Persons of African descent

A. Normative framework

The framework for the development of legal standards on the rights of persons of African descent is grounded in the principles of human rights set forth in instruments applying to the general population and in treaties that refer specifically to Afrodescendants. The main international instruments that refer to ethnic or racial discrimination or to persons of African descent include the following:

- Universal Declaration of Human Rights (1948)
- Discrimination (Employment and Occupation) Convention, 1958 (No. 111)
- International Convention on the Elimination of All Forms of Racial Discrimination (1965)
- International Covenant on Civil and Political Rights (1966)
- International Covenant on Economic, Social and Cultural Rights (1966)
- Indigenous and Tribal Peoples Convention, 1989 (No. 169)

At the regional level, some of the main instruments are the American Convention on Human Rights, or Pact of San José (1969), and the Andean Charter for the Promotion and Protection of Human Rights (2002). The latter has a section devoted entirely to “indigenous peoples and communities of African descent” which sets forth various collective and individual rights. In addition, the Southern Common Market (MERCOSUR) instituted the Meeting of Authorities on Afrodescendent Rights in 2015 to coordinate policy debates and initiatives relating to people of African descent and their inclusion as important stakeholders in the region’s development process.

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1 This chapter was prepared by Marta Rangel, a consultant with the Social Development Division of the Economic Commission for Latin America and the Caribbean (ECLAC).
2 These include their right to an identity, to an intercultural education, to preserve their traditional practices and to be consulted about decisions concerning the exploitation of non-renewable natural resources found on their lands or territories.
3 This regional integration process was initiated by Argentina, Brazil, Paraguay and Uruguay and has since been joined by the Bolivarian Republic of Venezuela (suspended) and the Plurinational State of Bolivia (the process of adherence is under way). See MERCOSUR (2021).
4 The Meeting of Authorities on Afrodescendent Rights is coordinated by mechanisms responsible for promoting racial equality and combating racism in the MERCOSUR countries. See MERCOSUR (2015).
There are also national normative frameworks that vary in specificity regarding the protection of the rights of the Afrodescendent population. Some countries and territories have passed laws that make racial discrimination a crime punishable by incarceration, while others prohibit discrimination on the basis of race, ethnic origin or skin colour, as well as sex and religion. In addition, the Constitutions of Brazil, Colombia, Ecuador and the Plurinational State of Bolivia explicitly accord recognition to the population of African descent.

Ecuador’s Constitution (2008) is the one that refers to Afrodescendants the most extensively, as it has an entire chapter devoted to the recognition of Afro-Ecuadorians as one of the peoples who constitute the State of Ecuador and who enjoy guarantees for their human and collective rights. The Constitution of Colombia (1991) recognizes black communities that, along with indigenous peoples, enjoy collective rights (ownership of ancestral lands) and the rights to self-determination and to be consulted about any action impinging on their territories. Brazil’s Constitution (1988) does not characterize persons of African descent as a “people”, but it does recognize the collective ownership rights of the quilombolas of Afrodescendants and establishes racism as a non-bailable crime which carries a prison sentence and to which the statute of limitations does not apply. The Constitution of the Plurinational State of Bolivia (Bolivia, 2009) accords recognition to the Afrodescendent population.

Some major legal inroads have been made in recent years: in 2015, Costa Rica amended its Constitution to establish the multi-ethnic and pluricultural identity of the country and to reinforce the recognition of persons of African descent in various public policy instruments (Costa Rica, 2015). In 2019, Chile extended legal recognition to Afrodescendants and to the cultural identity, language, traditions, culture, institutions and world view of Afro-Chileans (BNC, 2019). Cuba (2019) has adopted a new Constitution in which it repudiates any and all manifestations of racism or discrimination, and Mexico’s Constitution recognizes Afro-Mexican peoples and communities as part of that nation’s pluricultural identity (ECLAC/UNFPA, 2020).

B. Assessment of inequalities affecting the Afrodescendent population

- Around one fifth of Latin America’s population is made up of descendants of enslaved Africans.
- The Afrodescendants of Latin America and the Caribbean are primarily urban dwellers and live in almost every part of the region.
- Afrodescendants are subject to racial discrimination that relegates many of them to positions in which they are subject to deeper poverty, vulnerability and other disadvantages.
- Persons of African descent tend to be subject to a greater degree of socioeconomic vulnerability than other people in the region and to have less access to employment, education, health care and housing.

5 The countries include Argentina, Brazil, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Peru and Uruguay (ECLAC, 2017a).
6 Examples include the Bolivarian Republic of Venezuela, Brazil, Colombia, Cuba, Ecuador, El Salvador, Honduras, Mexico, Nicaragua, Panama, Peru, the Plurinational State of Bolivia and Puerto Rico (ECLAC, 2017a).
7 The right to an identity, to retain (inalienable, exempt from seizure and indivisible) ownership to community lands and the use of renewable natural resources, to be consulted regarding the development of non-renewable resources, to share in the benefits thereof and to compensation.
8 Quilombos were communities formed by escaped slaves. The Constitution directs that they are to be issued with land titles and that their historical sites and documents are to be protected, thereby implicitly accord recognition to these peoples’ collective rights.
1. Key traits of the Afrodescendent population

The term “Afrodescendant” refers to people belonging to various “black” cultures who are descendants of African slavery survivors. In the course of the preparations for the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (Durban, 2001), groups engaged in the formation of political identities became interlinked with networks of Afrodescendant organizations in the region, including English-speaking groups and groups located in the United States. This led to the consolidation of the concept of “Afrodescendant,” which goes far beyond skin colour and entails the recognition of this group as an ethnic community that has politicized its identity and whose members consider themselves to constitute a distinct people (Antón and others, 2009).

Roughly one fifth of the Latin American population is composed of persons descended from Africans who were enslaved during the slave trade in the Americas, which lasted almost four centuries. Even today, these people are subject to extreme inequalities, discrimination and structural and institutionalized racism interwoven with a culture and history of privilege. Despite this, the Afrodescendent population has shown itself to be resilient and has succeeded in positioning its historically based demands on international, regional and national agendas. Nevertheless, even though progress has been made in implementing policies to combat racism, promote racial equality and establish institutional mechanisms for working to fulfil those agendas, the structural racism and inequality plaguing the population of African descent continue to manifest themselves in various spheres of development and human rights.

The available census figures indicate that an estimated 134 million people (21% of the total population) in Latin America are of African descent (ECLAC/UNFPA, 2020). Brazil has the largest Afrodescendent population (over 100 million). Persons of African descent make up nearly the entire population of Haiti, half of Brazil’s population and a third of Cuba’s; in relative terms vis-a-vis the total national population, they are followed by Colombia, Costa Rica, Ecuador, Panama and the Dominican Republic (see table X.1).

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9 Because of increased migration, the term “Afrodescendant” may include African persons and their descendants who were not necessarily involved in the colonial slave trade (ECLAC, 2017a).
11 Defined as a set of practices based on legitimized prejudices and stereotypes about a social group because of its members’ characteristics (e.g. race, ethnicity, skin colour, nationality, culture). This type of racism is called “structural” because these practices permeate the whole of society and turn racism into a tool of domination that ends up being used to justify the inequality and exclusion of certain groups and the privileged positions of others.
12 Defined as the incorporation of discriminatory values and practices in social institutions. Examples include the use of an unfamiliar vocabulary (or other language) and the insensitive treatment of employees whose cultures differ from that of the employer, teacher or social superior. Another example would be a situation in which a teacher does not believe that an Afrodescendent student could be intelligent and therefore ignores or does not listen to him/her. Institutionalized discrimination is not solely the outcome of individual actions but instead also stems from deeply rooted practices that perpetuate and reinforce existing discrimination.
13 It is difficult to determine the exact number of persons of African descent in the population because of the complexities involved in, for example, fashioning relevant questions and operationalizing the concept of Afrodescendancy in statistical tools, insufficient training of census-takers, communication problems in multilingual areas and limited participation by persons of African descent in processes that entail self-identification (Del Popolo, 2008; ECLAC, 2009 and 2017b; Del Popolo and Schkolnik, 2013).
TABLE X.1
Latin America (20 countries): Afrodescendent population, latest census and estimates as of 2020a
(Thousands of persons and percentages)

<table>
<thead>
<tr>
<th>COUNTRY AND YEAR OF CENSUS</th>
<th>AFRODESCENDENT POPULATION COUNTED IN THE CENSUS</th>
<th>AFRODESCENDENT POPULATION AS A % OF TOTAL POPULATION</th>
<th>TOTAL ESTIMATED POPULATION AS OF 2020</th>
<th>ESTIMATED AFRODESCENDENT POPULATION AS OF 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina, 2010</td>
<td>149.6</td>
<td>0.4</td>
<td>45 195.8</td>
<td>168.5</td>
</tr>
<tr>
<td>Bolivia (Plur. State of), 2012</td>
<td>23.3</td>
<td>0.2</td>
<td>11 673.0</td>
<td>27.1</td>
</tr>
<tr>
<td>Brazil, 2010</td>
<td>97 171.6</td>
<td>50.9</td>
<td>212 539.4</td>
<td>108 278.4</td>
</tr>
<tr>
<td>Chile, 2017</td>
<td>9.9</td>
<td>0.1</td>
<td>19 116.2</td>
<td>11.5</td>
</tr>
<tr>
<td>Colombia, 2018</td>
<td>2 982.2</td>
<td>6.8</td>
<td>50 882.9</td>
<td>3 482.9</td>
</tr>
<tr>
<td>Costa Rica, 2011</td>
<td>334.4</td>
<td>7.8</td>
<td>5 094.1</td>
<td>396.0</td>
</tr>
<tr>
<td>Cuba, 2012</td>
<td>4 006.9</td>
<td>35.9</td>
<td>11 326.6</td>
<td>4 064.1</td>
</tr>
<tr>
<td>Ecuador, 2010</td>
<td>1 041.6</td>
<td>7.2</td>
<td>17 643.1</td>
<td>1 268.8</td>
</tr>
<tr>
<td>El Salvador, 2007</td>
<td>7.4</td>
<td>0.1</td>
<td>6 486.2</td>
<td>8.4</td>
</tr>
<tr>
<td>Guatemala, 2018</td>
<td>47.2</td>
<td>0.3</td>
<td>17 915.6</td>
<td>57.3</td>
</tr>
<tr>
<td>Honduras, 2013</td>
<td>115.8</td>
<td>1.4</td>
<td>9 904.6</td>
<td>138.1</td>
</tr>
<tr>
<td>Mexico, 2015</td>
<td>1 381.9</td>
<td>1.2</td>
<td>128 932.8</td>
<td>1 490.5</td>
</tr>
<tr>
<td>Nicaragua, 2005</td>
<td>23.9</td>
<td>0.5</td>
<td>6 624.6</td>
<td>30.8</td>
</tr>
<tr>
<td>Panama, 2010</td>
<td>300.6</td>
<td>8.8</td>
<td>4 314.8</td>
<td>380.8</td>
</tr>
<tr>
<td>Paraguay, 2012</td>
<td>3.9</td>
<td>0.1</td>
<td>7 132.5</td>
<td>4.3</td>
</tr>
<tr>
<td>Peru, 2017</td>
<td>1 049.9</td>
<td>3.6</td>
<td>32 971.8</td>
<td>1 178.1</td>
</tr>
<tr>
<td>Uruguay, 2011</td>
<td>149.7</td>
<td>4.6</td>
<td>3 473.7</td>
<td>159.9</td>
</tr>
<tr>
<td>Venezuela (Bol. Rep. of), 2011</td>
<td>936.8</td>
<td>3.4</td>
<td>28 435.9</td>
<td>978.3</td>
</tr>
<tr>
<td>Estimates from other sources</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Haiti</td>
<td>---</td>
<td>95.5</td>
<td>11 402.5</td>
<td>10 889.4</td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>---</td>
<td>8.6</td>
<td>10 847.9</td>
<td>932.9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>20.9</td>
<td>641 934.0</td>
<td>133 946.2</td>
<td></td>
</tr>
</tbody>
</table>


a The 2020 estimates are based on demographic statistics from ECLAC (2020a); the percentages of Afrodescendants in national populations were calculated on the basis of the most recent available census or source.

Afrodescendants in Latin America are primarily urban dwellers and live almost everywhere throughout the region. With the exception of Colombia, Guatemala and Honduras, the figures that are available for 15 Latin American countries indicate that the urbanization rate for the Afrodescendent population tends to be over 70%, as the rates range between a low of 59.2% in Honduras and a high of 96.6% in Uruguay (ECLAC/UNFPA, 2020). In a majority of the countries, most persons of African descent reside in large metropolitan areas and major cities, with their geographic distribution reflecting historical patterns reminiscent of the areas where they were settled during the times of slavery. In a number of cases, the areas where these population groups are concentrated are the most depressed or underprivileged zones; in other cases, although the general areas in which they live are not the most underprivileged ones, such as large cities, persons of African descent tend to be concentrated in marginal zones within those larger areas. An analysis of the geographic distribution of the Afrodescendent population is of fundamental importance in order to arrive at an understanding of how ethnic/racial inequalities are perpetuated and how they are combined with other axes of social inequality in Latin America. And a thorough understanding of these factors is, in turn, of key importance for the design of efficient policies for closing those gaps (ECLAC, 2017a and 2017b).
The Afrodescendent population has higher poverty rates than the non-Afrodescendent population in five of the six Latin American countries for which the relevant data are available. The demographic transition is also either in full swing or already at an advanced stage in Afrodescendent population groups in the region as their fertility and mortality rates decline and their life expectancies increase. These trends are also reflected in these groups’ sex and age structures. In the Bolivarian Republic of Venezuela, Honduras, Nicaragua and Panama, the Afrodescendent population outnumbers the non-Afrodescendent population but, in most of the countries, the former is relatively younger than the latter (ECLAC/UNFPA, 2020) and has a more favourable demographic dependency rate (the demographic dividend), i.e. there are more working-age people than potentially inactive persons in those population groups. In order to capitalize upon this dividend, policies to promote quality education and deal with inequalities in the area of health are needed, along with policies to smooth out the school-to-work transition, to facilitate young people’s access to good-quality, productive forms of employment and to strengthen social protection and care systems. If these kinds of policies are not put in place to deal with the demographic pressures generated by the ageing of the population, the accumulation of associated risk factors will inevitably deepen the inequalities affecting people as they reach old age (ECLAC, 2017a and 2017b).

2. A brief outline of racial inequalities

One way of gauging the inequalities existing between the Afrodescendent population and the non-Afrodescendent population is to look at poverty levels. In five of the six Latin American countries for which the relevant data are available (see figure X.1), the Afrodescendent population has higher poverty rates (the exception being Panama). In Brazil and Peru, the percentage of Afrodescendants living in poverty is about twice as high as the percentage of non-Afrodescendants and, in Uruguay, it is nearly three times higher.

![Figure X.1](image)

**FIGURE X.1**

Latin America (6 countries): incidence of poverty, by racial identity, around 2018

(Percentages)

<table>
<thead>
<tr>
<th>Country</th>
<th>Afrodescendants</th>
<th>Non-Afrodescendants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brazil (2018)</td>
<td>26</td>
<td>12</td>
</tr>
<tr>
<td>Colombia (2018)</td>
<td>41</td>
<td>28</td>
</tr>
<tr>
<td>Ecuador (2017)</td>
<td>31</td>
<td>19</td>
</tr>
<tr>
<td>Panama (2018)</td>
<td>20</td>
<td>11</td>
</tr>
<tr>
<td>Peru (2018)</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Uruguay (2018)</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>


The figures for the non-Afrodescendent population do not include people who self-identify as indigenous or those whose ethnic/racial identity is unknown.

Poverty levels are reflected in people’s enjoyment of their rights, such as the right to decent housing. A huge number of people live in overcrowded housing, in improvised settlements or under dangerous and unhealthy conditions. Census data for 12 Latin American countries

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14 In order for housing to be considered adequate, in addition to meeting the requirements of legal certainty, habitability, accessibility, location and cultural appropriateness, it should have sustainable, non-discriminatory access to basic services. These services include access to drinking water and to sanitation and washing facilities, a means of storing food and disposing of waste and a source of energy for cooking food, heating and lighting (OHCHR, 2009).
indicate that, in percentage terms, more Afrodescendants than non-Afrodescendants are living in overcrowded dwellings and more of them lack access to drinking water and sanitation services (ECLAC, 2017a).

Persons of African descent are also at a disadvantage in the area of health. Census data indicate (see figure X.2) that an Afrodescendent child is at a considerably higher risk of dying before his or her first birthday than a non-Afrodescendent child is in all the countries, in both urban and rural areas (with the exception of Argentina). The widest ethnic/racial gaps are found in the rural areas of Colombia and Uruguay, where the infant mortality rate among Afrodescendants is 40% higher than the rate for non-Afrodescendants (in urban areas the differential is about 30%). In the urban areas of Panama, the infant mortality rate for the population of African descent is around 30% higher than it is among non-Afrodescendants.

**FIGURE X.2**
Latin America (9 countries): estimated infant mortality rates, by racial identity, 2010a
(Per 1,000 live births)

<table>
<thead>
<tr>
<th>Country</th>
<th>Afrodescendants</th>
<th>Non-Afrodescendants</th>
<th>Afrodescendants</th>
<th>Non-Afrodescendants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Argentina 2010</td>
<td>12.5</td>
<td>14.0</td>
<td>26.3</td>
<td>16.0</td>
</tr>
<tr>
<td>Brazil 2010</td>
<td>14.2</td>
<td>18.7</td>
<td>28.0</td>
<td>20.3</td>
</tr>
<tr>
<td>Colombia 2005</td>
<td>10.1</td>
<td>9.0</td>
<td>25.0</td>
<td>18.3</td>
</tr>
<tr>
<td>Costa Rica 2011</td>
<td>13.8</td>
<td>11.8</td>
<td>18.4</td>
<td>14.3</td>
</tr>
<tr>
<td>Ecuador 2010</td>
<td>10.4</td>
<td>9.0</td>
<td>16.9</td>
<td>13.9</td>
</tr>
<tr>
<td>Panama 2010</td>
<td>11.8</td>
<td>10.4</td>
<td>25.0</td>
<td>16.0</td>
</tr>
<tr>
<td>Uruguay 2011</td>
<td>12.5</td>
<td>10.1</td>
<td>20.5</td>
<td>16.9</td>
</tr>
<tr>
<td>Venezuela (Bol. Rep. of) 2011</td>
<td>13.9</td>
<td>11.9</td>
<td>25.0</td>
<td>20.5</td>
</tr>
<tr>
<td>Peru 2017</td>
<td>14.0</td>
<td>11.8</td>
<td>18.4</td>
<td>13.9</td>
</tr>
</tbody>
</table>


a The figures for the non-Afrodescendent population do not include people who self-identify as indigenous or those whose ethnic/racial identity is unknown. The figures include the 2017 census results for Peru, which cover persons aged 12 and over only.

When looking at maternal mortality rates, it is important to remember that a vast majority of pregnancy-related deaths could be prevented if the women in question had access to prenatal care and to specialized assistance during childbirth. Women of African descent are in a disadvantaged position in this respect. In Brazil, for example, the Ministry of Health has reported that 55.7% of preta (“black”) women had said that they had attended seven or more antenatal check-ups in 2012 compared to 54.2% of pardã (“brown”) women and 74.5% of white women. Another health-related area in which these inequalities are reflected is that of teenage pregnancies, which are also a nexus for the various axes of inequality that compose the social inequality matrix in...

15 For example, even though Brazil has already met target 3.1 (reducing the maternal mortality ratio to less than 70 per 100,000 live births) of the Sustainable Development Goals, the maternal mortality ratio for the population of African descent as of 2011 was 1.4 times higher than the ratio for the non-Afrodescendent population. Colombia (2010–2013) and Ecuador (2010–2013) have also achieved this target in the case of non-Afrodescendent women, but the ratio for women of African descent was nearly four times higher in Ecuador and twice as high in Colombia (ECLAC, 2017a and 2017b).

16 In Brazil, for the purposes of censuses and household surveys, persons of African descent are listed as being in either of two out of a total of five categories based on skin colour: preto (black) and pardo (brown or mestizo). The persons represented by the combined totals of these two categories are classified as Afrodescendants.
Latin America (ECLAC, 2016a): life cycle, gender, social stratification and geographic location. In Brazil and Uruguay, for example, the number of pregnancies among young Afrodescendant women are between 35% and 40% higher than in the case of non-Afrodescendants. Even though these countries have been implementing universal, comprehensive health-care policies aimed at, among other things, reducing unwanted early pregnancies, they have not succeeded in putting an end to the racial inequality reflected in this indicator (ECLAC, 2017a).

Finally, death by violence is one of the main causes of death among young people and especially young men (Trucco and Ullmann, 2015). In all, 75.5% of all homicide victims in Brazil in 2017 were Afrodescendants, and 66% of all female murder victims during that year were women of African descent (IPEA/FBSP, 2019). Racial identity introduces yet another factor, as Afrodescendants run a greater risk of being stopped and searched in the street, arrested, jailed and sentenced to harsher penalties. These risks, which stem from the use of racial profiling, are an outgrowth of police attitudes and consequent actions that have their origin in unconscious or deliberate racial bias. Certain groups within the population, especially young Afrodescendent men, are the target of violent treatment unrelated to any legitimate form of law enforcement (OHCHR, 2019).

Racial inequalities in education grow sharper at the post-secondary and higher education levels, and young people of African descent between the ages of 20 and 29 are at a clear disadvantage in many of the countries. In Uruguay, for example, non-Afrodescendants are three times more likely to have had access to post-secondary and higher education than their Afrodescendant peers. In Brazil, Ecuador and the Plurinational State of Bolivia, the former have around twice as much access and, in the Bolivarian Republic of Venezuela, Colombia and Costa Rica, about 50% more. In contrast, the situation appears to be more favourable for persons of African descent in such countries as Argentina, Honduras, Nicaragua and Panama (ECLAC, 2017a and 2017b).

Afrodescendants are faced with a very uneven playing field in the labour market as well, not only because of differences in the education and training that they may have received, but also as a result of types of discrimination that are clearly prohibited under international human rights instruments. The labour market thus continues to exhibit major inequalities in terms of access to employment, the quality of employment, workers' rights and social protection, all of which hinders efforts to overcome poverty, exclusion and inequality (ECLAC, 2010, 2012a, 2012b, 2013, 2016a and 2016b). Wage income, which is regarded as one of the main indicators of the quality of employment, thus continues to reflect unacceptable levels and forms of discrimination on the basis of sex and race, among other factors.

Various studies have shown that women's average labour income continues to be significantly lower than men's despite women's higher levels of educational attainment (ECLAC, 2012c, 2011, 2016c, 2016a). In much the same vein, the wages and the levels attained both in education and in the labour market by Afrodescendants have remained below those achieved by “white” people (Telles and Steele, 2012; Taschdjian and Vásquez, 2011). Non-Afrodescendants' hourly wages are higher than those of Afrodescendants in all the countries except Panama, where the gap is very small, with the differential ranging from

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17 Teenage pregnancies have been on the rise in some countries, and this is one of the factors that is thought to reduce peoples chances of escaping poverty. It is also linked to gender inequalities, since caring for children is a task that is primarily shoudered by these young women, their mothers and grandmothers, regardless of whether or not the young mother is married to or lives with the baby's father (Rodríguez Vignoli, 2014).

18 In Brazil, for example, the homicide rate for the general population in 2017 was approximately 31.6 deaths for ever 100,000 persons, whereas the rate for all young people (between the ages of 15 and 24) was 69.9; for young men of African descent, it was 150.4 per 100,000, or more than four times the rate for the general population (IPEA/FBSP, 2019).

19 The data also show that the differential between the homicide rates for the Afrodescendent and non-Afrodescendent populations is trending upward. Between 2007 and 2017, the homicide rate rose by 33.1% for the population of African descent and by just 3.3% (10 times less) for the non-Afrodescendent population. As a result, in 2017 this rate was 43.1 per 100,000 for the Afrodescendent population and 16.0 per 100,000 for the non-Afrodescendent population. During this same time frame, the homicide rate for Afrodescendent women climbed by 29.9%, while the increase was only 4.5% in the case of non-Afrodescendant women (Abramo, Milosavljevic and Rangel, 2019).

20 These attitudes may be the result of deeply rooted racism in society and in police institutions. The programme of activities for the International Decade for People of African Descent calls upon States to take steps to put an end to these practices (OHCHR, 2019).
The intersection of gender with ethnic/racial identity is reflected in differing levels of income for women and men, Afrodescendants and non-Afrodescendants. In Brazil, Afrodescendants’ wages are just slightly over half as much as those of non-Afrodescendants, while, in Peru and Uruguay, the gap is around 25% and, in Ecuador, close to 15% (see figure X.3). When the data are disaggregated by race, sex and level of education (see figure X.4), it is seen that non-Afrodescendant men have the highest incomes at a given level of education, while women of African descent have the lowest. This situation is found at virtually all levels of education, but the gap widens at the higher levels.

**FIGURE X.3**
Latin America (5 countries): average hourly wage income of people between the ages of 25 and 59, by race, around 2016
(Percentages/En porcentajes)

![Average Hourly Wage Income](image1)

**Source:** L. Abramo, V. Milosavljevic and M. Rangel, “La matriz de la desigualdad social en América Latina y la exclusión de las personas afrodescendientes”, Santiago, 2019, unpublished.

*The figures for the non-Afrodescendent population do not include people who self-identify as indigenous or those whose ethnic/racial identity is unknown.*

**FIGURE X.4**
Latin America (5 countries): average hourly wage income, by sex and level of education, 2017
(US$ PPP, 2011)

![Average Hourly Wage Income by Sex and Level of Education](image2)

**Source:** Economic Commission for Latin America and the Caribbean (ECLAC), on the basis of Household Survey Data Bank (BADEHOG).

*The figures for the non-Afrodescendent population do not include people who self-identify as indigenous or those whose ethnic/racial identity is unknown.*
The effects of the COVID-19 pandemic in Latin America have been marked by various types of inequalities and foreseeable increases in poverty and extreme poverty. The inequalities faced by the Afrodescendent population will not only make its members more vulnerable to being infected with the virus and reduce their ability to recover from it but will also hamper the effort to rebuild the economy after the pandemic has dissipated (see X.1).

BOX X.1
The COVID-19 pandemic and the Afrodescendent population

The pre-existing socioeconomic problems faced by many persons of African descent in the region—poverty, overcrowding, unemployment or substandard forms of employment in the informal sector of the economy—make it much more difficult for them to follow the recommendations about staying at home and social distancing. Moreover, the prevalence of certain health problems in the Afrodescendent population, such as high blood pressure and diabetes, has heightened both the health-related impacts and economic repercussions of the COVID-19 crisis. For example, as of 5 September 2020, 42.2% of the deaths caused by COVID-19 in Brazil were of persons of African descent even though Afrodescendants represented only 38.2% of the hospitalizations (Ministry of Health, 2020, cited in ECLAC/UNFPA, 2020). Institutional discrimination and the failure of health-care services to adopt an intercultural approach also constitute a considerable barrier for persons of African descent that make it even harder for them to gain access to health-care services on an equal footing with the rest of the population. These challenges are compounded by the lack of the kind of disaggregated health information that is needed in order to assess the magnitude of the pandemics impact on persons of African descent and the underrecording of cases of the disease in certain population groups because not enough coronavirus tests have been made available. Interculturally sensitive communication strategies are therefore needed to inform people about the virus and to apply preventive measures, testing and treatments. Opportunities for participating in decision-making also need to be expanded so that the types of health and other measures that are adopted will actually meet the needs of the Afrodescendent population. Health measures designed to stop the virus from spreading need to be coupled with strategies for enabling the population to practise social distancing and maintain an adequate living standard. A basic income has to be guaranteed for the general population and particularly for persons of African descent, who, as has been discussed at length in this document, are overrepresented in the population subject to poverty, informal employment and joblessness.

Some countries have introduced specific policies relating to COVID-19 for the Afrodescendent population. For example, Colombia, Costa Rica and Mexico have targeted certain recommendations at ethnic groups, including persons of African descent, and have proposed preventive measures based on the universal principle of self-determination that take the sociocultural characteristics of each community into account. In July, Brazil adopted Act No. 14.021, which establishes sanitary and epidemiological surveillance measures to prevent the spread of the coronavirus among Afrodescendent and indigenous populations, which are considered vulnerable groups (ECLAC, 2021).

### C. Priority policies for reducing inequalities faced by the Afrodescendent population

Policies for reducing inequalities faced by persons of African descent include:

- **Affirmative action to counterbalance the disadvantageous position of Afrodescendants and put an end to structural discrimination against them in the areas of employment, education, health, housing and access to well-being in general.**

- **Public health policies that are sensitive to the cultural knowledge and practices of Afrodescendants and that safeguard, in particular, the rights of women and girls.**

- **Education policies that promote community universities, modify school curricula to promote tolerance and combat racial discrimination and introduce interculturality, bilingualism and an understanding of Afrodescendent cultures in the schools.**

A variety of policies can be applied in a wide range of fields in order to reduce existing inequalities between Afrodescendants and non-Afrodescendants. These include legal instruments to prohibit racial discrimination, plans for the promotion of racial equality and development, and policies for strengthening traditional Afrodescendent communities, alongside health, education and labour policies.

In the area of health, measures have been put in place that are designed to incorporate Afrodescendent knowledge and practices into public policies, and policies aimed at reducing inequalities in the public health-care system have been introduced. In the field of education and culture, school curricula have been modified and reformed in order to foster tolerance, combat racial discrimination and incorporate interculturality, bilingualism and aspects of Afrodescendent culture into school programmes, and some specialized professorships have even been created at the tertiary level. There are also education plans, platforms and observatories focused on eliminating racist and discriminatory practices, together with policies that foster a greater appreciation of Afrodescendent traditions by, for example, establishing national days for the commemoration of the cultures of persons of African descent (ECLAC, 2017a and 2017b).

A number of affirmative action policies at the regional level are especially noteworthy because of their scope, objectives and results, as are policies on the creation of community universities in Nicaragua and Brazil’s National Policy on Comprehensive Health Care for the Afro-Brazilian Population. The first two types of policies are examples of the efforts being made by civil society and governments to ensure that young people of African descent can gain access to institutions of higher learning and can complete their university studies. The third policy to be discussed below demonstrates the importance of targeted measures for the Afrodescendent population within the framework of a policy aimed at upholding the universal right to health.

### 1. Affirmative action: education

In recent years a number of Latin American countries have launched affirmative action initiatives or policies under which Afrodescendants receive differentiated treatment aimed

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23 Examples include the Observatory on Discrimination in Radio and Television in Argentina, the Observatory on Discrimination and Racism in Colombia and the Racism Alert Platform in Peru (see ECLAC, 2017a and 2017b).
Policies to combat racism and promote racial equality have been stepped up in a number of Latin American countries. This includes affirmative action policies under which Afrodescendants receive differential treatment.

Latin American countries that are implementing affirmative action measures designed to benefit persons of African descent include the Bolivarian Republic of Venezuela, Brazil, Colombia, Costa Rica, Ecuador, Honduras, Peru, the Plurinational State of Bolivia and Uruguay (Rangel, 2020). Affirmative action programmes for Afrodescendants in Brazil were first launched in the early 2000s and included the reservation of a certain number of posts in government agencies for persons of African descent, a requirement that government suppliers have to reserve a certain percentage of their vacancies for persons of African descent and a scholarship programme to promote inclusion in the diplomatic service. The two main legal instruments underpinning these affirmative action measures in Brazil are Act No. 11.096 of 2005, which created the University for All Programme (ProUni), and Act No. 12.711 of 2012.

Some of the main achievements of affirmative action policies in the region have been increased attendance and enrolment of young persons of African descent in post-secondary educational institutions, particularly universities. In at least four countries (Brazil, Colombia, Peru and the Plurinational State of Bolivia), attendance by young members of indigenous peoples and Afrodescendants has been rising steadily in recent years. In Brazil, the percentage of young (ages 18–24) persons of African descent in post-secondary education doubled between 2004 and 2014. Nevertheless, their 2014 attendance levels were still below the 2004 attendance levels of non-Afrodescendants. The enrolment of persons of African descent has trebled in some universities in the country, while other institutions have seen a sizeable increase in enrolment in what are often regarded as prestigious courses of study, such as medicine and law. No appreciable difference has been seen in the average grades of students entering university, as competition for admission takes place among students that are already high performers (Rangel, 2020).

In Brazil, 87.2% of all secondary school students attend public schools, and reserving half of the places in public universities for these students while using selective screening mechanisms that take the ethnic make-up of each state into account has yielded excellent results: the best public school students, who may not have attended the best schools, thus enjoy a more even playing field (Mercadante, 2019).

The implementation of affirmative action measures in the education sector on behalf of low-income persons, members of indigenous groups and Afrodescendants thus helps to combat class prejudice and racism, as well as helping to increase the visibility of these groups and their access to institutions of higher learning. This heightens the influence exerted by positive models for certain social groups, opens the doors to forums in which they can exercise some degree of power and have a greater influence on society and contributes to increased social inclusion (Rangel, 2020).

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24 A more in-depth look at the case of Brazil will be taken here because of its education sector’s greater scope and years of experience, as well as because more systematic studies on the outcomes of these policies have been conducted.

25 See ECLAC (2017a and 2017b) for examples in Brazil, Uruguay and Colombia.

26 ProUni determines how full and partial scholarships for private institutions of higher learning will be distributed among students from households having a per capita income of less than the equivalent of 1.5 times the minimum wage. Students from households with per capita incomes of less than the equivalent of 3 times the minimum wage can receive scholarships that cover between 25% and 50% of the total cost of attendance at a private university (Brazil, 2005). Act No. 12.711 of 2012 requires that 50% of the places in federal universities and federal secondary technical institutes be reserved for public school students who self-identify as indigenous or as being of African descent. For further information, see Brazil (2012).
The use of affirmative action policies in the region has driven an increase in young Afrodescendants’ attendance at and access to postsecondary educational institutions, especially universities. **Community universities are another example: the case of Nicaragua**

The country’s two community universities—Bluefields Indian and Caribbean University (BICU) and the University of the Autonomous Regions of the Caribbean Coast of Nicaragua (URACCAN)—have made valuable contributions to the education and development of indigenous and Afrodescendant communities (Sánchez, 2005). The origins of these two universities make them a touchstone for any analysis of higher intercultural education rooted in the rights of the peoples of Central America and of Latin America as a whole.

BICU and URACCAN are open to everyone but they are located in areas in which there is a sizeable Afrodescendent population. They make a valuable contribution not only to the incorporation of this population group into higher education but also to the reinforcement of the cultural relevance of education and development in the autonomous regions of Nicaragua’s Atlantic coast. Both universities have their origins in a period of major political change in which the constitutional reforms of 1987, which recognize the multicultural and plurilingual identity of Nicaraguan society, and Act No. 28 of 1987 (the Statute of the Autonomy of the Atlantic Coast Regions of Nicaragua) were milestone events (Saballos, 2010).

The social mobilization of indigenous peoples, Afrodescendants and the mestizo population of the coastal areas led to proposals for the creation of institutions of higher learning that would provide an alternative to the practice of sending young people from these areas to universities along the Pacific coast. BICU and URACCAN were accredited by the National University Council in 1992 and were granted the status of entities with legal personality by the National Assembly in 1993 (Williams, 2019). Later, the General Education Act established a formal link between these universities and the regional autonomy process by declaring that the universities of the Caribbean coast were institutions of “regional public interest” that were empowered to work with the Regional Autonomous Councils and Regional Autonomous Governments in designing and applying public policies on education, institution-building and the development of community and regional autonomy (Nicaragua, 2006).

According to information posted on the BICU website in 2020, Bluefields Indian and Caribbean University has 8 campuses located along the southern and northern Caribbean coast, offers 22 areas of specialization and has 1,327 graduates. BICU granted 5,765 scholarships between 2007 and 2016, with about half of those grants going to mestizo students, a third to Afrodescendants (around 31% Creoles and 1.75% Garifunas) and the rest to indigenous students. These universities have narrowed the gap in access to higher education in the areas along the Caribbean coast of Nicaragua by providing local options for specialized education in a familiar setting that respects the culture and world view of the local population and thereby strengthens the local population’s identity (Cassells, 2017).

As of 2020, URACCAN had four main campuses and four extension campuses located in the two autonomous regions of the country. These locations enable it to make educational opportunities available to the various indigenous peoples and persons of African descent that live along the Caribbean coast. In 2008–2015, it offered a total of 19 postgraduate programmes, 23 specialized courses of study leading to a first-level university degree, 11 specialized courses of study leading to advanced technical certification, 2 leadership schools and 70 community diplomas (URACCAN, 2019). It also offers courses of study in intercultural medicine, intercultural nursing, multicultural psychology, bilingual intercultural education and intercultural communication (Zúñiga, 2017). In addition, URACCAN has institutes for linguistic research and advancement.
cultural revitalization, autonomy, traditional medicine, community development and intercultural communication, as well as its Centre for Multi-Ethnic Women’s Studies (CEIMM). It also awards diplomas in the Garifuna language, art and culture, in intercultural business administration and in community management for adaptation to climate change (Saballos, 2010).

2. Comprehensive health policy: the National Comprehensive Health Policy for the Black Population of Brazil

The National Comprehensive Health Policy for the Black Population of Brazil is an example of a universal, difference-sensitive social policy (ECLAC, 2017a) that serves to illustrate how a public health system can implement a policy that is sensitive to the differential needs of the Afrodescendent population. These kinds of policies seek to uphold the principle of universality by leaving no one behind, while, at the same time, reaching more vulnerable groups and being sensitive to their needs, which are not always met by universal policies. Achieving this goal may entail the use of affirmative action policies such as those discussed earlier, also in relation to Brazil.

Brazil’s Consolidated Health System is governed by Act No. 8.080 of 1990 and is a complex system that guarantees comprehensive, universal access to the entire population free of charge.29 As part of this system and in an effort to advance the cause of equity in health care, in 2009 the Ministry of Health instituted the National Comprehensive Health Policy for the Black Population (see Measure No. 992 of 2020). The inequity which this policy is designed to address arises out of a combination of structural and institutional racism that is reflected in negative health indicators for the black population,30 such as, for example, a lower life expectancy, higher rates of maternal and infant mortality, a higher incidence of chronic and infectious diseases and high rates of violence (Ministry of Health, 2017).

This policy is also the outcome of a recognition of the fact that Afrodescendants have a higher incidence of certain genetic or hereditary diseases that call for special attention, such as falciform anaemia,31 diabetes mellitus (type 2),32 hypertension33 and Glucose-6-phosphate dehydrogenase deficiency.34 Racial inequalities are also a factor in other situations, such as, for example, the chances of surviving certain diseases.35

Implementation of this policy has advanced haltingly, however. According to a study conducted by the Secretariat of Health of the State of São Paulo and the University of São Paulo (Batista and Barros, 2017), as of 2016, only 57 municipalities had put it into practice even though its implementation does not necessarily entail increased expenditure. The limited uptake of this policy is the outgrowth of some authorities’ belief that racial disparities are primarily attributable to social differences and differing income levels rather than to racial identity itself and that, in order to promote equity, the supply of services should not

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29 See [online] https://www.saude.mg.gov.br/sus.
30 The concept of the health of the black population was, according to Werneck, developed by the black population to classify and underscore three aspects of the black populations health and disease experience: racism, which affects this populations life and health both directly and indirectly, since it acts as an influential determinant of health status; differentiated vulnerability to certain illnesses; and the learning and living of Afro-Brazilian cultures and traditions that embody specific world visions and ways of acting that influence peoples views about health and their health-related practices (Werneck, 2010).
31 A hereditary disease caused by a recessive gene that is found in between 2% and 6% of Brazil’s population overall but which has a frequency of between 6% and 10% in the Afrodescendent population (Ministry of Health, 2017).
32 This condition is more common among black males (9% more than among white males) and black women (around 50% more than among white women) (Ministry of Health, 2017).
33 Between 10% and 20% of adults have this condition, which is the direct or indirect cause of between 12% and 14% of all deaths in Brazil. In general, men tend to have higher blood pressure, and hypertension tends to trigger more complications in Afrodescendants of both sexes (Ministry of Health, 2017).
34 This deficiency is relatively more common among Afro-Americans (13%) and people of Mediterranean descent, such as the populations of Italy and the Middle East (5%–40%). The relative lack of this enzyme leads to hemolytic anaemia and is more frequent among boys than girls (Ministry of Health, 2017).
35 A study of women who had breast cancer and were treated in the same public hospital found that, 10 years after starting treatment, the white women were more likely to still be alive than the black women (Nogueira and others, 2018).
be differentiated. Another difficulty is the fact that medical research tends to focus on the analysis of social differences rather than racial ones and that not all health services collect information on their users’ race or skin colour. They fail to understand that, by offering the same services to all based on universal difference-insensitive policies, they end up deepening existing inequalities (Batista and Barros, 2017).

D. Suggested references


E. Questions

- Taking existing conditions in your country/state/district into consideration, propose an affirmative action policy in the field of education for persons of African descent. What would be the main problems that would arise during its implementation? How would you resolve them?
- Taking the issues relating to statistical invisibility into account, do you think that the Afrodescendant population in your country/state/district has been undercounted? If yes, what are the main reasons for this? How could a more accurate count of the Afrodescendant population in your country/state/district be obtained?
- What policy would you propose for averting discriminatory practices against persons of African descent in the labour market? What problems do you think would arise that could interfere with such a policy’s approval and implementation?
- Are policies in place in your country/state/district to combat incitement to racial violence or hatred, particularly when new information and communications technologies, including the Internet, are used for that purpose? If no such policy exists, propose an appropriate one. If such a policy is in place, how well does it work? How could it be improved?
- Identify indicators of the existence of racial inequality between the Afrodescendent and non-Afrodescendent populations (infant mortality, unemployment rates, the percentage of persons of African descent who have a post-secondary education, etc.).
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