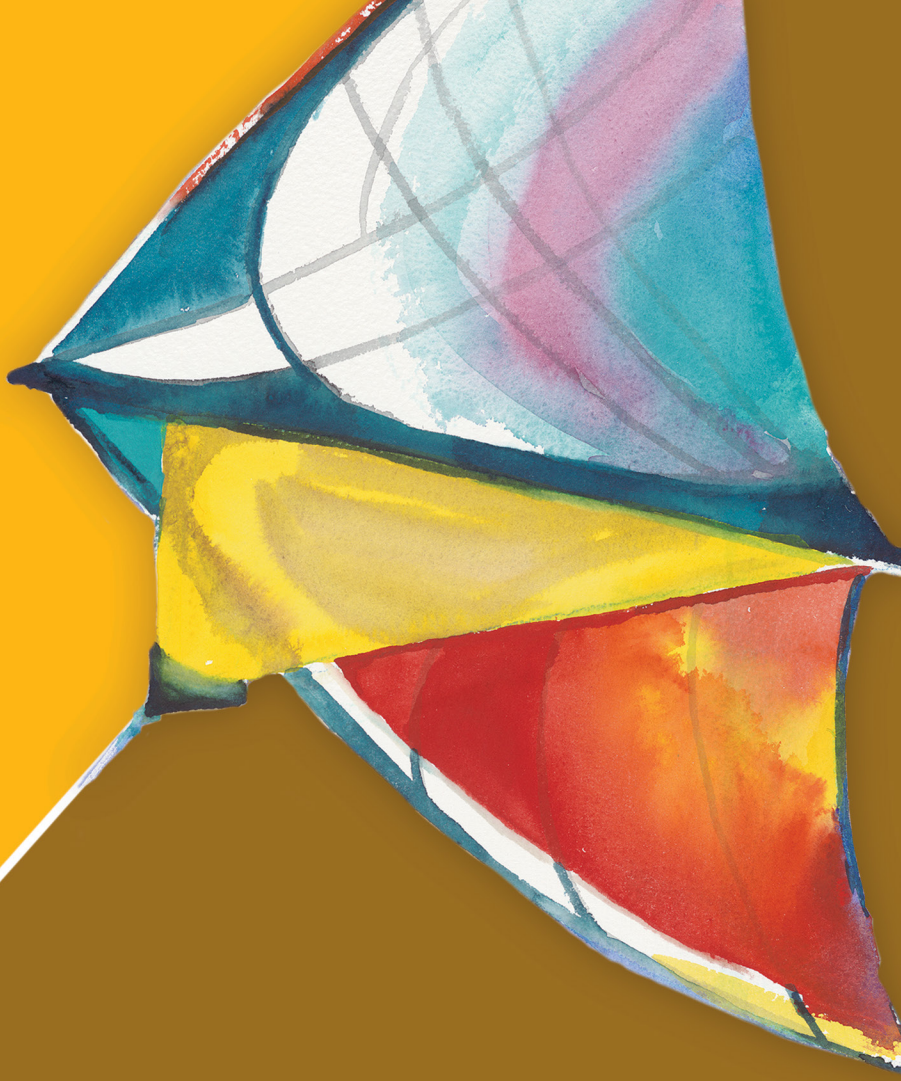
SERIES ON HUMAN RIGHTS AND HEALTH



1. ETHNICITY

A Human Rights-based Approach

PAHO Pan American Health Organization
World Health Organization Americas

SERIES ON HUMAN RIGHTS AND HEALTH

1. ETHNICITY:
A Human Rights-based Approach

> ***"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."***
>
> Preamble to the Constitution of the World Health Organization

MARIA'S STORY[1]

Maria was 36 weeks into her first pregnancy. An Afro-descendant woman from a rural community in the hills, she had undergone only a single prenatal check-up at the maternity hospital, located 120 km from her community. Distance was not the only barrier to Maria receiving prenatal care; during her only visit, she had a very poor experience. The receptionist did not speak her language and although Maria understood the country's official language, she had a hard time speaking it fluently. She felt that she had been mistreated and discriminated against because of her skin color, ethnicity, and dress, which had been the object of some ridicule, and that she had been left waiting a long time while other people were given priority.

The male doctor who saw her––and whom she was not allowed to choose (she preferred to be seen by a woman)––did not speak her language either, spent just a few minutes with her, and did not explain the type of obstetric examination he would perform. Without even trying to give her information about what the medical examination would entail, or wanting to listen to her concerns, questions, and fears, the doctor performed a routine examination, which Maria found very traumatic. He did the prenatal check-up, examining Maria's body without telling her in advance about the procedures or their purpose. Maria could not get her questions answered, voice her concerns, describe how her community dealt with pregnancies, or understand how her baby's life was progressing within her. After that experience, which was very negative, Maria did not have any other check-ups, despite a series of complications in the final months of her pregnancy. The distance to the health center and the lack of health workers who had a relationship with the community were an insurmountable obstacle for her. Moreover, Maria had lost trust in the health system and, especially, in the medical center where she had been seen.

The lack of subsequent prenatal check-ups had the worst possible outcome. Maria's baby was born at 36 weeks with respiratory failure after suffering fetal distress from an unjustified delay in the performance of a Caesarean section (C-section). The structural shortcomings of the health system and authorities' failure to take action prevented timely scheduling of a C-section. As a result, after Maria was in labor at the health center closest to her community, where she experienced obstetric violence, in which people kept shouting at her that she could handle the pain because she was a woman with a "strong phenotype," she had to be sent to the maternity hospital because the health center she went to was unable to provide the highly complex care required to handle a case like hers. Subsequently, due to the lack of specialists (neonatologists) in the maternity hospital following her late-night transfer, the baby had to be sent by himself to another hospital, where he ultimately died.

[1] This account is largely based on real-life incidents that occur in Latin America.

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One of the key issues in protecting the right to health of indigenous peoples, Afro-descendant populations, and other ethnic minorities is the lack of an intercultural approach by health authorities and health workers and failure to implement intercultural health policies and train and sensitize health professionals to this issue. The absence of intercultural health policies in the countries of the Region is often an insurmountable obstacle to effective exercise of the right to health. In many cases, the perspective of indigenous peoples, Afro-descendant populations, and other ethnic groups is not considered when designing, implementing, and evaluating health systems. As a result, people in these communities fail to seek care for their health problems due to the lack of culturally-sensitive intermediaries and culturally appropriate facilities and services capable of understanding their needs and the distinct aspects of their culture when offering them health care, leading to the violation of many of their fundamental rights, among them the right to life, personal integrity, and health.

Indigenous peoples, Afro-descendant populations, and other ethnic groups: who they are and their situation

The Region of the Americas is extremely rich in terms of cultural diversity, which poses a series of challenges in terms of recognition and respect for the human rights of members of indigenous groups, Afro-descendants, Roma populations, and other ethnic groups.

People belonging to these groups are often statistically invisible in national information systems and national censuses, because some countries do not include ethnic self-identification as a variable. Estimates based on the available data for 2015 put Latin America's Afro-descendant population at 130 million. According to the latest census in Brazil, Afro-descendants accounted for over 50% of the country's population; in the United States, that figure is over 40 million, equivalent to 13% of the total population (*1*).

In 2010, the indigenous population in the Region was estimated at over 44.8 million, distributed across 826 indigenous groups, the majority of them in Mexico (17 million) and Peru (7 million), followed by Guatemala and Bolivia (6 million each). While Roma people have been present in the Americas since colonial days, the size of their population cannot currently be accurately determined given that censuses do not include Roma as a variable, thus contributing to the Roma's invisibility in national statistics. In Brazil alone, the Roma population exceeded half a million people in 2015 (*1*).

Throughout their lives, people from these ethnic groups experience structural discrimination and are underrepresented and under-included in decision-making, which hinders their access to health services, affects the quality of the care they receive, and has an overall impact on their living conditions (*1*). Many obstacles remain to developing the necessary measures to guarantee an intercultural approach in access to health care and health services––an approach that considers the social determinants of health through the lens of equality and mutual respect and that values the cultural practices, lifestyles, social organization, value systems, traditions, and worldviews of the Region's ethnic groups.

As a consequence of asymmetrical power relations and domination, the members of certain ethnic groups––among them indigenous, Afro-descendant, and Roma populations––experience different forms of systematic discrimination and exclusion that lead to inequities and social injustice. Marginalization and discrimination based on ethnicity, including institutional racism, interact negatively with other structural determinants, such as gender, and create health inequities in a region characterized precisely by its rich ethnic and cultural diversity (*1*).

Despite the limited availability of disaggregated data in health information systems, the health inequalities that affect these populations can be demonstrated. Indigenous peoples face enormous pressures from oil

exploration, mining, logging, agricultural expansion, and border conflicts that threaten their livelihoods, way of life, and the human rights and fundamental freedoms linked with their physical and mental well-being. In the Americas, marked inequalities between indigenous people and their non-indigenous counterparts can be seen in almost every socioeconomic and health indicator. Indigenous people are at a clear disadvantage, tend to die at younger ages, and suffer from poorer health than other population groups. Furthermore, according to available data, the epidemiological profile of these population groups is characterized by persistently high incidence and mortality from communicable diseases such as tuberculosis, and noncommunicable diseases such as diabetes associated with malnutrition and obesity (*1*).

Moreover, an intersectional analysis of gender and ethnicity shows that inequalities are even more pronounced in women from indigenous, Afro-descendant, and Roma populations. For example, while the maternal mortality rate in most Latin American and Caribbean countries has fallen over the past two decades, it remains high among Afro-descendant women.

Infant mortality is a particular problem among the indigenous peoples of the Americas, with serious implications for the human rights of children. Childhood illnesses and malnutrition are constant threats to the rights to life, personal integrity, health, and education of children and adolescents from these populations.

Structural inequalities exacerbate inequalities in the incidence and prevalence of mental illness and inequalities in access to effective mental health treatment. These inequalities are observed across the different ethnic and socioeconomic groups in the Americas, as well as between men and women (*21*).

Finally, while the Roma are a people with their own identity and culture, little is known about their situation in many countries in the Region. The size of this population, its socioeconomic conditions, health situation, etc. are unknown. Roma face considerable barriers to accessing health services; for example, in some countries, parents have difficulty vaccinating their children because of discrimination.

Protection under international and regional human rights instruments

Both the United Nations and the Inter-American System of Human Rights have important legal instruments that recognize and protect the rights and freedoms of all people. As international human rights instruments protect all persons without any distinction of ethnicity, color, sex, language, religion, political or other ideology, national or social origin, economic status, birth, or any other social status, they are also considered to protect the rights and freedoms of the indigenous, Afro descendant, and Roma population, as well as the members of other ethnic groups.

Conventions or treaties are binding legal instruments for States that have ratified them. Other instruments, such as declarations, resolutions, and comments issued though United Nations mechanisms and the Inter-American system also establish international standards in the area of human rights.

Human rights standards represent a consensus of international opinion. In most cases, they are issued by the United Nations General Assembly, the Human Rights Council, treaty monitoring mechanisms, and other United Nations bodies, by the Inter-American Commission on Human Rights (IACHR) of the Organization of American States (OAS), as well as by specialized agencies within the United Nations and the Inter-American system.

These standards constitute a fundamental guide for the implementation of human rights treaties in countries through the formulation and revision of legislation, policies, plans, and programs for greater protection of the right to health and other related rights of the indigenous, Afro-descendant, and Roma population, as well as the members of other ethnic groups.

United Nations human rights system

The United Nations human rights monitoring system consists of two types of bodies: United Nations Charter-based bodies and treaty bodies (*2*). The Charter-based bodies are the Human Rights Council (a 47-member intergovernmental body tasked with promoting and protecting all human rights) (*3*); the Universal Periodic Review (a State-led process to review the human rights situation of all States, providing each State an opportunity to describe the steps it has taken to address and improve the human rights situation in the country) (*4*); and the special procedures of the Human Rights Council (a mechanism that gives prominent individuals, either individually or as a task force, a mandate to address specific situations or thematic areas (*5*). One example of this mechanism is the mandate of the Special Rapporteur on the Rights of Indigenous Peoples[2]).

United Nations treaty bodies are committees of independent experts that monitor the implementation of international human rights treaties (*6*). These treaty bodies are mandated to receive and review the periodic reports of States Parties detailing how they are applying treaty provisions at the national level. They are also empowered to issue general comments on matters falling within their mandate and to intervene in individual communication processes in which they must issue recommendations on the specific case before them.

Binding international legal instruments[3]

International Covenant on Civil and Political Rights (1966)

This Covenant recognizes that all peoples have the right to self-determination, which guarantees them the freedom to provide for their cultural, social, and economic development. It furthermore establishes the inherent right to life, providing that no one shall be arbitrarily deprived of life and recognizing the right to equality before the law and the prohibition of discrimination on any grounds (*7*).

International Covenant on Economic, Social and Cultural Rights (1966)

This Covenant recognizes a wide range of economic, social, and cultural rights, such as the right to health, education, work, social security, and culture, among others, without discrimination of any kind as to ethnicity, color, sex, language, religion, political or other opinion, national or social origin, economic status, birth, or other social condition. It also establishes that all peoples have the right to self-determination, by virtue of which they may freely determine their political status and pursue their economic, social, and cultural development.

In particular, the Covenant recognizes the right of all persons to the enjoyment of the highest attainable standard of physical and mental health. Measures that States Parties to the Covenant should adopt to guarantee the full exercise of this right include: (a) reduction of the stillbirth rate and infant mortality, and development of healthy children; (b) improvement in all aspects of environmental and industrial hygiene; (c) prevention, treatment, and control of epidemic, endemic, occupational, and other diseases, and the fight against them; and d) creation of conditions that would assure medical service and medical attention to all in the event of illness. The Covenant also recognizes the right of people to an adequate standard of living for themselves and their family, including adequate food, clothing, and housing, and to the continuous improvement of living conditions (*8*).

2 https://www.ohchr.org/en/Issues/IPeoples/SRIndigenousPeoples/Pages/SRIPeoplesIndex.aspx.

3 The designations "covenant," "convention," or other terms do not alter the binding nature of these instruments. These are treaties within the meaning of the Vienna Convention on the Law of Treaties (1969), under which any treaty is binding for States that have ratified it and who must comply with it in good faith and may not invoke provisions of their domestic law as justification for their non-compliance with a treaty..

International Convention on the Elimination of All Forms of Racial Discrimination (1965)

This Convention defines racial discrimination as any distinction, exclusion, restriction, or preference based on race, color, descent, or national or ethnic origin that has the purpose or effect of nullifying or impairing the recognition, enjoyment, or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural, or any other field of public life. It further provides that States Parties undertake to prohibit and eliminate racial discrimination in all its forms and guarantee the right of everyone, without distinction as to ethnicity, color, or national or ethnic origin, to equality before the law, particularly in the enjoyment of the right to public health, medical care, social security, and social services, among others (*9*).

Convention on the Elimination of All Forms of Discrimination against Women (1979)

This treaty condemns discrimination against women in all its forms and imposes the obligation on States Parties to adopt measures to eradicate any act or practice of discrimination against women, including women belonging to indigenous, Afro-descendant, and Roma populations, among other ethnic groups, and, in particular, to ensure that public authorities and institutions adopt appropriate measures to eliminate discrimination against women in the field of health care to ensure, on a basis of equality between men and women, access to health care services (*10*).

Convention on the Rights of the Child (1989)

This convention recognizes the civil, political, economic, social, cultural, and environmental rights of children and adolescents without discrimination of any kind. Concerning the right to health, it establishes that States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. Moreover, this Convention recognizes the right to culture and provides that in States with ethnic, religious, or linguistic minorities, or indigenous peoples, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practice his or her own religion, or to use his or her own language. (*11*).

Convention No. 169 of the International Labour Organization on Indigenous and Tribal Peoples (1989)

This is one of the main instruments for promoting and protecting the rights of indigenous peoples. It states that indigenous peoples shall enjoy the full measure of fundamental human rights without hindrance or discrimination and holds States responsible for ensuring that all indigenous peoples have the same rights and opportunities as nonindigenous peoples. The Convention recognizes and protects the social, cultural, religious, and spiritual values and practices of these peoples, and makes specific reference to States Parties' duty to make improving their living and working conditions and health and education levels a priority in national plans. It also guarantees the right of indigenous peoples to own and possess land and to not be displaced, and establishes the obligations of States Parties in relation to the right to health and social security, namely to: ensure the availability of health services for indigenous peoples, establish community-based services that take traditional preventive care, healing practices, and medicines into account, and train local community health workers (*12*).

Convention on the Rights of Persons with Disabilities, 2006 (2006);

This Convention recognizes the special protection that States Parties must guarantee to persons with disabilities, including indigenous people, Afro-descendants, and other ethnic minorities, as it establishes all their

political, civil, economic, social, and cultural rights based on their specific needs. This instrument represented a paradigm shift with respect to persons with disabilities, as it discarded the outdated medical model of disability, both physical and mental, for a social model that recognizes that the causes of disabilities are largely social.

Concerning the right to health, the Convention recognizes that persons with disabilities, including indigenous people, Afro-descendants, and other ethnic minorities, have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. Moreover, it specifically establishes the obligation of States Parties to provide health services as near as possible to the communities of persons with disabilities, including in rural areas (*13*).

International declarations, principles, recommendations, and guidelines

Universal Declaration of Human Rights (1948);

The Universal Declaration of Human Rights establishes that all people are free and equal in dignity and rights, without distinction of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status. This general provision means that indigenous persons, Afro-descendants, and members of ethnic minorities also have the right to the enjoyment of basic human rights. The Universal Declaration further states that no distinction shall be made on the basis of the political, jurisdictional, or international status of the country or territory to which a person belongs, whether it be independent, trust, non-self-governing, or under any other limitation of sovereignty (*14*).

United Nations Declaration on the Rights of Persons Belonging to National or Ethnic, Religious or Linguistic Minorities (1992)

This Declaration establishes that States shall protect the existence and the national or ethnic, cultural, religious, and linguistic identity of minorities within their respective territories and shall encourage conditions for the promotion of that identity. It furthermore recognizes the right of persons belonging to national or ethnic, religious, and linguistic minorities to enjoy their own culture, profess and practice their own religion, and use their own language, in private and in public, freely and without interference or any form of discrimination (*15*).

United Nations Declaration on the Rights of Indigenous Peoples (2007)

This Declaration has also become one of the key international instruments in this field. It states that indigenous peoples have the right to the full enjoyment, as a collective or as individuals, of all human rights and fundamental freedoms as recognized in the Charter of the United Nations, the Universal Declaration of Human Rights, and international human rights conventions. The most relevant rights enshrined in this Declaration include the right of indigenous peoples to their traditional medicines and health practices and to the enjoyment of the highest attainable standard of health, which are fundamental to the exercise of other rights and freedoms recognized in the Declaration, such as the right to be free from all forms of discrimination, the right to life, the right to physical and mental integrity, the right to practice their cultural traditions and customs, the right to manifest their spiritual and religious traditions, the right to establish and control their educational systems, the right to maintain and develop their political, economic, and social systems or institutions, and the right to improve their economic and social conditions (*16*).

General Recommendation No. 23 of the Committee on the Elimination of Racial Discrimination on the Rights of Indigenous Peoples (1997)

In this recommendation, the Committee on the Elimination of Racial Discrimination urges States to recognize and respect the culture, history, language, and way of life of indigenous peoples as an enrichment of the cultural identity of the State and to guarantee their preservation, and notes their obligation to ensure that members of indigenous peoples are free and equal in dignity and rights and free from any discrimination, especially that based on indigenous origin or identity. It further recommends that States provide indigenous peoples with conditions allowing them sustainable economic and social development compatible with their cultural characteristics; ensure that members of indigenous peoples enjoy equal rights with respect to effective participation in public life and that no decisions directly related to their rights and interests are taken without their informed consent; and ensure that indigenous communities can exercise their right to practice and revitalize their cultural traditions and customs and to preserve and practice their languages (*17*).

General Recommendation No. 27 of the Committee on the Elimination of Racial Discrimination on Discrimination against Roma (2000)

The Committee on the Elimination of Racial Discrimination recommends that States adopt and implement national strategies and programs and express determined political will and moral leadership, with a view to improving the situation of Roma people and their protection against discrimination by State bodies, as well as by any person or organization. It also recommends that they act firmly against any discriminatory practices affecting Roma, mainly by local authorities and private entities, with respect to taking up residence and access to housing; act firmly against local measures denying residence to Roma and unlawfully expelling them; and refrain from placing Roma in camps outside populated areas that are isolated and lack access to health care and other facilities. It also urges States to ensure Roma equal access to health care and social security services and to eliminate any discriminatory practices against them in this field (*17*).

General Recommendation No. 34 of the Committee on the Elimination of Racial Discrimination on Racial Discrimination against People of African descent (2011)

In this recommendation, the Committee on the Elimination of Racial Discrimination recommends that States take measures to remove all obstacles that prevent enjoyment of economic, social, and cultural rights by people of African descent, especially in the areas of education, housing, employment, and health, as well as measures to eradicate poverty among Afro-descendant communities within States Parties' territories. It further establishes the obligation of States to ensure equal access to health care and social security services for people of African descent, and the commitment to involve people of African descent in the design and implementation of health based programs and projects (*17*).

General Comment No. 14 of the Committee on Economic, Social and Cultural Rights: The Right to the Highest Attainable Standard of Health (2000)

This general comment is central to understanding the scope of the right to health and the obligations assumed by States upon ratification of the International Covenant on Economic, Social and Cultural Rights. In this comment, the Committee on Economic, Social and Cultural Rights reviews the content and scope of Article 12 of the International Covenant on Economic, Social and Cultural Rights (the right to health), as well as the obligations deriving from it. The Committee establishes that the right to health is closely related to and dependent upon the exercise of other human rights, such as the right to life, nondiscrimination, equality, personal freedom, human dignity, association, assembly, movement, food, housing, work, and education.

The Committee also sets out the four essential and interrelated elements of the right to health in all its forms and at all levels, the application of which will depend on the conditions prevalent in a given State Party:

(a) **Availability.** Functioning public health and healthcare facilities, goods and services, as well as programs, must be available in sufficient quantity within the State Party. The precise nature of the facilities, goods, and services may vary, depending on numerous factors, including the State Party's level of development. However, these services will encompass the underlying determinants of health, such as safe and potable drinking water and adequate sanitation, hospitals, clinics and other health-related buildings, trained medical personnel and other professionals receiving domestically competitive salaries, and essential drugs, as defined by the World Health Organization (WHO) Action Programme on Essential Drugs;

(b) **Accessibility.** Health facilities, goods, and services must be accessible to everyone without discrimination within the jurisdiction of the State Party. This element has four dimensions i) non-discrimination; ii) physical accessibility; iii) economic accessibility (affordability); and iv) access to information.

(c) **Acceptability:** All health facilities, goods, and services must be respectful of medical ethics and culturally appropriate, i.e., respectful of the culture of individuals, minorities, peoples, and communities, sensitive to gender and life-cycle requirements, and designed to respect confidentiality and improve the health status of those concerned.

(d) **Quality:** As well as being culturally acceptable, health facilities, goods, and services must also be scientifically and medically appropriate and of good quality. This requires, inter alia, skilled medical personnel, scientifically approved and unexpired drugs and hospital equipment, safe and potable water, and adequate sanitation (*18*).

Sustainable Development Goals of the 2030 Agenda (2015)

The 2030 Agenda for Sustainable Development proposes ending poverty for all people, including indigenous peoples, Afro-descendants, Roma, and other ethnic groups, and to make progress toward gender equality, women's empowerment, healthy lives, well-being at all ages, economic growth, full employment, and inclusive cities and human settlements (*19*).

Regional Agreement on Access to Information, Public Participation and Justice in Environmental Matters in Latin America and the Caribbean (Escazú Agreement, 2018)

This regional agreement was opened for signature in September 2018 at United Nations headquarters. It calls on States to assist indigenous peoples in preparing requests for environmental information and obtaining a response. The agreement also requires States to guarantee that domestic legislation and international obligations surrounding the rights of indigenous peoples are observed, and establishes that States shall guarantee a safe and enabling environment for persons, groups, and organizations that promote and defend human rights in environmental matters, so that they are able to act free from threats, restrictions, and insecurity (*20*).

Inter-American Human Rights System

The Inter-American Human Rights System is composed of two bodies: the Inter-American Commission on Human Rights (IACHR) and the Inter-American Court of Human Rights (21).

The IACHR comprises seven independent members and focuses on three areas of work: a) the petition and case system (through which complaints related to specific cases are brought to the IACHR); b) monitoring the human rights situation in OAS Member States, for example, through country visits and published reports with recommendations; and c) work in priority thematic areas,

which includes monitoring and technical cooperation by the existing rapporteurships and working groups (*22*), among them the Rapporteurship on the Rights of Indigenous Peoples[4] and the Rapporteurship on the Rights of Persons of African Descent and against Racial Discrimination[5].

The Inter-American Court of Human Rights, composed of seven judges, is an autonomous institution with contentious and advisory functions, whose main objective is to interpret and apply the American Convention on Human Rights. With respect to its contentious function, the Court may determine whether a State has incurred international responsibility for the violation of a right guaranteed in the Convention or other treaties of the Inter-American System. The Court also serves in an advisory role, under which it can answer questions from Member States or other OAS bodies on the interpretation of the American Convention and other treaties, or on the compatibility of national laws with the Convention (*21*).

Binding Inter-American legal instruments[6]

American Convention on Human Rights ("Pact of San José," 1969)

This treaty is the main human rights instrument of the Region due to the number of rights it recognizes and its central role in the obligations of States Parties with respect to human rights. It recognizes, among other rights, the right to life, physical integrity, and personal freedom. This instrument also establishes the obligation of States Parties to protect the rights and freedoms of all persons without discrimination for reasons of race, color, sex, language, religion, political or other opinions, national or social origin, economic status, birth, or any other social condition. The Convention also recognizes that all persons, including persons belonging to indigenous peoples, Afro-descendant populations, and other ethnic minorities, are entitled, without discrimination, to equal protection before the law (*23*).

Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (Protocol of San Salvador) (1988)

Under this instrument, the States Parties undertake to guarantee the exercise of the rights set forth therein without discrimination of any kind for reasons related to race, color, sex, language, religion, political or other opinions, national or social origin, economic status, birth, or any other social condition. The Protocol guarantees that everyone shall have the right to health, and States must commit to recognize health as a public good, to prevent further abuses, and to promote education on health problems. This instrument establishes that States Parties must satisfy the health needs of the highest risk groups and those whose poverty makes them more vulnerable, including indigenous peoples, Afro-descendant populations, and other ethnic minorities (*24*).

Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belém do Pará) (1994)

This instrument is founded on the conviction that the elimination of violence against women is essential for their individual and social development. The Convention establishes that all women, including those belonging to indigenous peoples, Afro-descendant populations, and ethnic minorities, have the right to the recognition, enjoyment, exercise, and protection of all human rights and freedoms embodied in regional and international human rights instruments. This includes the right to respect for their life and physical, mental, and moral

4 https://www.oas.org/es/cidh/jsForm/?File=/es/cidh/r/dpi/default.asp.
5 https://www.oas.org/es/CIDH/jsForm/?File=/es/cidh/r/DPAD/default.asp.
6 The designations "covenant," "convention," "protocol", or other terms do not change the binding nature of these instruments. These are treaties within the meaning of the Vienna Convention on the Law of Treaties (1969), which provides that any treaty is binding for States that have ratified it and must be performed in good faith by those States, which may not invoke provisions of their domestic law as justification for noncompliance.

integrity. This instrument is very useful for eradicating physical, sexual, and psychological violence against women that often occurs in the family, community, and medical centers (*25*).

Inter-American Convention against All Forms of Discrimination and Intolerance (2013)

This Convention states that discrimination is "any distinction, exclusion, restriction, or preference, in any area of public or private life, the purpose or effect of which is to nullify or curtail the equal recognition, enjoyment, or exercise of one or more human rights and fundamental freedoms enshrined in the international instruments applicable to the States Parties" (*26*) and that discrimination may be based on a variety of factors, such as ethnicity, which in certain cases are combined. It also states that indirect discrimination is discrimination that occurs "in any realm of public and private life, when a seemingly neutral provision, criterion, or practice has the capacity to entail a particular disadvantage for persons belonging to a specific group, or puts them at a disadvantage, unless said provision, criterion, or practice has some reasonable and legitimate objective or justification under international human rights law" (*26*). These provisions are key to formulating, implementing, and evaluating public policies related to indigenous peoples, Afro-descendants, Roma, and other ethnic minorities.

Inter-American Convention against Racism, Racial Discrimination and Related Forms of Intolerance (2013)

This instrument defines the main victims of racism, racial discrimination, and related forms of intolerance in the Americas as, among others, "people of African descent, indigenous peoples, and other racial and ethnic groups or minorities, or groups that by reason of their lineage or national or ethnic origin are affected by such manifestations." It also defines racial discrimination as "any distinction, exclusion, restriction, or preference, in any area of public or private life, the purpose or effect of which is to nullify or curtail the equal recognition, enjoyment, or exercise of one or more human rights and fundamental freedoms enshrined in the international instruments applicable to the States Parties" (*27*). In addition, the Convention establishes the commitment of the States Parties to adopt legislation that clearly defines and prohibits racism, racial discrimination, and related forms of intolerance, applicable to all public authorities, as well as to all individuals or natural and legal persons, both in the public and private sectors, particularly in the areas of employment; participation in professional organizations; education; training; housing; health; social protection; exercise of economic activity; access to public services and other areas; and to repeal or amend any legislation that constitutes or produces racism, racial discrimination, and related forms of intolerance (*27*).

Regional declarations, principles, recommendations, standards, and technical guidelines

American Declaration of the Rights and Duties of Man (1948)

The purpose of this Declaration is to protect civil, political, economic, social, and cultural rights and fundamental freedoms (*28*) and forms part of what is known as the regional *corpus juris* in the field of human rights. Although not an international treaty that States must ratify, it is understood by virtue of international custom that this Declaration is binding on the countries of the Americas.

Resolution CD37.R5 of the Pan American Health Organization (1993)

This resolution calls on Member States to promote the development of disease prevention and health promotion programs for indigenous peoples; the transformation of health systems to include alternative models of care appropriate for indigenous peoples, and to promote research and initiatives to increase information about the health of indigenous peoples for indigenous peoples and the international communityl (*29*).

Resolution CD40.R6 of the Pan American Health Organization: "Health of Indigenous Peoples" (1997)

This resolution calls on Member States to detect, monitor, and reverse inequalities in health status and access to basic health services for indigenous peoples. It also urges Member States to seek sustainable solutions to address barriers to health (*30*).

Resolution CD47.R18 of the Pan American Health Organization: "Health of the Indigenous Peoples in the Americas" (2006)

This resolution recognizes the existence of inequities in health and access to health care services that affect more than 45 million indigenous people living in the Region of the Americas. The Member States of the Pan American Health Organization (PAHO) undertake to ensure the incorporation of indigenous peoples' perspectives into the attainment of the Millennium Development Goals and national health policies, to integrate the intercultural approach into the health systems of the Region, and to train human resources from the health system to act as intercultural facilitators, among other measures (*31*).

American Declaration on the Rights of Indigenous Peoples (2016)

This is one of the most important instruments for promoting and protecting the rights of indigenous peoples. Beyond its recognition of a wide range of civil, political, economic, social, cultural, and environmental rights, this Declaration represents major progress in the field of health, as it establishes that indigenous peoples have the right collectively and individually to the enjoyment of the highest attainable standard of physical, mental, and spiritual health, to their own health systems and practices, and to the use and protection of vital medicinal plants, animals, minerals, and other natural resources for medicinal use in their ancestral lands and territories. In this vein, it establishes that States shall take measures to prevent and prohibit indigenous peoples and individuals from being the subject of research programs, biological or medical experimentation, or sterilization without their free and informed prior consent. Likewise, indigenous peoples and individuals have the right, as appropriate, to access their own data, medical records, and documentation from research conducted by individuals and institutions, whether public or private, and to use, without discrimination of any kind, all the health and medical institutions and services accessible to the general population. Finally, States, in consultation and coordination with indigenous peoples, shall promote intercultural systems and practices in the medical and health services provided in indigenous communities, including the training of indigenous technical and professional health personnel (*32*).

Plan of Action for the Decade for Persons of African Descent in the Americas (2016-2025) (2016)

Through this Plan, OAS bodies and States agree to gradually adopt and strengthen public policies and administrative, legislative, judicial, and budgetary measures to ensure that people of African descent in the Americas can enjoy their economic, social, cultural, civil, and political rights and fully participate on equal terms in all areas of society, with the support of the OAS. This instrument likewise establishes the commitment to take the necessary steps to include the issue of people of African descent in OAS policies, programs, and projects. The Plan has three strategic lines of action: recognition, justice, and development. The OAS General Secretariat, through its Secretariat for Access to Rights and Equity, will be responsible for monitoring the implementation of activities under the Plan of Action, in coordination with other bodies of the Inter-American System (*33*).

Resolution CSP29.R3 of the Pan American Health Organization: "Policy on Ethnicity and Health" (2017)

PAHO's policy on ethnicity and health urges Member States to take the relationship between ethnicity and health into account and promote an intercultural approach that contributes, among other things, to eliminat-

ing health service access barriers and improving health outcomes among indigenous peoples, Afro-descendants, Roma, and other ethnic groups, as applicable to their national contexts, priorities, and policy frameworks. PAHO technical cooperation for the implementation of this policy focuses on the following priority lines of action: a) production of evidence; b) promotion of policy action; c) social participation and strategic partnerships; (d) recognition of ancestral knowledge and traditional and complementary medicine; and e) capacity development at all levels (*34*).

Strategy and Plan of Action on Ethnicity and Health 2019-2025 (2019)

The Strategy and Plan of Action notes that some countries in the Region have strengthened their institutional capacity to address the issue of ethnicity and health with an intercultural approach. For example, fostering differentiated approaches for different ethnic groups is considered an essential tool to address the health priorities of different groups, improve health services, and eliminate discrimination. Likewise, there has been increased recognition of traditional medicine and its coordination with health systems. However, there are many obstacles to effectively guarantee the rights of these groups. The strategy therefore promotes intercultural approaches to health and action on the social determinants of health, with the participation of the groups involved and incorporating the gender perspective to operationalize the five strategic lines of action prioritized in the Policy on Ethnicity and Health, namely: a) production of evidence; b) promotion of policy action; c) social participation and strategic partnerships; d) recognition of ancestral knowledge and traditional and complementary medicine; and e) developing capacity at all levels

To monitor and evaluate the plan's implementation by the States of the Region, PAHO will prepare a progress report in 2023 evaluating progress toward the goals, and once implementation of the plan of action has concluded, will issue a final report (*1*).

Resolution 1/2020 of the Inter-American Commission on Human Rights: "Pandemic and Human Rights in the Americas" (2020)

On 10 April 2020, the IACHR adopted Resolution 1/2020, entitled "Pandemic and Human Rights in the Americas," in response to the unprecedented global health emergency facing the Americas and the world, caused by the rapid global spread of COVID-19. The section on recommendations refers specifically to indigenous peoples and issues the following suggestions to the States: provide information about the pandemic in their traditional language, and where possible, provide intercultural facilitators who can help them clearly understand the measures the State has taken and the effects of the pandemic; respect unconditionally non-contact with indigenous peoples or groups who are in voluntary isolation, given the very severe impact that contagion with the virus could have on their livelihood and survival as a people; take utmost measures to protect the human rights of indigenous peoples in the context of the COVID-19 pandemic, bearing in mind that these groups are entitled to receive health care that is culturally appropriate, and that takes into account traditional preventive care, healing practices, and traditional medicines; and refrain from introducing legislation and/or moving forward to carry out productive and/or extractive projects in the territories of indigenous peoples during the period the pandemic may last, given the impossibility of conducting prior informed and free consent processes (due to the WHO recommendation that social distancing measures be adopted), provided for in ILO Convention 169 and other pertinent international and national instruments (*35*).

This Resolution also includes specific recommendations with respect to Afro-descendants, providing that States must: prevent the excessive uses of force based on ethnic or racial origin and racial profiling during states of emergency and curfews put in place on account of the pandemic; implement economic support measures, bonus payments, and subsidies, among others, for people of African descent and tribal communities living in pov-

erty or extreme poverty, and other particularly vulnerable situations in the context of the pandemic; ensure that the records of people who are infected, hospitalized, or who died due to the COVID-19 pandemic include data disaggregated by ethnic or racial origin, gender, age, and disability; and ensure that people of African and tribal descent have timely access to comprehensive health public health services, and use an intercultural approach to ensure that they receive clear, inclusive, and readily understandable information on the medical procedures they may undergo (*35*).

How these standards should be applied and how international and regional human rights systems can be used strategically

The instruments and mechanisms of the United Nations and the Inter-American Human Rights System lay a sound legal foundation for the adoption of measures to promote and safeguard the rights of indigenous peoples, Afro-descendants, and other ethnic minorities in the Region of the Americas. These measures should involve all segments of society: the different branches of government, civil society, academia, the media, and society as a whole. All actors and stakeholders should be aware of the human rights and protections guaranteed by these instruments and use them to improve and review national legislation, policies, plans, programs, and practices. In addition, all sectors of society must respect the dignity and personal integrity of members of indigenous peoples, Afro-descendant populations, and other ethnic minorities and promote the protection of their fundamental rights and freedoms.

The bodies of the United Nations human rights system and Inter-American System of Human Rights are also key entities that complement and support the work of the States and society at a national level, and can serve as bodies for monitoring and reporting, as well as cooperation with and technical assistance to the States for promotion and protection of the human rights of indigenous peoples, Afro-descendants, and other ethnic minorities.

Ministries of health, education, and labor and other competent bodies have an obligation to know, apply, and disseminate the international instruments for the recognition and protection of human rights that their States have ratified voluntarily. These legal instruments create a range of obligations in the areas of public policy, legislation, budget, and practices with respect to indigenous peoples, Afro-descendants, and ethnic minorities.

Governments have an obligation to progressively align their programs, plans, policies, and practices with the human rights standards established in international instruments. The recommendations of the various bodies of the United Nations and Inter-American systems are extremely useful for this purpose, providing orientation and guidelines to States on what measures to adopt and how to do so from a human rights standpoint.

States have not only the obligation to not violate the rights of these groups but also the responsibility to ensure that third parties do not do so either. This is especially important, for example, when issuing regulations on public and private health systems that should guarantee the intercultural approach that indigenous peoples, Afro-descendants, and other ethnic minorities need for adequate health care, as well as any situation in which prior consultation must be guaranteed, or any other situation involving the infringement of rights. Human rights education is also a key tool for promoting and protecting the rights of these populations. Along these lines, States must also ensure that they provide public servants with the most comprehensive education and training on protecting the human rights of indigenous peoples, Afro-descendants, and other ethnic minorities.

It is very important that governments promote the right of indigenous peoples and other minorities to preserve and strengthen their own political, legal, economic, social, and cultural institutions and to guarantee their right to fully participate in the political, economic, social, and cultural life of the State, if they so choose.

Finally, intersectoral activities should be promoted, as meeting the needs of different ethnic groups will require the engagement of multiple actors. Each measure promoted by the government should consider the cultural realities of its peoples and be developed with the participation of the different peoples, coordinating with suitable spokespersons from every community. Programmed activities should be part of a specific plan agreed to by the health system and the indigenous or Afro-descendant populations. Knowing whether the population can read its native language is necessary, so that community-developed radio messages can also be broadcast. It is important to encourage social participation and strategic partnerships with indigenous peoples, Afro descendants, and members of other ethnic groups, as appropriate to the national context, ensuring that both women and men are represented in any activity related to the protection of their rights.

Leaders of indigenous, Afro-descendant, and other ethnic minority communities should know their rights, since they are protected by domestic and international law. They must understand how existing national, regional, and international mechanisms for the promotion and protection of these fundamental rights and freedoms work. It is essential for them to actively commit to participating in the development and review of policies, plans, programs, and laws that affect their communities, and in any evaluation of social services.

Mechanisms for effective and ongoing engagement, as well as recognition of the right to prior consultation, are essential for ensuring the design, implementation, and evaluation of legislation and public policies that respect the human rights of these populations. Leaders of indigenous, Afro descendant, and other ethnic minority communities and health sector technical staff must work closely together. The perspective of these groups and respect for their culture must jointly be addressed in a participatory and comprehensive manner.

Civil servants responsible for formulating and implementing health policies should create and expand the databases of national and subnational sources to measure and monitor the impact of ethnicity on exercise of the human rights and fundamental freedoms associated with the right to health of indigenous peoples, Afro-descendants, and other ethnic minorities. They should systematically monitor health trends in those groups to develop ways of improving health care and investigate the ways in which health is determined by external factors such as infrastructure and environmental conditions. In addition, a key element in the development of health policies that respect the rights of these groups is the adoption of an intercultural approach in health systems. Consultation with these populations and their effective engagement throughout the design, implementation, and evaluation of public policies is therefore essential, since it is the only way to integrate their perspective into the measures adopted by the State to guarantee their rights.

For more accessible solutions, the ministries of health, education, and culture should encourage the development and dissemination of health information materials in local languages and the engagement of indigenous, Afro-descendant, and other ethnic minority community leaders and intercultural facilitators in the promotion of health and mutual learning, capacity building, and information exchange through workshops on traditional knowledge, medicine, and healing practices, in keeping with the right of these populations to their culture, self determination, and development.

Many indigenous and Afro-descendant people have serious problems gaining access to adequate health care and medical services due to cultural barriers, among others. The State must take all steps necessary to overcome these barriers and allocate financial and human resources to adapt policies, regulations, and practices to guarantee the cultural identity of these populations and respect for human rights. Respect for traditional

medicine should be promoted through the use of traditional plants, practices, and customs, understanding the meaning they hold for indigenous peoples, as well as their potential contribution to Western medicine. Governments should adopt strategies to take advantage of this knowledge.

It is very important for health policymakers to create health centers that are properly staffed and equipped in areas inhabited by poor and marginalized ethnic populations to facilitate their enjoyment of the right to health.

Culturally appropriate training should be offered to health promoters and other key community members, based on community needs. It is important to ensure that health service providers working in indigenous and Afro-descendant communities coordinate their activities with community leaders so that all necessary information is conveyed to the community.

Legislators must be thoroughly familiar with international human rights law, as they have an obligation to ensure that domestic laws are compliant with obligations under international human rights conventions and instruments. The legislative branch plays an important role in the discussion, approval, and monitoring of national budget execution and is key to guaranteeing the allocation of sufficient budgets and the steady growth of available funds for protecting the rights of indigenous communities, Afro-descendants, and other ethnic minorities.

Justice system officials must apply the international and regional human rights legal framework in each of their decisions and promote respect for human rights and fundamental freedoms without discrimination. Members of the judiciary should receive human rights training to enable them to integrate not only human rights standards and principles but a human rights and intercultural approach into all judicial proceedings and each of their decisions and judgments. It is also critical for traditional justice systems to be able to consider the guidelines set forth in the United Nations Declaration on the Rights of Indigenous Peoples concerning the right of these groups to promote, develop, and maintain their institutional structures and distinctive legal systems, in keeping with international human rights standards.

National human rights institutions. These institutions should facilitate access to information regarding rights and the procedures for lodging complaints and grievances, and should visit indigenous, Afro descendant, and ethnic minority populations in their communities to ensure that human rights are respected, in keeping with international and domestic law. The human rights of these groups must be among their priorities, as these institutions play a key role in the awareness and promotion of human rights of these populations.

Nongovernmental organizations working to promote and protect the rights of indigenous peoples, Afro-descendants, and/or ethnic minorities. NGOs play a vital role in the persistent demand that States guarantee the full exercise of rights. They should work to disseminate information about rights and make use of regional and international mechanisms for the protection of human rights, invoking them in cases involving local rights violations within countries. Networks and partnerships among nongovernmental organizations are very effective for joining forces and making better use of available resources.

Organizations of indigenous, Afro-descendant, and other ethnic minority communities also have a responsibility to ensure respect for their human rights. They can be important vehicles for raising awareness among the general population, demanding full exercise of their rights from the State, and promoting action to eradicate discrimination and violence. They should also insist on participating in all State action to protect the rights of these populations.

The media play a key role in promoting cultural adaptation and the human rights of all people. The media should always ensure that communication about indigenous peoples, Afro-descendants, and ethnic minorities is free of stereotypes, stigmatization, and discrimination. The media must also responsibly cover problems related to mistreatment, neglect, violence, and the human rights of these populations. Messages must be culturally sensitive, considering the customs and lifestyles of the population. Whenever possible, symbols and images should also be used to make messages more understandable. The images used should be tailored to the cultural context, and inappropriate technical jargon should be avoided.

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Annexes

Annex 1. United Nations Human Rights System

Table A.1.1 shows nine international instruments of the United Nations human rights system that protect the fundamental rights and freedoms indicated. Table A.1.2 lists the countries that are parties to these instruments.

Table A.1.1. Select International Instruments of the United Nations Human Rights System that Protect the Listed Fundamental Rights and Freedoms

Fundamental rights and freedoms	Universal Declaration of Human Rights	International Covenant on Civil and Political Rights	International Covenant on Economic, Social and Cultural Rights	Convention on the Elimination of All Forms of Discrimination against Women	Convention on the Rights of Persons with Disabilities	International Convention on the Elimination of all Forms of Racial Discrimination	Convention on the Rights of the Child	Convention No. 169 of the International Labour Organization on Indigenous and Tribal Peoples	Declaration on the Rights of Indigenous Peoples
Life	Art. 3	Art. 6, para. 1			Art.10	Art. 5	Art. 6	Art. 2	Art. 7
Personal Integrity	Art. 5	Art. 7			Art. 17	Art. 5	Art. 19	Art. 2	Art. 7
Personal liberty	Art. 3	Art. 9			Art. 14	Art. 5	Art. 37	Art. 2	Art. 7
Due process	Art. 8	Art. 14			Art. 13	Art. 6	Art. 40		
Privacy	Art. 12	Art. 17			Art. 22		Art. 16		
Freedom of expression	Art. 19	Art. 19, para. 2			Art. 21	Art. 5	Art. 13	Art. 2	
Movement	Art. 13	Art.12		Art. 15, para. 4	Art. 20	Art. 5			
Equal protection of the law	Art. 7	Art. 26		Arts. 3 and 15, para. 1	Art. 12	Art. 5			Art. 2
Judicial protection	Art. 10	Art. 14		Art. 15, para. 2	Art. 13	Art. 6	Art. 6	Art. 12	Art. 27
Work	Art. 23		Arts. 6 y 7	Art. 11	Art. 27	Art. 5		Art. 20	Art. 17
Enjoyment of the highest attainable standard of physical and mental health	Art. 25, para. 1		Art. 12	Art. 12	Art. 25	Art. 5	Art. 24	Art. 25	Art. 24
Education	Art. 26		Art. 13	Art. 10	Art. 24	Art. 5	Art. 28	Arts. 26 a 29	Art. 14
Culture	Art. 27		Art. 15	Art. 13 c)	Art. 30	Art. 5	Arts. 30 and 31	All	Arts. 8, 9, 11, 12, 13, 15, 31 and 34
Protection of women	Art. 25, para. 2		Art. 12, para. 2 a)	All	Art. 6				Art. 22
Right to land and natural resources								Arts. 13 a19	Arts. 26 and 32
Prior consultation								Arts. 6 and 7	Arts. 19 and 30

Table A.1.2. Countries in the Region of the Americas that are Parties to Selected International Instruments of the United Nations Human Rights System

International instrument	States Parties
Universal Declaration of Human Rights	Not subject to ratification
Declaration on the Rights of Indigenous Peoples	Not subject to ratification
International Covenant on Civil and Political Rights	Argentina, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of)
International Covenant on Economic, Social and Cultural Rights	Argentina, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of)
Convention on the Elimination of All Forms of Discrimination against Women	Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of)
Convention on the Rights of Persons with Disabilities	Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of)
International Convention on the Elimination of all Forms of Racial Discrimination	Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of)
Convention on the Rights of the Child	Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of)
Convention No. 169 of the International Labour Organization on Indigenous and Tribal Peoples	Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominica, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, and Venezuela (Bolivarian Republic of)

Annex 2. Inter-American System of Human Rights

Table A.2.1 shows seven international instruments of the Inter-American System of Human Rights that protect the fundamental rights and freedoms indicated. Table A.2.2 lists the countries that are parties to these instruments.

Table A.2.1. Select International Instruments of the Inter-American System of Human Rights that Protect the Listed Fundamental Rights and Freedoms

Fundamental rights and freedoms	American Declaration of the Rights and Duties of Man	American Convention on Human Rights	Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights	Inter-American Convention against Racism, Racial Discrimination, and Related Forms of Intolerance	Inter-American Convention Against All Forms of Discrimination and Intolerance	Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women	American Declaration on the Rights of Indigenous Peoples
Life	Art. I	Art. 4				Art. 4, section a)	Art. V
Personal Integrity	Art. XXV	Art. 5				Art. 4	Art. XXX
Personal liberty	Art. I	Art. 7		Art. 5		Art. 4, section c)	Art. V
Due process	Art. XVIII	Art. 8		Art. 10		Art. 7, section f)	Art. XXXIII
Privacy	Art. V	Art. 11		Art.5			
Freedom of expression	Art. IV	Art. 13		Art. 5			Art. XX
Movement	Art. XIII	Art. 22					
Equal protection of the law	Art. II	Art. 24		Art. 2	Art. 2	Art. 4, section f)	
Judicial protection	Art. XXVI	Art. 25		Art. 10	Art. 10	Arts. 4, section g), and 7	Arts. XXII and XXIII
Work	Art. XIV		Arts. 6 and 7				Art. XXVII
Enjoyment of the highest attainable standard of physical and mental health	Art. XI		Art. 10			Art. 4, section b)	Art. XVIII
Education	Art. XII		Art. 13	Art. 4			Art. XV
Culture	Art. XIII		Art. 14				Art. XIII
Protection of women	Art. VII					All	Art. VII
Right to land and natural resources							Arts. VI, XIX and XXV
Prior consultation							Art. XXIII

Table A.2.2. Countries in the Region of the Americas That Are Parties to the Selected International Instruments of the Inter-American System for the Protection of Human Rights

International instrument	States Parties
American Declaration of the Rights and Duties of Man	Not subject to ratification
American Declaration on the Rights of Indigenous Peoples	Not subject to ratification
American Convention on Human Rights	Argentina, Barbados, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of)
Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social, and Cultural Rights (Protocol of San Salvador)	Argentina, Bolivia (Plurinational State of), Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela (Bolivarian Republic of)
Inter-American Convention Against All Forms of Discrimination and Intolerance	Mexico and Uruguay
Inter-American Convention against Racism, Racial Discrimination, and Related Forms of Intolerance	Antigua and Barbuda, Brazil, Costa Rica, Ecuador, Mexico and Uruguay
Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women	Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Saint Lucia, Suriname, Trinidad and Tobago, Uruguay, and Venezuela (Bolivarian Republic of)

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