Overview of WHO methods for tackling racial discrimination, promoting intercultural services and reducing health inequities

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Round table on Health and Ethnicity

UN Network on Racial Discrimination and Protection of Minorities

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World Health Organization

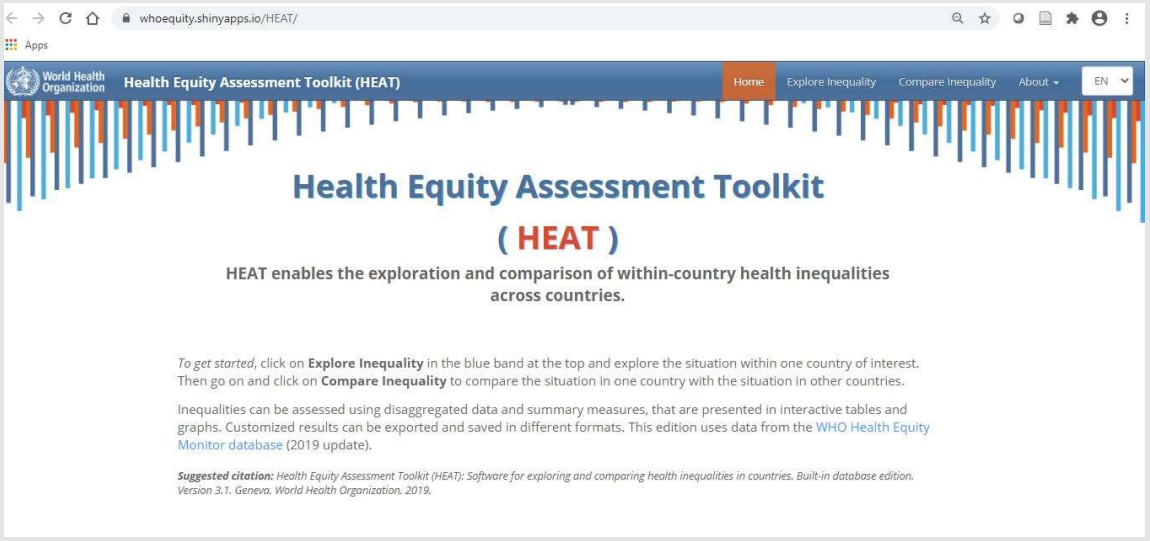
Presentation outline

Country scenarios

- Country A: Understanding health inequalities experienced by ethnic minorities, and their drivers
- Country B: Redesigning a health programme to tackle racial discrimination and reduce related health inequities
- Country C: Ensuring a focus on the health needs and rights of ethnic minorities and indigenous populations in designing a primary health care reform
- Country D: Promoting intercultural care and the use of traditional medicine
- Country E: Inputting to national plans for Roma inclusion and designing social participation platforms

Country A – Understanding health inequalities experienced by ethnic minorities, and their drivers

- **Alysha** is contributing to the UN Common Country Assessment (CCA), to update the UN Cooperation Framework. She is using the UNCT guide for LNOB, and wants to deep-dive into health inequities with a focus on ethnicity (people of African descent).



- Potential tool for quantitative analysis: HEAT
- Frameworks for unpacking inequalities
  - Priority Public Health Conditions Equity Analysis Framework
  - WHO Social Determinants of Health framework (used by the CSDH)

Examples of countries and data sources that disaggregate by ethnicity

Source: Victora CG, Barros AJD, Blumenberg C, Costa JC, Vidaletti LP, Wehrmeister FC, Masquelier B, Hug L, You D. **Association between ethnicity and under-5 mortality: analysis of data from demographic surveys from 36 low-income and middle-income countries**. Lancet Glob Health. 2020 Mar;8(3):e352-e361. doi: 10.1016/S2214-109X(20)30025-5. PMID: 32087172; PMCID: PMC7034191.

Table

U5MRs of the 36 countries included in the analyses

	Year	Survey	Variable	Total number of births, n	Ethnic groups, n	U5MR by ethnic group (per 1000 livebirths)			Likelihood ratio p value	Mortality ratio* (95% CI)
						Median (IQR)	Lowest (95% CI)	Highest (95% CI)		
Afghanistan	2015	DHS	Ethnicity	125 488	9	64 (56–73)	45 (23–67)	162 (138–185)	0·009	3·6 (2·4–4·8)
Angola	2015	DHS	Language	41 999	12	70 (50–101)	23 (0–53)	132 (87–176)	<0·0001	5·8 (3·2–8·3)
Benin	2014	MICS	Ethnicity	45 183	10	113 (99–117)	86 (52–120)	123 (103–144)	0·714	1·4 (1·0–1·8)
Burkina Faso	2010	DHS	Ethnicity	55 853	12	163 (125–185)	73 (55–92)	204 (166–241)	<0·0001	2·8 (2·0–3·5)
Cameroon	2014	MICS	Ethnicity	26 040	11	125 (81–	58 (43–	206 (116–	<0·0001	3·5 (2·5–4·6)

U5MR=Under-5 mortality rate. DHS=Demographic and Health Surveys. MICS=Multiple Indicator Cluster Survey.

Which indicators to disaggregate?

- Disaggregating health outcomes indicators only may give you limited information on key intervention areas.
- Look for differentials in exposure to risk factors, vulnerability to those risk factors, access to quality services, health outcomes and differential consequences (e.g., impoverishment, stigmatization).
- Framework source: WHO (2010). Equity, social determinants and public health programmes. Geneva http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf
- **ALWAYS CONSIDER DATA PROTECTION ISSUES**. See Box 9 in OHCHR's Human Rights Indicators publication.

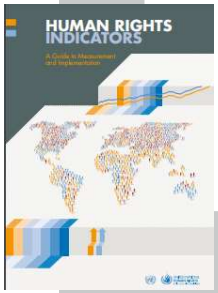
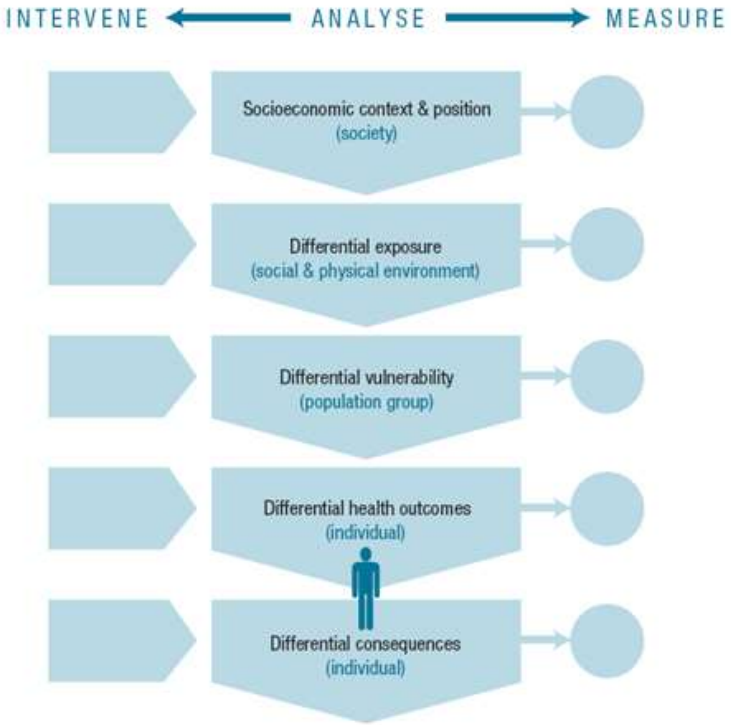
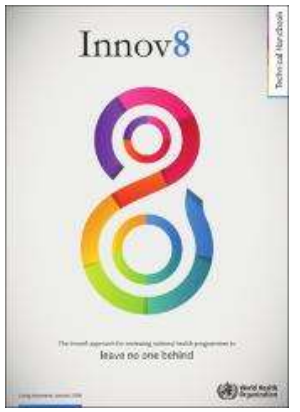


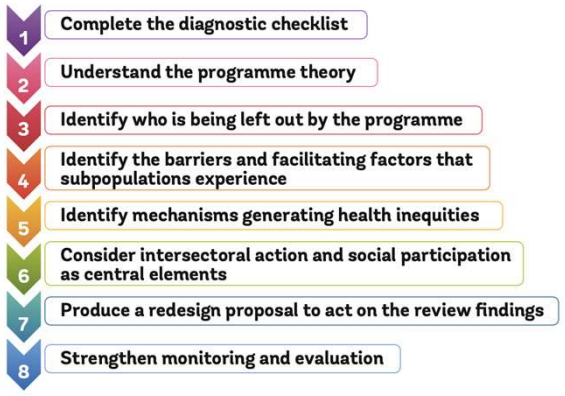
FIGURE 1.1 Priority public health conditions analytical framework

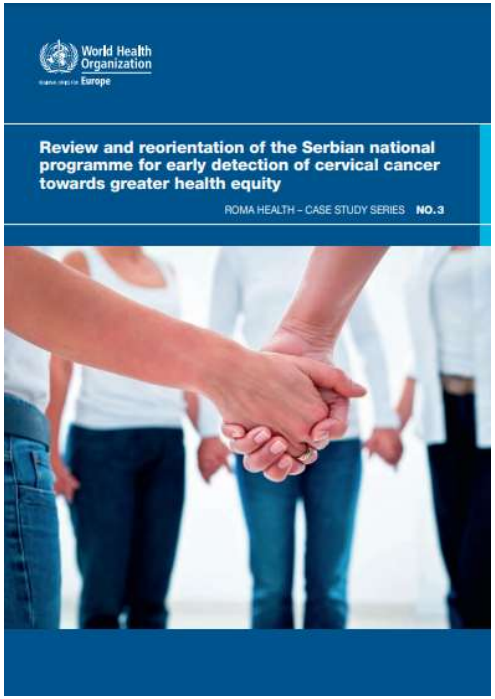


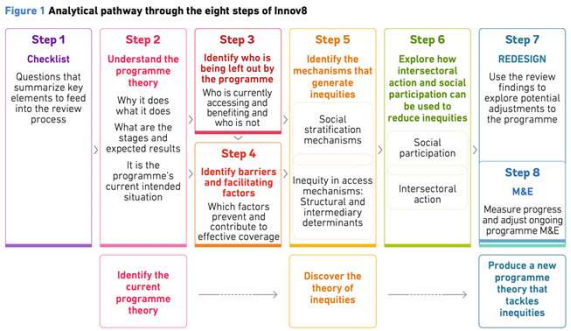
Country B – Redesigning a health programme to tackle racial discrimination and reduce related health inequities

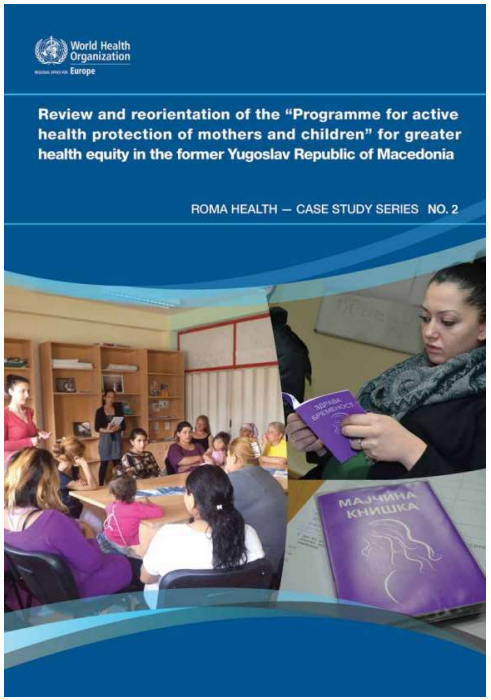
- **Maria** is providing support to a Ministry of Health for reviewing the national Tuberculosis programme and action plan. She is aware that Indigenous people and ethnic minorities can be disproportionately impacted by TB due to social determinants, and she wants to incorporate a focus on reducing these inequities within the new programme design.
- Tool: WHO (2016). Innov8 approach to reviewing national health programmes to leave no one behind. Geneva https://www.who.int/publications/i/item/9789241511391









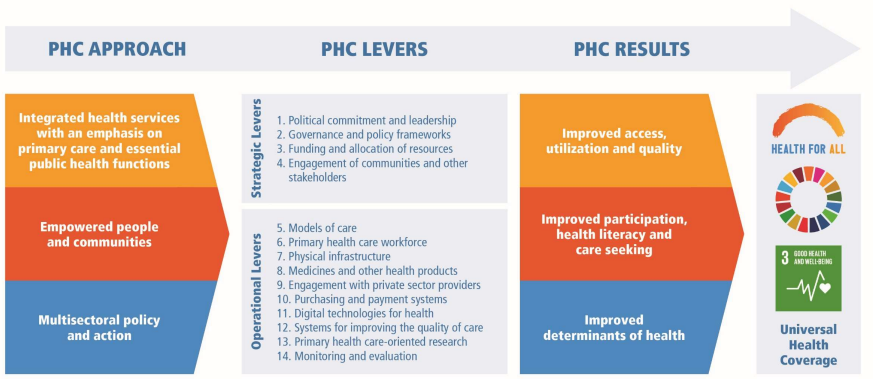


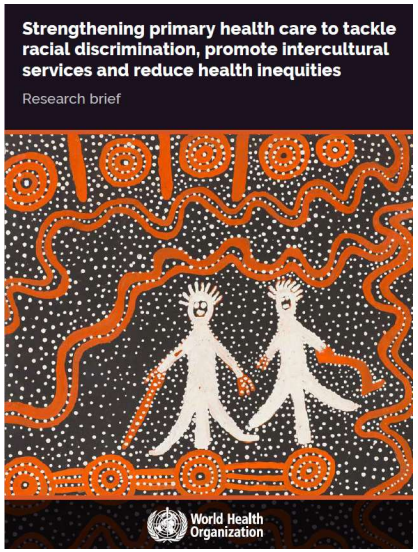
Example Innov8 applications: Roma health

Operationalization of the "progressive universalism"/"targeted universalism" approach

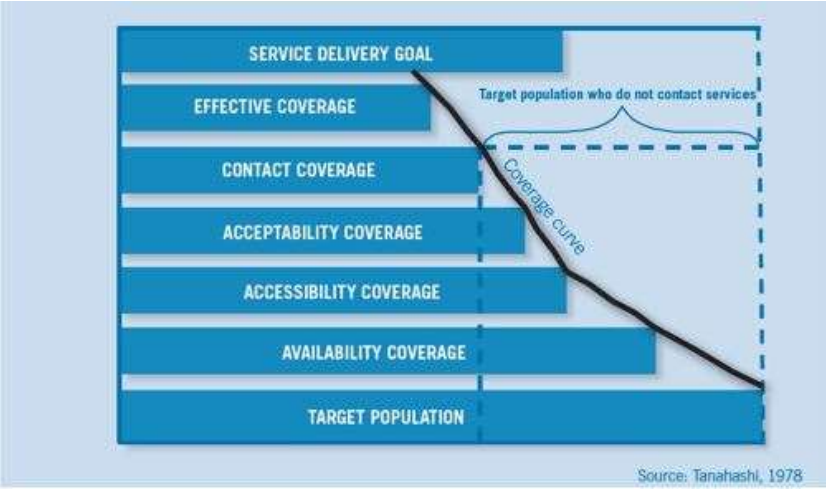
Country C – Ensuring a focus on the health needs and rights of ethnic minorities and indigenous populations in a primary health care reform

- **Fatima** is supporting national health authorities in advancing a primary health care reform. She is using the WHO & UNICEF framework for PHC strengthening. Given stark health inequities by ethnicity & indigeneity, she wants to consider how to incorporate measures to tackle them across the PHC levers.
- Launching today: WHO (2022). *Strengthening primary health care to tackle racial discrimination, promote intercultural services and reduce health inequities*. Geneva: World Health Organization. *(Thanks to Imperial College London for the work with us on this)*





Barrier assessments - core PHC research

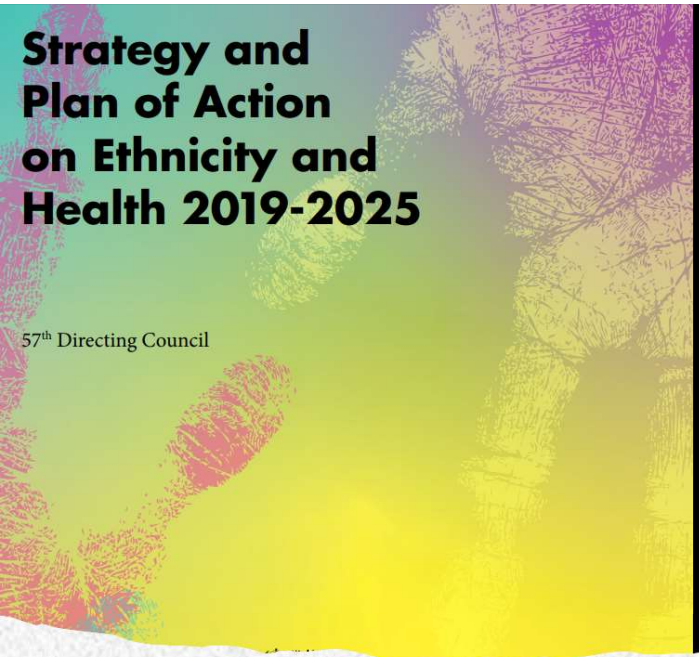


- Sequential mixed methods studies conducted in Moldova, Greece, Viet Nam, Nigeria, Tanzania, Guatemala, Peru, Guyana, among others, and now occupied Palestinian territory, and North Macedonia.
- *Viet Nam: "I visited my relative who was treated in a big hospital. I saw an assistant doctor often scolded the patients and their caregivers, because the local people did not understand the Kinh language." - Man, low income, Kon Tum*
- *Viet Nam: "'There are about 20 ethnic minority groups in the districts so that we sometimes have difficulties in communicating with a number of patients'' - Health staff from Kon Tum*
- *oPt: "How beneficiaries feel about discriminatory practices varies according to the available alternatives. People with few options internalize their suffering and continue seeking services in the same place, while those having resources quit the service."*

Figure source: Tanahashi T. Health service coverage and its evaluation. Bull World Health Organ 1978; 56(2): 295-303

Country D – Promoting intercultural care and the use of traditional medicine

- **Manish** is providing technical support to the national maternal and child health programme for the development of their continuing education modules for health providers. He wants to help them address intercultural care, as the country has a large tribal population and many tribal people use traditional medicine including traditional birthing practices.
- Article 24 of the UN Declaration on the Rights of Indigenous Peoples states:
  - 1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, all social and health services.
  - 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

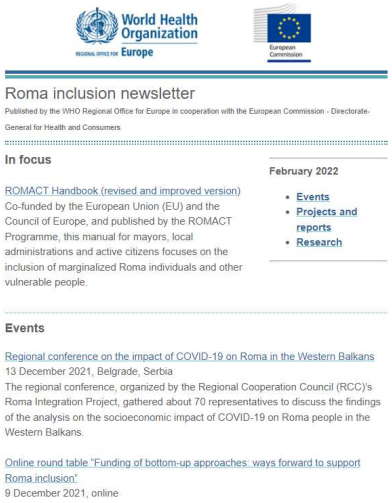


Work of WHO Regional Office for the Americas/PAHO

Intercultural care is called for in the PAHO Policy on Ethnicity and Health and its Strategy and Plan of Action

Country E – Inputting to national plans for Roma inclusion and designing social participation platforms

Fahdi has been asked by the Ministry of Health to help organize a consultation to feed into the health component of the national Roma strategy.



World Health Organization Europe

Roma inclusion newsletter

Published by the WHO Regional Office for Europe in cooperation with the European Commission - Directorate-General for Health and Consumers.

In focus

ROMACT Handbook (revised and improved version)
Co-funded by the European Union (EU) and the Council of Europe, and published by the ROMACT Programme, this manual for mayors, local administrations and active citizens focuses on the inclusion of marginalized Roma individuals and other vulnerable people.

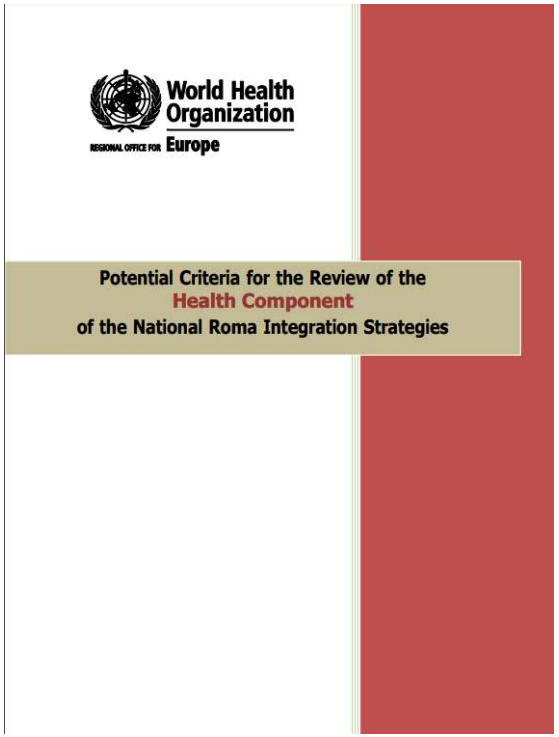
February 2022

- Events
- Projects and reports
- Research

Events

Regional conference on the impact of COVID-19 on Roma in the Western Balkans
13 December 2021, Belgrade, Serbia
The regional conference, organized by the Regional Cooperation Council (RCC)'s Roma Integration Project, gathered about 70 representatives to discuss the findings of the analysis on the socioeconomic impact of COVID-19 on Roma people in the Western Balkans.

Online round table "Funding of bottom-up approaches: ways forward to support Roma inclusion"
9 December 2021, online



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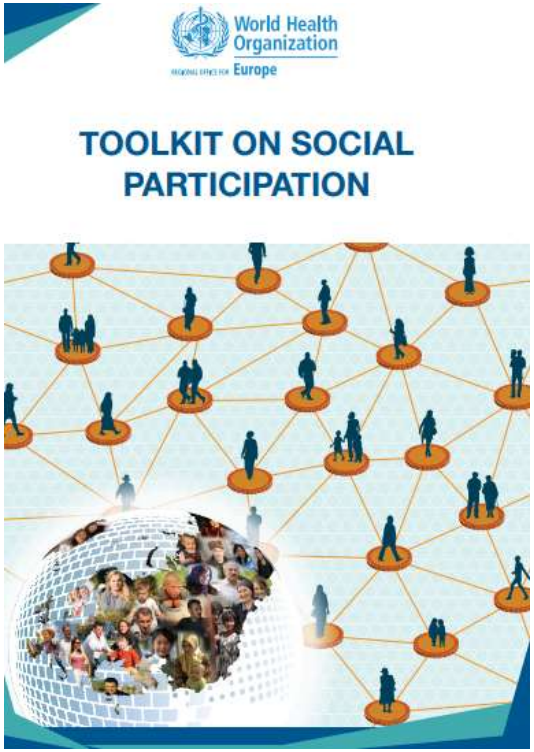
Potential Criteria for the Review of the
Health Component
of the National Roma Integration Strategies

Full document accessible here.
To be viewed alongside latest guidelines for planning and implementing national Roma strategies and frameworks (EC, 2020)



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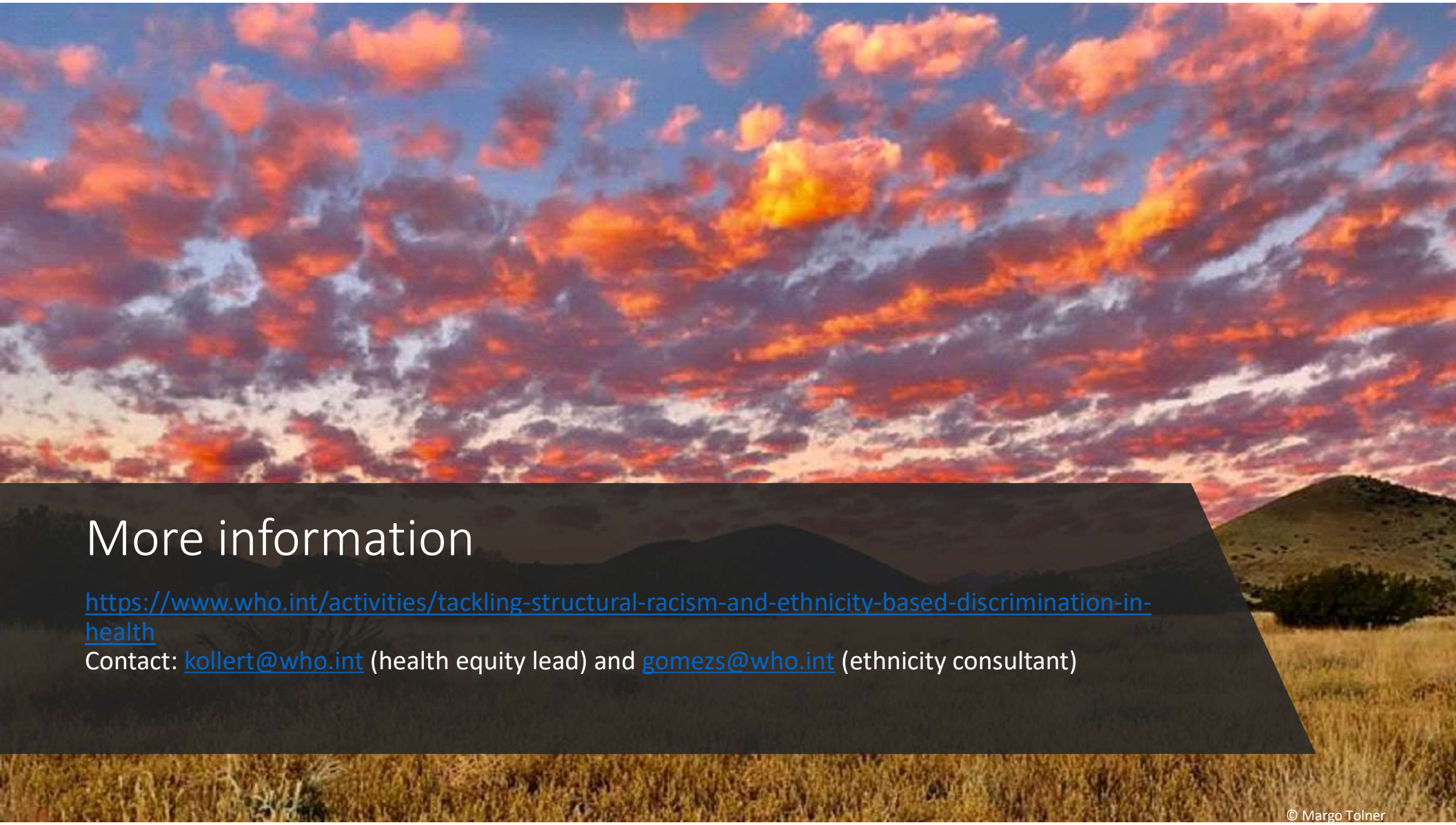
TOOLKIT ON SOCIAL PARTICIPATION

Toolkit on social participation: methods and techniques for ensuring the social participation of Roma populations and other social groups in the design, implementation, monitoring and evaluation of policies and programmes to improve their health, https://apps.who.int/iris/handle/10665/343783

Frontier dialogue consultations on addressing structural racial and ethnicity-based discrimination
Key action areas for COVID-19 recovery plans

- Frontier Dialogue on tackling racial discrimination consultations were led by WHO and UNESCO with support by OHCHR, IOM, UNDCO & UNDESA, under the umbrella of the UNSDG Task Team on Leaving No One Behind, Human Rights and the Normative Agenda. The report was commissioned to the François-Xavier Bagnoud Center for Health and Human Rights at Harvard University.
- The objective of this report is to provide United Nations country and humanitarian teams with a package of interventions, for adaptation to specific country contexts, to support rebuilding from the COVID-19 tragedy in a way that results in more just, equal and resilient societies.
- Available in French, Spanish and English. https://www.who.int/publications/m/item/frontier-dialogue-consultations-on-addressing-structural-racial-and-ethnicity-based-discrimination



More information

https://www.who.int/activities/tackling-structural-racism-and-ethnicity-based-discrimination-in-health

Contact: kollert@who.int (health equity lead) and gomezs@who.int (ethnicity consultant)