

Implications of COVID-19 for the Afro-descendant population in Latin America and the Caribbean

The Afro-descendant population of Latin America and the Caribbean accounts for approximately 24% (or 130 million of Afro-descendants) of the total population in the region, and their socioeconomic and demographic profile shows they face significant inequalities and equity gaps that have an impact on their sustainable development and that of countries and communities in general.

Data available show that, at the national level, this population is mainly concentrated in urban areas. While Afro-descendant populations are distributed across national territories in the different countries (CEPAL, 2017), their national distribution can vary depending on their relative weight in each geographical region.

A larger number of Afro-descendants (43% of the total population in the region) has been identified in Brazil, Venezuela and Colombia, while countries like Costa Rica, Uruguay, Panama, Mexico, Honduras and Peru report a smaller proportion. The Caribbean presents a different context, with a majority Afro-descendant population, like in Haiti, where they account for 95% of the country's total population.

Despite the lack of official statistical data on the Afro descendant population in the Dominican Republic, UNFPA's 2019 national ethnic-racial self-perception survey shows 33% of the national population self-identifies as Afro-descendant¹, which is fairly consistent with data from Latinobarómetro.

COVID-19 and pre-existing inequalities

Despite the diverse characteristics of each country, the severity of social inequalities that affect the Afro-descendant population is fairly evident. In this regard, statistical data available show significant differences in income distribution for several ethnic groups in the region. One example is that of Brazil, where Afro-descendant men and women are largely represented in lower-income levels, a situation that can have an impact on the general conditions of access to housing, education and health of Afro-Brazilian people. In 2014, it was reported that 83% of Afro-Brazilian communities had access to drinking water, 93% to electricity and only 12% to the Internet (CEPAL, 2017).

Nicaragua's Afro-descendant population is predominantly young and urban (84%)². Despite an 85% rate of access to education reported among the Afro descendant population in the 12 to 17 age range, under education levels are still high, and close to 19% of Afro-descendant adolescent girls under the age of 19 have already been pregnant (a percentage slightly lower than that for the Non-Afro-descendant adolescent population). 23% of Afro-Nicaraguan households in urban areas face hardships, such as severe or moderate overcrowding conditions, compared 45.6% of Afro descendant households living in overcrowding conditions in rural areas. In addition, 81.4% of Afro descendant households in urban areas and

¹ According to a 2019 survey conducted by UNFPA Dominican Republic, 33% of the population self-identify in categories consistent with African descent, 18% as white, and 45% as Indians ("indios"). It is important to note that the latter category has been the subject of debate because, according to several historians (for example, Moya Pons [2010], Taínos, who were also called "indios" by the Spanish colonizers, were exterminated as a race 20 years after the arrival of the Spaniards. Other authors (for example, Guitar [2002]) argue that Taínos and their descendants adopted and assimilated the culture imposed by the Spaniards in colonial times, but also that, in the private sphere, that assimilation process has been much slower, with many originally Taíno customs still existing today. Characteristics of the native inhabitants, on the other hand, have been identified in the genomes of many Dominican, Cuban and Puerto Rican men and women.

² National policies and laws recognize the autonomy of Caribbean Coast regions, which represents an opportunity to uphold the rights of Afro-descendant peoples. The Regional Autonomous Education System (SEAR) is part of this framework, although its implementation still faces challenges.

92.8% of those in rural areas have limited access to water. Water is obtained from wells or public fountains (CEPAL, 2017).

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In **Ecuador**, 32.3%³ of Afro-Ecuadorians report at least one Unmet Basic Need (UBN), compared to the national average of 28.2% (ENEMDU, 2016). In Costa Rica, this percentage is 34.1% compared to the national average of 27.6%⁴ (INEC, 2014). In Honduras, the situation of access to basic services for Afro descendant communities is consistent with national averages. However, in the category of economic activity, the Afro descendant population's labour force participation rate is four percentage points lower than the national average, a situation that mainly affects young people, who face serious challenges to get a job.

On the other hand, in 2019, 9.34% of Colombia's total Afro-descendant population⁵ self-identified as black, Afro-Colombian, Raizal and Palenquera. The Multidimensional Poverty Index for the Afro-Colombian population is 30.6%, compared to the national average of 19.6%. Some relevant characteristics of households show only 69.9% of Afro-Colombian households have a water supply (compared to the national average of 86.4%), while households with access to sewerage only account for 54.8% (compared to the national average of 76.6%). Only 26.9% of the country's Afro-Colombian households have access to the Internet, vs. a national average of 43.4% (DANE, 2019). The Afro-Colombian population has also been affected by armed conflicts, forced displacements and social inequalities, which tend to widen education and poverty gaps and limit Afro-Colombian people's access to health care and the labour market.

In **Haiti**, 58.5% of the population live below the poverty line. Employment is mainly informal (approximately 85%) and tertiary (this sector produces more than 60% of the GDP). In Peru, on the other hand, one third of the Afro-Peruvian population (37%) has an income below the vital minimum living wage due to limited work opportunities resulting from difficulty in access to education (GRADE, 2015).

In the area of health, there are several risk factors that have an impact on Afro-descendant people's living conditions and health, particularly because they are more susceptible of developing circulatory system diseases, hypertension, diabetes, dyslipidemia, drepanocytosis (sickle cell anemia), iron deficiency anemia, obesity and overweight, among others, which increase the population's morbidity and mortality risks. While health risk patterns in the region can vary, a large number of civil society organizations have issued calls throughout the years for the development of strategies to address the population's health problems and protect their right to health.

According to the National Immigrants Survey (ENI 2017), 84% of the population of foreign origin in the Dominican Republic, many of them Afro-descendants, did not have any health coverage in 2012. In addition, only 15% of foreign citizens and their descendants reported having health coverage. In this regard, the proportion of descendants of Haitian origin with health coverage is 18.7%, which means this population sector is highly vulnerable. In Honduras, the language barrier in some territories makes it difficult for the Afro-descendant and Garífuna populations to access health services due to the lack of services in their language.

One of the most affected groups is that of Afro descendant youth, who face situations of exclusion from the education system, access to goods and services and job discrimination. The population of young people has been estimated at approximately 30 million, which accounts for 22% of the total Afro-descendant population (CEPAL, 2017). Another aspect of concern are the high rates of violence and stigma resulting from racial profiling, which have an impact on the lives of Afro-descendant youth, particularly the high rate of homicides in Brazil and recruitment by armed groups and

3. Data from Ecuador's National Survey on Urban Employment, Underemployment and Unemployment (ENEMDU), 2016.

4. Data from Costa Rica's 10th National Population Census and 2011 6th Housing Survey, National Institute of Statistics and Censuses, INEC.

5. Results of the 2018 National Population and Housing Census of Afro-Colombian, Raizal and Palenquera Population, Colombia's National Administrative Department (DANE). Consulted at: <https://www.dane.gov.co/files/investigaciones/boletines/grupos-etnicos/presentacion-grupos-etnicos-poblacion-NARP-2019.pdf>

criminal organizations in Colombia, a situation that can be exacerbated by the COVID-19 pandemic.

In **Nicaragua**, the education access gap among Afro-descendant adolescents living in urban areas, compared to those living in rural areas, is of approximately 17%. On the other hand, 36% of Afro-descendant young people in the 15 to 29 age range are not in education, employment or training, compared to 32.2% for the non-Afro-descendant population (INIDE, 2017).

Another visible aspect among Afro-descendant women is the high percentage of women living in poverty and extreme poverty; it is undeniable that the racial and gender condition puts them at a clear disadvantage in the labour market. In the Dominican Republic, Afro-descendant women who descend from migrants (especially women born from Haitian parents, most of them Afro-descendant) have the lowest employment rate (27.4%) and the lowest average income.

In **Mexico**, data from the 2015 Intercensal Survey show the majority of the Afro-descendant population is in the range of more than one to three minimum wages⁶. However, despite small percentage differences by sex, and even though Afro-descendant women have a higher income compared to Afro-descendant men, this situation is the opposite in the income range of more than three minimum wages, where men account for 32.5% and women for 26.6% (INEGI, 2015).

Significant limitations also exist in the area of health in terms of generation of data disaggregated by ethnicity, race and gender. This has led to a series of obstacles that limit access to medical services by Afro-descendant people. In this regard, between 2006 and 2008, Brazil reported that an Afro-descendant woman is 2.6 times more likely to not receive medical care compared to Non-Afro-descendant men⁷. In the Dominican Republic, a significant portion of the Afro-descendant population identified in the ENI survey (2017) lives in territories with precarious or no health care infrastructure.

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The majority of Afro-descendant populations in the Colombian Caribbean, San Andrés, Providencia and other countries in Latin America and the Caribbean are in a similar or worse situation. Afro-descendants have been displaced by force or have migrated to other cities or countries due to their marginalization or because they lived in highly populated peri-urban areas (poverty belts). Because of their limited access to the right to health, they are highly vulnerable to this pandemic.

Another significant gap in the region is that of infant mortality. 2010 estimates for Colombia showed the number of deaths of children under the age of 1 was 26.3 per 1,000 live births, compared to an estimate of 16 deaths per 1,000 live births for the rest of the population (CEPAL, 2017). In Haiti, the infant mortality ratio is 59 per 1,000 live births, which is also the highest in the region.

Maternal mortality data, on the other hand, also show significant differences even though some medical systems have carried out actions to eliminate the structural obstacles Afro-descendant women face in the health system. While some birth and death records include ethnic-racial identification variables, information gathered through these records must be improved, and this measure must be adopted by all countries in the region. In Colombia, the maternal mortality ratio for Afro-descendant women is 109.18 per 100,000 live births, compared to 51 per 1,000 live births for the general population⁸, a significant two-fold difference for the Afro-descendant population (DANE, 2018).

Finally, another area of concern is the absence of prevention, care and redress policies related to phys-

⁶. Estimates of the National Institute of Statistics and Geography (INEGI) based on the 2015 Intercensal Survey.

⁷. According to data from Brazil's 2006 National Demographic and Health Survey (PNDS) and 2008 National Household Sample Survey (PNAD).

⁸. Colombia's Vital Statistics - EEVV, 2017.

ical, sexual, emotional, and institutional violence, as well as violence against property, targeted at Afro-descendant women and girls, that take into account that the ethnic-racial condition is a factor that affects them. In countries like Ecuador, for example, indigenous and Afro-descendant women account for a larger proportion of victims of violence compared to white or mestizo women, whereas in Colombia, in 2013, 17% of Afro-descendant girls in the 10 to 14 age range had been the main victims of violence (CEPAL, 2018).

COVID-19 and its impact on the Afro-descendant population

While the virus is capable of sickening anyone without distinction, in societies as unequal as those of Latin America the effects of the pandemic are unequal, making historically excluded and marginalized groups, such as the Afro-descendant population, even more vulnerable.

To prevent the potentially negative effects of COVID-19 on the lives, health and wellbeing of Afro-descendant people, States must take extreme measures in favor of those who can be mainly affected by poverty and social inequalities, including the Afro-descendant population.

In this context, it is necessary to acknowledge the direct and indirect effects COVID-19 can have on policies and interventions promoted in the region and their particular impact on the Afro-descendant population. This will help to ensure that measures implemented do not deepen stigmatization and discrimination and leave no Afro-descendants behind. Instead, they should guarantee access to health care and the services required for the population, include efforts to address the socioeconomic impacts caused by COVID-19, and prioritize the response for the most vulnerable populations, including Afro-descendants.

Therefore, in Latin America and the Caribbean it is not only necessary to address the challenges posed by the limitations and deficiencies of health systems, but also the social inequalities resulting from racism and the high concentration of income in communities that have led births, life, disease and

death among the Afro-descendant population to be measured by conditions of poverty, deprivation of rights, housing and decent employment.

Due to the rapid expansion of the pandemic, it is also important to assess the risk factors that must be urgently addressed to ensure the needs of the Afro-descendant population are taken into account as part of the measures implemented in the region to reduce the impacts of COVID-19 in all spheres. Addressing the needs of these diverse populations involves the possibility of reducing the future negative consequences the crisis may create for the Afro-descendant population. To this end, it will be necessary to analyze and address their main social determinants, so the development limitations faced by Afro-descendant peoples and communities are timely addressed and the impacts of COVID-19 can be mitigated. The following are some of these risks:

Health

- Epidemiologic records currently available in Latin America and the Caribbean **do not include data disaggregated by ethnicity, race and gender**, which prevents us from knowing the actual number of COVID-19 infections among the Afro-descendant population.
- **The presence of chronic diseases** among Afro-descendants, such as circulatory system diseases, hypertension, diabetes, dyslipidemia, drepanocytosis (sickle cell anemia), iron deficiency anemia and overweight, make them a vulnerable population at risk for COVID-19. Therefore, it is important to ensure these populations have access to prevention and care.
- **Discrimination and unequal access to health care and medical supplies** make it difficult for Afro-descendant people to gain access to COVID-19 tests, hospitalization and treatment, as well as epidemiologic follow-up and/or isolation at home. This may explain situations like those in the United States, where the highest COVID-19 death rates are found among Afro-descendant⁹ and Hispanic-Latino populations.
- Some regions report **significant gaps in education, access to basic and health services, employment,**

⁹ In states like New York, on April 8 2020, different media outlets reported a COVID-19 death rate among Afro-descendant people of 28%, compared to 40% in New Orleans and 72% in Chicago: <https://www.bbc.com/mundo/noticias-internacional-52219474>

infrastructure and housing, with one of the main risks being that of deficiencies in medical services that lack the infrastructure and medical staff necessary to deal with the pandemic. Health centers with better hospital infrastructure are usually in large cities, which means that, in rural or coastal areas, health care and the transfer of patients to these centers would be difficult.

- **The lack of social protection and health coverage** for the Afro-descendant population means State services available to them tend to be limited or inexistent.
- In some countries, Afro-descendant communities, both in urban and rural areas, face challenges such as the lack of **access to water and sanitation services**, which makes it impossible to follow the sanitary measures required to fight the pandemic. In Haiti, for example, the water supply is highly deficient, and it has even been reported that the National Water Directorate (DINEPA) meets less than 70 percent of the country's needs.

States must take extreme measures in favor of those who can be mainly affected by poverty and social inequalities.

- The magnitude of the COVID-19 pandemic and the shortage of medical supplies have led to the **suspension or restriction of essential health care services**, including sexual and reproductive health services, in several countries in the region. Thus, Afro-descendant women may face limitations in prenatal care consultations and childbearing care, as well as an interruption in the supply of contraceptive methods and a lack of access to clinical management of sexual violence in case they need it. Also, due to their limited financial resources and digital gaps, they would not have access to health information delivered online.
- The impact of the economic crisis, the disproportionate burden of care and the violence Afro-de-

scendant women may experience are likely to have an impact on their mental health and, therefore, the corresponding services must be made available.

Education

- Some Afro-descendant communities face **challenges due to the lack of electricity and access to the Internet and computer infrastructure and equipment**, a situation that hinders the continuity of remote education for Afro-descendant children and young people. In addition, distance education requires the support of parents, who are not always available or trained. Schools also are a space of socialization, creation of opportunities and skill development, and when schools close, children lose that socialization space.
- **School closures also create an impact on State food programmes**, which provide vital nutrition to poor children and adolescents living in urban and rural areas. Violence detection and child protection mechanisms in the education system are also affected.
- In some areas, **access to information through the use of technologies is also difficult**, which means timely information about COVID-19 is not always available.

Security

- **Increase in situations of violence against Afro-descendant women and girls** as a result of lockdown measures in households. These situations lead to an increase in gender and domestic violence that has a significant impact on children, adolescents and young people, especially when poverty conditions involve precarious housing and overcrowding situations and precarious sanitation services.
- The worsening of the crisis could lead to the **suspension of the States' social assistance programmes** targeted at families living in poverty and extreme poverty.
- The lack of financial income due to the crisis could **affect the payment of mortgages, student loans, rents and basic services for households**, which may also result in evictions for some Afro-descendant families.

- **Lack of measures to mitigate the impacts of COVID-19 on prison systems**, which in some countries house a high percentage of Afro-descendant inmates. In some cases, social isolation and quarantine measures in the prison system could reduce the capacity of social and community support networks, which in turn would lead to social and/or family disintegration and increasing discrimination.

Economic

- More than 80% of the Afro-descendant population is employed in **the tertiary sector of the economy, and a large proportion of them could be affected by the financial crisis caused by COVID-19**. This particular situation requires specific measures to address the problem of unemployment that affects Afro-descendants, particularly women.
- Afro-descendant women with major paid or unpaid care responsibilities, or who do not have formal contracts, will **face a lack of continuity and limited participation and progress in their work environments** due to the COVID-19 pandemic.
- **Economic measures** adopted by governments are **mainly targeted at the formal sectors of the economy**, and they overlook the impact of the crisis on the informal sectors, where there is a larger concentration of Afro-descendant people.

Some urgent measures:

To mitigate these impacts and implications for Afro-descendant peoples and communities, it is necessary to take immediate actions, such as the following:

1. Ensure COVID-19 response plans at the national and local levels guarantee the full protection of Afro-descendants:

- Promote the availability of data disaggregated by ethnic-racial self-identification, age and geographical location, so it is possible to analyze the socioeconomic impacts and barriers that limit COVID-19 prevention and care for Afro descendants.
- Integrate a gender, ethnicity and race analysis into the COVID-19 response to ensure measures taken

include specific actions to meet the needs of the Afro-descendant population.

- Ensure the continuity of essential sexual and reproductive health and gender-based violence support services, as well as communication for risk management in the context of the COVID-19 emergency, in dialogue with Afro-descendant communities and governments in the territories where they live, strengthening multisectoral and multi-level coordination.

2. Strengthen the intercultural response from the health sector to guarantee the Afro-descendant population's right to health:

- Facilitate access to COVID-19 sample collection, hospitalization, medical treatment and epidemiologic follow-up for Afro-descendants.
- Ensure health centers and hospitals located in communities where Afro-descendants live, or in nearby areas, provide health services with appropriate human resources for health, medicines, and equipment such as ventilators, cleaning supplies and infrastructure to address the emergency, including alternative forms of transportation between health centers and hospitals for severe cases.
- Raise awareness among health professionals and Afro-descendant organizations of the importance of following standards, resolutions and guidelines issued by Ministries of Public Health, WHO/PAHO and international organizations on COVID-19 prevention, containment and mitigation measures for ethnic groups.
- Implement risk classification protocols, adopting the measures necessary for the immediate care of cases that involve co-morbidity risk factors (for all age groups and Afro-descendant men and women).
- Ensure the availability of sexual and reproductive health care during the crisis, access to contraceptive methods and other commodities, as well as prenatal care and care for childbirth and puerperium, in order to prevent maternal-neonatal deaths, unintended pregnancies, STIs and HIV.
- Allow access to, and ensure the distribution of, basic health and hygiene products for Afro-descendant

women, girls and adolescents during the crisis, including sanitary pads, condoms, soap and other intimate hygiene products.

- Give priority to Afro-descendant health professionals in the training of human resources to investigate suspected cases of COVID-19 in Afro-descendant communities.
- Ensure that trials and tests for the development of COVID-19 vaccines, medicines and treatments do not have a racial bias for the selection of patients, especially Afro-descendant populations.
- Establish social oversight mechanisms so the Afro-descendant population can monitor access to basic sanitation services that are culturally relevant and do not discriminate

3. Protect Afro-descendant women and girls from gender violence:

- Ensure gender violence protocols implemented during the COVID-19 isolation and post-isolation periods take into account the situation of Afro-descendant women.
- These protocols should include remote and differential care pathways and an intercultural approach, based on the experience of Afro-descendant women’s organizations and the realities of the response to sexual violence and other forms of gender-based violence.
- These protocols must give women the possibility of leaving their abusers even during the lockdown period, through the appropriate operation of decent shelters, safe houses and other local support networks in case of an emergency.
- They should also include mechanisms for the provision of culturally relevant psychosocial support, including the use of channels such as text messages, support hotlines, etc.
- Make information available through different channels, including community radio stations or other alternative media to spread information about support services available, and strengthen community and neighborhood surveillance.

4. Ensure the Afro-descendant population has access to essential basic services during the COVID-19 crisis.

- Ensure a drinking water supply and sanitation services are available in those communities most affected by the lack of water. Households in informal settlements or rural areas that lack these services should have access to alternative means to obtain this vital resource to prevent the further spread of COVID-19. It is also important to ensure water collection and transportation take place in safe conditions.
- Ensure the distribution of hygiene kits (chlorine, alcohol, face masks, gloves, etc.) and basic products for Afro-descendant families.
- Develop a strategy to clean schools, churches, markets and common gathering places, to make sure the Afro-descendant population feels safe and at ease, even if communities have zero infections, to prevent the spread of the virus.

5. Protect the right to education of Afro-descendant children, adolescent and young people

through the creation of alternative media, not only digital, to bridge the technology gaps that affect Afro-descendant households and communities. Ensure the continuity of the State’s food programmes for Afro-descendant children and adolescents in response to the emergency.

6. Develop mechanisms for information, communication and participation of the Afro-descendant population in the process of managing the crisis:

- Promote the creation of territorial committees to address the COVID-19 emergency with the participation of Afro-descendant men and women leaders, staff from the health clinic, civil society organizations and government authorities, to identify the population’s needs and the actions required to mitigate the impacts of the pandemic.
- Ensure Afro-descendant communities and peoples have access to information on prevention and care to fight the COVID-19 pandemic, protecting their right to information through alternative communication channels in their own communities, including information in their native language where necessary.

- Develop COVID-19 information and prevention campaigns targeted at Afro-descendant communities and peoples, during and after the lockdown period, to ensure access to culturally relevant information in all the phases of the emergency. Consider the use of appropriate messages and dissemination channels accessible to different audiences, taking into account the different languages and dialects of the population, with respect for their customs and traditions and ensuring access for persons with disabilities.
 - Set up citizen participation mechanisms for Afro-descendant people through online dialogues between government bodies or agencies and organized civil society, in order to gather information with an ethnic perspective in response to the COVID-19 crisis.
 - Constant monitoring and assessment of potential situations that could occur as a result of human rights violations against Afro-descendant people are required.
 - Ensure no racial and selective criteria are followed in detentions of persons disobeying quarantine or isolation rules.
- 7. Ensure economic and social measures adopted by States are actually followed and the Afro-descendant population's needs are met in the short, mid and long term, without discrimination.**
- To mitigate the repercussions of the pandemic on the Afro-descendant population's lives and livelihoods, it is necessary to guarantee the operation of national and local supply chains and fulfill the immediate food needs of Afro-descendant peoples and communities. To this end, we suggest the following measures:
 - Take into consideration that, in the following months, several situations could worsen the consequences of the epidemic, for example, a delay in the rainy season for the crop harvesting period, or the hurricane season in the Caribbean.
 - Help Afro-descendant communities to get organized in broader productive programmes.
 - Support the creation of family orchards, taking into consideration the drought and crop harvesting seasons, given their importance for food production in some regions. Family orchards can also help to meet the population's basic dietary requirements and produce a surplus that can be used in urban areas of municipalities.
 - Facilitate the use of digital tools to promote work from home and online education, where required.
 - Give continuity to the State's welfare programs, pensions, scholarships and solidary funds for Afro-descendants
 - Take measures to reduce the impacts resulting from failure to pay rents, loans or mortgages by Afro-descendants.
 - Create a regional fund to address and mitigate the short, mid and long-term impacts of COVID-19 on the Afro-descendant population.
 - Reinforce the work of international organizations to reduce inequalities and address the impacts of COVID-19 on the Afro-descendant population.
 - Address the situation of Afro-descendant populations affected by forced displacements or economic migration through automatic permit renewal processes for persons in an irregular situation, and extraordinary measures for persons in an irregular situation and stateless persons.
 - Develop cross-border strategies to address the impacts of COVID-19 on Afro-descendant and indigenous populations

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