



EU Elections
2024
Manifesto

5 Priorities to Secure Stronger Action
against Racism and Discrimination
to Achieve Health Equity

Introduction

The mandate of the past European Parliament was shaped by a wake-up call to broaden EU action in health policy. Despite the increasing evidence showing that structural, institutional, and interpersonal racism and discrimination impact both physical and mental health inequities in multiple ways, the issue has gained too little attention across policy domains thus far.

The pan-European network **DisQo**,¹ is a broad and diverse coalition of organisations at the EU and national level, working in fields such as health, human rights, social policies, international cooperation, environment, migration, youth, children, and the representation of marginalised groups regardless of their residence status. We collectively represent millions of people living in the EU and are independent of any political party.

Ahead of the 2024 European Parliamentary elections, **DisQo** calls for **racism, discrimination** (based on, among others, gender, racial or ethnic origin, religion or belief, disability, age, sexual orientation, socioeconomic status and migration status) and **health** to become a priority on the European Union's political agenda. To reach that objective, DisQo is bringing forward **5 key priorities** for addressing the issue in a constructive, respectful, and participatory way.



¹ Pan-European Thematic Network DisQo (anti-discrimination and health equity)

Priority 1:

The EU must scale up action at all levels of governance to ensure that racism and discrimination are explicitly recognised as fundamental determinants of health, equity, and well-being

Racism and discrimination are **fundamental determinants of health**, adversely impacting physical and mental health and the accessibility and quality of health services across the life course and across generations. To achieve wider recognition of racism and discrimination as fundamental determinants of health, equity, and well-being, the EU should take a **leadership role** to address this issue from the health equity perspective and to reflect this recognition through **specific mentions** of the issue in hard and soft legislative and policy documents.

Further, we call for the prioritisation of the topic for **research funding, the prioritisation and promotion of diversity at all levels within the (health) sector** and the inclusion of **training on (un)conscious biases** as an integral part of training curricula across different disciplines to achieve health equity.

Priority 2:

The EU should support and enable social participation of racialised and discriminated communities and foster diversity, ensure representation, and combat discrimination across all levels

Policies must be developed not only for the people but with the people. We ask for a **clear, meaningful, and systematic incorporation** of civil society stakeholders, specifically grassroots organisations **and marginalised and racialised communities** in designing, developing, and evaluating hard and soft legislative initiatives and research and as a key source of expertise.

This requires giving representatives a real seat at the table and providing mechanisms for meaningful contribution beyond tick-box exercises, following a human-rights-based framework. These principles should be implemented in the Better Regulation agenda and allow the design of policies and initiatives along with people with lived experience and CSOs.

Priority 3:

To enhance the quality of dialogue and discourse to address racism and discrimination effectively, the EU must take a leading role in increasing the clarity and consistency of critical definitions

Concise and recognised definitions of **key terms and concepts** (including, for instance, race, racism, discrimination, anti-racism, anti-discrimination, health inequalities, and health equity) are critical prerequisites for creating a common language, a common ground, and a safe space for constructive dialogue. However, existing definitions are fragmented across legislative and policy documents.

We call for dedicated EU funding opportunities to create an **EU-wide glossary of terms** related to racism, discrimination, and health equity. This **glossary** should be developed in collaboration with relevant stakeholders, including civil society, and should be used consistently in all EU communications, public discourse, and policy-making processes.



Priority 4:

The EU should scale up action at all levels of governance to collect more and higher quality equality data, disaggregated by indicators on multiple grounds of discrimination

Evidence-based policymaking and monitoring for addressing racism and discrimination and advancing (health) equity require good quality data (both qualitative and quantitative) that allows for disaggregation by indicators on various grounds on which people may be discriminated against (e.g., their race, ethnic origin, sex characteristics, gender, sexual orientation, disability, religion, belief, age, migration status and socioeconomic status).

Therefore, we call on the EU to scale up action at all levels of governance to ensure the **harmonisation of equality data collection in the EU**, involving the relevant stakeholders, including those working with data and civil society. This requires the development of **comprehensive systems** or a coordinated approach to collecting and using good quality equality data still lacking in the EU. Therefore, an ambitious EU budget **and dedicated EU funding opportunities** are needed to equip the EU and Member States to advance the harmonisation of equality data collection in the EU, following the human-rights-based approach of *doing no harm*.

Priority 5:

The EU should strengthen existing EU anti-discrimination legislation by breaking down silos and boosting policy mainstreaming, transparency, and social participation

Tackling complex and deeply rooted issues like structural and institutional racism and discrimination, which cut across societies and generations from an early age, requires actions at different levels and collaborations and partnerships across different sectors. Therefore, EU action should focus on **breaking down silos** and taking action against racism and discrimination by strengthening its policy mainstreaming efforts to **identify fragmentation, improve coordination, and increase (safe spaces for) dialogue** among different policy sectors (e.g., health, migration, housing, and employment) and levels (e.g., EU, national, local). The EU must also ensure the continuity of policies launched in the previous term (such as the EU Anti-Racism Action Plan 2020-2025) and ensure effective implementation, monitoring and review on a long-term basis. We call for actions supporting Member States in adopting national measures that align with these policies, fostering a harmonised and sustained effort towards combatting racism and discrimination.

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The DisQo network has been initiated and is led by EPHA



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