



Maat for Peace' submission on "Racism and the Right to Health"

Topic: Good practices carried out by the (state) to combat racism and discrimination in the health field against migrants and Africans (dark-skinned people).

Preamble

The enjoyment of the highest standard of physical and mental health is a fundamental human right. Paragraph (1) of Article 15 of the Universal Declaration of Human Rights states that "Everyone has the right to a standard of living sufficient to ensure health for himself and his family, it includes food, clothing, housing, medical care, and necessary social services". Article 12 of the International Covenant on Economic, Social and Cultural Rights acknowledges that states parties "recognize the right of every person to enjoy the highest attainable standard of physical and mental health," and paragraph (2) of Article 12 of the same convention stipulated the measures that states must consider to guarantee the right of individuals to the enjoyment of the highest attainable standard of physical and mental health, in addition to the fact that the right to health is recognized in the International Convention on the Elimination of All Forms of Racial Discrimination in Articles (5) and (4), and also stipulated in Article No. (11) and (12) of the Convention on the Elimination of All Forms of Discrimination against Women, and in Article No. (24) of the Convention on the Rights of the Child, in addition to Article (11) of the European Social Charter, and Article (16) of the African Charter on Human and Peoples' Rights, and Article (10) of the Additional Protocol to the American Convention on Human Rights in the Field of Economic, Social and Cultural Rights.

In a related context, racism is considered a major social determinant of health, and a major driver of health inequality, as the right to physical and mental health as an inherent human right can be diminished or violated based on interrelated causes and factors; such as racism, poverty, and discrimination based on race, color, descent, social class, national or ethnic origin, migrant or refugee status, as well as discrimination based on age, gender, identity, nationality, sexual orientation, disability, and the extent to which he enjoys a certain health condition or is free from some diseases such as AIDS and albinism, in addition to the factor of historical and cultural heritage, and whether the person is a rural or urban resident, and all of these factors consider racism and discrimination as the main drivers for them, which greatly affect the state's ability to fulfill its international obligations in the field of health, and of course the ability of individuals to obtain their right to obtain the necessary health care to ensure that they enjoy a high standard of physical and mental health.

Upon the call for participation submitted by the Special Rapporteur on the right of every human being to the enjoyment of the highest attainable standard of physical and mental health,



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Ms. Tlaleng-Mofokeng, Maat for Peace, Development and Human Rights (Egypt) would like to share some of the answers to the questionnaire related to the impact of racism and discrimination on obtaining necessary health services, access to health care facilities, and good practices with some examples of what the (state) is doing in this regard, as follows:

1. Under the right to health, states have a special obligation to refrain from denying or limiting preventive, curative and palliative health services to all persons, including minorities, asylum seekers and migrants, including undocumented migrants; refrain from applying discriminatory practices as a state policy as well as to ensure equal access to health care and health-related services provided by third parties. Please explain how the above point is implemented in your country, what works well and what is not well, and explain this with detailed data if possible.

Refugees and asylum seekers in general in the Arab Republic of Egypt have access to health services on an equal basis with the host community. Law No. 2 of 2018 was adopted; Regarding the issuance of a law on the comprehensive health insurance system, which stipulates that comprehensive health insurance in Egypt can be expanded to include refugees who can enjoy health insurance services, and refugees were also included with the rest of the Egyptians in a national presidential initiative under the name “100 Million Health Campaign.” In cooperation with the basic needs and food security sectors, expand the package of basic nutrition services provided to pregnant and lactating mothers and early childhood care and develop them in an equitable manner among refugees, asylum seekers and the host community, in addition to the strategic direction for 2020 and 2021, in the field of health; It was directed to promote mental health and psychosocial support, including in the governorates where refugees and asylum seekers reside, and also prioritizes refugee women, girls, men, and boys with disabilities, or survivors of sexual violence within the broader protection strategy; to promote inclusion and non-discrimination, health sector advocacy agencies and their implementing partners engage in community outreach; to know the refugees’ concerns about health services, the gaps, and the necessary needs, and to enhance the necessary health response through the participation of the refugees themselves in developing health strategies appropriate to their conditions¹.

2. What is the impact of colonialism and the imposition of medicine on the availability of traditional and medical health knowledge systems and practices, and on the right to health more broadly in your country? Are health services available in your country that give due consideration and recognition, or respectfully integrate traditional/indigenous health

¹ خطة استجابة مصر لعم اللاجئين وملتمسى اللجوء من أفريقيا جنوب الصحراء، والعراق، واليمن، متاح من خلال الرابط التالي: [ERP2020AR.pdf](#) (unhcr.org)



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knowledge systems and practices, preventative care, healing practices and medicines?
Please share examples of good practices.

Yes, health and preventive care practices for refugees and asylum seekers are available in the Arab Republic of Egypt; Where refugees and asylum seekers were included in the national response plan to confront “Covid-19”, as well as in both the health care and vaccination line on an equal basis with Egyptians, and they were also included in the “100 Million Health” campaign, the national campaigns to combat polio, and the government campaign for the early detection of hearing loss, in addition to the fact that the United Nations High Commissioner for Refugees considered Egypt a leading model in the region in hosting refugees and asylum seekers in urban areas; where it provided health services to thousands of refugees and asylum seekers on an equal basis with Egyptians².

3. Please share examples of good legal and policy frameworks that address past or ongoing racism and related forms of racial discrimination, specifically with regard to access to basic determinants as well as quality health care, goods, services and facilities, including sexual and reproductive health.

- There are thousands of migrants and refugees in Egypt, as well as about 5 million people who fled armed conflicts in their countries, and the number of asylum seekers in 2018 reached about a quarter of a million refugees of 55 different nationalities; They were included in Law No. 2 of 2018, related to the comprehensive health insurance system, and they were included in all Egyptian national initiatives related to the field of health care, and in cooperation with the basic needs and food security sectors, expanding the package of basic nutrition services provided to pregnant and lactating mothers and early childhood care and development in an equitable manner between refugees, asylum-seekers, and the host community, and also noting that the Arab Republic of Egypt does not differentiate between refugees and citizens; they are not isolated in camps or detention centers, and they enjoy all the basic services available to Egyptians free of charge, in addition to the Egyptian government providing several headquarters in the governorates to provide services to refugees and expatriates in the governorates.

4. Please share examples of public health financing, non-governmental sector financing practices, interagency financial solutions, and medical insurance products that demonstrate current or past manifestations of racism and related discrimination, both locally and globally, that affect people experiencing racism, in addition to other factors such as poverty or discrimination based on age, gender, gender identity and expression,

² مفوضية اللاجئين: بإمكان آلاف اللاجئين الوصول للخدمات الصحية والتعليمية بفضل مصر، اليوم السابع، 16 ديسمبر 2021. [مفوضية اللاجئين](#): بإمكان آلاف اللاجئين الوصول للخدمات الصحية والتعليمية بفضل مصر - اليوم السابع (youm7.com).



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sexual orientation, disability, migration status, health status such as HIV, albinism, etc., and the rural-urban divide.

- We can give an example of health programs in which the government participates with some partners to strengthen the health field for refugees and migrants; where MSF cooperates with the General Secretariat of Mental Health at the Egyptian Ministry of Health, the Central Administration for Integrative Health in Cairo, the Department of Disability Prevention in the Ministry as well, the Refugee Service - Egypt, Al-Shehab Institution For Promotion and Comprehensive Development, all of this cooperate in the implementation of a three-year project entitled “Providing mental health and psychosocial support to refugees, migrants, and host communities in Greater Cairo.” The program aims to integrate mental health services into primary health care on the one hand, and to ensure equitable access for all, especially refugees and migrants on the other hand, the program focuses on 12 health care centers targeting Syrian and African refugees, as well as supporting the partnership between the World Health Organization and the Ministry of Health; to provide training in the field of mental health and psychosocial support for refugees and migrants³.

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

- The Arab Republic of Egypt cooperates with the High Commissioner for Refugees in accordance with a memorandum of understanding signed by the two parties in 1954, and there is continuous coordination between the two sides to ensure the provision of protection and services to refugees and asylum seekers, in addition to launching a “regional response plan to support Syrian refugees and empower the communities hosting them,” and The Egyptian Response Plan for Refugees and Asylum-seekers from Sub-Saharan Africa, Iraq, and Yemen” annually to ensure that the international community shares the burdens associated with hosting refugees in Egypt. Egypt also provides health services to refugees and asylum seekers on an equal basis with Egyptians without discrimination.) for 2018, regarding comprehensive insurance on the inclusion of foreigners residing in Egypt and refugees in the comprehensive health insurance system, and refugees were included without any discrimination, discrimination or racism in the national response plan to confront “Covid-19”, as well as in both health care and vaccination plans on the On par with Egyptians despite the limited number of vaccines, in addition to

³ Egypt, MDM, Available at: <https://mdm-me.org/blog/countries/egypt/>



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including refugees and asylum seekers in Egypt also in national health initiatives such as the “100 Million Health” campaign which aims to eliminate hepatitis C in Egypt by 2023; national polio campaigns targeting children up to five years of age; and recently, the government campaign for the early detection of hearing loss available in 1,346 health facilities throughout Egypt, and all this is reinforced and confirmed by the presence of refugees and migrants inside Egypt in ordinary homes and apartments like the rest of the people and not refugee camps as happens in most countries of the world, and Egypt is keen to provide life to ensure rights and freedoms by ensuring that they enjoy health, educational and other basic services on an equal basis with Egyptian citizens without any discrimination or racism⁴.

6. Please share examples and good practices that enable accountability in the public and private sectors that enable access to justice and reparation for victims of racism and discrimination on grounds such as color, descent, national or ethnic origin, migrant or refugee status in governance in health care; They intersect with factors such as poverty or discrimination based on age, gender, gender identity and expression, sexual orientation, disability, migration status, health status such as HIV, albinism, etc., and the rural-urban divide.

- There are many examples of the Egyptian authorities’ move to bring accountability and redress to victims of racial discrimination on grounds such as color, descent, national or ethnic origin, or the status of a migrant or refugee. A video had previously spread showing the abuse of a South Sudanese child, and as a result, the police arrested the abused Egyptian student for one day, before releasing him after a settlement between the two students’ families. Weeks later, the President of the Republic received the abused student at the World Youth Forum held in Sharm El-Sheikh, and the Egyptian President, commenting on his rejection of the incident, stated: “They are our guests and the ill-treatment is unacceptable and not permitted.” In 2018, a Cairo court sentenced a man to seven years in prison for harassing refugees, and beating a teacher from South Sudan to death, and it is worth noting to what is stated in the reports of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; most of these aggressive practices are based on the overlapping of other factors such as poverty, economic hardship, education level, and folklore in some families that dark-skinned people have a lower degree than light-skinned people. Finally, it can be said that Egypt is taking advanced and positive steps towards implementing the best existing practices to eliminate racism and discrimination against refugees and migrants⁵.

⁴ ملف اللاجئين يخرس المشككين|مصر تدمج 5 ملايين بين مواطنيها وأوروبا تسيء لهم، صدى البلد، 8 فبراير 2022. [ملف اللاجئين يخرس المشككين|مصر تدمج 5 ملايين بين مواطنيها وأوروبا تسيء لهم\(elbalad.news\)](#)

⁵ اللاجئين الأفارقة في مصر .. هروب من الحروب لمواجهة العنصرية!، دويتش فيله، يناير 2020. [اللاجئون الأفارقة في مصر .. هروب من الحروب لمواجهة العنصرية! | ثقافة ومجتمع | قضايا مجتمعية من عمق ألمانيا والعالم العربي | DW | 06.01.2020](#)