



REGIONAL REPORT

on Violations of the Right to Health of
Gay men, other MSM, and Trans* people
in the CEECA region in 2019

2020
ECOM

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The information presented in this document can be useful for non-governmental organizations, community activists, as well as government representatives in planning advocacy processes, promoting the rights of gay men, other MSM, and trans* people, and in overcoming barriers to their access to services.

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CONTENTS

Summary	5
Introduction	7
Goal and objectives of the report	8
Limitations in the analysis of qualitative data	12
Review of gaps in legislation and policies in the region in relation to the right to health and other related rights	13
Analysis of cases collected in 2019	17
Perpetrators	25
Analysis of changes for 2017-2019	27
Main conclusions	29
Key recommendations	31
Annex 1: Table of data on legislative barriers in the CEECA region for 2019	33
Annex 2: Number of documented cases for 2017-2019 by type of violation	35
Annex 3: Number of documented cases for 2017-2019 by category of perpetrators	36



LIST OF ABBREVIATIONS

CEECA	Central and Eastern Europe and Central Asia
HIV	Human immunodeficiency virus
LGBT	Lesbian, gay, bisexual and trans* people
PLH	People living with HIV
MSM	Men who have sex with men
NGO	Non-governmental organization
SOGI	Sexual orientation and gender identity
STI	Sexually transmitted infection
IH	Internalized homonegativity
WHO	World Health Organization

LIST OF CEECA COUNTRIES

Armenia	Kazakhstan	Russia
Azerbaijan	Kyrgyzstan	Tajikistan
Belarus	Moldova	Ukraine
Georgia	North Macedonia	

5 FOCUS COUNTRIES FOR THE REPORT FOR 2019



Armenia



Georgia



North Macedonia



Belarus



Kyrgyzstan

In addition, the text uses data collected by ECOM in 2017-2019 as part of an analysis of legal barriers, as well as data from a separate monitoring of cases¹, conducted in 2019 by ECOM partners in:

- Kazakhstan (with a focus on Almaty);
- Russian Federation (with a focus on Saint Petersburg and Novosibirsk);
- Tajikistan.

¹ The monitoring of cases was carried out according to the same methodology developed earlier by ECOM and used in the 5 countries of this regional report



The third regional report on violations of the right to health contains information on cases of violations of the rights of gay men, other MSM and trans* people in 5 CEECA countries for 2019, as well as an analysis of trends identified during the three years of ECOM's regional program «Right to Health» in 2017-2019.




The «Right to Health» regional program team considers it crucial to systematically monitor violations of the right to health and related rights in the CEECA region. The data obtained through monitoring and desk research, analyzed in terms of the changes that occurred during the three years of program implementation, can confirm some of ECOM's hypotheses, help to analyze the types of human rights violations faced by gay men, other MSM, and trans* people, identify the main categories of perpetrators, and point to trends related to changes in the region as a whole, as well as in individual countries.

In order to carry out regional monitoring and to analyze the data obtained, ECOM not only developed its own methodology, but also trained country teams that have already multiplied the data obtained on their countries. Thus, the **first side-effect** of this work is strengthening the capacity of local activists and NGOs in relation to monitoring and systematic work with members of the community to identify cases and to further respond to them (i.e. data collection, documentation and analysis, victim support, advocacy based on information obtained).




The **second side-effect** of this work was that, in the third year (2019), a similar methodology for collecting and analyzing cases of individual violations of the right to health and related rights was used in two additional countries of the region (Kazakhstan and Tajikistan), as well as in two large cities of the Russian Federation (St. Petersburg and Novosibirsk). The data obtained points to the need for systematic data collection in these cities and countries, as well as for increased support for local communities and the development of the capacity of activists (especially in Tajikistan).

The **third side-effect** of the systematic work in the region is the increase in legal literacy of local activists, NGOs, and community members in the focus countries. The most important result of these three years of work is that the number of cases is slowly growing, indicating a greater willingness of community members to report violations, an increase in trust in activists and NGOs, as well as possible future growth in the number of appeals to law enforcement agencies (so far, the number of such cases is steadily increasing in Georgia and North Macedonia). On the other hand, it is important to note that in countries where law enforcement officers themselves are often perpetrators (Kyrgyzstan, Kazakhstan, and especially Tajikistan), it is important to focus on developing legal literacy and human rights protection skills among local activists and NGOs. In such cases, it is also necessary to work on developing strategic litigation skills

BRIEF CONCLUSIONS:

-  Cases collected in 2019 confirm ECOM's hypothesis about the linkage between violations of the right to health and other legal problems in countries, which leads to violations of other rights. Using the examples of Armenia, Kyrgyzstan, and Belarus, the need to develop comprehensive anti-discrimination laws that would not only define what discrimination is, but also create effective complaint mechanisms against discrimination, is clear;
-  The collected cases show a variety of actual violations of the right to health: from refusals to provide medical care (urgent and planned), ART or other drugs, to disclosure of a patient's diagnosis or SOGI. These cases involve both direct violations of the right to health, as well as the provision of medical care accompanied by offensive comments and the humiliation of patients. There are also documented cases in which a victim of physical and/or psychological violence chose not to seek medical care out of fear of repeated victimization and/or the disclosure of their SOGI or HIV status.
-  It is important to note the relatively high level of homophobia and transphobia among law enforcement agencies. Many such cases were documented in North Macedonia and Kyrgyzstan (as well as in Kazakhstan and Tajikistan). Such abuse of power, in addition to the negative impact on the mental health of victims, leads to the refusal of community members to turn to the police and other state bodies, which leaves human rights violations against members of the LGBT community unpunished.

RESULTS OF THE PRIMARY SYSTEMATIC CHANGES FOR 2017-2019 IN CERTAIN COUNTRIES OF THE CEECA REGION:

-  New version of the Law «on the prohibition of and protection against discrimination», which includes SOGI in the list of protected grounds in North Macedonia;
-  Draft bill on gender expression, developed by civil society activists in Armenia;
-  Strengthening monitoring of the effective investigation of cases of discrimination and hate crimes in Georgia.



The third CEECA regional report on violations of the right to health and related rights of gay men, other MSM and trans* people is a consolidated document based on information provided by five country teams of community organizations from Armenia, Belarus, Georgia, Kyrgyzstan, and North Macedonia.

The majority of the empirical material for analysis consists of an array of cases collected by country teams as part of monitoring of violations of the right to health and other related rights in 2019. In total, 71 cases were collected in the 5 countries of the region mentioned above. Most cases were collected through appeals by community members to ECOM country team offices for legal assistance, consultations, and/or through personal acquaintances.

The quality of documented information is not always sufficient for a full analysis, which indicates the need for continued work to increase the level of legal literacy among members of LGBT communities in the CEECA region. The types of violations described in the country reports also vary, as some are not obviously related to the right to health. In response to this, ECOM developed a system for assessing rights violations and a logical framework for analyzing the relationship between the right to health and other human rights. All cases are related due to the SOGI of the victims.

In addition, during the country analysis, each team assessed the external environment at the national level, which took into account trends in media coverage of LGBT rights, statements and comments by public officials, including government officials, the patterns in the investigation of cases of discrimination and hate crimes, as well as the quality and results of such investigations.

Data from desk research on legal environments, existing barriers, and on changes that occurred in 2019 was used for the analysis of specific countries, as well as for compiling the regional overview.

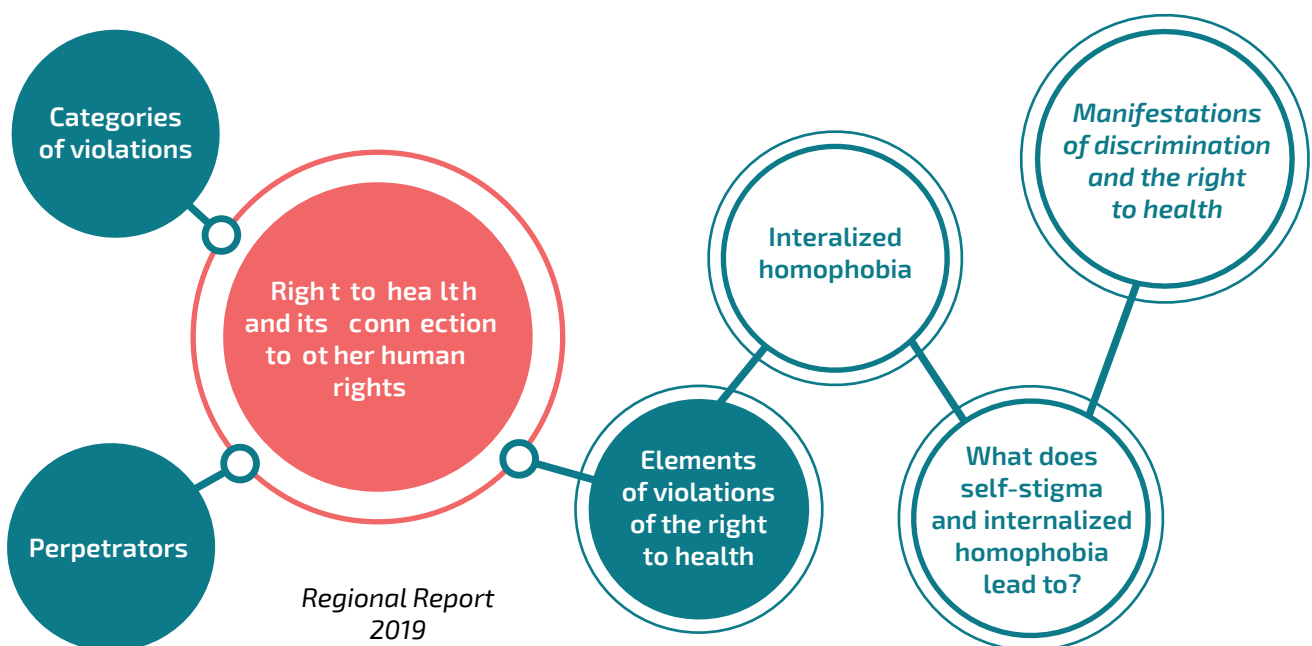
All country reports were compiled using one methodology, which makes it possible to conduct a comparative analysis of patterns across the three years (2017-2019) and to discuss trends and systemic problems in the region. In the future, it is worth paying special attention to the development of monitoring in cities and encouraging country teams to collect data disaggregated by city and region within the country in order to assess the situation of LGBT people not only in capital cities, where there are traditionally more resources and opportunities, but also in regional centers.



GOAL AND OBJECTIVES OF THE REPORT



This consolidated report on five countries of the CEECA region for 2017-2019 studies and analyzes the development of the situation in these countries (during the specified time period), and also studies the experience of the five country teams, which carried out monitoring, communicated with the community, and assessed the legal environment as part of their desk research and advocacy work.



The main hypothesis is that the level of stigma and discrimination based on SOGI in CEECA countries significantly affects the ability of gay men, other MSM and trans* people to realize their right to health.

This consolidated report analyzes the main findings of the country teams, focuses on the main problem areas, shows the dynamics of improvements in the region and in specific countries, and notes the successes of the country teams and community development in the region as a whole and in individual countries.

The main objective of the regional report is to demonstrate progress and/or regression in countries in relation to social, institutional, and/or legal barriers, which prevent gay men, other MSM and trans* people from fully realizing their right to health.

The data obtained as a result of the analysis and the developed recommendations can serve as a basis for the development of policy changes related to legislation and the quality of the provision of health and related public services across the region, as well as in individual countries.

The documentation and analysis of cases of violations of the right to health are one of the activities of the regional program «Right to Health» implemented by ECOM. The program advocates for the right to health of gay men, other MSM, and trans* people and the fight against social and legal barriers that prevent these communities from receiving quality health services.

The second objective of the systematic work carried out by ECOM over several years is to strengthen the capacity of local communities and activists to influence the development and improvement of policies, both at the national and regional levels. The main objective of this work is to strengthen the advocacy initiatives of ECOM's partners, their ability to accumulate and analyze data, and to use such data to overcome the social and legal barriers that prevent community members from fully realizing their human rights. The result of this work included consolidated reports for each year of the project (2017, 2018 and 2019), as well as individual country reports². Sets of recommendations and suggestions, a sort of ready-made advocacy toolkit for work at both the national and international levels, were also developed.

«SIDE-EFFECT» OF DATA COLLECTION OVER THREE YEARS

First side-effect of the work aimed at strengthening the advocacy capacity of national activists was systematic training for them on monitoring methods and support for their monitoring projects for several years. In addition to the development of skills for collecting and analyzing data, monitoring itself contributed to the development of ties within the community, and to building trust between civil society activists and community members, especially those living in the shadows, who do not generally use the services of civil society and service organizations.

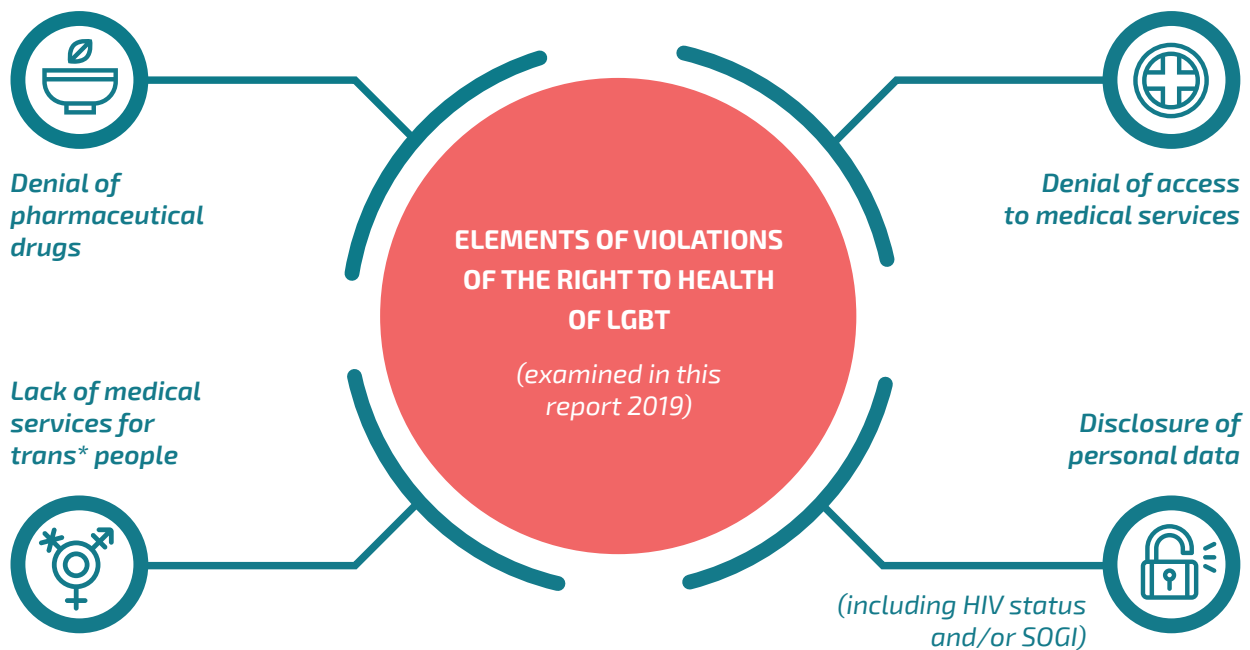
The systematic monitoring of cases using the developed methodology also allows us to automatically increase the level of knowledge of community members about the possibility of receiving counseling through local service and human rights organizations, as well as to directly increase their level of legal literacy, since, in addition to filling out the questionnaire (for documenting the incident), they receive preliminary legal advice, and, in some cases, full legal support for their case.

The second side-effect, used in this report, but not included in the main analysis, is material collected by three more country teams using the same methodology: in Kazakhstan, Tajikistan, as well as in two cities of the Russian Federation (Novosibirsk and St. Petersburg). These cases were all documented according to the same methodology; the city reports also used elements of the structure of country reports and included an analysis of the legal environment. Given that data in the additional countries was not collected sequentially during each of the three years, these countries are not included in the regional comparison. However, some observations from these additional country reports and conclusions based on an analysis of their cases are important to mention. They are included separately in the «Case Analysis» section

² All reports mentioned are available in Russian and English in the "Library" section on ECOM's website




DATA COLLECTION METHODOLOGY OVER 3 YEARS AND STRUCTURE OF THE REPORT

- ➔ Each country: collects data according to a predetermined format;
- ➔ Prepares an analysis of legal barriers to the right to health;
- ➔ Monitors individual cases of violations of the right to health and other related human rights (the focus for the purposes of this consolidated report is largely on the right to be free from discrimination and on means for the effective protection from discrimination);
- ➔ Provides recommendations on eliminating legal barriers and problems related to law enforcement practices in relation to gay men, other MSM and trans* people.







ECOM ASSUMES THAT:

- ⚠️ Violations of elements of the right to health are possible due to a negative attitude towards LGBT (cases of refusal to provide medical care, incomplete medical care, or poor-quality medical care). This is direct discrimination;
- ⚠️ Violations of the right to health are possible in cases where the state loses sight of the needs of the LGBT community when developing neutral procedures and services (for example, there is no package of medical and legal services for trans* people). These are manifestations of indirect discrimination;

-  The state does not respond to cases of harassment against LGBT (harassment in the streets, at work, in educational institutions); there is no condemnation or punishment of public calls for hatred towards and violations of the rights of LGBT (hate speech by public figures, politicians, and the media). This affects the quality of life of LGBT (including their psychological health), as well as their level of trust towards government institutions, including healthcare institutions;
-  A high level of homophobia in society may be one of the reasons for failing to seek timely medical care and/or for failing to seek medical care at all, both out of fear of disclosure of one's status (both SOGI and HIV+), and of harassment and abuse;
-  A high level of homophobia in society, a lack of response to hate speech (legitimizing hate for LGBT), and the poor quality of hate crimes investigations are reasons for the increase in such crimes (legitimizing not only verbal manifestations of hate in the form of hate speech and harassment, but also physical manifestations in the form of attacks on people). This also leads to both a deterioration in quality of life (fear and mental health problems), and to physical harm to health.

Therefore, in order to analyze violations of the right to health, data from desk research on legal barriers directly related to the right to health, as well as to protection against various forms of discrimination, was used. Data from monitoring individual cases, including cases of direct violations of the right to health, and cases of various forms of discrimination towards gay men, other MSM, trans* people and/or people living with HIV, was also taken into account.

STRUCTURE OF THE CONSOLIDATED REPORT:

-  The first section presents a comparative analysis of legislative barriers and changes in the legal environment in five countries for the period 2017-2019;
-  The second section analyzes cases collected in 2019 according to the system developed by ECOM for cataloguing the types of violations (both direct violations of the right to health and its individual elements, as well as violations of other human rights related to the right to health. In particular, this report analyzes violations of the right to be free from discrimination related to the right to health). An analysis of perpetrators of these rights is also conducted, which is important for the subsequent development of a set of advocacy recommendations;
-  The third section presents conclusions and recommendations. Recommendations are presented in two separate blocks, and are addressed to both civil society and decision-makers;
-  Finally, tables with figures in the annexes are provided, which include the number of cases for 2019 by country a) by category of human rights violations recorded in countries and b) by category of perpetrators.



LIMITATIONS IN THE ANALYSIS OF QUALITATIVE DATA



The consolidated report is based on an analysis of data from the five country reports. Each country report reflects both the specific realities of each country, as well as the level of development of civil society and the level of legal literacy of community members who report violations of their rights.

The quality of these country reports and the quality of the descriptions of the cases collected vary widely. In different years, monitoring was carried out by different teams, which also affects the possibility for in-depth analysis.

Another important consideration is that, in 2019, all monitoring data involved cases that took place in the capitals of countries (with the exception of Kyrgyzstan). It can be assumed that outside the capital and in other smaller localities, the situation is no better, or may even be worse. This affects the recommendations to civil society provided in this report. For instance, the data provided by the team from the city of Osh shows that violations of the right to health outside of the capital are widespread and receive less attention from both the authorities and civil society. Outside of capital cities, community members have much fewer resources for documenting cases (there is nobody to report such stories to), and for receiving legal advice and assistance.

However, the breadth of cases presented for analysis, as well as their systematic collection in each country for three consecutive years, allows us to analyze trends in the development of the situation in each particular country and to highlight general trends, or rather general «gray areas», in the legal systems of countries of the region in relation to protecting the rights of LGBT.






REVIEW OF POLICY AND LEGISLATIVE GAPS IN RELATION TO THE RIGHT TO HEALTH AND OTHER RELATED RIGHTS



In the consolidated report for 2019, the analysis of gaps in legislation and policies in the region in relation to the right to health and other related rights focuses on the changes that occurred in 2019. Preliminary assessments and more detailed descriptions can be found in the reports for 2017 and 2018. The report also focuses on the issues that the country teams worked on. If certain aspects of the realization of the right to health were not covered by country teams, then they are not mentioned in this consolidated report.

In order to understand the dynamics of the changes that occurred from 2017 to 2019, the analysis system that was developed previously is used, with a focus on three sets of issues:

-  Right to health, HIV—policies and laws;
-  Laws on gender expression and their implementation;
-  Anti-discrimination legislation and SOGI.

RIGHT TO HEALTH, HIV — POLICIES AND LEGISLATION IN THE REGION

There is a legislative pattern in countries of the region, according to which HIV issues are included in a separate law, and are not part of health laws. Typically, such separate laws include all issues regulating the spread of the infection, measures taken by the state, the work of NGOs, and many others. The appropriateness of separate HIV laws given the presence of other infections and the state's obligations in relation to the right to health in the general health law remains in question.

The second significant unresolved issue, which characterizes the CEECA region as a whole and for the five countries included in this consolidated report, is the criminalization of HIV transmission, which remains relevant for each country. This involves the imposition of criminal liability for the deliberate and unintentional³ transmission of HIV by the Criminal Codes of each of the five countries. The existence of such criminal liability, even in the absence of any statistics on the frequency of punishment, leaves room for the stigmatization of people living with HIV, as well as for abuse of power, blackmail and the intimidation of PLHIV who belong to other vulnerable groups. Country teams identify and describe such cases every year as part of their monitoring activities. The situation is most acute in Belarus, where a significant number of such cases are initiated every year, despite recent changes to legislation (see the «Analysis of Changes» section for 2017-2019).

³ See the table with a list of legislative barriers in Annex 1

Thus, the abolishment of criminal penalties for the spread of HIV should contribute both to improving the situation of PLHIV, and to increasing the level of voluntary testing and subsequent adherence to treatment. Moreover, the police and medical workers will no longer have the opportunity to threaten patients with revealing information related to their HIV status or with criminal punishment for sexual contacts.

Another barrier to building effective systems for the provision of medical care to PLHIV (including gay men, other MSM and trans* people) is the fear of disclosure of information about the HIV status and sexual orientation and/or gender identity of patients. Despite the fact that there are legal regulations in every country prohibiting the disclosure of medical information, in practice, such cases are not uncommon, including cases of disclosure of the SOGI of patients (to both relatives and strangers). This leads to the distrust of the community towards the healthcare system, and represents a barrier to timely HIV testing and subsequent adherence to treatment. The non-acceptance of LGBT in the region is an important factor in this chain of causes and effects, as it fuels internalized stigma, and creates fears related to seeking medical care (for example, in cases of HIV-related illnesses or following hate crimes), or to filing complaints about rights violations. For an illustration of the relationship between the right to health and other human rights, as well as an analysis of causes and effects, see fig. 1.

LAWS ON GENDER EXPRESSION AND RELATED ADMINISTRATIVE PROCEDURES

Three of the five countries included in this consolidated review do not have sufficient policies, procedures, and/or laws to ensure respect for the human rights of trans* people. This includes Armenia, Georgia, and North Macedonia. The situation is better in Belarus, although there are also problems and issues there, as well as in Kyrgyzstan, where, among other things, there is a detailed guide for the provision of medical care to trans* people, approved by order of the Ministry of Health in 2017.


In each of these countries, there are significant problems that are most easily defined as ignoring the needs of trans* people. This primarily relates to the lack of protocols for the provision of high-quality medical care to trans* people at different stages of transitioning, which leads to refusals to provide medical care, from examinations to the prescription of hormone replacement therapy, as well as to the inability to use surgical services.


Another barrier in certain countries, such as Georgia, is the requirement to provide a medical certificate attesting to the completion of surgical interventions before being able to change the gender marker in official documents. Such a requirement is also in force in Belarus, where changing documents is possible only upon the conclusion of medical commission, to which a certificate attesting to the completion of surgical procedures must be provided. In Belarus, another barrier is the need for trans* people wishing to officially transition and amend their documents to be under the long-term observation of a psychiatrist

In Armenia, where there is no legislatively regulated procedure and/or protocol for the provision of medical care to trans* people, local activists note that health problems occur, as trans* people self-prescribe hormone therapy, which poses risks to their health, or they turn to incompetent doctors, which also poses health risks. The situation is even worse for those who wish to undergo surgical procedures. They are either forced to do this clandestinely or to travel abroad. This is confirmed by the monitoring of appeals from the trans* community in Armenia.

There are other specific problems that are not directly related to the right to health, but that relate to transitioning. For example, in Belarus, personal identification codes contain a digital gender marker that does not change when one changes their passport documents, and is a factor that directly identifies a trans* person as such to any official who knows how to read this identification code. This potentially involves the disclosure of personal information. Activists in Kyrgyzstan previously cited the same problem.

There were no significant changes in the procedures and regulation of both medical and legal issues in the countries of the region under consideration. **However, there are several positive developments:**

 Following the decision of the European Court of Human Rights in the case of X vs. North Macedonia of 17 January, 2019⁴, a working group of the Ministry of Justice was created to develop a law on gender expression. The reason for this was that, in its decision, the European Court found that the absence of a regulated and understandable procedure for gender correction was a violation of article 8 of the European Convention on Human Rights and Fundamental Freedoms, namely a violation of the right to respect for private and family life;

 In Armenia, through the efforts of local NGOs and with the support of ECOM, a draft bill on gender expression was developed, which must now be promoted. Regardless of the future effectiveness of the related advocacy campaign, such a document is the first step in discussions between the community and the state on standards and minimum obligations regarding the realization of the right to health of trans* people.

ANTI-DISCRIMINATION LEGISLATION AND POLICIES IN THE REGION

Georgia and North Macedonia are leaders in the region in relation to antidiscrimination measures. In Georgia, the legislative system initially included SOGI in the list of protected grounds and the law on the prohibition of discrimination has been in force since 2011. In North Macedonia, the latest changes, namely the inclusion of SOGI in the list of protected grounds, recently took place in 2019⁵.

⁴ The full text of the decision X v. FYR.Macedonia (Application no. 29683/16) from 17.01.2019 is available in English at: <https://hudoc.echr.coe.int/eng#%7B%22respondent%22:%5B%5C%22MKD%22%5C%22%5D%2C%22documentcollectionid2%22:%5C%22GRANDCHAMBER%22%2C%22CHAMBER%22%5D%2C%22itemid%22:%5C%22001-189096%22%5D%7D>

⁵ On 22 May, 2019, the Parliament of North Macedonia approved a new version of the Law «On the prohibition of and protection against discrimination», which includes an explicit mention of SOGI in the list of protected grounds

In the other three countries of the CEECA region examined in this consolidated report, the situation is the opposite: there is a complete lack of anti-discrimination legislation from the point of view of international human rights standards. In Armenia, Belarus, and Kyrgyzstan, there are only general provisions on equality in the Constitutions of the countries, as well as rare references to the prohibition of various forms of treatment in laws governing certain fields. In addition to the fact that, in these countries, there are no clear and understandable definitions of what discrimination actually is, and, therefore, what is prohibited, there are also no effective mechanisms for protecting victims and/or restoring their rights. In Armenia and Kyrgyzstan, there is the institute of the Ombudsman, which is an institution that can theoretically consider discrimination complaints as well as broader human rights complaints. However, in Belarus, there is not even such an illusory opportunity, as no Ombudsman institution has been created, despite multiple attempts by civil society.

Another «aggravating» factor is the inability to use the protection mechanism provided by the European Convention on Human Rights and Fundamental Freedoms (except Georgia and North Macedonia), which leaves local activists with little room to maneuver in terms of using strategic litigation to campaign for the need to develop and adopt anti-discrimination legislation.

No changes in this area occurred in 2019 in Armenia or Belarus. In Kyrgyzstan, through the efforts of civil society, a draft law on the prohibition of discrimination was developed at the end of 2019. The local Coalition «for Equality» is currently developing an advocacy plan on how to promote this law and submit it to the consideration of the Parliament.



ANALYSIS OF CASES COLLECTED IN 2019

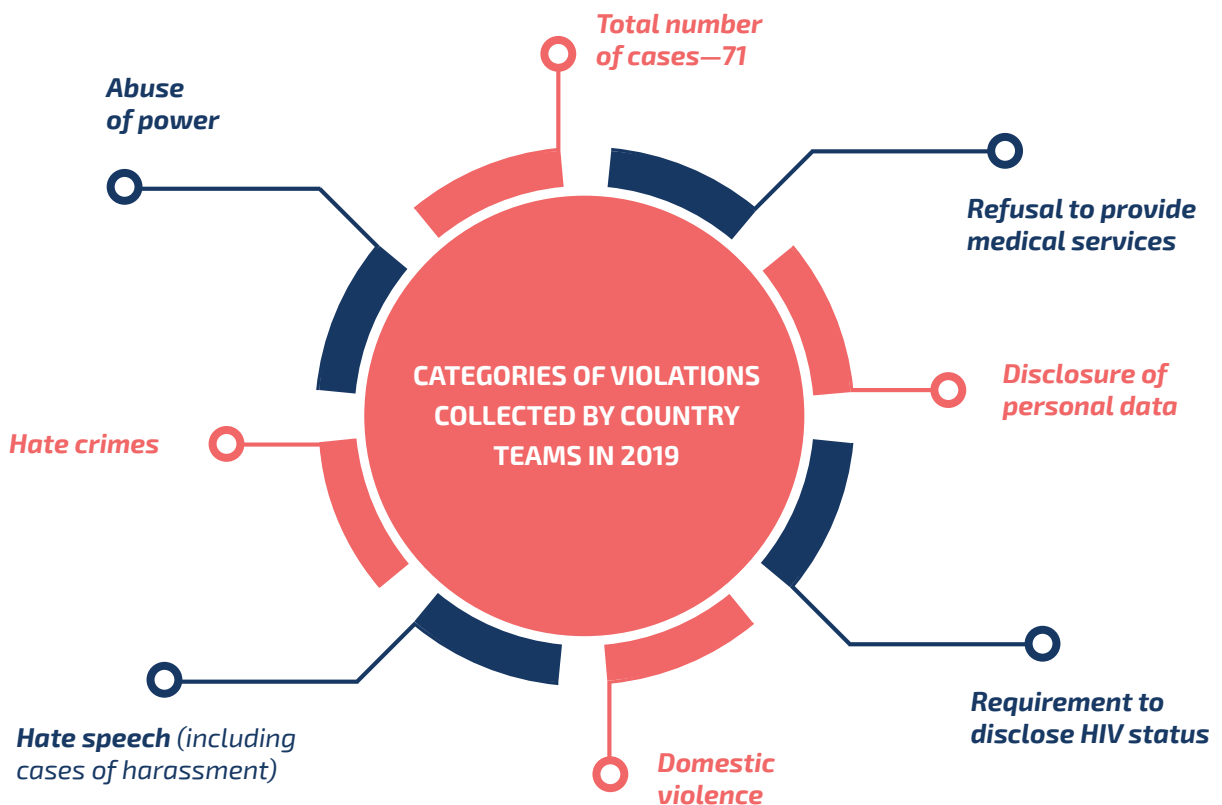


The consolidated report for 2019 presents 71 documented cases of human rights violations of gay men, other MSM and trans* people (including those living with HIV).

By country:






-  Armenia — 13 cases
-  Belarus — 6 cases
-  Georgia — 25 cases
-  Kyrgyzstan — 15 cases
-  North Macedonia — 12 cases

Of the 71 cases, 24 are violations of the right to health (refusal to provide medical services, disclosure of one's status, and requiring one to disclose their HIV status when applying for a job). The remaining 47 are related to human rights violations that can lead to a deterioration in the quality of life and/or health of members of the community (these involve cases of discrimination, hate crimes, abuse of power, and domestic violence).




All analyzed cases are grouped into two tables: by type of violation (Annex 2) and by category of perpetrator (Annex 3).

ECOM DOES NOT ANALYZE QUANTITATIVE DATA FOR SEVERAL REASONS:

-  Cases collected by country teams vary in quality and degree of detail, and in terms of the analysis of the situation;
-  The collected cases vary in complexity: as in previous years, many of the cases documented in 2019 illustrate complex violations of two or three related rights and require detailed analysis, not only to identify violations, but also to identify all perpetrators;
-  On the contrary, several of the documented cases from 2019 are quite vague and require clarification of details, which is not always possible;
-  Despite a slight but stable increase with each year of monitoring, the number of cases is still not large enough to discuss the possibility of assessing the true extent of the problem;
-  On the other hand, the growth in the number of cases, as well as the complexity of the problems raised in them, makes it impossible to hide the problem; on the contrary, this is confirmation of the need to strengthen work in this area, as both earlier reports and the country reports constantly mention the fact that systematic efforts to document individual cases lead to an increase in the number of those reporting cases.

REFUSAL TO PROVIDE MEDICAL SERVICES

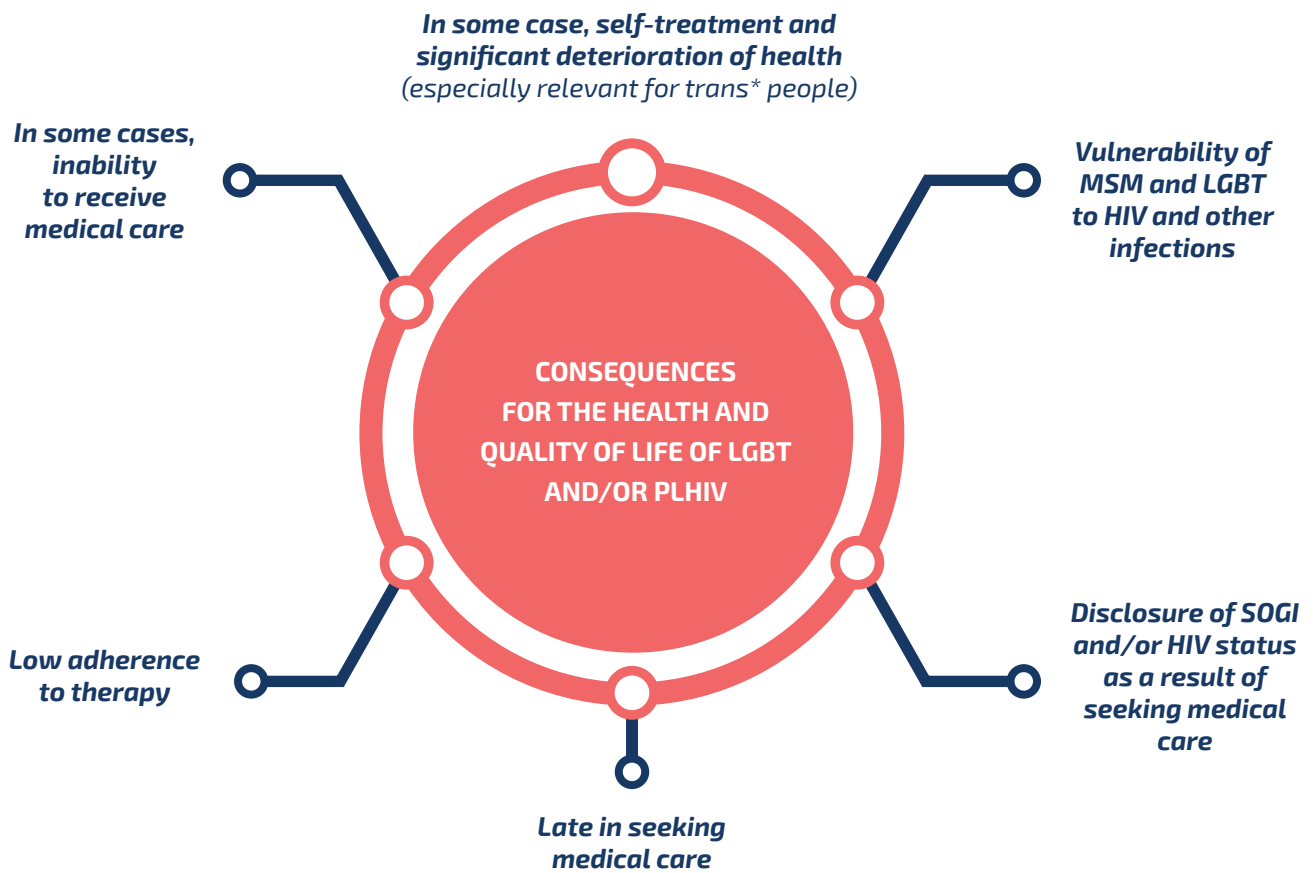
Country teams recorded 12 cases related to the denial of medical services in 2019; of these, 7 were in Armenia, 3 in Kyrgyzstan, and 1 each in Belarus and Georgia. These cases involve the refusal to provide emergency medical care, the refusal to provide treatment once the doctor finds out about the patient's status (SOGI and/or HIV), as well as refusals to provide and/or sell medications. Accordingly, perpetrators in these cases are both employees of medical institutions, as well as pharmacists.

 **Armenia:** *The victim sought dental care in three different medical institutions («Leader-Dental» dentistry, Republican Hospital, Zeytun Hospital). According to the victim, the dentists noted his appearance and commented that «homosexuals are highly likely to become infected with HIV», which was the reason for refusing to provide dental services. According to doctors, they «cannot risk providing him services, as other patients may become infected with HIV».*



Belarus: An HIV+ citizen of the Russian Federation, permanently residing in Ukraine was detained while crossing the Belarusian-Ukrainian border. By an order of the Gomel District Court, he was released from criminal liability, and his punishment was replaced with compulsory treatment in a psychiatric hospital with routine supervision. He was admitted to a psychiatric hospital. According to him, during this time, he was not given ARV therapy for more than four months following his arrest, which was explained as being due to «difficulties associated with his Russian citizenship».

Cases of denial of medical care, in addition to direct damage to health, also lead to subsequent failure to seek care from medical institutions, untreated diseases, and self-medication, all of which negatively affect the health of community members.



Kyrgyzstan: A trans* woman went to the admitting office of the Osh Regional Hospital with complaints of severe abdominal pain. She was received by an on-duty doctor there who refused to prescribe treatment, arguing that the victim was intoxicated and that she had no experience treating trans* people. The victim was advised to return in the daytime and make an appointment with another doctor.

DISCLOSURE OF PERSONAL DATA (medical data and/or SOGI)

In 2019, there was a total of 11 of such cases: Armenia had the most with 4, there were 3 in Georgia, 2 in Kyrgyzstan, and 1 each in North Macedonia and Belarus. In these cases, perpetrators included both medical workers (doctors and laboratory technicians), as well as other representatives of the state who have access to personal information.

According to the data of the country teams, as well as the results of the analyses for previous years, the fear of having one's HIV+ status or SOGI revealed is a common reason for refusing to seek medical care and for low adherence to ART, especially outside of capital cities. Despite the fact that there is a legislative ban in most countries on the disclosure of information about one's private life, including the disclosure of one's diagnosis, in most cases, victims choose not to file complaints about violations, fearing re-victimization and the fact that by filing a complaint, their status and/or sexual orientation will become known to an even larger circle of people.

In countries with a high level of homophobia (i.e. in the majority of the CEECA countries being examined), and with a low level of accountability for various human rights violations, such fear leads to the fact that issues related to the disclosure of personal and/or medical information remain hidden and unresolved.

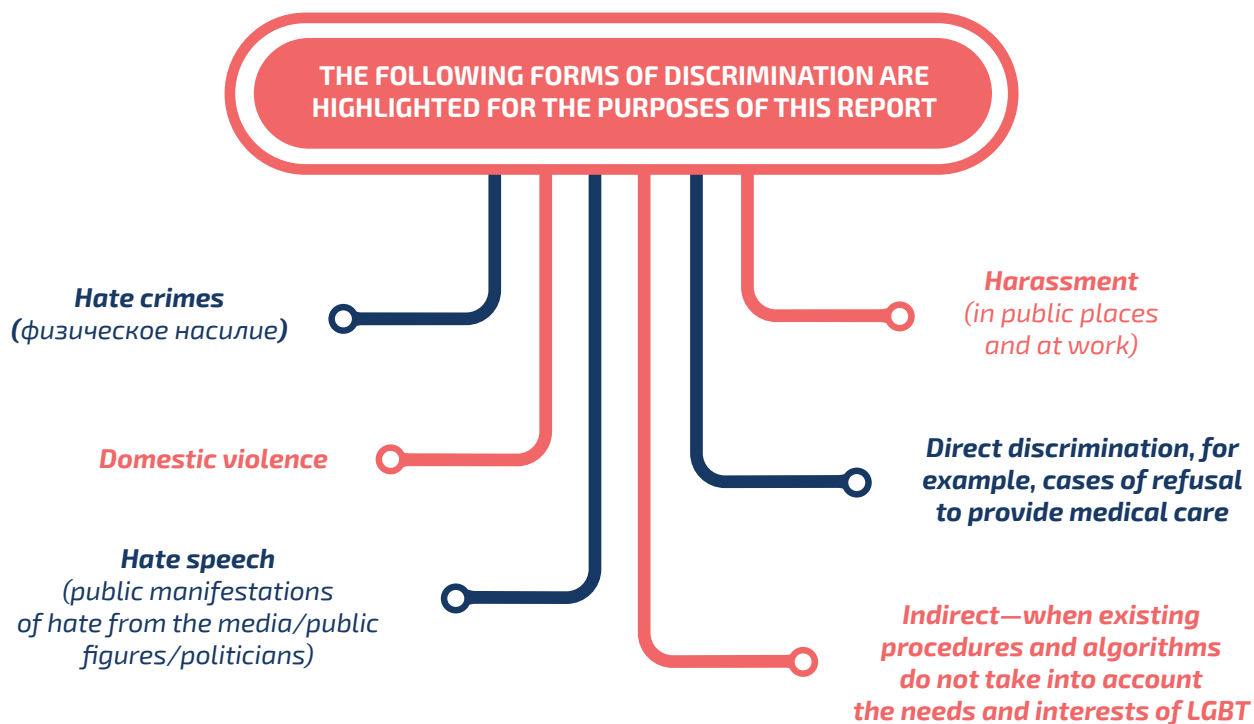


Armenia: 18-year-old M. S. underwent a medical examination at the military registration office accompanied by his parents. During the interview, the employee told the parents of M. S. about their son's sexual orientation. Following this, conflicts began in the family.



Belarus: At the end of May 2019, a homosexual man, suspecting that he had genital warts, saw a proctologist in a private clinic in Minsk. His suspicion was confirmed, and the doctor recommended having them surgically removed. The doctor was polite, and said that no one is safe from this, that even a condom does not provide 100% protection, that the human papillomavirus is the most common infection, and that infection is possible even without penetrative sex. He stated that almost all sexually active men and women become infected with it at some point in their life, and that the virus may not manifest itself for years. The doctor said that he himself could perform the operation. At the end of the appointment, the patient asked whether his partner also needed to take immuno-stimulants. The doctor casually asked in a calm tone whether «your partner is a man or a woman». The patient calmly replied that he was a man. In the operating room, it became clear that the doctor had already reported the patient's sexual orientation to all of the medical staff: they had a mixture of disgust and irritation in their eyes. As a result, in addition to the stress of surgery under general anesthesia, the patient was also re-traumatized and felt an incredible sense of shame and horror.

2 cases in Georgia were recorded in which employers demanded the provision of information on HIV status (there was one such case in Kyrgyzstan in the previous year). Given the consistently low level of knowledge about HIV and the ways of transmitting it (as well as cases of denial of access to swimming pools or massage services in Kyrgyzstan due to HIV+ status), it can be concluded that cases exist where, contrary to national laws, employers and/or service-providers require a certificate about HIV status, or even more.



HATE CRIMES

Hate crimes remain a common type of violation against gay men, other MSM and trans* people in the region. On the one hand, it is worth noting that the number of such crimes has not decreased, which may indicate an improvement in outreach methods in relation to the community, increasing trust in NGOs, and a willingness to at least state information related to such incidents. In 2019, 13 such cases were recorded.

On the other hand, the stable increase in the number of such crimes coupled with low rates of punishment for such crimes, attests to the impunity for hate crimes, which can lead to a surge in such cases.

The majority of hate crimes occur on the street or in public places, away from meeting places for gay men, other MSM and trans* people. Attackers are most often random passers-by who react to the appearance of the victims and/or couples. All of the cases described by the country teams involve light or moderate bodily harm, as well as verbal threats and insults. Georgia is the only country in which the majority of victims report the incidents to police, with insignificant results in terms of the investigation of such cases. In the other countries, victims often choose not to report incidents to the police due to mistrust of law enforcement agencies, a reluctance to be re-victimized, as well as to a fear of having their sexual orientation or gender identity revealed.



Belarus: The director and filmmaker, Nikolai Kuprich, was beaten on the night of 24-25 August, 2019 on October Street in Minsk. He was beaten by an unknown assailant because he was in the company of LGBT. The attacker came up to him and asked: «Are you a f...t too?» — recalls Nikolai. — He answered: «What do you care if I'm a f...t or not?» — «No, you tell me if you're a f...t or not». He said: «I don't go up to you and ask if you're straight or not. Are you a homophobe? It doesn't matter to me». Subsequently, he asked again: «Just tell me!» He replied: «Well fine, let's say I am a f...t, Ok, and then what?» Responding: «Good, I got it» Nikolai turned around and began to leave, but 5 seconds later, the attacker hit him from behind right on the temple. Nikolai was knocked out and fell face down on the asphalt. Before the conflict with Nikolai, the attacker also attacked his friends. One of them, Artem, was hit in the neck. The attacker also broke the cheekbone of another guy in their company.



Georgia: G. P., a teenage gay man, was the victim of an attack by an unknown passer-by on Rustavi Boulevard. The reason for the attack was a video that the passer-by had watched earlier, in which G. P. had criticized the Patriarch. The passer-by recognized G. P. and attacked him with insults and a beating. A statement was filed with the police. The assailant was identified and given a fine of 1000 lari.

DOMESTIC VIOLENCE

In 2019, 5 cases were placed in a separate category in which victims claimed domestic violence as the primary violation of their rights. Four cases were documented in Georgia and one in Armenia. In a situation where traditionalist views of the family prevail in these countries of the region, and, in general, there is a high level of intolerance towards LGBT, ECOM considers it important to place cases of domestic violence in a separate category and to draw the attention of both decision-makers and local activists to such incidents.

From a right to health perspective, the psychological climate in the family and the mental health of LGBT children, who experience violence as a result of their parents rejecting their coming out or outing, are important. At the same time, there are also cases of physical violence, which can result in physical injuries and deteriorating health conditions, especially when victims refuse to seek care in medical institutions.



Georgia: G. K., a gay man, went to a human rights organization «Equality Movement» to report domestic violence and ask for advice. According to him, as a result of domestic violence, his health worsened. He was helped with drafting a statement to the police, and an investigation was carried out on one of G. K.'s family members who had been violent with him. A restraining order was instituted, and G. K. himself was placed in a shelter for victims of domestic violence.

HATE SPEECH (public manifestations of homophobia related to the realization of the right to health) AND HARASSMENT CASES

The number of such cases significantly decreased in comparison to 2018, from 29 to 13. It is important to note that there was a slight change in the assessment methodology. The majority of cases that fall under this category are cases of harassment (not related to violence), in which the perpetrators are random passers-by, the staff of medical and pharmacological institutions, or teachers. Only in certain cases do perpetrators include representatives of government bodies or public politicians (only the latter cases are classified as hate speech).



Belarus: on the morning of 17 May, 2019, a rainbow flag was hung at the British Embassy. This day marked the International Day Against Homophobia. In addition, the heads of the American, Swedish, and Israeli embassies, and the UN and WHO missions in Belarus made a video statement in commemoration of this day.

The Ministry of Internal Affairs reported that they had noticed the rainbow flag over the embassy:

«May 17 was determined to be a kind of holiday for proponents of same-sex relations. This date did not and does not matter to our country,» — said a statement on the official website of the Ministry. They recalled that the priority of the socially-oriented policy of the Belarusian state is the protection of motherhood, childhood, and the institution of the family. «The Ministry of Internal Affairs defends these values. Our position remains unchanged: artificially inflating the topic of same-sex relationships is destructive, violates moral standards, and leads to an increase in sexual crimes against children!» — read the statement. Initially the message was posted on the website with the heading «The position of the Ministry of Internal Affairs remains unchanged», but this was later changed to «We stand for the genuine - they will not pass!». The department reacted to the rainbow flag in 2018 with this exact slogan.



Georgia: a trans* woman reported she suffered verbal attacks and insults on the street, as well as insults from the police.



North Macedonia: the victim, an 18-year-old gay man, reported that during a class in an educational institution, he was verbally attacked by classmates, who, after looking at photos on his profile on a social network, began to insult him and shout that «there is no place for gays here». When he complained to the professor who was present during the incident, not only did he not receive any support, but he was also insulted by the professor, who told him to leave the classroom, as «sick people should not be in class». The victim complained to the administration of the institution and received a public apology from the professor within a couple of days.

ABUSE OF POWER

This category also includes cases involving harassment (as they often involve verbal abuse due to the fact that a person belongs to the LGBT community and/or the community of people living with HIV). However, cases in this category differ from other cases of harassment by the fact that the perpetrators are people representing the state, either the police or medical workers (in cases involving the refusal to provide medical services, or relating to the quality of medical services provided).

In total, 15 such cases were recorded. This category included cases of blackmail and extortion by law enforcement agencies related to threats to reveal the status of victims. The largest number of such cases was recorded in Kyrgyzstan. It is significant that these primarily occurred outside the capital city. This data indicates that a more thorough study of this issue is needed, as people in regional areas, outside the capital, are more vulnerable to blackmail and abuse of power related to the disclosure of their status.



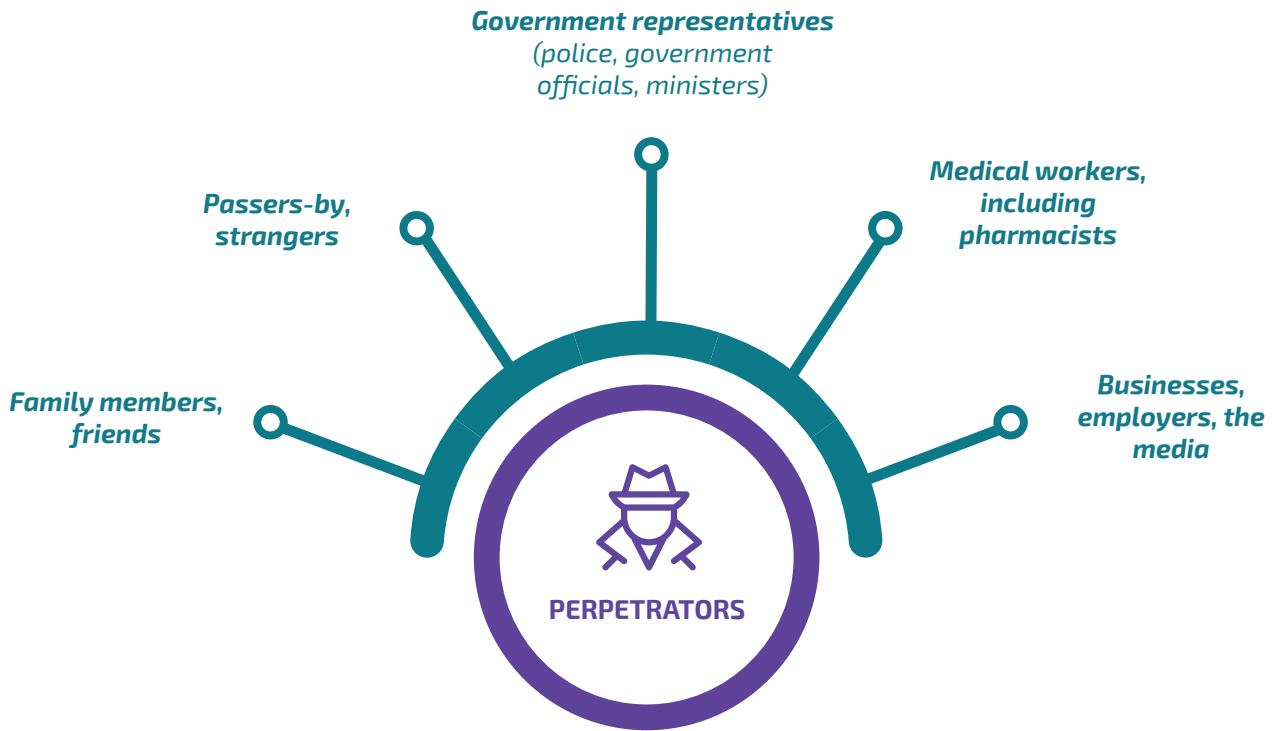
North Macedonia: *the victim, a homosexual man, was stopped in the street by two police officers. They asked him what he was doing in the street and noted that they had already seen him there several times. The victim presented his documents at the request of the police. The police officers asked him if he was a «faggot», and whether his parents knew that he was a «faggot». They also said that if they caught him on this street with someone, they would immediately detain him and take him to the police station, since they had been watching him for a long time and knew everything about him. The victim said that he had not done anything illegal and asked if he could leave. The police let him go, but continued to insult and laugh at him.*



Kyrgyzstan: *Two representatives of law enforcement agencies approached the victim at his workplace, gave him two discs, and asked him to load them. After the victim loaded one of the discs, he realized that it was gay porn. One of the officers started filming this on his smartphone and accused the victim of distributing gay porn films. The officers also said that they would arrest him under article 262. The victim said that he had nothing to do with these films. But the officers responded: «who are people going to believe more, a police officer or a gay?». The officers demanded a bribe of \$300 (allegedly so they would not initiate a criminal case for the dissemination of pornography) and left saying that they would return the next day. The next day, one of the police officers returned and agreed on a smaller sum for the bribe with the victim. The victim ended up paying \$135.*



PERPETRATORS



PERPETRATORS IN THE DOCUMENTED CASES FROM 2019 INCLUDE:



Medical workers, including pharmaceutical workers (cases of refusal to sell drugs) — a total of 17 cases;



Police officers and other representatives of state authorities (excluding politicians) in cases involving the refusal to provide police services, harassment and insults by law enforcement agencies, disclosure of the victim's status, and other human rights violations, — a total of 20 cases;



Journalists, politicians, representatives of private businesses, in cases involving hate speech and requirements to disclose one's HIV status — a total of 8 cases;



Citizens in public places or in the street, and landlords — cases involving both harassment (harassment without physical violence) and hate crimes — a total of 20 cases;



New category added in 2019 – family members and close friends — in 2019, 6 cases of domestic violence were recorded.

In the majority of documented cases, the perpetrators are united by one common characteristic: confidence in their impunity. Of the 71 cases from 2019, the victims filed complaints with authorities in 28 cases (with the help of national teams and consultants). North Macedonia — 1 case, Kyrgyzstan — 3 cases, Georgia — 21 cases, Belarus — 2 cases, and Armenia — 1 case. The majority of these cases are under consideration.

ANALYSIS OF ADDITIONAL CASES COLLECTED IN KAZAKHSTAN, THE RUSSIAN FEDERATION AND TAJIKISTAN

35 cases were documented in 2019 in these three countries. However, this data was not compared with data for the region, and was analyzed separately.

In Kazakhstan and Tajikistan, cases of abuse of power, harassment, and violence (both psychological and physical) by law enforcement agencies are the most common among documented cases. Given the political situation in these two countries, and the high level of impunity for law enforcement agencies (both for crimes committed against LGBT and for crimes committed against others), the data obtained represents examples of concrete, and judging by the frequency, systematic violations, and is evidence that unaddressed and suppressed problems associated with violations of the rights of marginalized groups tend to build up, multiply, and worsen.

The data obtained shows that, while in other countries of the region, gay, other MSM, and trans* people are more often victims of extortion by random people, in Kazakhstan and Tajikistan, the main perpetrators are law enforcement officers. In Kazakhstan, victims are mostly young gay men and other MSM who use social networks and other dating apps. In Tajikistan, victims are more often trans* women and cross-dressers, including those involved in sex work. A documented case involving the murder of a trans* woman in Tajikistan causes serious concerns and signals a need to support the local community in their advocacy work. The investigation of every hate crime must be thorough and effective. More oversight is needed in countries where law enforcement agencies have no experience investigating such cases, may be prone to homophobia, and may want to hush up (not investigate) homophobic and/or transphobic motives of such cases.

In two cities of the Russian Federation, Novosibirsk and St. Petersburg (the volume of the data obtained is too small, and the country is too large and heterogeneous to say that these cases reflect trends in the entire country), most cases involve verbal abuse (harassment) from law enforcement agencies, abuse of authority (abuse of power), and cases of harassment and denial of proper medical care by medical workers. Given that there is a high level of mistrust of law enforcement agencies, and that law enforcement officers themselves are often perpetrators in some cases, in these two cities there is a rather low rate of filing complaints in relation to offenses. Complaints were filed in only 2 out of the 11 cases documented in these cities.

It is important to note the context in which the rights of LGBT are violated in these cities. In a situation where many LGBT organizations in the country have been forced to cease their activities every day, and now LGBT groups, as well as other human rights organizations, work under the threat of the Law on foreign agents and its related fines and penalties, opportunities for active work to conduct systematic monitoring and provide related assistance to victims from the community are greatly limited. Meanwhile, existing legal barriers, as well as homophobic attitudes in society, negatively affect victims and can result in the failure to report violations to law enforcement agencies, and even to human rights groups.



-  This is the third consolidated report on violations of the right to health and other related rights, and is based on a combination of desk research, legal barriers, and data from monitoring violations, carried out by country teams in five CEECA countries in 2017-2019.
-  In light of the insignificant differences in the methodology for collecting information that developed in the first (2017) and second (2018) years of this systematic work, the fact that different country teams carried out the monitoring in different years, and the tasks set for the project, we will not conduct a complete comparative analysis by year, but will rather focus on general conclusions, given the empirical rather than qualitative nature of the information collected. After all, the goals of this consolidated report are to analyze and highlight the main causes of violations of the right to health and the related rights of being free from discrimination and receiving effective legal protection, as well as to identify the main areas for subsequent advocacy at the national and regional levels.
-  In 2019, as in previous years, it is important to note that the chosen combined data collection method (desk research on the legal environment and existing barriers and subsequent confirmation by monitoring real cases of rights violations) proved its effectiveness, not only for collecting preliminary information for subsequent analysis and for illustrating advocacy work, but also for positively affecting increases in the professionalism of the country teams and the number of appeals from the community. Simply monitoring cases of human rights violations on an ongoing basis and providing the community with the opportunity to report such cases is very important for developing the capacity of the community to stand up for their rights.
-  The slow but steady growth in the number of documented cases from year to year, as well as the diversity of such cases, do not provide an opportunity to conduct a qualitative analysis of each case, but does give a general picture of the variety of situations in which human rights violations occur, and also confirms ECOM's hypothesis that violations of the right to health are related to violations of other rights. Legal barriers related to LGBT people that go unaddressed will continue to lead to repeated violations of the same type, which cannot be stopped without systemic changes to legislation. This entails both improving laws related to health and HIV, as well as strengthening (and in some countries, starting from scratch) legislative frameworks for protection from SOGI-based discrimination.
-  The stable growth in the number of documented cases also indicates that more and more gay men, other MSM and trans* people are no longer willing to put up with the current state of affairs, and are, at a minimum, seeking an opportunity to report violations to NGOs. Thus, efforts to strengthen the legal literacy of members of the community will, in due time, bring results in the form of complaints filed with authorities, once their number reaches a critical point, or once minimal improvements in the field of human rights in general take place in countries..

Georgia, where LGBT are increasingly standing up for their rights, or North Macedonia, where the number of documented cases of hate crimes is increasing significantly (after many years of systematic work by several NGOs to document such cases and provide legal training to the community) are examples of this.



In 2019, minor changes were made to the methodology for classifying cases related to the new type of human rights violations reported by the country teams in their analyses. This involved highlighting cases of domestic violence in a separate category, which is very important in order to ensure that this topic is not ignored and that related advocacy efforts continue in the future. A new «domestic violence» category is included in the table with the types of violations, and «family members» now appear in the table with the categories of perpetrators.

RESULTS OF THE MAIN CHANGES FOR 2017-2019:

In May 2019, the Parliament of North Macedonia approved a new version of the Law «on the prohibition of and protection against discrimination», which includes an explicit mention of SOGI in the list of protected grounds;



In January 2019, following the decision of the European Court of Human Rights in the case of X v. North Macedonia, the Ministry of Justice created a working group to develop a law on gender expression (with the participation of civil society);



Armenian civil society developed a bill on gender expression and will establish a plan to advocate for its promotion in 2020;



Civil society in Kyrgyzstan amended the comprehensive bill on the prohibition of discrimination and is preparing a related advocacy plan for 2020;



Civil society in Georgia is working in two areas: advocating to strengthen the role of the Ombudsman and to monitor the effective and timely investigation of cases of discrimination and hate crimes;



In January 2019, the Law «On amendments and additions to certain codes of the Republic of Belarus», signed by the President of the Republic of Belarus, was officially published. According to amendments to the law, from July 2019, a note to art. 157 of the Criminal Code of the Republic of Belarus enters into force stating the following: «A person who committed the acts provided for in paragraphs 1 or 2 of this article shall be exempted from criminal liability if the other person who is at risk of infection or is infected with HIV, was warned in a timely manner of the presence of this disease in the first person, and voluntarily agreed to carry out the actions that created the risk of infection»⁶.






⁶ <http://pravo.by/document/?guid=12551&p0=H11900171&p1=1>



MAIN CONCLUSIONS



- ✓ ECOM considers the practice of monitoring and documenting cases of right to health violations and related rights to be justified. The country teams hold the same opinion, pointing to the increase in the level of trust of the community towards organizations and monitors, which is also noticeable by the increasing number of cases.
- ✓ During the collection of cases, activists noted that they were inadvertently involved in educating and sensitizing members of the community: they spoke about rights, explained how to protect one's rights, and helped to file complaints. Even in cases where there are limited opportunities to restore rights or punish perpetrators, such work is very important, as it helps the community to get information about their rights and supports the increasing number of complaints filed with government bodies. This in turn encourages officials to pay attention to the problems of LGBT and ensures that they cannot use common excuses like «no complaints, no problems with violations of LGBT rights». This indicates the need to strengthen monitoring programs and focus on further supporting those who are willing to file complaints.
- ✓ Cases collected in 2019 all confirm ECOM's hypothesis about the link between violations of the right to health and other unresolved issues in countries (leading to violations of other rights). Based on the example of Armenia, Kyrgyzstan, and Belarus, there is an obvious need to develop comprehensive anti-discrimination laws that would both define what discrimination is, and create effective complaint mechanisms to respond to cases of discrimination.
- ✓ The collected cases demonstrate a wide range of actual violations of the right to health: from refusals to provide medical care (urgent and planned), ART, or other drugs, to the disclosure of the diagnosis or SOGI of patients. These are only cases that relate to direct violations of the right to health. The country teams also documented cases in which the provision of medical care was accompanied by offensive comments and the humiliation of patients, as well as cases in which, as victims of physical and/or psychological violence, members of the community chose not to seek medical help out of fear of repeated victimization and/or disclosure of their status.
- ✓ It is important to note the rather high level of homophobia and transphobia that remains among law enforcement agencies. Many such cases were documented in North Macedonia and Kyrgyzstan in particular. Such abuse of power, in addition to the consequences for the mental health of victims, also leads to the refusal of community members to file complaints with the police and other state bodies, which, among other things, leaves violations of the human rights of LGBT in the shadows.

-  The low number of appeals by victims of hate crimes, as well as the poor quality of investigations of such cases, lead to a continuation and exacerbation of a situation of impunity, which, among other things, provokes new incidents. This is demonstrated by the increasing number of such crimes in the region.
-  The lack of specific and highly-specialized medical services for trans* people remains a separate unresolved issue. In countries, where there are no protocols on the provision of medical services to trans* people, and accordingly no trained specialists, the trans* community remains in a vacuum and is especially vulnerable. This can lead to poor quality «underground» medical care, self-medication, and a significant deterioration in health.
-  In addition to gaps in countries where there is no anti-discrimination legislation, there is still the issue of the effective use of existing norms to protect LGBT in countries that have adopted anti-discrimination laws. The work of both the government and the community itself are needed on an equal basis in relation to reporting problems, filing complaints, and tracking the investigation and punishment of such cases.












KEY RECOMMENDATIONS



These recommendations are based on the proposals that were put forth by the country teams in their reports, and also take into account the analysis of collected cases and changes that occurred in countries of the region in 2017-2019. Several recommendations have been repeated each year, which confirms their relevance (as well as the fact that they were not fully addressed and implemented at the national level). The majority of the recommendations listed below are also reflected in the advocacy plans of ECOM's partners.

FOR THE CIVIL SECTOR:

-  Continue systematic efforts to identify and document cases of violations of the right to health and related rights;
-  Strengthen monitoring in Kazakhstan, Tajikistan, and Kyrgyzstan, include activists from other cities in this work, do not focus all efforts only on capital cities;
-  As part of the ongoing monitoring of cases of human rights violations, pay sufficient attention to sensitization and the right to educate members of the community, help compile complaints and support victims in their desire to report violations;
-  Develop psychological and legal support programs for victims of human rights violations;
-  Develop partnerships with organizations providing support to victims of domestic violence and refer community members to relevant organizations for support;
-  Conduct systematic monitoring of the actions of authorities in relation to changes in policies, laws, or other procedures related to human rights, respond to such actions in a timely manner;
-  Continue to seek opportunities and build systematic and/or situational partnerships with government agencies, join working councils and groups and assist the state by providing advice on the development of new policies, bills, and other documents regulating human rights;
-  Maintain ongoing discussions on the need to review rules, procedures, policies, and laws regarding human rights in general and to adopted approaches related to the right to health, HIV issues, and marginalized groups, both among the human rights movement and civil society, raise these issues with government representatives;
-  Continue to combine national and international advocacy efforts.

FOR DECISION-MAKERS:









-  Adopt comprehensive anti-discrimination legislation in countries where such legislation does not exist;
-  Strengthen response and investigation mechanisms for all cases of discrimination based on SOGI and/or HIV in countries with anti-discrimination legislation;
-  Bring people responsible for human rights violations against LGBT to justice;
-  Conduct ongoing trainings for government representatives on the ethics of providing public services: this includes reducing the level of homophobia among law enforcement officers, medical workers, and the staff of other government institutions that provide services to citizens;
-  Abolish criminal liability for the transmission of HIV;
-  Develop procedures and protocols for the provision of medical care to trans* people;
-  Develop and introduce protocols and training for medical workers on providing services to trans* people;
-  Refrain from inciting homophobia and xenophobia, conduct campaigns aimed at increasing tolerance in society.

TABLE OF DATA ON LEGISLATIVE BARRIERS IN THE CEECA REGION FOR 2019

LEGISLATIVE FRAMEWORK <i>(intersecting topics of HIV, MSM, LGBT, discrimination based on SOGI)</i>	Armenia	Belarus	Georgia	Kyrgyzstan	North Macedonia
Is there a national law on discrimination that mentions SOGI as protected grounds?	No	No	Yes	No	Yes
Is there a national anti-discrimination law with an open list of grounds for discrimination?	No	No	Yes	No	Yes
Are there national laws prohibiting discrimination based on SOGI in limited areas (such as Labor Code, Education Act, Healthcare Act)?	No	No	Yes	No	Yes
Are there specific provisions in the Criminal Code that provide protection based on SOGI?	No	No	Yes	No	Yes
Are there hate crime provisions in the general Criminal Code that do not mention SOGI?	Yes	Yes	Yes	Yes	Yes
Are there laws in the country that ensure the freedom of assembly and establish rules for the protection of public order?	Yes	Yes	Yes	Yes	Yes
Do representatives of the LGBT community report hate crimes to the police without fear of discrimination and victimization?	No	No	Yes	Yes	Yes
Is there a law prohibiting the freedom of assembly and freedom of speech of LGBT?	No	No	No	No	No
Are there any legal restrictions for NGOs that provide HIV services to gay men, other MSM or trans* people?	No	No	No	No	No
Is there currently a law on the «prohibition of gay propaganda»?	No	No	No	No	No
Are there petitions about traditional values (such as «family is a union of a man and a woman», etc.) that also explicitly mention LGBT and/or gender theory?	No	No	Yes	Yes	No
Does the Criminal Code (or other legislation) establish liability for the intentional transmission of HIV?	Yes	Yes	Yes	Yes	No

Does the Criminal Code (or other normative acts) establish liability for the unintentional transmission of HIV?	No	No	Yes	Yes	Yes
Are there restrictions on blood donation by gay, other MSM, and/or trans* people?	Yes	No	No	No	Yes
Are there screening forms for donors, which including questions about SOGI?	No	No	No	No	Yes
Can immigrants receive free and regular access to ART?	Yes	Yes	No	Yes	No
Is it necessary for trans* people to receive a medical diagnosis (mental health diagnosis) before gaining access to gender recognition procedures?	No	Yes	No	Yes	Yes
Are there any other barriers that can prevent a person from beginning the gender recognition process, for example, age limitations (both for minors and adults), forced medical interventions, etc?	No	Yes	No	Yes	No
Are there any procedures for gender reassignment or other related procedures for trans* people established in legal acts (laws, by-laws, protocols, etc.)?	No	Yes	Yes	Yes	No
Is it possible to change one's name and gender without the intervention of a third party (judge, medical commission, etc.)?	No	No	No	No	No
Do trans* people need to get divorced (if they are married) before gender reassignment procedures?	No	No	No	No	No

NUMBER OF CASES IN 2019 BY TYPE OF VIOLATION

TYPE OF HUMAN RIGHTS VIOLATION	Total number by year/category/all countries			Armenia			Belarus			Georgia			Kyrgyzstan			North Macedonia		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
Refusal to provide medical services	2	14		1	8	7		2	1		3	1			3	1	1	
Disclosure of personal data	3	4		1	1	4			1		1	3	1	1	2	1	1	1
Requirement from employer to be tested for HIV	0	1										2		1				
Hate speech (cases of both harassment and public manifestations of hate speech in the media are counted together)	27	29		2	6	1	2	4	3	16	8	3	4		2	3	11	4
Hate crimes	22	13		1			3		1	16	8	10				2	5	2
Abuse of power (including cases of blackmail and threats by police to disclose the victim's status)	5	7					3	3		2	2	2			8		2	5
Domestic violence (only for 2019)						1						4						
Total number (per year by country)	59	68	71	5	15	13	8	9	6	34	22	25	5	2	15	7	20	12

NUMBER OF CASES IN 2019 BY CATEGORY OF PERPETRATORS

CATEGORIES OF VIOLATORS	Total number by year/category/all countries			Armenia			Belarus			Georgia			Kyrgyzstan			North Macedonia		
	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019	2017	2018	2019
Medical workers/medical institutions (including pharmacies)	15	26	17	5	13	11	1	5	2		4	1	5	1	3	4	3	
Police and civil servants of various ranks	13	12	20			1	3	4	2	7	4	1			10	3	4	6
Journalists, politicians, representatives of private businesses and other organizations	4	4	8			1	3		1	1	2	3		1	2		1	1
Citizens in public places, in the street, landlords (excluding family members)	27	26	20		2		1		1	26	12	14					12	5
Family members/friends (for 2019)			6									6						
Total number (per year by country)	59	68	71	5	15	13	8	9	6	34	22	25	5	2	15	7	20	12

