The right to health of people of African descent

27 June 2024 | 9:30-17:00 CEST
UN House & Online

Welcome

#HealthEquity #DisQo
27 June 2024 | 9:30-17:00 CEST | UN House & Online

Jacqueline Bowman-Busato
Adipositas Pact, Co-Founder, Engagement and Projects Lead
Housekeeping

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- Event is **recorded** and **pictures** will be taken
- When you hear a **bell**, it is time to get seated
- There a sound system in the room if you want to take the floor
  - Online moderation will be done by Tom (<tomas.dejong@epha.org>)
- This is a safe space, in case of concerns reach out to Lisa Becker (in the room, or via <lisa.becker@epha.org>)
  - Insensitive remarks mean instant removal from the event
- EPHA Socials:
  - LinkedIn: European Public Health Alliance
  - X: @EPHA_EU
- Hashtags:
  - #HealthEquity
  - #DisQo
OHCHR Indicators Frameworks

27 June 2024 | 9:30-17:00 CEST | UN House & Online

Mila Paspalanova
OHCHR, Anti-racial discrimination advisor
Human Rights Indicators

Tools for Measuring and Implementing Human Rights

Mila Paspalanova
9 core human rights treaties

- Normatively binding
- Established a committee of experts to monitor implementation of the treaty provisions by its States parties.
- Apply without distinction of race, ethnicity, religion, sex, national origin to all people
1. ICERD  International Convention on the Elimination of All Forms of Racial Discrimination  (21 Dec 1965)
2. ICCPR  International Covenant on Civil and Political Rights (16 Dec 1966)
4. CEDAW  Convention on the Elimination of All Forms of Discrimination against Women (18 Dec 1979)
5. CAT  Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (10 Dec 1984)
7. ICMW  International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (18 Dec 1990)
Check ratification status here:

https://indicators.ohchr.org/
International Recommendations: emitted by the treaty bodies after examining country reports under treaties.

Consult here: Universal Human Rights Index

https://www.ohchr.org/en/resources/databases
International recommendations to EU member states

On RACISM:
CERD: 2478
All Treaty Bodies: 3879
All TB, SP and UPR: 8685

On DATA: 1580 from all TB, SP, UPR
“The human rights journey from standard-setting to effective implementation depends, in large measure, on the availability of appropriate tools for policy formulation and evaluation. Indicators, both quantitative and qualitative, are one such essential tool.

Navy Pillay

High Commissioner For Human Rights
Human rights indicators help...

- concretize human rights standards into measurement and policy tools
- strengthen transparency and accountability
- implement and follow-up on recommendations from human rights mechanisms
Context & Background

OHCHR methodology for human rights indicators:

- endorsed and recommended by national, regional and international human rights mechanisms
- applied by a growing number of countries and organisations from different regions and on different human rights issues
Context & Background

OHCHR methodology for human rights indicators: HRI/MC/2008/3

- Published in 2008

“Report on Indicators for Promoting and Monitoring the Implementation of Human Rights”
Context & Background

- 2005: group of experts (academia, international bodies, CSOs, treaty bodies, mandate holders) examines proposals on the concept, methodology and definition of illustrative indicators.

- Review by: WHO, UN HABITAT, UNESCO, UNODC, FAO, ILO, Statistical Division of the UN Economic Commission for Europe, World Bank, UN Statistical Division,
Validation of the framework

National workshops:
OPDH, legislative bodies, executive power, policy makers, agencies responsible for TB reporting, statistical bodies, UNCT, CSOs.

> 13 events in >10 countries
What is it ? What it does?

OHCHR methodology for human rights indicators provides:

• a structured approach to the development and use of indicators to measure and implement human rights at international, national or local level

• a framework for moving from statistics to indicators for human rights
What is it? What it does?

Strengthen the capacity of the State to:

- Monitor its level of compliance with international HR standards
- Report to TB
- Establish HR accountability and transparency measures
HR Indicator

Specific information on the state of an event, activity or an outcome that can be related to human rights norms and standards; that address and reflect human rights concerns and principles; and that are used to assess and monitor promotion and protection of human rights.
Criteria for the selection of indicators

Relevance and effectiveness in addressing the objective(s) for which the indicators are to be used.

Valid and reliable.

Simple, timely and few in number; based on objective information.

Suitable for temporal and spatial comparison and following relevant international statistical standards;

Amenable to disaggregation in terms of sex, age, and other vulnerable or marginalized population segments.

Respect for the right to privacy, data protection and confidentiality issues, and may, therefore, require appropriate legal and institutional standards.
From HR standards to indicators

HUMAN RIGHTS STANDARDS AND CROSS-CUTTING NORMS

Attributes of a right

Structural indicators

Process indicators

Outcome indicators

Indicators on cross-cutting human rights norms
OHCHR conceptual framework

Attributes of human rights:

• Exhaustive reading of the standard
• Reflect essence of normative content of the right to be measured
• Mutually exclusive
### Illustrative indicators on the right to health (OHCHR)

<table>
<thead>
<tr>
<th>Structural</th>
<th>Process</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>• International treaties relevant to the right to highest attainable standard of physical and mental health ratified&lt;br&gt; • Time frame and coverage of national policy or strategy on…</td>
<td>• Proportion of received complaints on the right to health investigated and adjudicated by the national human rights institutions, human rights ombudsperson or other mechanisms and the proportion of these responded effectively by duty-bearer(s)</td>
<td>• Proportion of live births with low birthweight&lt;br&gt; • Infant under five mortality rate&lt;br&gt; • Prevalence of deaths, injuries and disabilities caused by unsafe natural and occupational environment&lt;br&gt; • Death rate associated with (and prevalence of) communicable and non-communicable diseases&lt;br&gt; • Suicide rates&lt;br&gt; • Proportion of persons abusing harmful substances</td>
</tr>
<tr>
<td></td>
<td>• Antenatal care coverage (number of visits)&lt;br&gt; • Proportion of children immunized against vaccine preventable diseases&lt;br&gt; • N of cases of deterioration of water sources brought to justice&lt;br&gt; • Proportion of mental health facilities inspected during reporting period&lt;br&gt; • Proportion of people covered by health insurance</td>
<td></td>
</tr>
</tbody>
</table>
Sources and Data-Generating Mechanisms

1. Events-based data
2. Socioeconomic and administrative statistics
3. Perception and opinion surveys
4. Expert judgements

- Administrative data
- Statistical surveys
- Censuses
RIGHTS criteria for indicator selection

In selecting human rights indicators, the RIGHTS criteria, which take into account the desired statistical and methodological properties in an indicator as well as the principles and human rights concerns, could be useful.

- **R**: Relevant and Reliable
- **I**: Independent in its data-collection methods from the subjects monitored
- **G**: Global and universally meaningful but also amenable to contextualization and disaggregation by prohibited grounds of discrimination
- **H**: Human rights standards-centric; anchored in the normative framework of rights
- **T**: Transparent in its methods, Timely and Time-bound
- **S**: Simple and Specific
Operationalization at country level

Where?

- human rights reporting and follow-up on recommendations from human rights mechanisms
- national human rights action plan
- development policy / programme (human rights mainstreaming)

Who?

- government, NHRIs, CSOs,…
OHCHR conceptual framework

Configuration of indicators to assess steps taken by States Parties in addressing:

- **acceptance, intent and commitment** to HR obligations (structural indicators)
- **efforts** to transform commitments to desired results (process indicators)
- **results** of efforts in furthering human rights (outcome indicators)
Indicators on cross-cutting human rights norms

- Non-discrimination and equality
  - Disaggregation of all indicators
- Participation
  - Defining indicators for procedural rights with respect to substantive rights
- Accountability
  - “Accessibility” and not just “availability” indicators
- Effective remedies
  - General proxy indicators
Box 2  Scope of State human rights obligations

**RESPECT**
- State must refrain from interfering with the enjoyment of human rights

**PROTECT**
- State must prevent private actors or third parties from violating human rights

**FULFIL**
- State must take positive measures, including adopting appropriate legislation, policies and programmes, to ensure the realization of human rights
Cross cutting human rights norms

- Non-discrimination and equality
- Accountability
- Participation
- Effective remedies
Indicators framework and National Human Rights Action Plan

STEP I. Identifying issues for NHRAAP through consultations

STEP II. Setting up stakeholder working groups on identified issues with experts, civil society & relevant public agency/ministry participation

STEP III. Mapping human rights standards for selected issues & identifying relevant indicators/benchmarks

STEP IV. Integrating indicators with plan formulation, implementation & evaluation

National agency tasked with reporting and following up on recommendations from human rights mechanisms & compliance with human rights obligations

National human rights institution or human rights focal points in civil society

OHCHR can potentially facilitate step III

Periodic independent external evaluation
<table>
<thead>
<tr>
<th>ASPECT</th>
<th>BEST PRACTICE</th>
<th>INADEQUATE RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political commitment</td>
<td>Senior political sponsorship or democratic regime, well-defined human rights responsibilities</td>
<td>Reluctant or undemocratic regime, human rights insensitive, dispersed responsibilities</td>
</tr>
<tr>
<td>Ministries and administrative organizations</td>
<td>Clear mandate and comprehensive coverage of issues, awareness of human rights obligations, well organized to collect and disseminate data</td>
<td>Overlapping or diffused mandates, human rights insensitive or ignorant, weak capacity or irregular data collection and dissemination</td>
</tr>
<tr>
<td>National human rights institution (NHRI)</td>
<td>Independent, organized, receives adequate funding, accessible, well-developed human rights plan, and capacity for monitoring and analysis</td>
<td>Weak, ill-resourced or non-existent; inaccessible and irregular human rights plans</td>
</tr>
<tr>
<td>Institutions for context-specific vulnerable groups</td>
<td>Effective institutions, capacity to monitor rights, equal opportunities and well-being of vulnerable groups</td>
<td>Weak, ill-resourced or non-existent; inaccessible with diffused mandate and poor credibility</td>
</tr>
<tr>
<td>National statistical agency</td>
<td>Independent, mechanism for statistical review and dissemination, willing and equipped to collect and handle human rights information from multiple sources</td>
<td>Plausible, ill-resourced or sceptical of human rights concerns, erratic collection or dissemination of data</td>
</tr>
<tr>
<td>Indicators and monitoring methodology</td>
<td>Identified contextually relevant indicators, sound data collection methods, regular analysis / reporting</td>
<td>Inappropriate /imported indicators, weak data collection methods and analysis, inaccessible records</td>
</tr>
<tr>
<td>Reporting and follow-up on recommendations from United Nations human rights mechanisms</td>
<td>Well-appointed secretariat and consultation process, timely reporting and follow-up procedures</td>
<td>Ad hoc arrangements, piecemeal or non-existent consultation process, irregular or non-reporting</td>
</tr>
<tr>
<td>Stakeholder engagement and civil society organizations</td>
<td>Well-resourced, independent, visible, civil society organizations, aware of United Nations instrumentation and practice</td>
<td>Weak, limited civil society, irregular or sporadic ad hoc reports, ill-informed of United Nations practice</td>
</tr>
<tr>
<td>Media freedom and motivation</td>
<td>Independent, vigorous and sensitive media, human rights literate</td>
<td>Controlled or passive and pliable media, limited reach and credibility</td>
</tr>
<tr>
<td>Right to information</td>
<td>Enacted and uniformly enforced</td>
<td>Not enacted or poorly enforced</td>
</tr>
</tbody>
</table>

Source: With inputs from Mark Orme, expert on OHCHR consultations and former Director General, Statistics South Africa.
Setting up human rights monitoring systems

1. **Identification of monitoring stakeholders**
2. **Facilitation of country owned monitoring mechanisms**
3. **Identification of major vulnerable groups**
4. **Focus on non-discrimination and accessibility**
5. **Capacity building for data collection and disaggregation**
6. **Reporting periodicity, publication, public access to information and follow-up**
FRA Being black in Europe

1. Non generalizable: 12 countries
2. Studies limited HR issues:
   Harassment, violence, physical violence, police stops, discrimination awareness, education, health employment, housing, social inclusion (poverty)
3. No intersectionality
4. Perception survey; feeling discriminated
5. Difficult to interpret the findings in some cases:
FRA Being black in Europe

Risk of experiencing racist harassment decreases with age

Does it decrease or people are less prone to perceive and report it. Internalized racism. Normalized violence

Reasons for non reporting:
Contradict the findings: e.g. incident was minor
Dealt by myself: address the risks
FRA Being black in Europe

Self perceived health: 81% very good, 2% higher than general population.

Explore contradictions:
1/5 has a long standing illness; and 1/5 has long standing limitations in their usual activities.

Unmet need for medical examination: in some countries it is 50% higher than the general population
The right to health of people of African descent

27 June 2024 | 9:30-17:00 CEST
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Coffee Break
11:15-11:30 CEST

#HealthEquity #DisQo
Towards quantitative equality data collection: Dutch G4 dashboard on discrimination

27 June 2024 | 9:30-17:00 CEST | UN House & Online

Jerrol Marten
Discriminatie.nl Regio Amsterdam, Director

Jurriaan Souer
Shinto Labs, Chief Products

Paul Fockens
Maurin Consulting, CEO
Towards quantitative equality data collection: Dutch G4 dashboard on discrimination

June 27th 2024
Let’s first introduce ourselves

Jerrol Marten
Discriminatie.nl Regio Amsterdam, Director

Jurriaan Souer
Shinto Labs
Content of this presentation

- Why we started this project
- Goal
- Approach
- Stakeholders
- Brief demonstration
- First results
- Path forward
Every municipality in the Netherlands is *legally obliged* to set up an accessible, independent facility where citizens can go to with complaints or make a report about discrimination.

These facilities are known as ‘Anti Discriminatie Voorzieningen’ (ADV).

One of its main tasks is to provide independent advice and support people who have experienced some sort of discrimination and in settling that complaint.

These anti-discrimination agencies also register complaints and *report on them*, so that the government knows what is happening locally in the field of discrimination.
Why this project?

- These ADVs have been working mostly independent
- Fragmented image
  - Fragmented data among the ADV’s
  - Fragmented data within a single ADV
  - Partners: Police, Prosecution, The Netherlands Institute for Human Rights
- Very difficult to analyze
- Reporting takes a lot of time
- One big report per year (in PDF)
Goal

A clear insight into all discrimination incidents and analyse & report on this, in 'near-real-time'

- Clear reporting: gain insight into the nature and extent of all ADVs within the Netherlands.

- Consequences:
  - How identify the incidents and
  - Involve partners in the process
How: Value-driven development
What is the problem?

- Communicate specifically target group
- Do analyses
- Training geven
- Register incidents unambiguously
- Communicate performance/results
- Bring together different reports
- Communicatie effectiever maken met verhalen
- User friendly
- Register incidents unambiguously
- Communicate performance/results
- Better cooperation with coalitions
- Newspaper clippings: what is where in the media
- Incomplete data
- Objectifying soft data
- Support frontline people better
- Involve unreachable target groups
- Willingness of partners to share data
- Pivot tables are tricky. A lot of time to process data
- Start a conversation with the practitioner
- Discuss figures together
- Communicate results
- Involve unreachable target groups
- Willingness of partners to share data
Sprint Map: ADV Analyses Tool

I want to know "x".

Analysis and interpretation

Communicate results

In conversation with chain partners

Insight into other municipalities' numbers. Etc.

Consult

ADV / Partners

Analyst

ADV - Data

Anonymization while retaining knowledge

Provide Incident data

ADV

Partners

Report

ADV / Partners

Consult

XLS

PDF

#
Which functions should it support, for whom?

- Search
- Map with filters
- Compare
- Data analysis
- Performance monitoring
- Stories and case studies
- Export data
- Reporting
- Data quality control
- Create custom report
- Add data
- ADV
- Beheer
Demonstration
(with screenshots...)
Welcome!
In this application you can get insights regarding the registrations about discrimination, originating from different partners. For each of these partners there is a dashboard tailored towards their data. This dashboard can be found as submenu-items below the menu-item "Partners".

Wordcloud

In the news

<table>
<thead>
<tr>
<th>Bar code</th>
<th>Discrimination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discriminatie.nl gaat aanval op tegen Johan Derksen na uitspraak over Habitu en de Hoop</td>
<td>2024-04-12T05:00:00Z</td>
</tr>
<tr>
<td>Feldkant discriminatie.nl doet aantij</td>
<td>2024-04-11T13:49:00Z</td>
</tr>
<tr>
<td>Aanval tegen Johan Derksen voor voorgezette racistische uitspraak - VOS</td>
<td>2024-04-11T05:00:00Z</td>
</tr>
</tbody>
</table>
Grounds for discrimination
Dashboard for partners
Map view
Search & Analyze: the stories behind the numbers
How does this analysis tool help?

- Determining unequal treatment (nature and extent) and more analysis and reporting options
- Comparing groups
- Compiling statistics and providing insight into what is going on.
- Gain insight into patterns
- Create reports (including the Multi Agency Report)
Path forward

- Phase 1 is finished:
  - About to go into full production with G4
  - Adding partners
    - Police (automated data)
    - Prosecution
    - The Netherlands Institute for Human Rights
- Phase 2: Scaling up nation wide in the Netherlands
- Phase 3: Linking incidents with all partners without sharing sensitive data
- Phase 4: Possible integration with existing EU Data and Programs
Available EU Data and programs

- Eurobarometer Survey Series (European Commission)
  - Special Eurobarometer SP535: Discrimination in the European Union (data sets available from 27 countries in December 2023)
  - Key finding: “Widespread discrimination in EU member states”

- From the EU Coordinator: NAPAR
  - National Action Plan and Reporting Tool
  - Supporting the Development, Implementation and Monitoring of National Action Plans Against Racism

- EU Anti-racism Action Plan 2020-2025
  - We need to talk about racism. And we need to act. It is always possible to change direction if there is a will to do so. I am glad to live in a society that condemns racism. But we should not stop there. The motto of our European Union is: ‘United in diversity’. Our task it to live up to these words, and to fulfil their meaning (Ursula von der Leyen)
Example: Discrimination in everyday life (NL)
Example: Conclusion after analysis..

- Name-based discrimination appears to be a significantly larger concern in the Netherlands compared to the EU average. This 32 percentage point difference (21% EU27 vs 53% NL) is striking and warrants attention.

- The overall higher percentages across most categories in the Netherlands suggest a heightened awareness or concern about various forms of hiring discrimination compared to the EU average.
Required steps forward 2024 - 2026

- Get funding to build a European data template combining “Zicht op Discriminatie” and “NAPAR” for EU wide use
- Harmonize existing Eurobarometer SP535 data with “Zicht op Discriminatie” data for an integrated view.
- Use the existing EU “Strategy for Data” to create a “Discrimination Data Space” which will allow for secure data exchange between member states on Discrimination
- Build a near real-time EU dashboard “View on Discrimination”
Thank you for your attention
German Afrozensus: a German case study

27 June 2024 | 9:30-17:00 CEST | UN House & Online

Muna Aikins
Afrozensus - EOTO, Each One Teach One e.V.
Max Planck Institute for Human Development, Predoctoral Fellow
"Blackness is a cypher, where the conversation is intergenerational, international and interdependent."

Minna Salami (2020, p. 92)
German Colonialism and Nazi eugenics:

• German colonizers committed the first genocide of the 20th (1904 - 1908)
  • killed many thousand Herero and Nama in today’s Namibia
    (Olusoga & Erichsen, 2010; Zimmerer & Zelle, 2008)

• Nazi policies of “racial hygiene” systematic murder of millions of people during
  the Holocaust (Mohsen, 2020).
Continuities of racialization, race-evasive discourse and science

• Race-evasive approaches displace racism temporarily, socially and geographically (Bojadžijev et al., 2017).

• Replacement of the term "Rasse" in the German constitution
• Proxies to study racism: migration background, foreigners, culture etc.
49% of the German population still believe in the existence of "human races" biologic categorizations and cultural hierarchies

(DeZIM, 2022)
Race is not real – but it is real in its consequences!
Communities-led Research – Afrozensus

Perspectives, Engagement and Experiences of Anti-Black Racism of Black, African and Afrodiasporic people in Germany

Filling the (quantitative) gap:

Communities-led Research Project driven by Black communities activism, social movements and scholar activism.

➢ Do-no harm policy to approach communities
➢ Communities data ownership and monitoring
Afrozensus - Approaches

- **Methodological approach**: Numbers do not explain mechanisms:
  - quantitative (online questionnaire) and
  - qualitative research (focus groups and expert interviews)

- **Theoretical approach**: critical, emancipatory, based on Black and African, feminist and decolonial approaches
Afrozensus - Online Survey

- Survey period: July to September 2020
- “Hidden & hard to reach”: hard to reach for whom?
- Snowball sampling by self-identification
- Cooperation and Outreach with 15 Black organizations
- well-known Black individuals and other organizations (e.g. anti-discrimination agencies)
- 6,419 Participants (before data cleaning)
- 5,793 Total participants
Core principles for collecting anti-discrimination and equality data

1. **Self-identification**
2. Voluntary participation
3. Clarity about the purpose of data collection
4. Anonymity of respondents
5. Participation of representatives of marginalized groups in the process of data collection, analysis and dissemination
6. Intersectional analysis multiple identities, grounds for discrimination
7. **Principle of non-harm (data must not be misused)**
Two central premises of the Afrozensus:

1. Black communities are inherently diverse and simultaneously have shared experiences.

2. Anti-Black racism is characterized by very specific racist attributions and patterns experienced by Black, African and Afro-diasporic people in Germany and globally.
Diversity Dimensions

- Gender identity(ies)
- Sexual orientation/identities
- age
- Place of residence (urban/rural; east/west)
- Disability and/or impairment
- Religious affiliation in relation to anti-Muslim racism
- Nationality
- Refugee experience
- Migration background
- education
- income
- Marital status in relation to single parents
- Number of African/afro-diasporic parents
<table>
<thead>
<tr>
<th>Category</th>
<th>never</th>
<th>rarely</th>
<th>sometimes</th>
<th>often</th>
<th>very often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public space and leisure</td>
<td>6.8%</td>
<td>20.4%</td>
<td>37.1%</td>
<td>22.0%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Media and Internet</td>
<td>14.5%</td>
<td>13.9%</td>
<td>21.5%</td>
<td>25.7%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Shops and services</td>
<td>14.9%</td>
<td>23.6%</td>
<td>36.1%</td>
<td>18.2%</td>
<td>7.3%</td>
</tr>
<tr>
<td>Working life</td>
<td>15.3%</td>
<td>22.8%</td>
<td>33.0%</td>
<td>18.1%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Private life</td>
<td>17.0%</td>
<td>31.3%</td>
<td>32.9%</td>
<td>12.9%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Police</td>
<td>17.9%</td>
<td>21.6%</td>
<td>25.1%</td>
<td>19.2%</td>
<td>16.2%</td>
</tr>
<tr>
<td>Education</td>
<td>18.9%</td>
<td>24.7%</td>
<td>31.0%</td>
<td>16.3%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Security personnel</td>
<td>23.7%</td>
<td>24.2%</td>
<td>23.9%</td>
<td>17.0%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Housing market</td>
<td>25.9%</td>
<td>16.5%</td>
<td>21.5%</td>
<td>18.7%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Public agencies and authorities</td>
<td>33.5%</td>
<td>21.8%</td>
<td>22.2%</td>
<td>14.4%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Health and care</td>
<td>35.4%</td>
<td>27.7%</td>
<td>23.5%</td>
<td>9.1%</td>
<td></td>
</tr>
<tr>
<td>Justice system</td>
<td>38.9%</td>
<td>19.5%</td>
<td>19.5%</td>
<td>12.6%</td>
<td>9.4%</td>
</tr>
<tr>
<td>Arts and culture</td>
<td>45.8%</td>
<td>24.8%</td>
<td>17.3%</td>
<td>8.4%</td>
<td></td>
</tr>
<tr>
<td>Banks and insurance companies</td>
<td>53.2%</td>
<td>23.5%</td>
<td>14.6%</td>
<td>5.9%</td>
<td></td>
</tr>
</tbody>
</table>
97.3% experienced Anti-Black Racism
Anti-Black Racism – Patterns and Dynamics

- Processes of othering
- (Hyper-) sexualisation
- Criminalisation
- Qualifications and skills not being recognised or questioned
- De-individualisation and homogenisation
- Denial of ABR experience
Dual exclusion mechanism:

- Discrimination in the utilisation of care as well as through non-utilisation, i.e. anticipated discrimination due to avoiding care structures.

- Racist aggression or violence in the provision of care exacerbates structural deficits.
Doctor doesn't take my complaints seriously.

- Yes: 66.7%
- No: 33.3%
- Sometimes: 21.6%
- Rarely: 21.3%
- Very often: 9.5%
Psychotherapy: experience of racism called into question.

N = 819

- Yes: 62.0% (often: 14.3%, sometimes: 15.9%)
- No: 38.0% (rarely: 11.7%, very often: 20.1%)
98%

n = 4339 assume that discrimination occurs in the area of "health and care"

14.7% state that they have avoided the health care system in the past two years for fear of discrimination.
Consequences

● Discontinuation and delay of treatment or therapy

● Avoidance

● Mental stress / burden

● Additional costs
Recommendations for action for politics and administration

- Address racism in its structures and institutions, develop expertise that is critical of racism and understand racism as a significant factor impacting the health of Black people.
- Psychotherapeutic care: special needs / therapists with racism-critical skills and competencies
- Systematically promote access to medical training specifically for black people
- Evaluation of current treatment concepts and training programs
Recommendations for action for Black, African and Afro-diasporic communities

- Sharing knowledge: too few self-organized spaces in which Black, African and Afro-diasporic communities and self-organizations can share information about navigating the health care system.

- Complaints mechanisms: Black individuals and associations have so far made too little use of official complaints mechanisms → demands and needs to the medical associations and psychotherapeutic institutions.
Research on Racism and Health in Germany

• Study racial disparities: German health care system and effects of racism on health.

• Race-evasive approaches are dominant

• History of medical research is based on violence - historical events have had a lasting impact on marginalized communities

• German Science lacks both lack of differentiated concepts and data

• Examining race and the processes of racialization and its effects on health
"Black empowerment, enlightenment, networking, education, new terminologies that can give a name to what is experienced and thus make it real and also tangible for others."

"Indeed, there is knowledge. Indeed, there is experience."

"[This knowledge] however, is not being recognised to matter."
## Self-positioning

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>74.9%</td>
</tr>
<tr>
<td>African-German</td>
<td>53.2%</td>
</tr>
<tr>
<td>Person of Colour</td>
<td>45.0%</td>
</tr>
<tr>
<td>African Diaspora</td>
<td>21.3%</td>
</tr>
<tr>
<td>African</td>
<td>20.9%</td>
</tr>
<tr>
<td>Muslim</td>
<td>3.1%</td>
</tr>
<tr>
<td>White</td>
<td>1.0%</td>
</tr>
</tbody>
</table>
"Anti-Black Racism (ABR) is a specific form of racism and has been a tradition in Europe and Germany since the time of enslavement. ABR is a specific degradation, dehumanisation and racist discrimination of Black people of African descent. Regardless of the reality of discrimination/hierarchisation according to 'skin tone' (colourism), ABR cannot be reduced to discrimination based on 'skin colour', as specific dynamics exist in anti-Black discrimination, and these are experienced by people of different 'skin tones'."
The right to health of people of African descent

Lunch Break
13:00-14:00 CEST
The right to health of people of African descent

WELCOME BACK!

Post-break energiser & warm up session by Brigid Transon
Equality data: policy implications and translation

27 June 2024 | 9:30-17:00 CEST | UN House & Online

Angelo Camufingo
Each One Teach One (EOTO) e.V., Project Lead

Tanja Florath
European Commission, DG JUST, Unit D2 Non-discrimination, Policy Officer

Daris José Lewis Recio
Equinet, Legal & Policy Officer
The right to health of people of African descent

26 June 2024 | 9:30-17:00 CEST
UN House & Online

Coffee Break
15:00-15:15 CEST

#HealthEquity #DisQo
Civil society consultation on post-2025 EU anti-racism agenda & national-level implementation

27 June 2024 | 9:30-17:00 CEST | UN House & Online

Frazer Goodwin
Senior Communications & Advocacy Manager, European Public Health Alliance

Tanja Florath
European Commission, DG JUST, Unit D2 Non-discrimination, Policy Officer

Mila Paspalanova
OHCHR, Anti-racial discrimination advisor
Concluding remarks

27 June 2024 | 9:30-17:00 CEST | UN House & Online

Jacqueline Bowman-Busato
Adipositas Pact, Co-Founder, Engagement and Projects Lead
The right to health of people of African descent

THANK YOU FOR ATTENDING!

#HealthEquity #DisQo