

Treatment of inputs/comments received

Please note that all responses will be published on the official webpage of the Special Rapporteur by default unless it is indicated that the submission and/or the supporting documentation should be kept confidential.

Key Questions

You can choose to answer all or some of the questions below. (750 words limit per question).

Due to time/staffing constraints, in lieu of responding to the individual questions, we have included a list of relevant resources produced by Minority Rights Group International (MRG) and its partners below. They are organised according to publication date, with the most recent at the top.

1. What are the main ongoing manifestations of racism, and related forms of discrimination enabled by racism that may be prevalent in your country in the area of the right to health broadly including in underlying determinants of health, health outcomes and access to health care?
2. Who are the most affected people and why? Please describe existing disparities in the provision of and access to health services that affect people of different racial and ethnic origin, descent as well as other groups, such as migrants. The lack of data, analysis or health indicators in this regard may also be reflected.
3. Under the right to health, States have a special obligation to refrain from denying or limiting equal access for all persons, comprising minorities, asylum seekers and migrants including undocumented migrants, to preventive, curative and palliative health services; abstain from enforcing 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 not so well and illustrate with disaggregated data if possible.
4. What has been the impact of colonialism and the imposition of allopathic medicine on the availability of indigenous and traditional health knowledge systems, medicine 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 acknowledgment of, or respectfully incorporate indigenous/traditional health knowledge systems and practices, preventative care, healing practices and medicines? Please share examples of good practices.
5. Please share examples of good legal and policy frameworks that address past or ongoing racism and racial and related forms of discrimination, specifically in relation to access to underlying determinants as well as quality health care, goods, services and facilities, including sexual and reproductive health.
6. 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 e.g. HIV, Albinism etc. and the rural and urban divide.”

7. 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.
8. Please share good examples and practices that enable accountability in public and private sector that enable access to justice and redress to victims of racism and discrimination on the grounds such as colour, descent, national or ethnic origin or migrant or refugee status in the provision of health care and as it intersects with factors such as poverty, or discrimination based on age, sex, gender identity, expression, sexual orientation, disability, migration status, health status e.g. HIV, Albinism etc. and the rural and urban divide.”
9. Please share information about the sources of health financing for your country, the quantity and quality of said financing, as well as any aid or funding conditionalities, global economic policies, and austerity or other measures requested or encouraged by international financial institutions, multilateral agencies or donors, that negatively affect health systems and people’s access to health in your country.
10. What are the historical and ongoing legacies and impacts of colonialism and slavery on the right to health in your country? And how has the lack of reparations for slavery, colonialism, apartheid and racial discrimination impacted the right to health in your country?
11. Please also share good practices and examples of reparations for racial discrimination related to the right to health violations and abuses.

Resources¹

1. **Diversity Impact on Vaccine Equity (DIVE) Programme Studies:** Minority Rights Group International worked in partnership with Grand Synergy Development Initiative (GSDI), Bytes for All (B4A) and Verité Research to monitor social media to track and understand content shared about COVID-19 vaccine confidence, uptake and access across diverse ethnic, religious and linguistic groups in Algeria, Kenya, Pakistan and Sri Lanka. Among these groups are the indigenous Amazigh community in Algeria, Muslim Somalis and other local minority and indigenous communities in Kenya, religious minorities in Pakistan, and Tamil and Muslim minorities in Sri Lanka.
 - a. **Sri Lanka** (November 2021) : <https://minorityrights.org/publications/dive-sri-lanka/>
 - b. **Sri Lanka** (March 2022) : <https://minorityrights.org/publications/dive-sri-lanka-2/>

¹ Please note that all of these are MRG published studies, which in most cases are produced in collaboration with local, often minority or indigenous led, partner organisations based in the relevant country.

- c. **Pakistan** (February 2022) : <https://minorityrights.org/publications/dive-pakistan/>
 - d. **Pakistan** (March 2022) : <https://minorityrights.org/publications/dive-pakistan-2/>
 - e. **Kenya** (February 2022) : <https://minorityrights.org/publications/dive-kenya/>
 - f. **Kenya** (April 2022) : <https://minorityrights.org/publications/dive-kenya-2/>
 - g. **Algeria** (April 2022) : <https://minorityrights.org/publications/dive-algeria-2/>
 - h. **Summary report of all three countries** (March 2022): <https://minorityrights.org/publications/dive-general-2/>
2. **Access to education and health among minorities and indigenous peoples in Ethiopia** (Briefing, February 2022) : <https://minorityrights.org/publications/ethiopia-access/>
 3. **Assessment of Batwa and persons with disabilities' access to education and health services in Uganda** (Briefing, August 2021) : <https://minorityrights.org/publications/uganda-education-health/>
 4. **Access to Education and Health among Minority and Indigenous Communities in Kenya** (Briefing, May 2021) : <https://minorityrights.org/publications/education-health-kenya/>
 5. **Inequality and the impact of Covid-19: How discrimination is shaping the experiences of minorities and indigenous peoples during the pandemic** (Briefing, September 2020) : <https://minorityrights.org/publications/covid-briefing/>
 6. **Minority and Indigenous Trends 2021 – Focus on Covid-19** (June 2021) : <https://minorityrights.org/publications/trends2021/>
 7. **Baseline study on sexual reproductive health rights (SRHR) in Mandera County, Kenya** (March 2020) : <https://minorityrights.org/publications/srhr-equip-kenya/>
 8. **Roma in the Republic of Macedonia : Challenges and inequalities in Housing, Education, and Health** (November 2018) : <https://minorityrights.org/publications/roma-in-the-republic-of-macedonia-challenges-and-inequalities-in-housing-education-and-health/>
 9. **Indigenous Women's Maternal Health and Maternal Mortality – FACT sheet published by UNFPA, which draws on research by MRG and Health Poverty Action** (March 2018): https://www.unfpa.org/sites/default/files/resource-pdf/factsheet_digital_Apr15.pdf
 10. **State of the World's Minorities and Indigenous Peoples 2013 – Focus on health** (September 2013) : <https://minorityrights.org/wp-content/uploads/old-site-downloads/download-1293-State-of-the-Worlds-Minorities-and-Indigenous-Peoples-2013.pdf>

11. **Realizing the right to health for minorities and indigenous peoples** (Briefing, September 2013) : <https://minorityrights.org/publications/right-to-health/>
12. Two MRG colleague have written a chapter in the ***Routledge Handbook and the COVID-19 Pandemic*** (2022) entitled 'Exposing Inequalities: The Experience of Minorities and Indigenous Peoples During the COVID-19 Emergencies'. We have attached a copy of the chapter to our email.