Submitted by Kaos GL Association

Ankara, Turkey

7 Feb 2022

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:

7 Feb 2022

# Issued by:

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

## 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

The Republic of Turkey does not keep data on access to healthcare or provision of health services disaggregated by sexual orientation and/or gender identity.

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

According to the data of the General Directorate of Public Health, a total of 2074 cases, including 2021 HIV and 53 AIDS diagnoses, were reported in 2021 and 25 deaths occurred. From 1985 to November 15, 2021, a total of 29,284 HIV and 2052 AIDS cases were reported.

In these data, the ratios are kept according to the genders of men and women. While AIDS cases were distributed according to gender, 1699 men and 353 women, on the same dates, HIV cases were distributed as 23,739 men and 5545 women.

The data are not based on gender identity and sexual orientation. Only in the distribution of HIV/AIDS cases according to possible transmission routes, homosexual/bisexual sexual intercourse was reported as 4531 cases, while heterosexual sexual intercourse was reported as 9905 cases.

Considering that sexual orientation and gender identity are not taken as a basis in the data, LGBTI+s do not find safe to disclosure their sexual orientation to health personnel due to the current discrimination and hate attitudes, there are also people who have not been diagnosed yet (it is thought to be as much as the current number of cases), the data do not reflect a meaningful result.

## The suicide mortality rate?

The Republic of Turkey does not generate data on suicide-death rates on the axis of sexual orientation and gender identity.

## Coverage of treatment interventions for substance use disorders?

There is no such data.

## Harmful use of alcohol?

There is no such data.

## Access to sexual and reproductive health care?

There is no such data.

## Coverage of essential health services?

There is no such data.

## 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?

No steps were taken to address the health needs of LGBTI+s and GNCs by the authorities. On the other hand, Kaos GL published the Human Rights Report of LGBTI+s Living with HIV in 2020, after the research it carried out.
<https://kaosgldernegi.org/images/library/hiv-lgbti-eng.pdf>

## 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?

There is no such data.

## 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?

Government agencies do not keep any special records containing numerical data based on sexual orientation and gender identity. The use of the terms "sexual orientation" and "gender identity" is particularly avoided in the legislative work of the Turkish Grand National Assembly.

There has been no text that includes these terms issued by the parliament. LGBTI+'s or LGBTI+ rights organizations do not have access to the relevant commissions and subcommittees of the Assembly. Non-governmental organizations working in the field of LGBTI+ rights have not been invited to the legislative bodies since 2012. Practices are shaped by regulations issued according to laws. The same approach continues in the preparations for the regulation. There are no committees covering LGBTI+s to monitor the implementation in terms of the negative and positive obligations of the state. As a result, no measures have been taken to include LGBTI+s in law and policy making.

## 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?

LGBTI+s do not have access to sexual health, reproductive health and the right to benefit from scientific advances. Non-heterosexual people do not have the right to benefit from the development in reproductive technologies, and since legal recognition for trans people requires the compulsory deprivation of reproductive ability, reproductive ability is lost through hormonal and surgical intervention. This is also reflected in practice. LGBTI+s are not included in the policies and practices regarding sexual and reproductive health. LGBTI+ issues are not included in the formal education curriculum, which is already very limited.

## 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?

Laws should be enacted with an egalitarian approach in terms of discrimination based on sexual orientation and gender identity. Responsibility for combating discrimination against LGBTI+s should also be defined in the mandate of national monitoring mechanisms (such as the Equality and Human Rights Institution, Ombudsman Institution). The legal and historical framework of combating discrimination against LGBTI+s should be conveyed to health service providers through in-service training. Special provisions should be added to the legislation on patient rights.

## 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?

There are no LGBTI+s among the groups defined as "with special needs" in the legislation regarding the fulfillment of such needs by state institutions or private institutions supervised by state institutions. In particular, since the law enforcement authorities do not create a special registration system for crimes stemming from hate-based violence against LGBTI+s, there are no automatic referral mechanisms to the health system. The services provided by state institutions are not LGBTI+ inclusive, so LGBTI+s often do not apply to such institutions or apply to these institutions without being able to live their identities openly.

## 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?

LGBTI+s, who can be included in the social security system by paying a premium, receive health services from public hospitals; however, LGBTI+'s access to employment is limited due to the lack of legal protection and strong legal case law. For this reason, many LGBTI+ either work informally or cannot work at all. As a result of this, only if the per capita income is below a certain level according to the household income test, the health premium is paid by the state.

However, the quality of the health service in public hospitals is very low due to the number of patients per doctor or the maximum physical examination duration of doctors, and therefore the state policy is criticized by health organizations in the civil society or semi-public professional organizations.

Health services are also provided by the private sector in Turkey, there is no ceiling price implementation and wages are shaped according to the supply-demand balance. LGBTI+'s who are not an emergency can receive services from private sector health providers only by paying a fee, and a special price policy is not required by the state.

## 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?

No such national policies or programs exist.

## 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?

No such national policies or programs exist.

## Have adequate human and financial resources been allocated to implement those policies and/or programmes?

There is no such human resource or financial resource available.

## 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?

There is no such content. On the contrary, the gender policy paper of Council of Higher Education has been abolished and there is pressure on academic centers working on gender.

## What measures are being taken to provide age-appropriate comprehensive sexuality education inclusive of sexual and gender diversity in educational institutions?

In Turkey, there is no comprehensive age-appropriate sexual education that includes sexual education and gender diversity in educational institutions. Sex education is not included in the curriculum in Turkey.

## 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?

There are no such guides prepared or used by public institutions. No communication is made with LGBTI+ organizations on health strategies or HIV Action Plans, and the existing contents are not inclusive.

In Turkey, there are many publications prepared by LGBTI+ non-governmental organizations on discrimination and hatred based on sexual orientation and gender identity. These reports are launched and campaigns are organized based on the findings.

https://kaosgldernegi.org/images/library/koraybasarinterseks.pdf

https://kaosgldernegi.org/images/library/jolantaesenlik.pdf

https://kaosgldernegi.org/images/library/cinselsiddet.pdf

https://kaosgldernegi.org/images/library/interseksbilginotu.pdf

## 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?

No, since the data is not detailed in this way, no reference is made.

## 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; No data available
		- Indicator 3.4.2: Suicide mortality rate; No data available
		- Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders; No data available
		- 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: 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: No data available
		- 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; No data available
		- 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); No data available
		- Indicator 3.8.2: Proportion of population with large household expenditures on health as a share of total household expenditure or income. No data available

# 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.