



**International Convention on  
the Elimination of All Forms  
of Racial Discrimination**

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**Committee on the Elimination of Racial Discrimination**  
**113th session**

**Summary record of the 3107th meeting\***

Held at the Palais Wilson, Geneva, on Friday, 23 August 2024, at 3 p.m.

*Chair:* Mr. Balcerzak

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\* No summary records were issued for the 3097th to 3106th meetings.

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*The meeting was called to order at 3 p.m.*

### **Organizational and other matters**

*Draft general recommendation No. 37 on racial discrimination in the enjoyment of the right to health*

1. **The Chair** said that, since 1972, the Committee had issued 36 general recommendations on various topics in order to provide guidance for States in understanding and implementing the Convention. He invited Ms. Stavrinaki to present the revised draft of what would become the Committee's thirty-seventh general recommendation, on racial discrimination in the enjoyment of the right to health, with a view to its adoption.
2. **Ms. Stavrinaki** (Rapporteur for the general recommendation) said that the process of drafting general recommendation No. 37 had begun in August 2022 with a thematic discussion (CERD/C/SR.2914) held during the Committee's 107th session. Between July 2023 and March 2024, the Committee had held four online regional consultations with participants from Africa, Latin America, Asia, and Europe and North America. During the drafting process, the Committee had received comments and observations from States parties, international organizations and agencies, national human rights institutions, civil society organizations, health professionals' associations and academia.
3. The draft general recommendation built on the knowledge that racial discrimination was a structural determinant of health that exerted a negative influence on the health of individuals throughout their lives, shaping their vulnerability and their exposure to disease. The text explained that equality and freedom from racial discrimination in the enjoyment of the right to health were underpinned by article 5 (e) (iv) of the Convention, giving concrete examples of how laws, policies and practices could lead to racial discrimination at the individual and structural levels. It took a holistic and intersectional approach to the right to health, encompassing dimensions such as prevention and protection against vulnerabilities and inequalities in key determinants of health; the right to bodily autonomy and physical integrity; and the right to a system of health protection, including entitlements to public health and to health facilities, services and goods. The draft general recommendation also drew attention to the right to privacy and confidentiality, the right to participation in health-related decision-making at the community, national and international levels and the right to an effective remedy and reparation for any harm suffered as a result of racial discrimination.
4. In the text, the Committee advocated various measures to ensure the equal enjoyment of the right to health. For example, States should adopt special measures for disadvantaged groups; prevent harmful practices by private actors; and mitigate and provide reparation for harm. States should develop inclusive public health systems, accompanied by targeted training, public education, monitoring tools and the representation and participation of affected communities at all levels. They should ensure that health authorities refrained from stigmatization, incitement to racial hatred and acts of discrimination against protected individuals and groups. Public awareness and education measures, based on article 7 of the Convention, might be taken with a view to combating prejudice and stereotypes.
5. The general recommendation made clear that States parties should be in position to measure the impact of racial discrimination, identify quantitative and qualitative trends and adopt specific measures within a broader policy framework. The Committee hoped that the text would enhance the impact of the Convention at the national level as a global instrument for the equitable, inclusive and effective enjoyment of the right to the highest attainable standard of physical and mental health.
6. *Draft general recommendation No. 37 on racial discrimination in the enjoyment of the right to health, as a whole, as amended, was adopted.*
7. **Ms. Shepherd** said that the Committee had learned during the coronavirus disease (COVID-19) pandemic how racial discrimination could influence health outcomes. In the light of ongoing global health challenges, she hoped that States would be guided by the general recommendation in protecting vulnerable groups.
8. **Mr. Yeung Sik Yuen**, welcoming the adoption of the general recommendation, said that the next step was to ensure its relevance and effectiveness. He was hopeful that, in the

years to come, the Committee would refer often to the general recommendation in its concluding observations.

9. **Mr. Amir** said that all persons in need of protection under the Convention should be grateful for the adoption of the general recommendation as an additional tool for the defence of their rights. The general recommendation was particularly important for people in war-torn countries, who were sometimes deprived of their right to health and even their right to life.

10. **Mr. Guissé** said that the right to health touched upon many areas of life and was central to sustainable development. The Committee should seek to strengthen the impact of the general recommendation through its work with States parties and its interactions with the other treaty bodies.

11. **Ms. Tlakula** said that many countries, both in the global South and the global North, struggled to ensure the right to health, in particular for the poorest in society. She believed that the general recommendation would assist all States in their efforts to deliver universal health care.

12. **Ms. Esseneme** said that one of the strengths of the general recommendation was that it took account of all of the world's health systems. She particularly welcomed the inclusion of language on traditional healers, medicines and pharmacopoeia. She encouraged the members of the Committee to disseminate the general recommendation as widely as possible in the course of their professional activities and in their countries of origin. In her view, the general recommendation would be particularly useful for evaluating States parties' implementation of article 5 of the Convention; it would also be helpful for the work of the Committee on Economic, Social and Cultural Rights.

13. **Mr. Diaby** said that the general recommendation took into account several proposals that had been made during the regional consultation with stakeholders from Latin America, in particular language on traditional medicines and the protection of Indigenous Peoples and people of African descent. All stakeholders should be encouraged to take ownership of the general recommendation.

14. **Ms. Chung** said that the Committee and other treaty bodies should draw attention to the general recommendation during the review of State party reports.

15. **The Chair** said that all members of the Committee were grateful to Ms. Stavrinaki for her contribution as Rapporteur. He hoped that the general recommendation would resonate widely. Henceforth, the Committee's task would be to promote the general recommendation and follow up on its implementation and use.

#### **Closure of the session**

16. **Ms. Chung** (Rapporteur) said that the Committee's 113th session had been attended in person by all but one of its members. At the public opening, a statement had been delivered by Mr. Guillaume Ngefa, Chief of the Universal Periodic Review Branch of the Office of the United Nations High Commissioner for Human Rights. During the session, the Committee had conducted reviews and adopted concluding observations on the reports of seven States parties – Belarus, Bosnia and Herzegovina, Iran (Islamic Republic of), Iraq, Pakistan, the United Kingdom and Venezuela (Bolivarian Republic of). The Committee appreciated the information contributed by all delegations, by non-governmental organizations and by the national human rights institutions of Bosnia and Herzegovina, Pakistan and the United Kingdom.

17. On 29 June 2024, acting under its early warning and urgent action procedure, the Committee had issued a statement on the situation of Rohingya who had fled from Myanmar to India. The Committee had also endorsed a number of letters that would be sent to States parties under the same procedure.

18. The Committee had continued to work on its draft general recommendation No. 37 on racial discrimination in the enjoyment of the right to health, culminating in the adoption of the final draft. The Committee had also discussed the development, with the Committee on the Protection of the Rights of All Migrant Workers and Members of Their Families, of a joint general recommendation on addressing and eradicating xenophobia and its impact on

the rights of migrants, their families and other non-citizens affected by racial discrimination. Global and regional consultations were scheduled for later in 2024.

19. On 22 August 2024, the ad hoc Conciliation Commission for the inter-State communication *State of Palestine v. Israel* had published its report (CERD/C/113/3), which had been formally adopted on 19 February 2024 and transmitted to the parties. The report presented the findings of the Conciliation Commission and its recommendations for a peaceful settlement of the dispute between the State of Palestine and Israel on several issues of racial discrimination. The report was available on the Committee's web page.

20. Lastly, the Committee had adopted its annual report to the General Assembly.

21. At its subsequent session, scheduled to take place between 25 November and 13 December 2024, the Committee would consider the reports of Armenia, Ecuador, Greece, Kenya, Monaco and Saudi Arabia.

22. After the customary exchange of courtesies, **the Chair** declared the 113th session of the Committee on the Elimination of Discrimination closed.

*The meeting rose at 3.45 p.m.*