creates a cycle of hate, which eventually ostracizes LGBTQ+ persons from the general community and prevents them not only from achieving the highest attainable standard of health but prevents them from leading decent lives as human beings with dignity in their own countries of birth overall.

1. Basic Information About ECOM, <https://ecom.ngo/about> [↑](#footnote-ref-1)
2. Call for Inputs on Right to Highest Attainable Standard of Health of People Discriminated Against Based on SOGI, <https://www.ohchr.org/EN/Issues/SexualOrientationGender/Pages/CFI-IE-SOGI-report-50thsession-HRC.aspx> [↑](#footnote-ref-2)
3. TGEU reports that trans\* and GNC people are not safe in Europe and Central Asia, with 375 murders occurring in 2021 alone, of those killed, 96% were trans\* women or transfeminine people, <https://tgeu.org/wp-content/uploads/2021/11/TGEU-TDoR2021-policy-brief-EN.pdf> [↑](#footnote-ref-3)
4. SDG3, <https://www.un.org/sustainabledevelopment/health/> [↑](#footnote-ref-4)
5. “Experts Doubt Turkmenistan’s ‘Virus-Free’ ‘Show,’” <https://www.france24.com/en/20200409-experts-doubt-isolated-turkmenistan-s-virus-free-show> ; “Why Has Turkmenistan Reported No Cases,” <https://www.bbc.com/news/world-asia-52186521> [↑](#footnote-ref-5)
6. Final Report on Human Rights Violation of Trans\* People in EECA from the Onset of COVID-19 Pandemic Till October 2020, Available in Russian <https://www.transcoalition.net/final-report-monitoring-2020/> [↑](#footnote-ref-6)
7. Interim Analysis of Violation Against Trans\* People in EECA, <https://www.transcoalition.net/interim-analysis-of-cases-of-trans-people-rights-violations-in-the-caee-2020/> [↑](#footnote-ref-7)
8. “Economic, Mental Health, HIV Prevention and HIV Treatment Impacts of COVID-19 and the COVID-19 Response on a Global Sample of Cisgender Gay Men and Other Men Who Have Sex with Men,” *AIDS and Behavior,* via Springer, <https://link.springer.com/article/10.1007/s10461-020-02969-0#Sec18> [↑](#footnote-ref-8)
9. COVID-19 Situation Assessment: Quarantine Measures affect to LGBTcommunity NGOs working in the field of HIV prevention: https://ecom.ngo/wp-content/uploads/2020/04/COVID-Report-ENG-1.pdf [↑](#footnote-ref-9)
10. Legislative Analysis Related to LGBTQ Rights in 11 EECA Countries, ECOM, 2018, <https://ecom.ngo/wp-content/uploads/2020/04/Legislative-Analysis-2018-eng-fin.pdf> [↑](#footnote-ref-10)
11. For example, there is an entire evidence-based research/manual regarding chemsex in Russia with recommendations for doctors and other healthcare workers on how to provide the best clinical practices for chemsex users which could be readily adopted into policies in Russia or elsewhere in EECA. However, EECA governments remain daff to such data. [https://www.researchgate.net/publication/354144170\_%27Never\_take\_a\_cocktail\_if\_you\_didn%27t\_see\_it\_being\_made%27\_Chemsex\_MSM\_and\_Clinical\_Services\_in\_Russia](https://www.researchgate.net/publication/354144170_'Never_take_a_cocktail_if_you_didn't_see_it_being_made'_Chemsex_MSM_and_Clinical_Services_in_Russia) [↑](#footnote-ref-11)
12. As part of a food support project for MSM and other gay chemsex workers in Ukraine, an initiative found, in 2021, that their target audience for the project was largely impacted by COVID-19 in terms of finance, mental health, general and HIV health. Ukraine, however, does not have appropriate laws in place to facilitate health care for MSM PWUD key populations. <https://www.hplgbt.org/publish/library/en/Report_FBSL-2021_en.pdf> [↑](#footnote-ref-12)
13. Undetectable Equals Untransmittable, UNAIDS, <https://www.unaids.org/en/resources/presscentre/featurestories/2018/july/undetectable-untransmittable> [↑](#footnote-ref-13)
14. Due to the absence of evidence-based and up-to-date education on HIV and SOGI, medical workers in EECA do not believe U=U and enforce harmful stereotypes related to HIV and SOGI, despite research being clear on the validity of U=U, <https://sti.bmj.com/content/97/1/18> [↑](#footnote-ref-14)
15. https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update [↑](#footnote-ref-15)
16. <http://en.stmm.in.ua/archive/2021-3/8.php> [↑](#footnote-ref-16)
17. LGBTI Inclusive Education Index, [https://www.education-index.org](https://www.education-index.org/) [↑](#footnote-ref-17)
18. Regional Report on Violations of the Right to Health of Gay Men, Other MSM and Trans People in EECA in 2020, <https://ecom.ngo/news-ecom/hrreport2020-en> [↑](#footnote-ref-18)
19. IGLYO SOGI Guides, <https://www.iglyo.com/resource/guides/> [↑](#footnote-ref-19)
20. Law of Georgia on the Elimination of All Forms of Discrimination, available in Russian, <https://matsne.gov.ge/ru/document/view/2339687?publication=2> [↑](#footnote-ref-20)
21. Regional Report on Violations of the Right to Health of Gay Men, Other MSM and Trans People in EECA in 2020, <https://ecom.ngo/news-ecom/hrreport2020-en> [↑](#footnote-ref-21)
22. Global AIDS Update, UNAIDS, <https://www.unaids.org/en/resources/documents/2021/2021-global-aids-update>, p. 338 [↑](#footnote-ref-22)