**Report of the Independent Expert on protection against violence and discrimination**

**based on sexual orientation and gender identity 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**

**Inputs by the German Federal Government**

**Question 1. Research**: understanding the healthcare needs of LGTBI and GNC people

1.1. 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 number of new HIV infections per 1000 uninfected population?

- the suicide mortality rate?

- coverage of treatment interventions for substance use disorders?

- harmful use of alcohol?

- access to sexual and reproductive healthcare?

- coverage of essential health services?

and

**Question 5. Sustainable Development Goals**

5.2. 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 1000 uninfected population, by sex, age and key populations

Input:

1) Within the framework of the HIV/STI Checkpoint collaboration between RKI and NGO HIV/STI Checkpoints in Germany, data disaggregated by – client self-reported – sexual orientation and/or gender identity of checkpoint clients have been collected since 2018. Sexual orientation/gender identity questions allow identification of self-reported men having sex with men, women having sex with women, men having sex with women, women having sex with men, trans men, trans women, and people with a non-binary gender identity. The number of documented client-visits per year is between 10,000 and 20,000. The data include

- the number of new HIV infections per 100 client-visits

- the recency of STI tests

- a history of viral hepatitis vaccination and syphilis diagnosis

- the use of drugs in a sexual context

- geographical origin and migration status

- health insurance coverage.

2) As part of mandatory (anonymous) HIV diagnosis reporting, the gender of the reported person is requested on the reporting form that has to be filled in by the reporting healthcare provider. Since 2019, gender can be reported as ‘male’, ‘female’ or ‘diverse’. With regard to sexual orientation, information is collected on whether the reported person is a man who has sex with men. This information is physician-reported and the completeness of the information is unclear. So far, in 2019 and 2020, only two cases of HIV diagnosis per year have been reported among people defined as “diverse”. The majority of HIV diagnoses in Germany are reported among MSM.

3) There have been repeated online surveys for MSM in Germany. These surveys were conducted in part nationally, in part (in 2010 and 2017) within the framework of Europe-wide surveys. They included men who have had sex with men or who want to have sex with men. Transgender women were not included.

These surveys collected data on

- access to and use of health services for HIV and STI

- the number of new HIV diagnoses per 100 undiagnosed survey participants or per 100 survey participants tested for HIV in the last 12 months

- mental health including suicidal ideation

- substance use

- harmful use of alcohol.

4) Additional research on the sexual health and health needs of trans\* persons in Germany is currently being implemented; results are not yet available.

5) Measurement of progress against indicator 3.3.1 is possible for MSM, but hampered for non‑binary gender identities by

a. low absolute numbers

b. the relatively short period in which the respective data are collected

c. unclear population denominator with regard to (2) HIV diagnosis reporting.

The number and proportion of HIV diagnoses among MSM in Germany have been declining since 2014.

**Question 3.1:** **Access**: ensuring that LGTBI and GNC people have access to healthcare

Statutory health insurance (SHI) offers all insured persons universal healthcare coverage in the event of illness. Everyone covered by SHI is entitled to all up-to-date, medically necessary care, regardless of the amount of contributions paid, age, gender, sexual orientation or state of health. The contributions to the SHI are based on economic ability. Limits on co-payments ensure that nobody is financially overwhelmed. Children and young people are insured free of charge and are largely exempt from co-payments.

**Question 3.2: What policies or programmes exist to address the mental healthcare 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?:**

Germany has a high-quality psychiatric-psychotherapeutic care system. Anyone who needs help because of mental illness (e.g. depression or anxiety disorders) can use it at the expense of the statutory social insurance. The treatment is geared to the specific mental problem or mental disorder and also takes into account – as part of a person-centred approach – both the needs and requirements of the individual as well as contextual conditions, current psychosocial conditions and the resources and burdens of the individual.

**Question 4.1: 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 healthcare professionals?**

The *Approbationsordnung für Ärzte* (Regulation on the Licensing of Doctors) enables topics such as sexual orientation and gender identity to be taught within the medical curriculum. This also applies to the specific treatment needs of people who have suffered from violence or discrimination because of their sexual orientation or gender identity. However, the determination of the curriculum’s contents falls under the jurisdiction of the *Länder* (federal states) and, within the *Länder*, that of the medical faculties. The National Competence-Based Catalogue of Learning Objectives for Undergraduate Medical Education (NKLM) provides faculties with optional guidance for undergraduate medical education. The NKLM comprises several learning objectives on the topics of sexual orientation and gender identity. As part of the ongoing reform of the Regulation on the Licensing of Doctors, it is envisaged that the medical curriculum will follow the NKLM, meaning that the learning objectives relating to sexual orientation and gender identity would become a mandatory part of medical training.

In particular, the NKLM comprises the following learning objectives on the aforementioned topics:

VIII.3-01.2.2.

In the course of interprofessional collaboration, recognising patients’ sociocultural characteristics and considering their potential impact on the intended treatment outcome (for instance, sexual orientation)

V.01.1.1.138.

Sexual dysfunction (difficulties during sexual intercourse and impairment of the sexual experience) (for instance, with regard to sexual orientation)

VI.10-01.17.6.

Gender incongruence (transsexuality, gender incongruence and gender dysphoria).

In addition, various other gender-specific learning objectives are linked to the learning objective “gender incongruence”.

VI.03-01.5.1.

Gonadal disorders and disorders of sexual differentiation (including transsexuality and intersexuality)

VIII.6-04.4.13.

Recognising disadvantages, stigmatisation and discrimination on grounds of racism or ethnic origin, gender, religion or belief, disability, age or sexual identity and acting with the motive to prevent or eliminate these disadvantages

V.01.1.1.55.

Experiences of violence and abuse

The learning objectives and competence-based catalogues in the healthcare professions spell out in more or less explicit terms that graduates should bear in mind the patients’ autonomy and self-determination, also with regard to sexual orientation, transsexuality and intersexuality (e.g. *Studien- und Prüfungsverordnung für Hebammen* (Midwifery Studies and Examination Ordinance), cf. also section 5 (2) of the Act on Nursing Professions).

**Question 4.3:** **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 healthcare institutions?**

The Association of the Scientific Medical Societies in Germany (AWMF) coordinates the development of guidelines in Germany. Guidelines contain systematically developed recommendations for physicians and patients to support the decision-making process on the appropriate diagnosis and therapy of a disease by the individual medical societies (https://www.awmf.org/en/).

With regard to the topics of sexual orientation and gender identity, guidelines are currently available that address these important aspects to varying degrees and focus on different groups of people (adults as well as children/adolescents) of different genders (female, male, diverse).

In particular, the following guidelines for adults are worth mentioning:

• S2k guideline “Sexually transmitted infections (STI) – counselling, diagnosis, therapy”

• S2k guideline “Gender incongruence, gender dysphoria and trans health: diagnostics, counselling, treatment”.

The following guideline projects, which are intended to address adults as well as children and adolescents, are currently in progress:

• S3 Living Guideline on Interdisciplinary Integrated Health Care for Trans\*, Transgender and Non-binary People (Together4Trans)

• S3 guideline “Gender incongruence and gender dysphoria in childhood and adolescence: diagnosis and treatment”

• S2k guideline “Gender reassignment surgery for gender incongruence and gender dysphoria”

The Federal Centre for Health Education (BZgA, www.bzga.de, within the remit of the Federal Ministry of Health) has also published various information materials on the topic of “Sexual Orientation and Sexual Diversity” and provides detailed information on its website at <https://www.liebesleben.de/en/>.

The Federal Government also makes medical guidelines for both intersex and transgender persons digitally accessible, for example via its rainbow portal (www.regenbogenportal.de). The rainbow portal is aimed at specialists. It offers basic information on LGBTIQ\* health issues and a nationwide collection of material for professional self-information.