

Agenda

Title: Racism, discrimination, and health: a human rights-based approach (part 1)

Date and Time: Monday, 6 November, 10:00-16:30 CET

Format: Hybrid

Location: UN House, Blvd. du Régent 37-40, 1000 Brussels

On-site capacity: 50

Moderation: Tamsin Rose, Facilitator and Storyteller for Positive Change

Racism and discrimination have a profound impact on people's health and access to healthcare services; they are fundamental determinants of health. Although the evidence for the issue is becoming increasingly available, and despite states' obligations to implement the *Right to Health* and eliminate discrimination on all grounds, as well as to establish monitoring frameworks with a human rights lens across public policies, European and national-level health and anti-racism policies have made little impact on the implementation of the *Right to Health* of racialised and ethnic communities.

The *Right to Health* and non-discrimination have been recognised in multiple binding international instruments, such as the International Covenant on Economic, Social and Cultural Rights and the International Convention on the Elimination of All Forms of Racial Discrimination, to which all EU member states have adhered and thus have an obligation to implement, as well as to report on the level of implementation of recommendations received by Treaty Bodies (see below the agenda for further details).

At the present moment, the EU has an extensive reservoir of both anti-racism and health normative and policy frameworks. Evidence of the gaps in the realisation of the *Right to Health* of People of African Descent (PAD), ethnic minorities, Roma and Travellers stem from both academic research and international scrutiny. For instance, several studies highlighted that gaps in the realisation of the *Right to Health* and discriminatory practices are linked to a lack of health insurance, adequate medical infrastructure, specialised medical personnel, systematic measures to promote health awareness and basic information on fundamental rights.

Bringing together key decision makers and stakeholders across sectors, this event, co-organised by the **European Public Health Alliance (EPHA)** and the **Office of the United Nations High Commissioner for Human Rights (OHCHR)**, aims to raise awareness on the impact of racism and discrimination on health outcomes. It takes a human rights-based approach, working towards concrete policy solutions to counteract these impacts.

The first part of the event provides an overview of the concrete impacts of racism and discrimination on health, citing the most recent research developments and the challenges faced at the national

and European levels. Further, it discusses the current state of anti-racism and anti-discrimination (health) policy across different levels.

The second part of the event focuses on concrete solutions. It sets the stage with an exploration of a normative and a monitoring framework. During the concluding interactive session, participants will discuss how EU and national-level policymakers can mainstream anti-racism in their work in order to encourage concrete actions against racism and discrimination in health.

9:30-10:00 Registration & Coffee

10:00-10:30 Opening the dialogue: racism, discrimination and health equity

We welcome you to a promising day of discussions and meaningful contributions focused on the issues of racism, discrimination and their impacts on health. EPHA and OHCHR, the hosts of the event, open the dialogue, followed by a personal keynote address from MEP Samira Rafaela.

- Tamsin Rose, Facilitator and Storyteller for Positive Change
- Elena Kountouri Tapiero (Ms.), Acting Regional Representative for Europe, OHCHR
- Milka Sokolović, Director General, EPHA
- Samira Rafaela, Member of European Parliament, Renew Europe (D66, the Netherlands)

10:30-11:00 Understanding racism, discrimination, and health: what does the science say?

The amount of evidence that establishes the link between racism, discrimination, and health is steadily increasing. Racism and discrimination are fundamental determinants of health, but what exactly does this concept mean? In this session, we explore the science and how these structural issues impact our health.

- Luna Ali, Policy Trainee, EPHA
- Abi Deivanayagam, Clinical Research Fellow, Institute for Global Health, UCL and Academic Clinical Fellow in Public Health, Lancaster University

11:00-11:45 From theory to practice: Exploring the local and national perspective

With a better understanding of the science behind racism, discrimination and health, we go from theory to practice. Racism and discrimination are deeply embedded in the structure of society, present at every level. In this session, we further our understanding by zooming in on the local and national levels in some EU Members States.

- Emilie Bourgeat, Project Manager, Défenseur des Droits
- Maricarmen Cortés, Fundación Secretariado Gitano
- Hans Verrept, Head of the intercultural mediation and policy support unit, Belgian Federal Public Service Health, Food Chain Safety, Environment

11:45-12:30 **Advancing health for all: European initiatives on racism, discrimination, and health**
Addressing racism and discrimination at the national level is crucial, but a structural approach to tackling health inequities requires action at all levels. The EU has a variety of tools at its disposal to tackle racism and discrimination beyond the national level. In this session, we delve into such instruments, like the EU4Health programme and the EU Anti-racism action plan.

- Stefan Schreck, Adviser for Stakeholder relations, DG SANTE
- Michaela Moua, EU Anti-Racism Coordinator, DG JUST

12:30-13:30 **Lunch break**

13:30-13:40 **Post-break energiser and warm-up session**

13:40-14:10 **Hands-on approach to racism and discrimination: implementing the right to health**
During the first half of the day, we explored racism and discrimination as fundamental determinants of health on different levels. Equipped with a grasp of the concepts, we can now shift our attention to potential policy solutions. In this session, we explore guidelines and international treaties, and how they can be used to implement the right to health.

- Mila Paspalanova, Anti-Racial Discrimination Advisor, OHCHR

14.10-15.00 **Enabling the right to health: the role of civil society**
Understanding the right to health is the first step to change, but we need to engage people to enable that change. With the DisQo stakeholder network, for the first time there is a dedicated civil society platform to raise the health voice in anti-racism and anti-discrimination. In this session, DisQo representatives help us deepen our understanding of the right to health.

- Raymond Gemen, Head of Policy, EPHA
- Denis Onyango, Director, Africa Advocacy Foundation
- Fatima Awil, Advocacy and Policy Officer, Mental Health Europe
- Ojeaku Nwabuzo, Director, ENAR, (TBC)
- Jacqueline Bowman-Busato, Head of Policy, EASO

15:00-15:30 **Coffee break**

15:30-15:50 **Implementation of the right to health: the WHO perspective**
With different approaches to health across Europe, implementing the right to health can become quite complex. With different local and national contexts, a structural approach is the key to success. In this session, we learn from the WHO on the sensitivities of implementing the right to health in WHO member states.

- Rachel Hammond, Senior Human Rights Advisor, World Health Organization

15:50-16:20 Engaging for change: dialogue on anti-racism/-discrimination in health policy
Tackling health inequities requires tailored solutions to specific contexts at the local, national, or European level. Building on the learnings, insights and perspectives of the day, we will conclude with an engaging and interactive dialogue. During this session, we will jointly discuss racism, discrimination and health with the participants to identify structural policy solutions to tackle racial health inequities.

- Tamsin Rose, Facilitator and Storyteller for Positive Change
- Rachel Hammond, Senior Human Rights Advisor, World Health Organization
- Mila Paspalanova, Anti-Racial Discrimination Advisor, OHCHR

16:20-16:30 Discussion & conclusion

- Mila Paspalanova, Anti-Racial Discrimination Advisor, OHCHR
 - Raymond Gemen, Head of Policy, EPHA
 - Tamsin Rose, Facilitator and Storyteller for Positive Change
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Right to Health

The International Covenant on Economic, Social and Cultural Rights (Art.12) provides the most comprehensive definition of health as “the right of everyone to the enjoyment of the highest attainable standard of physical and mental health”. The essential constituent elements of the right to health, which each state should strive to implement according to the prevailing conditions set by the Committee on Economic, Social and Cultural Rights in its General Comment 14, include:

- a.) Availability: of functioning public health and health care facilities, goods, services and programs
- b.) Accessibility: health facilities, goods and services are physically and economically accessible for all people without discrimination; including, accessibility to information regarding health issues while assuring confidentiality of personal health data
- c.) Acceptability: all health facilities, goods and services are respectful of medical ethics and culturally appropriate and gender sensitive
- d.) Quality: health facilities, goods and services are scientifically and medically appropriate and of good quality; including skilled health professionals, scientifically approved and unexpired drugs and hospital equipment, safe and potable water and adequate sanitation.

Further, General Comment 14 defines the key components of the right to maternal, child and reproductive health; the right to a healthy natural and workplace environment; the right to prevention, treatment and control of diseases and the right to health facilities, goods and services.

It highlights that the right to health should be implemented without any discrimination on grounds of race, colour, sex, language, disability, religion, national or ethnic origin, health status, sexual orientation, and poverty, among others.

Additionally, the International Convention on the Elimination of All Forms of Racial Discrimination, in Art. 5, it defines the obligation of State Parties to prohibit and eliminate racial discrimination in all its forms, without distinction as to race, colour, or national or ethnic origin to guarantee equality before the law in the enjoyment of rights. This includes the right to public health, medical care, social security and social services. Further, the right to non-discrimination on any grounds is stipulated in a remaining core of international human rights treaties, to which all EU member states have adhered.

At the present moment, the EU has an extensive reservoir of both anti-racism and health normative and policy frameworks. Evidence of the gaps in the realisation of the right to health of People of African Descent (PAD), ethnic minorities, Roma and Travellers stem from both academic research and international scrutiny.

The Committee on the Elimination of Racial Discrimination (CERD) has emitted more than 140 recommendations to the European Union (EU) member states that address the major areas of concern and also suggest how to overcome them. CERD recommendations address a broad range of issues related, among others, to access to health, discriminatory practices and exclusion in the health sector. Further, they address access to emergency health care, the crosscutting points between poverty-housing-health in racialised and ethnic communities, poor health conditions including mental health and sexual and reproductive health care in examined countries; as well as the disproportionately negative impact of COVID (and other health emergencies) and the related public health response on PAD, Roma and Travellers, undocumented migrants and asylum seekers. Equally worrying is the lack of disaggregated data, indicators and benchmarks at both the national statistical level as well as administrative registries.