

REGIONAL WORKSHOP ON
AFRO-DESCENDANT POPULATIONS AND HEALTH: PROGRESS AND CHALLENGES TO ENSURE
SEXUAL AND REPRODUCTIVE RIGHTS

Contribution to the draft of the United Nations Declaration on the Promotion, Protection and Full Respect
of the Human Rights of People of African Descent

25 and 26 October 2023, ECLAC Headquarters, Santiago, Chile

The Regional Workshop "Afro-descendant Populations and Health: Progress and Challenges to Ensure Sexual and Reproductive Rights", organized by the Economic Commission for Latin America and the Caribbean (ECLAC), through the Latin American and Caribbean Demographic Centre (CELADE)-Population Division and the Pan American Health Organization (PAHO) via the Gender, Human Rights, Equity and Cultural Diversity Unit of the Department of Social and Environmental Determinants for Equity in Health (EG/DHE), was held in Santiago, Chile, on 25 and 26 October 2023. Participants included people of African descent from Argentina, the Plurinational State of Bolivia, Chile, Colombia, Ecuador, Panama, Peru and Uruguay, as well as delegates of agencies of the United Nations System, namely, the United Nations Population Fund (UNFPA), the Office of the United Nations High Commissioner for Human Rights (OHCHR) and the Food and Agriculture Organization of the United Nations (FAO).

During the workshop, the regulatory frameworks and regional and international agreements related to the rights of people of African descent were presented, with an emphasis on health, in particular **the 2030 Agenda for Sustainable Development, the PAHO Policy on Ethnicity and Health and the Montevideo Consensus on Population and Development**. In addition, the situation of sexual and reproductive health (SRH) in Afro-descendant populations in the Americas and the Caribbean region was outlined, considering the available health indicators. Persistent information gaps to follow up on the aforementioned agreements and deep divides between regulatory frameworks and the daily realities of Afro-descendant communities and people were identified. Other highlighted issues were: pregnancy in Afro-descendant adolescents, particularly in girls under 15 years of age; the infringement of rights and bodily autonomy in the face of SRH care; hetero-cis-sexist bias in the promotion of family planning and distribution of contraceptive methods and sexually transmitted infections (STI) preventive methods; the absence of an ethnic-racial perspective in SRH services and in particular, in pregnancy, childbirth and postpartum care; the difficulties in access to SRH services for adolescents and young afro-descendants and the discrimination, exclusion and mistreatment of people of African descent in SRH services.

Based on several of the causes and impacts of the identified issues in the workshop, there was unanimous consensus that it is imperative to include sexual and reproductive rights in the United Nations Declaration on the promotion, protection, and full respect of the human rights of people of African descent, taking into account the recommendations listed below.

States are urged to:

1. Comply with the international and regional commitments made in support of the health of the Afro-descendant population, such as the 2030 Agenda for Sustainable Development, the Montevideo Consensus on Population and Development and the PAHO Policy on Ethnicity and Health. Among others, fully implement the measures related to SRH in the Montevideo Consensus, in particular measure 95: *“Guarantee the exercise of the right to health of people of African descent, particularly the sexual health and reproductive health of girls, adolescents and Afro-descendant women, taking into account their socio-territorial and cultural specificities, as well as the structural factors, such as racism, that hinder the exercise of their rights”*;
2. Guarantee the autonomy of people of African descent and their communities in the free and informed exercise of their sexual and reproductive rights, including bodily autonomy and the strengthening of their capabilities for this purpose;
3. Strengthen institutional capacities to guarantee the ethnic-racial perspective at all levels and areas of care of the health system in a sustained and sustainable manner;
4. Strengthen institutional capacities in the area of sexual and reproductive rights, the rights of people of African descent and international and regional regulations and commitments made in support of the health of people of African descent, such as the 2030 Agenda for Sustainable Development, the Montevideo Consensus on Population and Development and the Policy on Ethnicity and Health of PAHO, at all levels of care;
5. Guarantee the intercultural and rights-based approach, including linguistic rights, in health services, particularly SRH services, in order to eliminate the gaps that affect people of African descent;
6. Guarantee respect and preservation of the cultural and aesthetic identity of people of African descent in health care, including SRH, incorporating cultural elements and people of African descent aesthetic and creating a monitoring mechanism against cultural appropriation and discrimination on cultural and phenotypic grounds;

7. Articulate actions with embassies and consulates of countries with the populations of people of African descent to strengthen cultural support in the health system, particularly in critical care units, obstetric and neonatal emergency units, also including the repatriation of bodies in cases of death;
8. Promote public health policies that strengthen institutions and their providers in the knowledge of the most prevalent diseases among people of African descent to guarantee advocacy, prevention, access and coverage and timely care;
9. Promote the inclusion of professionals of people of African descent in decision-making positions within the health system and health institutions;
10. Establish mechanisms that guarantee the participation of people of African descent, ensuring the inclusion of women of, adolescents, young people, LGBTIQ+ people, migrants, and people with disabilities, in the design, implementation and monitoring of health programmes, plans and policies;
11. Include the ethnic-racial perspective in undergraduate and graduate programs in the health sciences, including recognition of ancestral knowledge and traditional and complementary medicine;
12. Promote and include in the educational curriculum, at all levels, the fight against racism and racial discrimination;
13. Strengthen comprehensive sexual education for people of African descent in school and outside of school, particularly with the full participation of Afro-descendant communities, taking into account the different socio-territorial contexts;
14. Promote and strengthen the prevention of pregnancy in childhood and adolescence, including the training of educators of African descent, which includes, among others, the following areas: menstrual justice, prevention of abuse and sexual violence, sexual education with an anti-racist approach and access routes and monitoring of complaints in cases of abuse and sexual violence;
15. Promote childbirth with cultural relevance that includes respect for autonomy, the participation of people of African descent, respectful treatment, and the recognition of ancestral knowledge and traditional and complementary medicine;
16. Guarantee the protection of the rights of pregnant women and newborns in their early years, promoting and implementing multisectoral actions that ensure the full exercise of parenting, particularly single parenting;

17. Strengthen health information systems and national statistical systems to integrate ethnic-racial self-identification variables for the disaggregation and analysis of timely and quality data on people of African descent;
18. Promote the generation of evidence on SRH according to the needs of populations of people of African descent that allow visualizing inequalities from an intersectional approach (gender, place of residence, socio-economic conditions, among others) and guide the design, implementation and monitoring of policies, plans and programmes, accountability and the democratization of this information. Also, promote research on the differential impact of medical treatments, contraceptive methods, and sexual health and reproductive health strategies in various communities of people of African descent;
19. Address the social and environmental determinants of health equity, particularly in the context of climate change and current crises;
20. Delve into issues related to territory, well-being and health, considering that the right of people of African descent to their ancestral territories is a necessary condition to achieve the right to health, including SRH;
21. Consider intergenerational traumas in the context of the social determinants of health inequities and corresponding reparations of the historical debt owed to people of African descent;
22. Establish specific guidelines, from the ethnic-racial, gender and human rights approach for the psychological approach to transgenerational traumatic situations, related to racial discrimination, racism, violation of rights, menstrual injustice, socio-economic vulnerability and sexual violence, experienced by people of African descent;
23. Eliminate economic, cultural, geographic and other barriers that impede access and accessibility to SRH services, providing free or low-cost, timely and quality services and with health personnel who have intercultural competencies;
24. Call on civil society organizations of people of African descent to participate in the effective follow-up of these recommendations in order to eliminate xenophobia and other related forms of intolerance that people of African descent face daily in the health system, as well as to develop effective anti-discrimination measures.