**SLOVAKIA (august 2023)**

**Comments on First draft General recommendation No. 37 (2023) on racial discrimination in the enjoyment of the right to health (doc. CERD/C/GC/R.37)**

The organization Healthy Regions (author of the comments below) is a part of the Ministry of Health of the Slovak Republic and has long-term experience with national-level collaborative public health interventions on behalf of marginalized Roma in Slovakia. Based on this experience, we suggest considering addition of the following terms and principles into the indicated sections of the Recommendations of document in order to strengthen their appropriateness specifically with respect to the marginalized Roma in Central and Eastern Europe as the largest and most disadvantaged ethnic minority in the region.

**IV. Recommendations**

1. On paragraph 40

We suggest including the need for structural competency l in practices approaching ethnic minorities, along with the mentioned need for cultural sensitivity. Highlighting cultural sensitivity with respect to oppressed ethnic minorities without stressing underlying structural factors basing disproportionate ethnic disadvantage may support the notion that "ethnic cultures" are co-responsible for large proportions of the structurally oppressed ethnic subpopulations remaining disadvantaged. Also, not stressing structural forces as the key stratification behind ethnic disadvantage bares the danger of stigmatization of whole ethnic groups regardless of their actual social status (e.g., in Slovakia, as elsewhere in Europe nearly half of the local Roma live outside marginalized settings).

1. On paragraphs 44 - 47

With respect to monitoring data production, we suggest explicitly stressing the need for disaggregation according to the level of residential segregation, too. With respect to oppressed ethnic minorities, the level of residential segregation presents one of the crucial factors underlying health disparities within the groups (e.g., within the Roma population of Europe, radical differences exist in the level of disadvantage according to these factors).2In connection to data production — one of the sub — objectives of the Action Plan of the priority area Health to the Strategy of Equality, Inclusion and Participation of Roma Until 2030 is „Measure differences in health status between the MRC and the general population, which can be used to set health policies" — with crucial activity „Design a methodology for measuring and evaluating disparities in health status and determinants of health status between the MRC and the general population"3, which was conducted in collaboration of “Healthy Regions” and Institute of health analysis of the Ministry of Health of Slovak Republic.

1. Metzl, J. M., & Hansen, H. (2014). Structural competency: Theorizing a new medical engagement with stigma and inequality. Social Science & Medicine, 103, 126-133. doi:https://doi.org/10.1016/j.socscimed.2013.06.032
2. Diez Roux, A. V. (2012). Conceptual approaches to the study of health disparities. Annual review of public health, 33, 41-58.

Phelan, J. C, & Link, B. G. (2015). Is racism a fundamental cause of inequalities in health? Annual Review of Sociology, 47, 31 1-330.

3htt s: www.romovia.vlada. ov.sk site assets files 1526 action lans 2022 2024 of the strate of e uali ty inclusion and participation of roma until 2030-1.pdf?csrt=17812695852256630989