

2<sup>nd</sup> Session of the UN Permanent Forum of People of African Descent  
Health, Well-Being and Intergenerational Trauma  
PAHO statement – Thursday, 1 June 2023

- The “enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” However, in the present moment, this right is not universally respected for the estimated 175 million People of African Descent that live in the Region of the Americas, including the US.
- Racism, inequity, gender discrimination, and social marginalization impair the fulfillment of the right to health and well-being.
- As the health agency of the InterAmerican system and the WHO Regional Office for the Americas, PAHO is committed to catalyze efforts in collaboration with its Member States to reduce inequities in health and improve health outcomes for the People of African Descent in the Americas.
- ‘Equity at the heart of Health’ is central to PAHO’s work, our Strategic Plan and aligned with the 2030 Sustainable Health Agenda for the Americas.
- At PAHO and in the health sector, we have learned many lessons from the COVID pandemic. The pandemic widened the poverty and inequity gap, reduced people’s access to food, and decreased access to decent employment. The pandemic also generated greater vulnerability for women, and increased women’s risk of violence leading to a deterioration on their state of health, including mental health.

- What contributes to this gap and increased vulnerability? Barriers to accessing health services, a higher prevalence of chronic diseases and mental health conditions, less access to social safety nets, mistrust caused by a history of racism, and high levels of informal labor. These conditions negatively impact the road to health equity.
- To achieve health equity, we require coordinated actions between sectors, including health, economy, labor, housing, social services, social protection, transport, planning, food, and agriculture.
- Moreover, we need to include an equity lens and focus on integrated health systems and services. How can we reduce barriers to access health? How can we restore trust and eradicate racism and discrimination in health systems and create long-lasting, respectful relationships with the community, ensuring everyone has a voice.
- We need reliable data disaggregated by ethnicity to track and assess whether we are bridging the gaps. If we do not have data, we remain invisible.

### **Health of people of African descent in the Americas**

- People of African descent fare worse in most health indicators, including maternal and infant mortality; limited access to quality mental health services; higher morbidity and mortality due to noncommunicable diseases; and less access to complete vaccination programs, and reproductive health services.
- Maternal mortality is between two times and four times higher in Afro descendant women than non-Afro descendant women. In several countries, women of African descent are more likely than other women to lack health

coverage. The level of dissatisfaction on the quality of health services is higher than that of white women. Discrimination is associated with increased risk of depression and anxiety, psychological distress.

### **Mandates and initiatives of ethnicity and health in the context of people of African descent**

- In 2017, PAHO adopted the first Policy on Ethnicity and Health and its Strategy and Plan of Action (2019-2025). This is the first policy of its kind globally. The Strategy and Plan of Action includes indicators to measure how countries are advancing to address health challenges faced by Afro-descendants, as well as other ethnic groups.
- PAHO also has a Resolution on Human Rights and Health, adopted in 2010 and urges Member States to incorporate human rights instruments to address stigma, discrimination and exclusions.
- Last year, PAHO Member States adopted a Policy for Recovering Progress toward the SDG with Equity, through the Social Determinants of Health. Member States also adopted the first Policy for Improving Mental Health in the Americas, with an important focus on inequities.
- At the center of PAHO's Policies and Plans of Action is the recognition that there are racial and ethnic inequities that place obstacles to Universal Health and the right to health.

**In response to this – I'd like to share five recommendations connected to our Mandates.**

**1. Strengthen and re-orient health policies, plans, programs, and legislation in the health system for universal access to health, with attention to the social determinants of health.**

- a. Our overarching goal is universal access to health. To reach this goal, we must recognize the specific and differentiated needs and barriers to access. This requires cultural sensitivity at all levels of the health care system to address violence and discrimination experienced by people of African descent when seeking attention and care. Particular attention should be paid to people's experience of intergenerational trauma and its impact on health and access to health services.
- b. Incorporate intersectionality approaches and dimensions such as age, socioeconomic conditions, migration status, culture, urban/rural residence, along with gender and race.
- c. Health coverage, mental health, sexual and reproductive health, maternal and child health, intimate partner and sexual violence, non-communicable diseases, communicable diseases and climate justice are just a few of the areas where accelerated action is needed to ensure universal access to health.

**2. Promote intersectoral approaches to policy actions that address determinants of health and health equity among people of African descent.**

- a. Promote actions within, beyond and above the health sector to address the social determinants of health, focusing on environmental justice, housing, employment, social protection and transportation.

**3. Strengthen and facilitate community participation and civil society engagement, through an intercultural approach.**

- a. Foster social participation and accountability
- b. Promote strategic partnerships with civil society, and academia, multilateral agencies, led by people of African descent

**4. Develop timely and accurate information and evidence on health inequalities and progress towards equity among people of African descent.**

- a. Map the availability of qualitative and quantitative data that describe inequities.
- b. Describe gaps in the availability of disaggregated data.
- c. Document good practices that evaluate and monitor health inequalities, its determinants, and progress made towards equity.
- d. Strengthen health information systems for more and better disaggregated data, including categories such as ethnicity, sex, gender, age, geographic (rural/urban) location, employment, economic and migratory status, among others.

**5. Advocate at the highest political levels, to make visible the health inequities of people of African descent.**

We must not forget that we live in a region beset by historical inequities between and within countries. No health system can respond to the needs of the population unless it is permanently concerned with identifying the groups that are being left behind and promoting equity. As Afro-descendants we need health

systems to see us and to hear us so that our needs are reflected in health systems and care that are respectful and non-discriminatory and of high quality.

At PAHO, we are committed to the Health of People of African descent and our mandates, policies, programming and indicators keep us accountable so that you can count on us to move this agenda forward.

Thank you