

Report to the UN General Assembly:

THE IMPACT OF THE COVID-19 PANDEMIC ON THE HUMAN RIGHTS OF LGBT PERSONS

The COVID-19 pandemic is an unprecedented global challenge that has exacerbated inequalities prevalent in all regions of the world. The United Nations General Assembly has acknowledged that “the poorest and most vulnerable are the hardest hit by the pandemic”¹ and the UN Secretary General has noted that it is “highlighting deep economic and social inequalities and inadequate health and social protection systems that require urgent attention as part of the public health response”.

A wide process of dialogue was initiated by the IE SOGI in March 2020. In total, over 1000 individuals from more than 100 countries contributed anecdotal

evidence and perspectives on the implications of the pandemic on lesbian, gay, bisexual, trans and gender-diverse (LGBT) persons.

Information received allows the IE SOGI to conclude that COVID-19 has a disproportionate impact on LGBT persons; that, with few exceptions, the response to the pandemic reproduces and exacerbates the patterns of social exclusion and violence already identified by the IE SOGI; and that urgent measures must be adopted by States and other stakeholders to ensure that pandemic responses are free from violence and discrimination.

Human rights concerns of LGBT persons in the context of the pandemic:

Violence: Stay-at-home directives, isolation, increased stress and exposure to disrespectful family members exacerbate the risk of violence, with particular impact on older persons and youths. A recent survey in Iran found that more than 50% of respondents had experienced increased violence. Submissions concerning Europe reported an increase

in domestic violence in a majority of surveyed countries. Restrictions of movement created exacerbated risk of abuse during street controls, with reports of selective arrests; hate crimes such as harmful exposure on social media; arbitrary detentions and a general increase in mistreatment in the public sphere.

Violence is obviously not only physical, but also psychological. Due to socio-economic instability, inability to leave abusive environments, as well as aggravation of anxiety and other pre-existing conditions related to the mental and emotional well-being, LGBT persons have suffered significant impact from the pandemic. Services have reported a perception of deteriorating mental health and increased demands for psychological assistance - one submission reveals a 4-fold increase in instances in which a caller was contemplating suicide.



United Nations Independent Expert on protection against violence and discrimination based on Sexual Orientation and Gender Identity - IE SOGI

Social disparities: LGBT persons are disproportionately represented in the ranks of the poor, people experiencing homelessness, and those without healthcare, meaning that they may be particularly affected as a result of the pandemic. In many contexts, LGBT persons disproportionately rely on the informal sector for income. When formally employed, LGBT persons are more likely to work in industries highly disrupted by the pandemic, such as

restaurants and food service, retail, grooming, public sector education, hospitals, and sex work. LGBT persons experiencing homelessness are now compelled to rely on social housing and shelter programs that are not safe for stigmatized populations. They also face the dilemma of living in cramped communal spaces (which creates health concerns) or being compelled to return to hostile families and communities.

Access to HIV care and services: Disruptions in service were reported to the IE SOGI from all latitudes. A global survey found that 23% of participants living with HIV had lost access to HIV care providers as a result of COVID-19 social isolation measures. People living with HIV, including LGBT people, struggle to access their medication as governments designated their typical points of medication distribution and medical attention as COVID-19 centers, meaning immuno-compromised people would be taking extra risks to go there to retrieve medication, or deprioritised the respective services.

Criminalization: Contexts of criminalisation have always created significant barriers for people of diverse sexual orientation and gender identity. In Uganda, just after the government ordered a COVID-19-related lockdown, a shelter for LGBT people was raided by neighbours and security forces, and 23 people at the shelter were arrested. A search was conducted in the shelter to find evidence of "homosexuality." Two of those arrested were beaten, and all were subjected to verbal taunts due to their perceived sexual orientation. Nineteen of those detained were formally charged with engaging in "a negligent act likely to spread infection of disease" and "disobedience of lawful orders."

Demonization: The use of LGBT lives as scapegoat and fuel for hatred was also evidenced in responses to the pandemic. LGBT people are being singled out, blamed, abused, incarcerated and stigmatized as vectors of disease during the COVID-19 pandemic." There are many statements by religious and political leaders blaming the pandemic on the very existence

of LGBT persons, their families, social groups and institutions. Reports of such statements come from at least 12 European countries, including Ukraine and Georgia; also from Turkey, Iraq, Ghana, Liberia, Zimbabwe and the United States.

Pathologization: Reports show a marked connection between the lack of legal gender recognition and problems with access to goods and services. Additionally, governments have used the excuse of the pandemic to institute regressive legislation, like provisions increasing penalties for HIV exposure, non-disclosure and transmission – thereby exacerbating stigma against persons living with HIV. In Hungary, a contested legal amendment intends to prohibit trans persons from legally changing their gender. In general, access to gender-affirming care is of particular concern. Before the pandemic, waiting periods were already very long and have either been further delayed or made completely unavailable. In many instances, gender-affirming care has now been deemed "non-essential."

LGBT people on the move: States adopted unprecedented measures of border closure and stringent limitations to cross-border travel. Risks range from exacerbated homophobia and stigmatisation that could lead to a regression in refugee and asylum policy; intensification of violence against LGBT persons in countries of origin, and the ominous risk that COVID-19 takes a foothold in refugee camps that offer little possibility for physical distancing, and which are poorly served in terms of basic health, water and sanitation services.



A human-rights approach to pandemic response:

Measures adopted by the State must comply with principles of equality and non-discrimination, participation, empowerment and accountability; further, they must be effectively necessary to combat the public health crisis posed by the pandemic, and be reasonable and proportionate to their legitimate purpose. Emergency powers granted to address the pandemic must not be abused.

Non-discrimination: Governments must not use COVID-19 measures to target or prosecute persons based on their sexual orientation or gender identity. For example, using the pandemic to justify the introduction or passing of legislation limiting or withdrawing rights or postponing the coming into force of judicially mandated rights. COVID-19-related measures may also raise significant risk of indirect discrimination. Several submissions made mention of measures that, without evident or explicit discriminatory intent, nonetheless had discriminatory impact. Gender-based quarantines, for example, have revealed themselves problematic in general, but particularly so in contexts in which gender-diverse persons do not have access to legal recognition, and led to abuse and mistreatment.

Participation: Civil society organizations have reported decreased access to policymakers and advocacy opportunities across the board and denounced a closed loop in which LGBT persons were unable to have basic needs met. It was reported that concerns believed to be “LGBT issues” were not considered a priority at the moment.

However, the mandate has also received information of good practices in State response, which can be attributable to three main factors: a) long-term engagement of civil society organisations with political agents, b) political will – particularly from local officers – to ensure better governance through inclusion, and c) the building and nurturing of trustworthy relationships between LGBT groups and local governments over time.

Empowerment: Many civil society organizations saw their sources of income significantly reduced or suspended practically overnight, and several others have great worries about their prospects for future financing. Still, under great difficulty, different initiatives have been undertaken by them to address the consequences of the pandemic in their communities, especially in regards to facilitating access to food, shelter and other basic goods and services. LGBT civil society has also been extraordinarily effective in transitioning to online meeting models, building solidarity networks, strengthening tools for monitoring and reporting and deploying awareness campaigns.



Effective State Measures

Three fundamental processes must be continued or put in place: the political decision of acknowledging and embracing diversity in sexual orientation and gender identity; adopting decided measures to deconstruct stigma, and adopting evidence-based approaches with the involvement of LGBT organizations in designing State response.

Giving visibility to LGBT lives in public

policy: States must recognise the existence of LGBT persons under their jurisdiction, acknowledge that their sexual orientation and gender identity lie at the base of violence and discrimination that are determinants for vulnerability vis-à-vis the pandemic and the measures taken to address it. Good practice was identified in Peru and Spain, which published guidance on the different economic support programs available to LGBT persons, including shelter, health and emotional support. In Buenos Aires, Argentina, information was available to preventively trigger processes to ensure continuity of shelter for trans persons and their inclusion in emergency income programs. The Philippines took steps to include same-sex partners with children in social amelioration and cash aid programmes, usually designed around traditional family models.

Deconstructing stigma and protecting LGBT persons from violence and discrimination:

The IE SOGI received concerning reports of the exacerbation of hate and discriminatory speech, often made by State officials. Public health authorities around the world have been legitimately concerned about disinformation during the COVID-19 pandemic. Inclusive official discourse is fundamental to deconstructing stigma. For example, in South Korea, after a cluster of cases was traced to a prominent gay club in Itaewon resulting in a flood of homophobic sentiment nationally, the government

urged journalists and media personnel to enact caution and prevent personal information from leaking. In France, national systems were deployed when domestic violence increased, leading to the launch of a new homophobia reporting app, specifically designed for LGBT audiences at risk where victims can report acts of violence and be directed relevant services.

Designing State response based on evidence and with the involvement of LGBT organizations:

Several submissions pointed out that States are not gathering data systematically, even when they possess significant resources and data-gathering capabilities. The available information is often gathered by non-governmental organisations. In the Dominican Republic, the UNDP conducted an online survey showing the reduction in income in families with one or more LGBT people, resulting in more than half having had to reduce the number of meals per day. 72% of such households have also had difficulty accessing protective equipment such as masks and 45% of those in need of regular treatment have not been able to access health services. Disaggregation of data allowing a comparison of population groups is also a part of the human rights obligations of States: In Pennsylvania, a Health Disparity Task Force determined the need to collect data on sexual orientation and gender identity when studying the coronavirus to ensure specific needs of LGBT populations are taken into account when formulating policy.

This report is part of an integral process for COVID-19 response and recovery free from violence and discrimination based on sexual orientation and gender identity. The ASPIRE Guidelines, released in June 2020 provide a specific set of recommendations to that end. They are available here: <https://bit.ly/3fJuscl>.



The full report is available here:
<https://undocs.org/A/75/258>



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