**ADDENDUM TO THE REPORT ON**

**KEY ACHIEVEMENTS REALIZING THEMATIC OBJECTIVES OF**

**THE INTERNATIONAL DECADE FOR PEOPLE OF AFRICAN DESCENT:**

**THE IMPACT OF COVID-19 PANDEMIC ON AFRICAN DIASPORA COMMUNITIES**

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April, 2020

**INTRODUCTION**

This addendum summarizes the impact of the COVID-19 pandemic, in relation to achievement of IDPAD’s thematic objectives, and **SDG 10 of the 2030 Agenda for Sustainable Development**, which aims to reduce inequality within and between countries. Rojas Davila (in Carneiro, 2018, pp.11-12) considers it “fundamental to perceive IDPAD as the perfect opportunity to debate racism and racial discrimination (…) repositioning the question of race at the centre of the regional agenda on human rights”. Similarly, Wilson (2017, pp.432-433) argues, it is essential to re-centre race in dominant discourses challenging inequality and racialization of material development processes for the achievement of the SDGs. The impact of COVID-19 otherwise known as novel coronavirus highlights inequality in relation to Afrikan or Black people (PAD) within the UN OHCHR Region of Europe, Central Asia, and North America, whilst recognising adverse effects on PAD globally in this discourse. According to John Hopkins Coronavirus Resource Centre, countries within this region are amongst those with the highest mortality or case fatality rates for novel coronavirus, which reflects the number of deaths in a population divided by the number of confirmed cases. Notably Belgium (13.4%), Italy (13%) and the UK (12.8%) had the highest COVID-19 mortality rates in April, 2020.

The Region also includes countries with high numbers of COVID-19 infections, e.g. the USA, Italy, Spain, and the UK, and Afrikan communities which are statistically shown to be disproportionately infected. In New York which is deemed to be the epicentre of the global pandemic, of “90 % state-wide reporting, 18 % of deaths have been Black people, despite (us) being only 9 % of the population. In New York City with 65 % reporting, 28 % of deaths have been Black people, who account for 22 % of the urbanism’s population,” (Cineas, 2020). In Illinois State, Black people were 42 % of fatalities but are only 14.6 % of the state’s population; whilst in the city of Chicago, we represented approximately 70 % fatalities and more than 50 % of cases, but are approximately 30 % of the urbanism’s total population” (Cineas, 2020). Similarly, in the mortality rate for Black people in Louisiana was more than 70 %, whereas the state population is approximately 33 % PAD.

UK statistics similarly highlight disproportionately high COVID-19 infection rates amongst Black people, in British urbanisms such as Birmingham and the London Boroughs of Brent, Lambeth and Southwark which have sizeable BAME populations. “The issue of race is central to tackling the virus and without a purposeful, intersectional approach centring on BAME communities, the current outbreak will lead to severe consequences and further entrench racial inequalities (BSWN, 2020). In that regard, the International Coalition of People of African Descent (ICPAD) facilitated knowledge exchange on the impact of the pandemic on African diaspora communities globally. Narratives harvested from Afrikan academics and members of civil society give clarity and consistency to IDPAD’s achievements and challenges. For example, responses to the pandemic can be illustrated with reference to the International Convention for the Elimination of all forms of Racial Discrimination (ICERD) 1965, and Durban Declaration and Plan of Action (DDPA) 2001.

**RECOGNITION**

“With the world mobilizing to combat the spread of COVID-19, many countries are rightly adopting exceptional measures (…) for many people around the world, everyday life has come to a standstill, or is being transformed in ways that we had never envisaged,” (Grandi, 2020). The COVID-19 pandemic and ensuing “lockdown” of many western economies, highlights unequal access to social, economic and cultural rights within the UN OHCHR Region of Europe, Central Asia and North America. In that regard, the disproportionately high infection and mortality rates for PAD were highlighted by ICPAD teleconference participants from the USA and UK. For example in the UK, this is blamed on PAD unequal access to health, housing, and employment opportunities. “Black African and African Caribbean people have higher rates of hypertension compared to other ethnic groups; BME groups overall are also six times more likely to develop diabetes compared to white British people” (Haque, 2020). Co-morbidity as a result of these and other underlying health conditions is argued to contribute to disproportionately higher COVID-19 infection and mortality rates of PAD. Braveman (2020) contends

“COVID-19 deaths in the U.S. mirror profound and pervasive differences in Blacks’ experiences from cradle to grave as a result of racism. Racism includes not only overt interpersonal incidents of unfair treatment; it includes ambiguous incidents and pervasive worry or vigilance in anticipation of an incident. All of these experiences are stressful, and (…) takes a toll on the body, producing inflammation and immune system dysfunction, which could affect one’s vulnerability to contracting and dying from COVID-19”.

Haque (2020) also attributes higher COVID-19 infection and mortality rates in the UK’s African diaspora communities, to overcrowding in housing; e.g. 15% of Black Africans live in homes where there are more people than rooms, in comparison to 2% of their white peers. They are therefore less able to self-isolate. Moreover, African diaspora communities have lower rates of home ownership and higher numbers in rented accommodation. As a result, “Black people make up 24% of homeless households despite being 6% of the City of Bristol’s population (BSWN, 2020).” Similarly,

“residential segregation systematically tracks U.S. Blacks into disadvantaged areas with many unhealthy exposures, including pollution, substandard housing, poverty, and daunting obstacles to escaping from poverty (…) these disadvantages would heighten vulnerability to infection, illness, severe illness, and/or death, through known physiological mechanisms. Moreover, Blacks, being disproportionately poor due to centuries of disenfranchisement and exclusion, are more likely to be exposed to the virus at work and/or on crowded public transportation” (Braveman, 2020).

Disaggregated equality data collection and analysis in the USA and UK in accordance with **UN GA Res. 68/261** therefore demonstrably enables disproportionately high COVID-19 infection and mortality rates of PAD to be identified for policy interventions.Even where fully disaggregated equality data has not been publicly made available, disparities have been identified. For example, civil society lobby on behalf of PAD incarcerated by border controls and law enforcement, who remain unaccounted as “very few protective measures are foreseen for asylum seekers detained in administrative detention centres” (Peyres, 2020).

Socioeconomic exclusion and marginalisation of Afrikan migrants is demonstrably exacerbated by the COVID-19 pandemic, because “we all must limit the number of people with whom we are in contact each day,” (Peyres, 2020). Afrikan migrants are often employed in Europe and the Americas, as domestics and agricultural workers, or in the informal economy as street and market vendors. State parties are reportedly failing to achieve **SDG Target 8.8**, i.e. to protect labour rights and promote safe and secure working environments for all workers, including (African) migrant workers, in particular women migrants, and those in precarious employment. For example, BAME victims and fatalities amongst essential staff in the UK have been identified as members of African migrant communities. “Low-paid, BME and migrant women currently putting their lives on the line to deliver vital care, were previously told they are low-skilled and therefore undeserving of settled immigration status, liveable wages or stable contracts,” (Farah, 2020). Moreover, lockdown measures were perceived as “confinement” by a teleconference participant from Spain, and a participant from Belgium which has the highest mortality rates for novel coronavirus globally, also reported poor communication. This contributed to PAD representing three-fifths of COVID-19 patients in a hospital in the Belgian city of Liege; the city’s Mayor blamed this on PAD failing to comply with lockdown guidelines. Peyres (2020) argues, in France foreigners are excluded by COVID-19 national confinement measures although French lockdown instructions clearly recommend "protecting the vulnerable."

For some African diaspora economies and individuals, the lockdown and global economic crisis associated with the COVID-19 pandemic, could therefore prove more fatal than the virus itself. North Americans participating in the ICPAD Teleconference highlighted the economic decline of Black small business in the USA and Mexico as a result of the lockdown. An academic from Washington D.C. reported, “ Black enterprise were already on the edge, and although some banks have provided relief funds to small business, our communities have been late in getting information and access in comparison to their white counterparts”. Similarly, a participant from Mexico reported

“Afro-Mexican populations, were not in the best economic stance before the crisis, so many families have now spent all their savings and have no way of working. Many Afro-Mexicans depend on the tourism industry, but local militias and community policemen block access to their communities in order to prevent the spreading of the virus”.

The tourism industry of many Caribbean countries has also reportedly collapsed, and it was therefore suggested by a Pan Africanist participant in the teleconference, that we need to think about how these countries can diversify their economies. Many Caribbean countries are members of the British Commonwealth with links to African diaspora communities in the UK. However, despite the UK government’s multi-billion package of economic measures published in March 2020 to support the economy, Black Britons are predicted to be less likely to weather any economic fallout resulting from the COVID-19 pandemic because they are twice as likely to be in precarious employment, including zero hour and agency contracts (Haque, 2020). This illustrates breaches of Article 23 of the Universal Declaration of Human Rights 1948, i.e. the right to adequate employment. “They will remain disproportionately adversely impacted by the lockdown, because they will not qualify or be sufficiently covered by the government’s wage-support scheme, mortgage-holiday package, Statutory Sick Pay or means-tested Universal Credit programmes,” (Haque, 2020). Inequality of access to third generation rights to self-determination and development, as well as second generation social, economic and cultural rights therefore demonstrably excludes the Region’s African diaspora communities.

**JUSTICE**

The Government of Portugal was recently commended by the Greek Forum of Migrants (2020), for taking measures to protect refugees and migrants’ fundamental rights to health and welfare during the COVID-19 pandemic, including where asylum procedures have not been completed. “At this time, when we all wear masks for our protection, it seems like many "masks" are falling” (Greek Forum of Migrants, 2020); other state parties’ responses to the pandemic often illustrate the recent rise of nationalist discourse in western economies. In that regard, Esther Ojulari, the ICPAD teleconference moderator informed participants of reports of heightened racism and discrimination against Afrikan migrants. Notably, Peyres (2020) critiques French President Emmanuel Macron for communicating “a feeling of belonging to a single national community that (...) prioritises protection measures according to membership of this national community and de facto excludes vulnerable categories of foreigners from national containment measures.” Similarly, the Greek Forum of Migrants (2020) contends migrants “do not have the right to live as Greek citizens live (…) neither in health nor in welfare, nor in work, nor in education, nor in society and culture, nor in life, not even in death.” The exclusion from universal human rights of vulnerable AfriKan migrants by state parties illustrates social injustice.

Moreover, “as most determinants of health are socially created, it logically follows then that the fact that socioeconomic deprivation disproportionately affects BAME people will be a precursor to the impact of the virus on those communities” (BSWN, 2020). State parties have demonstrably failed to implement **SDG Target 16.b,** i.e. to enforce non-discriminatory policies that achieve social justice and equality for marginalised, “invisible” African migrant communities. For example in the UK, “we need to suspend NHS charges, support detained migrants and overall, understand the significant racial disparities not only in the virus but in the government’s lockdown strategies,” (BSWN, 2020). Similarly in France,

“Migrants who are homeless also represent a particularly vulnerable category of individuals (…) more than 3,500 people are currently on the streets in the Île-de-France region, without access to accommodation or medical and social support. 500 people in the commune of Aubervilliers have taken refuge in a tent camp without access to water or waste management. Dozens of other camps exist in Île-de-France without any public aid for families with children,” (Peyres, 2020).

The proposed ***UN Declaration on the promotion and full respect of human rights for people of African descent*** is therefore imperative to strengthen PAD’s access to universal human rights. First, second, and third generation rights must be protected for

“both (AfriKan) migrants and refugees who are pending applications for residence or asylum permits, as well as the irregular migrants, the invisible ones: undocumented women working indoors, in houses or hospitals, workers, also undocumented, in construction, catering services and restaurants, farming, etc,” (Greek Forum of Migrants, 2020).

The Declaration must defend and re-assert the DDPA 2001 which recommends state parties ensure,

“migrants, regardless of their immigration status, detained by public authorities are treated with humanity and in a fair manner, and receive effective legal protection and, where appropriate, the assistance of a competent interpreter in accordance with the relevant norms of international law and human rights standards, particularly during interrogation” (World Conference Against Racism, 2002).

For example, mainstream media in the USA and U.K. report an increase in complaints of domestic violence against women, children, LGBTQ+, and other vulnerable groups, resulting from confinement of household members due to the COVID-19 pandemic and the resulting lockdown. These breaches of first generation civil rights should be addressed in the proposed Declaration with reference to the relevant human rights norms e.g. the Convention on Elimination of Discrimination against Women (CEDAW).

Black men also remain vulnerable to Afrophobia by law enforcement. For example, an African American doctor in Florida and a Mancunian of African heritage were arrested on suspicion of breaching lockdown measures in the USA and UK, whilst trying to assist self isolating community and family members, as a result of stereotyping by law enforcement. Racial tensions have been further fuelled by reports in the media alleging maltreatment of Africans in China, and controversial statements by western leaders. Besides novel coronavirus and possible future pandemics, the Declaration should therefore take into account global risks posed by urban migration, climate change, environmental pollution and degradation, which can adversely impact the African diaspora. Social determinants of health such as poverty and Afro-phobia/Afri-phobia must be addressed by state parties and regional public bodies; as well as culture-related health issues such as traditional healing and medicines. For example, “BAME households are often multi-generational and self-isolation is therefore not the only answer to protect the elderly” (BSWN, 2020). Furthermore, co-morbidity where PAD’s underlying health conditions is claimed to contribute to our disproportionately high COVID-19 fatality rates in some countries, does not “abrogate” state parties’ responsibility to address Afrophobia. Therefore, bearing in mind the ethnocide, dispossession, and capitalistic overexploitation of Afrikan peoples, the Declaration should include reference to COVID-19 in claims for reparative justice made by the descendants of enslaved and colonised Africans.

***DEVELOPMENT***

In a recent BBC radio interview about the impact of the COVID-19 pandemic, former British Prime Minister Gordon Brown stated “global problems need global solutions (…) the only way out of the fiscal crisis is through global action.” Achieving IDPAD’s thematic objective of development therefore requires acknowledgement of global challenges posed by the pandemic, e.g. the likelihood of a resulting global economic crisis in the short-term. This demonstrates the importance of achieving **SDG 10**, i.e. reducing inequality within and between countries.

“Globally, the pandemic will persist as long as more vulnerable nations and populations within nations are marginalized and excluded from state-of-the-art approaches to containment. This pandemic is exacting a staggering toll in human and economic terms” (Braveman, 2020).

ICPAD teleconference participants from various countries highlighted the need for education on COVID-19, to increase awareness of marginalised African diaspora communities globally. In that regard, **SDG 4** is an over-arching goal of the 2030 Agenda that advocates inclusive quality life-long education for all. Resolution 69/16 identifies education as key to implementing IDPAD's Programme of Action (UNGA, 2014, p.9). Notably, NGOs in the USA, Belgium, and Spain held conference calls with community representatives they worked with, on how to mitigate the impacts of the virus, promote understanding of the seriousness of the virus, and follow prevention regulations. The UN, ENAR, the UK’s Runnymede Trust, and local NGOs in Bristol, also published COVID-19 bulletins online. Research, data collection, and community engagement can facilitate networking, knowledge exchange, community participation, and community empowerment, as responses and actions that address effects of the pandemic and lockdown.

*Networking* enables interventions by civil society, to promote and protect universal human rights of African migrant communities, in their countries of origin, transit countries and destination countries. For example, riots in French “banlieues” ensued following enforcement of lockdown measures in Paris. The state party’s demonstrably inadequate implementation of SDG 16 targets fails to achieve peace, justice and good governance in accordance with ICERD 1965. In response to health threats posed by immigration to France, Peyres (2020) advocates

“if health risks are identified, screening arrangements can be put in place, together with testing, quarantine and other measures (…) to manage the arrival of asylum seekers and refugees in a safe manner, while respecting international refugee protection standards designed to save lives.”

Networking is therefore essential to raise awareness where breaches of universal human rights occur. This can enable collaboration between African diaspora organisations and human rights bodies for the promotion and protection of first, second and third generation human rights

*Knowledge exchange* between African diaspora academics, civil society representatives, and other policymakers can enable problem-solving in response to social, economic and environmental impacts of COVID-19. Already we have begun to speak of potential changes to the way we work and conduct our daily lives, i.e. the new normal or new reality which clearly the Diaspora must contribute to shaping. For example, Black health activist Farah (2020), reports “70% of front-line workers who have died are BME, and they make up 34 percent of the critically ill patients. Moreover, an all-white management team for London’s Nightingale Hospital was recruited, despite BME staff comprising approximately 50% of London NHS staff, and the hospital being located in the most diverse European local authority (Farah, 2020).” Similarly, French civil society is at the forefront in raising awareness of the gravity of socioeconomic marginalisation of vulnerable foreigners in France, which is exacerbated by adverse effects of the pandemic (Peyres, 2020). In that regard, state parties implementation of anti-discrimination policies in accordance with ICERD, 1965, i.e. **SDG Targets 10.2, 10.3 and 16.b**, should protect universal human rights of vulnerable groups such as African immigrants. Public authorities should also collaborate with civil society to halt spread of novel coronavirus, e.g. in implementing containment measures of the French national emergency reception system.

On the other hand, the positive impact on urban environments in some countries following COVID-19 lockdown measures, e.g. Venice in Italy, demonstrates need for environmental activists’ dynamism in response to opportunities posed. In that regard, reduced environmental pollution resulting from lockdowns illustrate,

“social science insights can help to nuance assumptions behind mathematical models and to track unintended consequences of public health measures. It is furthermore important to analyse what assumptions frame policies, and the biopolitical implications of such policies” (Leach, 2020).

Future collaboration between public, private, and third sector stakeholders should seek to maintain less polluted urban environments, further reduce carbon emissions, and pay special attention to air quality, in accordance with **SDG 11** of the 2030 Agenda.

*Community participation* of the African diaspora is also an imperative response to social, economic, and environmental threats posed by the COVID-19 pandemic and economic crisis caused by the ensuing lockdown. This is in accordance with **SDG Target 16.7** that advocates community participation for efficient policy development and decision-making.

“Ongoing analysis of the narratives emerging about outbreaks and about disease response – whose voice is dominant and what power dynamics are at play – remains critical, as is analysis of the longer term social, political and economic impacts of epidemics” (Leach, 2020).

African diaspora communities are adversely and disproportionately impacted by the pandemic, because of our historic and contemporary vulnerabilities as a result of Afriphobia/Afrophobia. However, the “comorbidities proposition (which) essentially suggests that the vague social construct of race is an adequate explanation for mortality and morbidity in diverse populations” is not universally acceptable (Farah, 2020) and (Yancy, 2020). An alternative explanation being that,

“pernicious effects of adverse social determinants of health, and the absence of privilege that does not allow a reprieve from work without dire consequences for a person’s sustenance, does not allow safe practices, and does not even allow for 6-foot distancing,”(Yancy, 2020).

It therefore remains unquestionable that Afrikan communities are vital stakeholders for policy development and policy implementation to address causes and effects of the pandemic.

*Community empowerment* is central to discourse on the achievement of IDPAD’s thematic objectives, in the light of the pandemic, and likelihood of economic crisis resulting from the lockdown of global economies. Fully disaggregated statistical data advocated by **SDG Target 17.18** can enable state parties to be held accountable for alleged disparities. For example, to have real effect, real time data collection must include daily updates on ethnicity, from all UK hospitals, to identify irregularities that hinder protection of ethnic minorities from COVID-19, (Rimmer, 2020). Intersectionality between socioeconomic status, ethnicity, gender, and age is highlighted in COVID-19 mortality rates of Black elders in the USA. In contrast, equality data on the ethnicity was unavailable from Mexico, where the Afro-Mexican population is reportedly vulnerable to further socioeconomic marginalisation as a result of the pandemic. Equality data is required to monitor the ethnicity of victims in countries with high mortality rates and sizeable Afrikan populations, such as Belgium, France, Spain and Italy. However, it is noteworthy that whereas some countries including Belgium account for COVID-19 fatalities in care homes in their datasets, others including the UK do not which contributes to further irregularities in data analysis .

**SUMMARY**

The COVID-19 pandemic poses additional challenges for NGOs, academics and other stakeholders working towards reparatory justice, as well as those promoting universal human rights of vulnerable groups including women, children, migrants and prisoners in continuing this work. Breaches of first generation civil and political rights, second generation social, economic and cultural rights, and third generation rights to self-determination and development continue to marginalise Afrikans; but with the threat of increased morbidity and economic desolation. In that regard, IDPAD’s thematic objectives provide a normative framework to address Afriphobia through the lens of ICERD 1965, the DDPA 2001, and the 2030 Agenda for Sustainable Development

ICPAD is one achievement of IDPAD, which enables networking, knowledge exchange, and collaboration to address challenges posed by the pandemic that affect the global Afrikan diaspora; this facilitates knowledge creation and policy development. Notably, the situation of PAD incarcerated in jails and prisons was highlighted by various participants in the ICPAD teleconference as contentious because data for this vulnerable group is not included in COVID-19 infection and mortality rates. Other examples of statistical irregularities such as indiscriminate use of the acronym BAME by mainstream media and other sources reporting infection and case fatality rates, also illustrate state parties’ inadequate implementation **SDG Target 17.18**. These highlights

“There need to be continued advocacy for a broader incorporation of social science expertise in key decisions making bodies about epidemic preparedness and response. This involves also working to shift the understandings of health policy makers to see the value of social science” (Leach, 2020).

I therefore recommend that the global discourse on reparations also take into account cause and effects of the global pandemic in African diaspora communities within the UN OHCHR Region of Europe, Central Asia, and North America. Moreover the United Nations, regional public bodies, and state parties imperatively recognise urgency for establishing **the Permanent Forum for people of African descent**, and **UN Declaration on the promotion and full respect of human rights for people of African descent**. These represent an appropriate structure and process to address the COVID-19 pandemic and other global issues that demonstrate Afriphobia/Afrophobia.

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