



World Health Organization (WHO)

Topic B. Measures to reduce racial and ethnic disparities in healthcare

Introduction

Diverse ethnic groups often face situations of discrimination and exclusion, leading to serious violations of their fundamental rights, poorer living conditions and poorer life outcomes in the health sector. Despite the obstacles to proper data collection, the information that has been collected and is available throws light on all the inequalities that diverse ethnic groups face in comparison to the rest of the population.

The recent COVID-19 pandemic and the call for equity have shown us problems in older systems that contribute to health disparities related to a variety of factors, including ethnicity, race, socioeconomic status, and sexual identity. "We are all hurting ourselves if inequities are not addressed and opportunities for the most vulnerable in our society are not guaranteed; we are all paying the cost this has taken on our economy and our medical system," said Dr. Lisa Cooper, founder and director of the Johns Hopkins Center for Health Equity in Baltimore.¹

Some of the most disadvantaged and stigmatized groups are targeted by discrimination in health care settings; these are the groups that States vowed to focus through the 2030 Agenda but who are all too frequently left out or behind. Numerous people and groups are subjected to discrimination based on factors such as their age, sex, race or ethnicity, health status, disability or susceptibility to disease, sexual orientation or gender identity, nationality, status as a refugee or immigrant, or criminal record. These factors frequently intersect or compound one another to create discrimination.

In order to benefit the privileged group and to disadvantage racial and ethnic minorities, important communal sectors like education, health care, housing, and law and order are constructed in a racist manner. People, especially those who have historically been marginalized, have a tougher time getting access to and paying for health care because of this form of racism and ethnic discrimination.

¹ Armas, Genaro C. *Why everyone should care about health disparities – and what to do about them*. CHE Team, 2021. <https://www.healthequityhub.com/center-news-announcements-blog/why-everyone-should-care-about-health-disparities-and-what-to-do-about-them>





Users of healthcare services and healthcare professionals are both impacted by discrimination. It acts as an obstacle to receiving health care, has an impact on their life quality, and fosters social exclusion for both individuals and groups. Discrimination in health care settings can take many different shapes, but it frequently takes the form of denying a person or group access to medical care that is normally available to others. Denial of services that are only required by particular groups, such as women, can also result in it.

Concept definitions

- **Ethnicity:** large group of people that is characterized by having the same cultural background or origin, language, history, set of traditions, etc.
- **Minorities:** according to international law, part of the population of a State that differs from most of the same population by race, language or religion.
- **Race:** term used to describe a group of people who share distinct physical characteristics, such as skin color or facial features.
- **Sexual identity:** immutable emotional, romantic or sexual attraction to other people.
- **Inequity:** situation within a certain society that prevents the common good; it does not allow people to get what they deserve based on what they have worked for, possibly disadvantaging one person for the benefit of another.

Current problematic

The 2030 Agenda for Sustainable Development places a strong emphasis on "ensuring that no one is left behind" and "reaching the furthest behind first."² Therefore, the United Nations commits to cooperating with Member States to support them in implementing coordinated multisectoral action to end discrimination in health care settings, realizing that it is a significant obstacle to the achievement of the Sustainable Development Goals (SDGs).

As a matter of fact, ending discrimination in health care settings is fundamental to securing progress specifically towards the following SDGs: good health and well-being, including achieving universal health coverage and ending the AIDS and tuberculosis epidemics; quality education; gender equality and women's empowerment; decent work and

² See: United Nations. *Transforming our world: the 2030 Agenda for Sustainable Development*. <https://sdgs.un.org/2030agenda>





inclusive economic growth; reduced inequalities; and peace, justice and strong institutions; amongst the rest of them.³

That being said, Michelle Bachelet, the UN High Commissioner for Human Rights, has stated that it is tragic that it took COVID-19 to bring light over what should have been obvious: that inequalities in healthcare access, overcrowding in housing, and pervasive discrimination impair the stability, security, and prosperity of our countries.⁴

In this sense, data collection, disaggregation, and analysis by ethnicity or race, as well as gender, are crucial to detect and address inequities and structural discrimination that contribute to poor health outcomes, including situations that involve COVID-19. Actually, the Human Rights' Commissioner emphasized that if governments reject "the clear inequities" that this disease in particular has shown, they will not be able to overcome it.⁵ In the long term, COVID-19 efforts and the rehabilitation process won't be successful until everyone's rights to life and health are upheld without exception, and the same applies to every other disease or condition.

The Office of the United Nations High Commissioner for Human Rights (OHCHR), for example, has stated that national, ethnic, religious, and linguistic minority groupings are disproportionately affected negatively by COVID-19.⁶ For instance, some minority groups have death rates that are several times higher than those of other groups; are more likely, in some regions or nations, to live in crowded housing, making physical isolation and self-isolation more difficult; are on the front lines with at-risk and low-paid jobs, such as cleaning, transport, or other services that expose them to COVID-19; are faced with intensified discrimination and abuse in many places; and deal with more difficulties than others.

International initiatives

³ See: *Joint United Nations statement on ending discrimination in health care settings*. United Nations, 2017. <https://www.who.int/news/item/27-06-2017-joint-united-nations-statement-on-ending-discrimination-in-health-care-settings#:~:text=Recognizing%20that%20discrimination%20in%20health,discrimination%20in%20health%20are%20settings>.

⁴ Bachelet, Michelle. *Disproportionate impact of COVID-19 on racial and ethnic minorities needs to be urgently addressed*. United Nations, Geneva, 2020. <https://www.ohchr.org/en/press-releases/2020/06/disproportionate-impact-covid-19-racial-and-ethnic-minorities-needs-be?LangID=E&NewsID=25916>

⁵ *Idem*.

⁶ Office of the High Commissioner of Human Rights. *COVID-19 and minority right*. United Nations. <https://www.ohchr.org/en/minorities/covid-19-and-minority-rights>





In general, the anti-discriminatory measures can be traced all the way back to the International Convention on the Elimination of All Forms of Racial Discrimination, in which participants committed to fight for the abolition of racism and the advancement of interracial harmony.⁷ The Convention also mandates that hate speech and participation in racist organizations be illegal.

There is also the International Labor Organization's Indigenous and Tribal Peoples Convention (No.169).⁸ It is a precursor to the Declaration on the Rights of Indigenous Peoples and the main legally binding international agreement pertaining to indigenous and tribal peoples. Additionally, there is the United Nations Declaration on the Rights of Indigenous Peoples⁹ and the United Nations Declaration on the Rights of Minorities¹⁰. Both of them outline and define the individual and collective rights of Indigenous peoples, as well as their ownership rights to cultural and ceremonial expression, identity, language, employment, health, and other matters in private and public, freely and without hindrance or any form of discrimination. Their ownership includes defending their cultural and intellectual property as well.

Furthermore, in order to protect and advance development, peace, and security, it is crucial to foster diversity, dialogue, and meaningful inclusion and participation of minorities, as stated in article 4 of the Declaration on the Rights of Persons Belonging to National or Ethnic, Religious, and Linguistic Minorities¹¹ and article 25 of the International Covenant on Civil and Political Rights¹².

However, more efforts are still needed from the international community to fight the ethnic and racial disparities that take place within the health sector specifically. A country-based program for the Minorities Fellowship Programme and Indigenous Fellowship

⁷ See: *UN General Assembly. International Convention on the Elimination of All Forms of Racial Discrimination*. 1965. <https://www.ohchr.org/en/instruments-mechanisms/instruments/international-convention-elimination-all-forms-racial>

⁸ See: *Indigenous and Tribal Peoples Convention, 1989 (No. 169)*
https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C169

⁹ See: *United Nations Declaration on the Rights of Indigenous Peoples*. 2007.
<https://www.un.org/development/desa/indigenouspeoples/declaration-on-the-rights-of-indigenous-peoples.html>

¹⁰ See: *Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities*. General Assembly United Nations, 1992. <https://www.ohchr.org/en/instruments-mechanisms/instruments/declaration-rights-persons-belonging-national-or-ethnic#:~:text=Article%202-,Persons%20belonging%20to%20national%20or%20ethnic%2C%20religious%20and%20linguistic%20minorities,and%20without%20interference%20or%20any>

¹¹ *Ibid*

¹² See: *International Covenant on Civil and Political Rights*. General Assembly, 1966.
<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>





Programme, for example, had to be created by OHCHR in 2020 as a result of the COVID-19 pandemic. The main goal was to increase the capacity of the most effective former fellows to gain leadership and advocacy abilities through on-the-job training. As a result, 34 former fellows were hired as "senior fellows" in 29 sites across all regions, including OHCHR country and regional offices, UN country teams, and UN peacekeeping operations. Clearly, this kind of initiatives should expand to address each angle of racial and ethnic inequality in healthcare.

Guiding questions

1. Which populations in your delegation have been affected by any kind of racial or ethnic discrimination? How does this form of discrimination show within the health sector? Which disparities in healthcare regarding race and ethnicity can be observed?
2. What kind of initiatives have taken place within your delegation to guarantee that racial and ethnic minorities get fair access to healthcare? Is healthcare available and affordable for this people? If not, what has been done about it?
3. In your delegation, do immigrants, refugees and stateless people receive any kind of medical assistance or access to adequate health care? If not, what has been done to counter this situation?
4. In which ways could your delegation raise awareness about ethnic and racial disparities in healthcare, and fight the structural racism that people face within the health sector? Which are the obstacles of doing so and how can they be surpassed?
5. Are there any measures that other delegations are putting in place to address ethnic and racial disparities in the health sector regarding their population that could be adjusted and implemented by your delegation to benefit its own population?
6. Has your delegation participated in any kind of international initiative to reduce the ethnic and racial disparities that people face regarding healthcare? If so, which were the results?

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