

Racism and the Right to Health

Joint Submission of International Planned Parenthood Federation (IPPF) and Profamilia to the Special Rapporteur on the Right to Health

Profamilia

Profamilia is a private non-profit organization that, for more than five decades, has been promoting and defending the exercise of sexual and reproductive rights of the population in Colombia so that they can make free, safe and informed decisions about their sexuality, without discrimination, coercion or violence. The organization has more than 40 clinics throughout Colombia, making it the private health institution with the greatest coverage in the country and the second largest in developing countries. Every year, Profamilia provides more than 2,900,000 services and attends more than 450,000 people, most of them in vulnerable conditions. Profamilia is a Member Association of the International Planned Parenthood Federation.

International Planned Parenthood Federation

A leading advocate of sexual and reproductive health and rights (SRHR) and a global service provider, the International Planned Parenthood Federation is a locally owned, globally connected federation which works through 130 Member Associations and Collaborating Partners in 139 countries to empower women, men and young people in the most vulnerable situations to access life-saving services and programmes and live with dignity. We have had general consultative status with the Economic and Social Council since 1973.

Submission on some selected questions from Profamilia - IPPF's Member Association in Colombia

Please share examples of public health financing, non-governmental sector funding practices, inter-agency finance solutions, medical insurance products that show manifestations of ongoing or past racism and related discrimination, at the local and global levels that impact racialized people, as well as other factors such as poverty, or discrimination based on age, sex, gender identity, expression, sexual orientation, disability, migration status, health status eg. HIV, Albinism etc. and the rural and urban divide."

- The Colombian census has a significant underrepresentation of Afro-Colombians communities due to the lack of training to interviewers on race and ethnic matters. As a result, policy makers don't have reliable information when creating measures directed to Afro-Colombians.
- In Colombia, migrants with an irregular migratory status are not recognized as part of the central health system and thus they can only access urgent health provision with economic support from the State. This means more than half the population of migrants in Colombia do not access basic preventive care, general sexual and reproductive rights services, chronic disease attention, or other important health care and services.

- The Colombian census also excludes information related to sexual orientation and gender identity, making LGBTI people invisible in the development of public policies on issues that affect them.
- Subsequently, there are no guidelines, regulation or surveillance from the Ministry of Health on the provision of trans health in Colombia. As a result, trans people face significant barriers when accessing to health in general and when trying to access trans-specific care due to their gender identity. This includes direct discrimination and stigma during the health provision from health staff; the need to sue health providers or insurances in order to have access to any treatment (judicialization); and the risk of being subjects to medial mal practices due to the lack of guidelines and training on trans health for health providers.

Please share good practices and examples of public health interventions resulting in adequate access (inside and outside the health sector), support knowledge production or implementation of programs that successfully address inequalities in particular the impact of racism and related racial discrimination, as well as other factors such as poverty, or discrimination based on sex, gender identity, expression, sexual orientation, disability and migration status.

Good practices adopted by Profamilia Colombia

1. Profamilia Colombia has developed a model of health service provision for sexual and reproductive health that is people-centered and intersectional. It includes recommendations and modifications during the service provision for health professionals to their care is responsive to the identity and needs of patients (especially those related to their sex, age, gender identity, disability, and race or migration status). The model involves the training of health and administrative staff, as well as the training of stakeholders such as health professionals of other institutions and authorities. In order to include the perspective of Indigenous or Afro-Colombian people, trans people and people with cognitive and psychosocial disabilities, Profamilia has built partnerships with civil society organizations and has carried quantitative and qualitative research on their needs and desires regarding sexual and reproductive health. Its model has also been an example for regulation and public policy makers in Colombia. Some of the good practices of this model include:
 - Regularly training health providers and administrative staff on people-centered health provision and the needs and modifications necessary, based on the sex, age, sexual orientation, gender identity, race and nationality of patients
 - Providing care without stigma or prejudice against people based on their sex, age, sexual orientation, gender identity, race and nationality (for example, avoiding comments or questions that are biased against certain identity factors)
 - Recommendations for reasonable accommodations and support for people with disabilities during sexual and reproductive health provision
 - Ensuring that people with disabilities are the ones who directly make their own decisions about their sexual and reproductive health by ensuring their informed consent
 - Including in the medical history and administrative systems the question, “What name do you prefer to be called?” to ensure trans people are called by their chosen name through whole health provision process.

- Consulting traditional or community health providers when developing care recommendations for Afrodescendant or Indigenous communities
 - Including interpreters for the informed consent for Indigenous or migrant communities that speak a language different than Spanish.
2. Profamilia has also worked together with the Afro-Colombian organizations Red Mariposas and ASOPARUPA (Asociación de Parteras del Pacífico) to develop initiatives on the prevention of gender-based violence, taking into account race and gender, in Buenaventura. As an example, in 2020 they published a *violentometro* ("violence-meter") to generate awareness within the community on violent practices that affect women and LGBT Afrodescendants in the city. The *violentometer* is a tool that allows people to recognize the different forms of violence that exist and the alerts that these should generate, and strengthens the development of spaces of pedagogy, training, and awareness on issues of gender-based violence.

Good practices developed by Colombia with regard to Afro-Colombian and indigenous communities

- Colombia approved Law 1751 of 2015 that explicitly recognizes that the fundamental right to health in Colombia must comply with the principle of interculturality, which consists of respect for cultural differences in the country. It is demonstrated through a "deliberate effort to build mechanisms that integrate differences in health, living conditions and comprehensive care services for diseases, based on the recognition of traditional, alternative and complementary knowledge, practices and means for good health.
- The Colombian Constitutional Court has adopted important decisions that mitigate the impact of racism on the provision of health care and services. In the ruling C-882 of 2011, the Court highlighted the right of ethnic communities to "use and produce traditional medicines and preserve their medicinal plants, animals and minerals." Similarly, in the ruling T-485 of 2015, the Court added that "these rights are unequivocally focused on protecting the differential identity of said ethnic peoples, as well as to make their fundamental rights effective on equal terms with people belonging to the majority society".
- Through the administrative decree 1953 of 2014, Colombia created the Intercultural Indigenous Health System (SISPI). It is the set of policies, norms, principles, resources, institutions and procedures that are based on a collective understanding of life, where ancestral wisdom is fundamental to guiding this system in harmony with mother earth and according to the cosmovision of each people. The SISPI is articulated, coordinated with and complemented by the General Social Security System, in order to maximize the health achievements of indigenous peoples.
- Recently, in the ruling T-128 of 2022, the Constitutional Court recognized Afro-Colombian midwives of the pacific coast as health providers, ordering the Ministry of Health to include them into the health system and guarantee that they benefit from measures created in favor of other health providers during COVID-19, such as priority for vaccination and economic rewards.

Good practices developed by Colombia with regard to other multiple and intersecting forms of discrimination

Sexual and reproductive rights of people with disabilities

- As ordered by the Constitutional Court Ruling T- 573 of 2006, The Colombian Ministry of Health adopted the Resolution 1904 of 2007 that makes mandatory the provision of support, reasonable accommodation and safeguards for persons with disabilities to make health decisions, in particular, in matters involving the exercise of their sexual and reproductive rights.

Trans people and gender identity

- The Constitutional Court has recognized the importance of accessing gender-affirmative procedures (such as hormone therapy and surgeries), making it mandatory coverage by basic health plans. Trans people have the constitutional right to receive gender-affirming medical treatments, as they are part of their right to life, health and free development of their personality (Rulings T-876 de 2012; T-918 de 2012; T-552 de 2013; T-771 de 2013; T-421 de 2020)

Eliminating sex discrimination

- In the recent ruling C-055 of 2022, the Constitutional Court recognized that criminalizing abortion was a form of discrimination against women based on their sex and allowed access to abortion on demand until the 24th week of pregnancy. After that week, women and pregnant people can access abortion under specific grounds, such as a risk to their life or health, the pregnancy resulting from sexual violence, and the fetal incompatibility with life outside the woman's womb.

People living with HIV

- In the ruling C-248/19, the Constitutional Court declared unconstitutional the "crime of contagion," which previously punished people with HIV for not disclosing their diagnosis to sexual partners. The Court ruled that this was a discriminatory article within the penal code that deepened the stigma against, and segregation of, people living with HIV.
- In a recent ruling (T-171 of 2022), the Constitutional Court ordered the Ministry of Health to eliminate the references to "men who have sex with men" and "trans people" from the Technical Guidelines for the Selection of Blood Donors, which previously excluded them from being blood donors based on their sexual orientation and gender identity.