

Statement by TLALENG MOFOKENG
Special Rapporteur on the Right of everyone to the enjoyment of the highest
attainable standard of physical and mental health.

UN Working Group of experts on people of African descent's 27th session:
“The Urgency of Now: Systemic Racism and the Lessons of 2020: COVID-19 as
Catastrophe and Catalyst”

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Distinguished Colleagues,

The right of everyone to the highest attainable standard of physical and mental health is a right that is interconnected with other rights such as the right to information, the right to freedom and security of the person, right to equality and non-discrimination and right to bodily autonomy. “As per the mandate, the Special Rapporteur is tasked to apply a gender perspective in the execution of her mandate and to pay attention to the situation of "vulnerable and marginalised groups”.

A century ago, W. E. B. Du Bois (2003) recognised the connection between societal inequities and health inequities, raising several central arguments related to racism, poverty, and other social problems. Unfortunately, to date, various forms of structural racism still persist across the globe, and their relationship to health inequities still remain under-studied.

In a report presented to the General Assembly's 75th session, I provided a rights-based commentary based on a report by my predecessor on COVID-19, that sheds light on the interdependence of rights, power imbalances, and corruption. The commentary highlights the impact Covid-19 has had across the globe and how the aforementioned factors have further contributed to its spread. I further stressed my concern regarding children, front line health care workers, and those working for supply chains, public transportation, and

cleaning services, many of whom are women from disadvantaged sectors of society or working in industries with insufficient labour protections.

Further, in my response to oral questions posed by member States, I pointed out that the starting point for millions of people in all spheres of life is unequal, and COVID 19 has shown what health systems worldwide lack in planning and resourcing, i.e. testing kits took long to arrive in many countries; others are still struggling with this and access to treatment. However, in as much as this is the case, the pandemic does present an opportunity to address multilateralism and the multiple dimensions of structural racism that fundamentally cause health disparities. I also note the importance of mental health support, and the need for community-based services that are compassionate, dignified, and acceptable. We must move away from coercive treatments. We must also protect the gains made regarding sexual and reproductive health as an integral element of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health even during the pandemic. I want to underscore that, to move beyond rhetoric in the quest to realise the right to health, relevant technologies and intellectual property data in the production of science related to the COVID-19 vaccine should be widely shared.

What Lessons have we learnt from 2020?

Distinguished Colleagues,

The Durban Declaration and Programme of Action of 2001 already recognized and affirmed that, racism, racial discrimination, xenophobia and related intolerance and all their abhorrent and evolving forms and manifestations is a matter of priority for the international community, I say to you today, COVID-19 is exposing existing and historical structural fault lines, **The Urgency of Now.**

People of African descent are socially positioned to experience multiple forms of systemic oppression. These systems, which occur simultaneously, disproportionately affect people of African descent, thereby increasing their susceptibility to Covid-19.

These systems, which are anchored in discriminatory practices, systematically distribute resources, power and opportunities along racial lines thereby preventing all people, especially people of African descent, from fully and freely participating in society, governance and the economy. In health, systemic racism manifests itself through differential access to health care, and underlying determinants of health.

Racism leads to increased mortality and morbidity rates. Therefore, in order to comprehensively address the systemic racism embedded in global health, an intersectional approach must be employed because race interacts with other social locations like gender, sexual orientation, level of education, economic, disability or another status to determine an individual's access to health.

Intersectionality requires us to also understand the impact of racial and gendered oppression, and its manifestations, for example, women of African descent often have difficulty accessing modern contraception methods, they experience forced or coerced sterilisation, have inadequate prenatal and pregnancy care, more black women die from preventable maternal related conditions and birthing complications, and neonatal deaths are more in Black children. Black women have poor domestic violence assistance, and inadequate wages to support their families. In reality, the ability to make a choice is not enough for many women and girls of African descent; their human right to maintain personal bodily autonomy, have children, not to have children, and the determination of whether a pregnancy is supportable and can be carried to term, depends on other factors such as the possibility for them to secure their children's right to a standard of living that is adequate for their physical, mental, spiritual, moral and social development.

The Covid-19 pandemic has revealed the fundamental role that health financing and resourcing play in safeguarding public health and strengthening health systems. Thus, it is essential that we invest resources in health workers, primary health care infrastructures, as they are the first entry point of health access within communities, as well as investing in other social structures within communities that are predominantly occupied by people of African descent. This should include increasing access to nutritious meals, stable housing,

access to safe water, and a clean environment. To this end, an equitable system of tracking and reporting on resource allocation, disbursement, and utilisation should be developed for the purposes of transparency and accountability.

Racism and its influence in spatial planning of towns and cities means that the space that many people of African descent and their communities live in have high pollution of air and water due to industry activity, high-density spaces lead to poor ventilation, more chronic illness such as hypertension, diabetes and asthma all increasing the severity and mortality due to COVID-19.

Digital surveillance, monitoring, and facial recognition in technologies which are being used in health innovations may perpetuate racism and therefore embeds it in health technology. The interventions left unchecked and unchallenged will likely lead to artificial intelligence in health programs that continue to be racist. **These advancements are not neutral, and the discrimination will lead to unjust outcomes to diagnostics, investigations, analytics, and algorithms in health care.**

UNAIDS ED Ms Byanyima at the launch of the report “Rights in the time of COVID-19” said: “We have a commitment to stand up for the most vulnerable even in the tough environment COVID-19 has put us in. The report “Rights in the time of COVID-19” is an incredible roadmap sharing Lessons from HIV for an effective, community-led response to find a way forward to reform bad laws, policies and practices and to protect human rights’.

In a statement by myself and other UN Human Rights experts and colleagues, we remind States of their obligation to ensure that any COVID-19 vaccines and treatments are safe, available, accessible and affordable to all who need them. This is particularly relevant to people in vulnerable situations who are often neglected from health services, goods and facilities, including those living in poverty, women, indigenous peoples, people with disabilities, sex workers, older persons, internally displaced people, persons in

overcrowded settings and residential institutions, people in detention, homeless persons, migrants and refugees, people who use drugs, LGBTI and gender diverse persons.

In many parts of the world, challenges related to the realization of the right to health is rooted in slavery, colonialism, apartheid, xenophobia, Afrophobia, transphobia, homophobia and ableism, sexism and racism. Thus, any effort to reduce structural health inequities must challenge the distribution of power within society and empower individuals and groups to strongly and effectively advocate for their rights. The first step in dismantling structural inequality as it impacts the realization of the right-to-health is to abolish laws, policies and systems that are built to perpetuate racism and discrimination.

Distinguished colleagues,

Member States of the United Nations adopted the Durban Declaration and Programme of Action, at the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, held in South Africa in 2001. Two decades later, **the Programme of Action is still relevant as a road-map that must lead to an end to racism, racial discrimination, xenophobia and related intolerance and to prevent their future occurrence.**

We must end the colonialism and racism embedded in the global health architecture which disproportionately impacts Black, indigenous and people of colour communities and those in the global South. Decolonization, anti-racism work and intersectional frameworks are important to reshape, research, analyse the global health architecture. This approach is important because dismantling institutional racism is not possible without identifying the positions of power.

Whether before, during or after a public health crisis – **the Right of everyone to the enjoyment of the highest attainable standard of physical and mental health and all human rights** must be fully embraced, protected and promoted.

Racism is a public health issue.

Racism, in all its forms, threatens the lives and rights of millions of people around the world. It negatively impacts and exacerbates health inequities among people of African descent.

In order to save the economy, we must save humans first.

Thank you.