Questionário - direito à saúde das pessoas afetadas pela violência e discriminação com base na orientação sexual e identidade de género

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.

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

## 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 health care?

## Coverage of essential health services?

N/A.

## 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?

In 2018, the Portuguese Government approved the 1st Action Plan to Combat SOGIESC Discrimination, integrated in the **National Equality and Non-Discrimination Strategy 2018-2030** (Council of Ministers Resolution 61/2018, of 21 May), in which the first strategic objective is to promote knowledge on the real situation of the needs of LGBTI people and SOGIESC discrimination. As such, the State Secretary for Citizenship and Equality, through the Commission for Citizenship and Gender Equality (CIG), is promoting the development of a study aiming to produce national data in the areas of SOGIESC. This study aims to identify the main sectors and contexts in which disadvantages and discrimination against LGBTIQ people occur, including disaggregation by the most affected geographical areas; identify priority needs and areas of intervention, including health, employment, housing, security and protection against violence, education, justice, access to goods and services. Final report is expected before the end of March 2022.

There is also a **National Health Strategy**. [The Health Strategy for Lesbian, Gay, Bisexual, Trans, and Intersex people](https://www.dgs.pt/documentos-e-publicacoes/estrategia-de-saude-para-as-pessoas-lesbicas-gays-bissexuais-trans-e-intersexo-lgbti-pdf.aspx) - LGBTI, Volume 1 - Health Promotion for Trans and Intersex People was published in July 2019. The strategy establishes a model for intervention by defining a set of guidelines both from an organizational and clinical good practices point of view. It resulted from the collaboration between the Government (Health and Citizenship and Equality) and several LGBTI NGOs.

## 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?

The study referred to above in question 1.2 will look for the identification of groups particularly vulnerable to intersectional and multiple forms of discrimination. Moreover, in 2021, CIG launched a funding line under EEAGrants to support the production of a white paper on the legal framework for protection against multiple and intersectional forms of discrimination (currently under evaluation).

## 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?

As indicated above, the 1st Health Strategy for LGBTI persons results from the work and coordination between the Directorate-General for Health (DGS), in collaboration with health units, the Secretary of State for Citizenship and Equality and LGBTI civil society organizations.

In result of this close cooperation, in 2021, the blood donation standard was updated to become non-discriminatory and the Law No. 85/2021, of 15 December, was approved, which prohibits discrimination on grounds of gender identity or sexual orientation in eligibility to donate blood, amending Law No. 37/2012 of 27 August, which approved the Blood Donor Status.

Moreover, LGBTI civil society organizations have a seat in CIG’s Consultative Council as well as in the Follow-up Technical Committee that monitors the Action Plan to Combat SOGIESC Discrimination. Finally, this action plan is currently being revised for the period 2022-2025 through a participatory process, including NGO in CIG’s Consultative Council. CIG recently launched a public consultation on the preliminary version of the revised action plan, between 17 January and 7 February 2022.

The State Secretary for Citizenship and Equality, through CIG, regularly launches funding lines to support NGO and their action in the areas of gender equality, namely LGBTI NGOs, chiefly within the EU Multiannual Financial Framework 2014-2020. In addition, a funding line was created in 2018 and it’s launched every two years, targeting specifically LGBTI NGOs, to support the development of projects, measures or actions that promote the rights of LGBTI persons.

In the **National Health Service (NHS)**, there is a health model of integrated response on child and youth abuse and interpersonal violence prevention, including violence and discrimination based on sexual orientation and gender identity. This health policy model is operationalized by the National Program for the Prevention of Violence in the Lifecycle ([Order No. 9494/2019 of October 21th](https://www.sns.gov.pt/noticias/2019/10/21/prevencao-da-violencia-no-ciclo-de-vida/)) coordinated by Directorate-General of Health, which integrates different areas: Health Action for Children and Youth at Risk (HACYR - [Dispatch No. 31292/2008, December 5th](https://dre.pt/web/guest/pesquisa/-/search/975648/details/normal?q=31292%2F2008)), Health Action for Gender, Violence and Lifecycle directed to adults (HAGVL - [Dispatch No. 6378/2013, May 16th](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjB6M_p_L_0AhXzAWMBHW3ZCqAQFnoECAcQAQ&url=https%3A%2F%2Fwww.dgs.pt%2Faccao-de-saude-para-criancas-e-jovens-em-risco%2Flegislacao-relacionada%2Fdespacho-n-63782008-de-16-de-maio-pdf.aspx&usg=AOvVaw2j4Q4GKDPZI0tsnvZ8Iu1q)) and Action Plan for the Prevention of Violence in the Health Sector ([Resolution of the Council of Ministers No. 1/2022 of 5 January](https://dre.pt/dre/detalhe/resolucao-conselho-ministros/1-2022-177088074)). Through its implementation and profiting from existing good practices, it was possible, for the first time in Portugal, to develop uniform mechanisms for intervention in health services, in search for a paradigm shift with a special focus on a holistic and preventive approach to violence, considering the life cycle and all forms of violence and discrimination prevention, especially to populations with increased vulnerability.

The Program has technical consultancy and training support by professionals from different areas and sectors, including experts and Associations in the LGBTI area.

Program contents, good practices implemented at national level for all services providing care (primary and hospital health care), which include action protocols, registration systems, technical documentation, training programs, are properly aligned with national and international normatives, including Sustainable Development Goals, from an inclusive and non-discriminatory approach, focusing on Human Rights promotion and protection.

## 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?

In the NHS, the health care needs of persons affected by violence and discrimination, including based on sexual orientation and gender identity, are addressed globally and comprehensively at the national level in all Health Programs and Strategies. At regional and local levels, health practices address inclusive measures for particularly vulnerable groups.

Locally, in the NHS, multidisciplinary teams specialized in responding to the area of ​​violence in the lifecycle (in primary and hospital health care), intervene and refer the person according to the identified needs. In the case of identification of needs in ​​sexual and reproductive health, the response in the NHS is universal and free of charge (*also see answer to questions 2.1.; 5.2. - Indicator 3.8.1*).

## 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?

As said before, in the NHS, the health care needs of people affected by violence and discrimination, including based on sexual orientation and gender identity, are addressed globally and comprehensively at the national level in all Health Programs and Strategies. At regional and local levels, health practices address inclusive measures for particularly vulnerable groups.

Literacy and training activities, with special attention to gender inequalities and LGBTI discrimination and a comprehensive approach, including graphic and content aspects in the information produced, have been developed by Programs and the various Regional Health Administrations and Health Services both in ​​access and quality of health care and in the prevention of discrimination in health professionals’ practices. Locally, these activities are also promoted by the Support Centers for Children and Youth at Risk and Teams for the Prevention of Violence in Adults of the National Program for the Prevention of Violence in the Lifecycle. These multidisciplinary teams existing in primary and hospital health care intervene in the field of human rights promotion, violence, and non-discrimination prevention, not only in health services but also in the communities collaborating with other community projects and resources.

*Also see answer 2.1.*

## 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?

Even though the NHS has come a long way in specific legislation and normative documents promoting inclusion and non-discrimination health practices, cultural barriers and stereotypes need to be continuously addressed.

## 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?

The Constitution of the Portuguese Republic establishes that the right to health is achieved through a national universal and tendentially free health service - National Health Service (NHS). The Basic Health Law establishes the universality of coverage of health care services as one of the basic characteristics of the Portuguese NHS, determining that public health services are available to the entire population. It also establishes equity as a general principle of the health system, understood as the guarantee that access to health care provision takes place under conditions of effective equality. This implies a comprehensive concept of health and imposes the challenge, for health care services, to incorporate the operationalization of strategies that can contribute to the reduction of health inequalities, improvement of equity in access to health care, namely considering the needs of particularly vulnerable groups and gender perspective, including persons affected by violence and discrimination based on sexual orientation and gender identity.

That being said, and despite of the COVID-19 pandemic, a new health response was created in 2021 for trans persons, the 1st ever in the North of the country which combines 10 medical specialties.

Also, in response to the pandemic, several actions were developed, namely:

* Issuance, by DGS, of specific guidelines to the Regional Health Administrations to guarantee the access of trans persons to clinical follow-up and drugs associated with specific hormonal therapy.
* Creation, through a partnership between the Secretary of State for Citizenship and Equality and the National Pharmacy Association (ANF), of a direct and privileged communication channel between ANF and LGBTI associations and groups to identify and respond to needs related to access to pharmacies and the administration of injectables associated with specific hormonal therapy.
* Holding of a meeting of the Secretary of State for Citizenship and Equality with several associations and LGBTI groups to identify needs and responses, during the pandemic and post pandemic, and to disseminate resources and services. In addition, new focal points were established between formal and informal support networks.
* Development of a guide with resources and support services available to LGBTI people, which was widely disseminated.

## 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?

N/A.

## 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?

Since 2019 (under Council of Ministers Resolution 139/2019, of 19 August), the Government has been developing intense intersectoral work in the areas of violence against women and domestic violence. In this context, the 1st ever **Common Training Plan on Violence against Women and Domestic Violence** was produced in 2020 - this is the first common training plan for the various sectors intervening in this area, and therefore it is based on the standardisation of concepts, the definition of contents and training methodologies based on the analysis of specific cases and the identification of a pool of specialised trainers. This plan includes a module on the intervention with victims in situations of increased vulnerability, namely LGBTI persons and involves 5 areas of government, such as Health.

In 2020, the Government approved Regulatory Decree 3/2020, 14 August (amending Regulatory Decree 2/2018, 24 January) which increased the maximum duration of emergency sheltering for victims of domestic violence in situations of increased vulnerability, namely on the grounds of disability, mental health condition, sexual orientation, gender identity and expression, and age.

Since 2017, there are three specific and specialized support services for LGBTI persons who are victims of violence, financed by public funds.

The organizations responsible for these responses are:

* Casa Qui Association (Lisbon)
* ILGA Portugal Association (Lisbon)
* Plano I Association (Porto)

In 2018, a Specialized Emergency Shelter response opened in Porto, *“Casa Arco-Íris”*, for LGBTI persons who are victims of violence, managed by the Plano I Association.

These responses integrate the **National Support Network for Domestic Violence Victims**.

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

Yes. The Action Plan to Combat SOGIESC Discrimination, integrated in the National Equality and Non-Discrimination Strategy 2018-2030, is coordinated by CIG. Between 2015 and 2021, CIG’s budget had a significant increase, going from EUR 3 499 068 in 2015 to EUR 6 719 469 in 2021. Regarding CIG’s human resources (headcount): 63 professionals in 2019, 66 professionals in 2020, 68 professionals in 2021.

There is also the state budged for the health sector.

## 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?

As part of the amendment to the legislation on blood donation, training is scheduled for blood services professionals of the Portuguese Blood and Transplantation Institute with the aim of empowering and/or update knowledge for the Eligibility of Persons Applying for Blood Donation, in the harmonization of eligibility criteria in the context of risk concepts for the person applying for blood donation, receiving person, quality and safety of the product. People applying for donation will also have access to awareness-raising training on values of equality, inclusion, and non-discrimination.

The Health Strategy for LGBTI persons also addresses this issue and proposes a training program.

The regional coordination of the National Program for the Prevention of Violence in the Lifecycle ensures the development of training and awareness sessions in specific areas such as the area of LGBTI people.

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

Since 2017, the National Education Strategy for Citizenship was launched to be implemented in all public and private schools. It is intended that students develop and actively participate in projects that promote the construction of more inclusive societies, within the framework of Democracy, respect for diversity and human rights protection.

CIG provides training on non-discrimination, gender equality and SOGIESC issues to key professionals, including teachers, and there are also some projects from LGBTI NGOs, supported by public funds, that aim to raise awareness and provide training and non-discrimination and SOGIESC issues within the school community.

## 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?

The already mentioned 1st Health Strategy for LGBTI and the blood donation standard updated in 2021.

Program contents, good practices implemented at national level for all services providing care (primary and hospital health care), which include action protocols, registration systems, technical documentation, training programs, are properly aligned with national and international normative, including Sustainable Development Goals, from an inclusive and non-discriminatory approach, focusing on human rights promotion.

## 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?

N/A

## 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;**

N/A

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

N/A

* + - **Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders;**

N/A

* + - **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**

N/A

* + - **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;**

N/A

* + - **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;**

N/A

* + - **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, new-born and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population); and**

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.**