OHCHR Indicators Framework

Indicators are necessary in spaces where the anti-racism coordinator is organising.

These indicators can reach countries' governments.

Established a committee to monitor implementation of 9 core treaties.

Often individual institutions decide what is measured - states need to be reminded of the indicators that can be used.

Without statistics you cannot compare processes.

Indicators framework is NOT normatively binding.

Indicators already being used in Latin American countries (since 2010).

We need to disaggregate data AND make indicators to measure what is not traditionally measured.

NATIONALLY ESTABLISHED BASE LINE IS KEY.

Framework strengthens transparency and accountability.

Methodology endorsed by 80% of signatory countries.

Framework gives us a proposal for creating a connection of normative state obligations with statistics and process/outcome indicators.

Tells you minimum content needed in statistical systems.

Need to include all issues relevant to the country - MUST BE CONTEXTUALLY RELEVANT.

State MUST do this as they are the ones responsible for rights.

Need to think about socio-economic status and administrative statistics, administrative data, statistical surveys and censuses.

Registering statistics with good systems means there should be no privacy issues.

FRA being black in Europe - not generalisable. Limited human rights issues, not possible to look at intersectionality.

Indicators should be.

Able to be desegregated. Public and transparent.

Relevant and Reliable. Independent. Global and Universal. All relevant groups. Transparent. Simple and specific.

It does not take into account the component of age and not reporting issue.

Therefore difficult to interpret and you cannot build public policy on this.

Largest issue is due to it being perception-based/feeling-based.

Significant contradictions on self-perceived health.

Need to get more information while preserving the privacy of people - YES it is possible but needs at least two years.
G4 Dashboard (Netherlands)

What to do with data?
- Make a map
- Interactive reporting
- Scaling to a nationwide level
- linking incidents to partners (who is reporting, who is following up, what are the repercussions)

Next steps
- Expand to EU
- Personal information is removed from the narrative
- Can show how different forms of discrimination intersect
- Fosters collaboration for best practices and unified strategies

Need to talk about and act on racism
- Must link data sources that already exist within the EU
- By doing this you can have a more cooperative analysis to find trends

Menti Comment
- Living lab to test, pilot and implement innovative health solutions with a diverse population group
- The refugee camp on Lesvos would be an ideal location for this.

Overall
- Having a gap is a finding
- EU Health Policy Platform (EU HPP)
- Need to go to the source!
German Afrozensus

While race is NOT real - IT IS real in its consequences

Language is important when thinking about concepts to measure and combat racism

Community-led research to give safe space with no harm policy

Afrozensus, through the community, focuses on Education and Health

Project proved that "hard to reach" and "hidden" communities are not that hard to reach - snowballing effect

Data privacy is a key consideration in Germany

Community and collective effort are KEY

NON HARM PRINCIPLE

Anti-black racism is a specific form of racism

Experience stereotypes

Denial

Criminalisation

Experience violence

Constitutionalisation

Issues with a healthcare system where you go and experience racism — you might not go out of fear

98% of people assume racism in the healthcare system with 14.7% avoiding system due to fear

No structures to support black doctors and they must do empowerment work themselves

Need to make more use of complaint mechanisms

Further Recommendations

Justice administration as data source

Penitentiary system perspective

Vital to have mandatory self-identification (for example in registration in primary care)
Input from the Audience

Hate Speech
- Working group at EU level on hate crime and hate speech
- Records instances and events
- Regarding Data
  - Have indicators on life, liberty, and freedom
  - Latin America has established protection mechanisms - nationally run

Outcomes for tracking G4
- Data provided is filtered for privacy, but there is a tracking and tracing instrument
- Started as a project with a goal of expanding to state
- To expand to more people
- Need to see which data is out there and who is collecting data
- The tool is based on discrimination framework in the Netherlands
- Police and social workers can register complaints and then it can be shifted to health

When we look at groups will we also look at professions perpetuating the discrimination?
- For example, new police policies for racial profiling if the police officer deems it useful at the time
- Different understanding of discrimination can be problematic
- Every month exchange cases with police and prosecutors to get shared understanding
- Utilising civil society organisations

Develop guidelines and Pan European Standards

How do you address indicators in developing countries for women and children and rural areas?
- Rural/remote areas
- Needs lots of funding - Political agreements within the country
- Start with the focus on one human right or with one or two organisations

We have evidence that links police with racism. What could be the collective harm of the data collection?
- Now we are showing what is possible
- Need to determine what we use, what is public vs private, and who is the right person to analyze?

List of Medical Professionals of African Descent
- List for LGBTQ+8 type of doctor, city, where they are from
- Also exploring intersectionality - but you need to know where to find the list
- Lists exist: but due to GDPR you need to know where to list
- Some countries starting, especially with physicians that are available

Communication with community groups and scientific community members
- Mental stress of finding care and being triggered in care