

Tackling racism and intolerance in the area of health care

Factsheet



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**Secretariat of ECRI
European Commission
against Racism and Intolerance**

Council of Europe

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The present factsheet has been prepared by the Secretariat of ECRI. It presents ECRI's key recommendations on preventing and combating racism and intolerance in relation to a wide range of health-related issues, including but not limited to equal access to health care, as reflected in ECRI's country reports adopted and made public so far during its fourth, fifth and sixth cycles.

INTRODUCTION

Racism and intolerance have a negative impact on the enjoyment of the right to health care for persons belonging to groups of concern to ECRI. In its country monitoring work, ECRI found that Roma, especially Roma women and girls, migrants, Black persons and people of African descent, as well as LGBTI persons, were particularly affected in the area of health. Against this background, it must be underlined that social and economic factors, for example in relation to housing and living conditions, can have serious repercussions on the health status of persons and groups of concern to ECRI. This has led ECRI to strengthen its recommendations on addressing racism and intolerance in other areas of life on several occasions. ECRI has also urged the authorities to eradicate corrupt practices that may exist in the health care system, when it was brought to ECRI's attention that such practices may put groups of concern to ECRI at greater risks.

When it comes to its core recommendations in the area of health care, ECRI has underlined the importance of preventive measures, such as the organisation of training on equality and non-discrimination for health professionals. It also placed a particular emphasis on the need for conducting investigations whenever information indicative of racism, intolerance and related forms of inequalities and discrimination, including segregation, comes to light, and for ensuring accountability.

The Covid-19 pandemic and government responses to it further unveiled and exacerbated inequalities and discrimination, notably in health care. ECRI observed how persons and groups of concern to it were disproportionately impacted by the pandemic due to various reasons, such as poor living conditions, marginalisation, practical challenges in accessing health care, or the spread of prejudices and stereotypes that amplified during this global health crisis.¹

The present factsheet outlines key recommendations made by ECRI on preventing and combating racism and intolerance in the area of health care, mostly in its country reports adopted within the framework of its fourth, fifth and sixth cycles during the period ranging from June 2008 to March 2024. It is meant to be a tool supplementing relevant texts of a general nature adopted by ECRI.² It should also be seen as work in progress and not considered as exhaustive. New issues may emerge in the coming years, notably from new technology and other developments, which will require new responses.

Furthermore, ECRI's recommendations should not be taken in isolation from the relevant standards, decisions and recommendations developed by other Council of Europe and international bodies, such as the European Court of Human Rights³ and the European Committee of Social Rights⁴ at the European level, as well as the United Nations Committee on the Elimination of Racial Discrimination, the United Nations Committee on Economic, Social and Cultural Rights, and the United Nations Committee of the Rights of the Child at the international level⁵. It should also be borne in mind that the precise nature of ECRI's recommendations and the legal contexts and policy areas in which these recommendations have been made may vary significantly, depending on circumstances in the countries in question.

¹ ECRI Bureau, **Statement** on the impact of the Covid-19 pandemic and related government responses on groups of concern to ECRI, adopted on 19 May 2020. See also: **Annual Report** on ECRI's activities covering the period from 1 January to 31 December 2020, §§ 64-68; **Annual Report** on ECRI's activities covering the period from 1 January to 31 December 2021, §§ 3-10.

² See in particular ECRI's **general policy recommendations**, notably General Policy Recommendation No. 13 on combating antigypsyism and discrimination against Roma, General Policy Recommendation No. 16 on safeguarding irregularly present migrants from discrimination and General Policy Recommendation No. 17 on preventing and combating intolerance and discrimination against LGBTI persons.

³ For an overview of the Court's relevant case law, see the **Factsheet on Health** (2023) prepared by the Press Unit of the European Court of Human Rights.

⁴ See, in this connection, Articles 11 and 13 of the European Social Charter (revised).

⁵ See, in this context, Article 12 of the **International Covenant on Economic, Social and Cultural Rights**, Article 5(e) (iv) of the **International Convention on the Elimination of All Forms of Racial Discrimination**, and Article 24 of the **Convention on the Rights of the Child**. Reference is also made to the work of the **United Nations Special Rapporteur on the right to health**.

Developing group-specific research in relation to health status and access to health care

1. The authorities should conduct in-depth research into the situations of different groups of concern to ECRI with respect to health status and access to health care, including on any obstacles faced by those groups due to linguistic or cultural differences, in order to address any form of de facto inequalities and manifestations of discrimination, including institutional discrimination.⁶

Taking general preventive action

2. The authorities should organise relevant training on equality issues and in intercultural skills for health professionals.⁷
3. The authorities should ensure that employment in the public health sector adequately reflects the diversity of society.⁸

Ensuring accountability

4. The authorities should remind, through appropriate channels, all medical practitioners that discrimination against patients due to their ethnicity or any other protected grounds is a breach of medical ethics and that any such breach would lead to appropriate sanctions, including the revoking of the practitioner's license, whenever deemed necessary.⁹
5. The authorities should set up effective mechanisms to receive and investigate complaints or reports of racist (and LGBTI-phobic) abuse by health professionals, and ensure that any such abuse in public health services is subject to effective sanctions.¹⁰

Developing, implementing, and evaluating responses to pandemics and other health crises

6. When developing, implementing, and evaluating measures to respond to a pandemic or other health crises, the authorities should consult and cooperate with equality bodies and civil society organisations active in combating racism and intolerance. Any task forces or specialised advisory boards set up by governments in response to such crises should include specialists in human rights, particularly the fields of equality and non-discrimination.¹¹

⁶ ECRI fourth-cycle **report** on Türkiye, § 78; ECRI fourth-cycle **report** on Norway, § 70.

⁷ ECRI fourth-cycle **report** on Switzerland, § 71. In this connection, see also: ECRI sixth-cycle **report** on Armenia, § 81.

⁸ ECRI fourth-cycle **report** on Bosnia and Herzegovina, § 89; ECRI fourth-cycle **report** on Slovakia, § 78.

⁹ ECRI sixth-cycle **report** on North Macedonia, § 65; ECRI fifth-cycle **report** on Latvia, § 80; ECRI fourth-cycle **report** on Switzerland, § 71.

¹⁰ ECRI fifth-cycle **report** on Latvia, § 80; ECRI fourth-cycle **report** on the Republic of Moldova, § 101; ECRI fourth-cycle **report** on Norway, § 71.

¹¹ ECRI **statement** on the impact of the Covid-19 pandemic and related government responses on groups of concern to ECRI (adopted by the Bureau of ECRI on 19 May 2020).

Specific action against antigypsyism and anti-Roma/Traveller discrimination¹²

7. The authorities should ensure that no administrative or other hindrance impede access of Roma and Travellers to healthcare, notably as concerns the issuance of appropriate identity documents, the provision of personal identification numbers and the implementation of health insurance rules.¹³
8. Where relevant, the authorities should develop the work of Roma health mediators and ensure that there is an appropriate number of Roma working within the health system. Such measures should receive the necessary resources for their effective implementation.¹⁴
9. The authorities should train and raise awareness among health care professionals about prejudices that may influence the way they deal with members of the Roma community in performing their duties.¹⁵
10. Where relevant, the authorities should conduct outreach and information campaigns to ensure that members of the Roma and Traveller communities are fully aware of their rights and entitlements in the field of health care.¹⁶
11. The authorities should review the housing and accommodation needs of Roma and Travellers, notably as regards access to safe drinking water and suitable sanitation facilities as well as the risk level of the locations where Roma and Travellers are accommodated or settled (for example, areas of major industrial hazards or heavy pollution).¹⁷
12. The authorities should place particular focus on the health situation of Roma women and girls, including in relation to genealogical and pre-natal services, as they are prone to experience intersectional discrimination based on their gender and ethnicity.¹⁸ The authorities should end any practice of segregation and mistreatment of Roma women in healthcare facilities, including in obstetrics departments at hospitals.¹⁹
13. Where this is a concern, the authorities should address any disproportionately high infant mortality rate among Roma communities, including through a better coverage of Roma women with prenatal and postnatal care services.²⁰ The authorities should also carry out a comprehensive assessment on the number of Roma children who have not been vaccinated and multiply vaccination campaigns accordingly.²¹

¹² See ECRI's revised **General Policy Recommendation No. 13** on combating antigypsyism and discrimination against Roma, adopted on 24 June 2011 and amended on 1 December 2020, in particular § 7, as well as the ECRI Secretariat **Factsheet** on Preventing and combating antigypsyism and discrimination against Roma and Travellers, published on 2 August 2023, in particular §§ 33-36.

¹³ ECRI sixth-cycle **report** on North Macedonia, § 76; ECRI fifth-cycle **report** on Bosnia and Herzegovina, §§ 73-76; ECRI fifth-cycle **report** on Latvia, § 74; ECRI fourth-cycle **report** on Romania, § 140; ECRI fourth-cycle **report** on Ukraine, § 71; ECRI fourth-cycle **report** on Bosnia and Herzegovina, § 109.

¹⁴ ECRI sixth-cycle **report** on Bulgaria, § 82; ECRI sixth-cycle **report** on North Macedonia, § 65; ECRI fourth-cycle **report** on Bulgaria, § 73; ECRI fourth-cycle **report** on Romania, § 133; ECRI fourth-cycle **report** on Ukraine, § 157; ECRI fourth-cycle **report** on North Macedonia, § 60; ECRI fourth-cycle **report** on Slovakia, § 78.

¹⁵ ECRI fourth-cycle **report** on North Macedonia, § 60; ECRI fourth-cycle **report** on Bulgaria, § 75; ECRI fourth-cycle **report** on Hungary, § 135.

¹⁶ ECRI fifth-cycle **report** on Latvia, § 74; ECRI fourth-cycle **report** on Serbia, § 71; ECRI fourth-cycle **report** on Bulgaria, § 74.

¹⁷ ECRI sixth-cycle **report** on France, §§ 98-99; ECRI fifth-cycle **report** on Ireland, § 70 and § 78; ECRI fourth-cycle **report** on Italy, § 98; ECRI fourth-cycle **report** on Bulgaria, §§ 66-68; ECRI fourth-cycle **report** on Slovenia, §§ 111-112.

¹⁸ ECRI fifth-cycle **report** on Croatia, § 82; ECRI sixth-cycle **report** on Hungary, § 85; ECRI fifth-cycle **report** on North Macedonia, § 69.

¹⁹ ECRI sixth-cycle **report** on Slovakia, §§ 99-101; ECRI fourth-cycle **report** on Slovakia, § 79; ECRI fourth-cycle **report** on Bulgaria, § 75.

²⁰ ECRI sixth-cycle **report** on North Macedonia, § 65.

²¹ ECRI fourth-cycle **report** on Romania, § 136.

14. Where the existence of past practices of forced/involuntary sterilisation of Roma women has been established, the authorities should set up an independent commission tasked with reviewing relevant hospital documentation and hearing witnesses in order to shed light on the scale of such practices, ensure that appropriate compensation is made available to victims,²² take a strong public stance condemning past unlawful sterilisations, and monitor the observance of safeguards concerning free and informed consent in facilities that perform sterilisations.²³

Ensuring access of migrants, irrespective of their legal status, to health care²⁴

15. The authorities should ensure access of migrants, including those who are irregularly present in the country, to emergency and other necessary health care.²⁵ They should eliminate, at legislative level where appropriate, any obstacles to migrants' access to basic services in the area of health care, including psychiatric support.²⁶ Where non-governmental organisations provide medical services to migrants who are irregularly present in the country, the provision of such services should not be jeopardised by police checks.²⁷
16. Relevant legislation and policies should prevent public and private healthcare providers from reporting migrants who are irregularly present in the country to the immigration authorities.²⁸
17. The authorities should ensure that essential information and services related to health are made available to migrants in an appropriate range of languages and through suitable channels.²⁹ They should also ensure the availability of an adequate number of interpreters in relevant languages, where the lack of such services can create obstacles to migrants' access to healthcare.³⁰

Specific action against racism and discrimination against Black persons / people of African descent³¹

18. The authorities should seek to eliminate inequalities in health status and access to health services experienced by Black persons / people of African descent, including by raising awareness and increasing sensitivity amongst staff in health institutions.³²
19. The authorities should carry out effective investigations into cases involving any allegations of discrimination of Black persons / people of African descent in the health sector, including in mental health care, and eliminate any racial discrimination in this area.³³

²² ECRI sixth-cycle **report** on Slovakia, § 101. In this connection, see also: ECRI sixth-cycle **report** on Czech Republic, § 93.

²³ ECRI fourth-cycle **report** on Czech Republic, §§ 140-142.

²⁴ See ECRI's revised **General Policy Recommendation No. 16** on safeguarding irregularly present migrants from discrimination, adopted on 16 March 2016, in particular §§ 21-24, as well as the ECRI Secretariat **Factsheet** on the integration and inclusion of migrants, published on 13 March 2024, in particular §§ 31-32.

²⁵ ECRI sixth-cycle **report** on Poland, § 23; ECRI sixth-cycle **report** on Norway, § 25; ECRI fifth-cycle **report** on Greece, § 136.

²⁶ ECRI sixth-cycle **report** on Denmark, § 33; ECRI fifth-cycle **report** on Croatia, § 98; ECRI fifth-cycle **report** on Spain, § 80; ECRI fourth-cycle **report** on Finland, § 83.

²⁷ ECRI fifth-cycle **report** on Greece, § 136.

²⁸ ECRI sixth-cycle **report** on Poland, § 23; ECRI sixth-cycle **report** on Denmark, § 33; ECRI sixth-cycle **report** on Germany, § 24; ECRI fourth-cycle **report** on Sweden, § 109.

²⁹ ECRI sixth-cycle **report** on Cyprus, § 76; ECRI sixth-cycle **report** on Denmark, § 109; ECRI fourth-cycle **report** on Armenia, § 118-119.

³⁰ ECRI fourth-cycle **report** on Norway, § 72.

³¹ See also the ECRI Secretariat **Factsheet** on racism and discrimination against Black persons / people of African descent, published on 20 March 2024.

³² ECRI fourth-cycle **report** on the United Kingdom, § 106.

³³ ECRI fifth-cycle **report** on the United Kingdom, §§ 83-84.

Specific action against intolerance and discrimination against LGBTI persons³⁴

20. As regards lesbian, gay and bisexual people, the authorities should ensure that homosexuality is never to be considered or recorded as a mental health disorder.³⁵
21. Where same-sex partnerships are not yet recognised, the authorities should evaluate and tackle the problems faced by same-sex couples in relation to health-related issues.³⁶
22. As concerns transgender persons, the authorities should review whether laws or policies impede or create challenges for them in accessing specific healthcare, such as gender-affirming surgeries and hormonal therapy, and modify them as necessary.³⁷ They should also make gender-affirming treatments available to them.³⁸ Where necessary, they should develop clear guidelines on costs reimbursement by public health-insurance schemes.³⁹
23. As regards intersex persons, the authorities should take the appropriate measures in view of the adoption of legislation that prohibits so-called “sex-normalising” surgery and other medically unnecessary treatments until the child can participate in the decision on the basis of the right to self-determination and the principle of free and informed consent.⁴⁰
24. The authorities should issue guidelines and provide adequate training to health professionals who may be in contact with intersex children.⁴¹
25. Intersex people and their families should have easy access to counselling and support services.⁴² The authorities should ensure the dissemination of relevant material, such as guides for parents of intersex children, pertaining to intersex equality rights.⁴³

³⁴ See ECRI’s **General Policy Recommendation No. 17** on preventing and combating intolerance and discrimination against LGBTI persons, adopted on 28 June 2023, as well as the ECRI Secretariat **Factsheet** on LGBTI Issues, published on 1 March 2021.

³⁵ ECRI sixth-cycle **report** on Armenia, § 32.

³⁶ ECRI sixth-cycle **report** on Georgia, §§ 22-23.

³⁷ ECRI sixth-cycle **report** on Hungary, § 26 and §§ 32-33.

³⁸ ECRI fifth-cycle **report** on Slovakia, § 143; ECRI fifth-cycle **report** on Norway, § 92.

³⁹ ECRI fifth-cycle **report** on Croatia, § 110.

⁴⁰ ECRI sixth-cycle **report** on Greece, § 34; ECRI sixth-cycle **report** on Luxembourg, § 35; ECRI sixth-cycle **report** on Poland, § 43; ECRI sixth-cycle **report** on France, § 35; ECRI sixth-cycle **report** on Estonia, § 32; ECRI sixth-cycle **report** on Norway, § 37; ECRI sixth-cycle **report** on Austria, § 31; ECRI sixth-cycle **report** on Germany, § 34.

⁴¹ ECRI sixth-cycle **report** on Luxembourg, § 35.

⁴² ECRI sixth-cycle **report** on Luxembourg, § 35; ECRI sixth-cycle **report** on Germany, § 34.

⁴³ ECRI sixth-cycle **report** on Greece, § 34.

The European Commission against Racism and Intolerance (ECRI) is a unique human rights monitoring body which specialises in questions relating to the fight against racism, discrimination (on grounds of "race", ethnic/national origin, colour, citizenship, religion, language, sexual orientation and gender identity), xenophobia, antisemitism and intolerance in Europe.

ECRI was set up by the first Summit of Heads of State and Government of the member states of the Council of Europe in 1993 and became operational in 1994. As ECRI marks 30 years of combating racism and intolerance, current trends show that these are still persistent problems in European societies that require renewed efforts to be overcome.

ECRI is composed of 46 members appointed on the basis of their independence, impartiality, moral authority and expertise in dealing with issues of racism, discrimination, xenophobia, antisemitism and intolerance. Each Council of Europe member state appoints one person to serve as a member of ECRI.

Secretariat of ECRI

Directorate General of Democracy and Human Dignity
Council of Europe
F - 67075 STRASBOURG Cedex
Tel.: +33 (0) 3 90 21 46 62
E-mail: ecri@coe.int
X: @ECRI_CoE

Visit our web site:
www.coe.int/ecri

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