BRIEFING NOTE

May 2014

POST 2015 DEVELOPMENT PROCESS: HEALTH

Indigenous peoples lack behind on health. The post-2015 development agenda offers a unique opportunity for indigenous peoples to address what they see as key concerns and priorities. The paper is intended as a discussion paper for stakeholders in the post-2015 process and reflects on the current situation of indigenous people and health-related issues and includes a number of recommendations aimed at encouraging a discussion that can feed into the development of the Sustainable Development Goals. The note has been prepared by the International Work Group for Indigenous Affairs (IWGIA) in collaboration with Tebtebba and with contributions and advice from indigenous peoples and experts.[1]

Indigenous peoples' holistic view on health

Indigenous societies perceive and experience health in a very inclusive way, as they incorporate not only the physical and mental well-being of the individual but also the cultural, emotional, and spiritual balance and well-being of their communities. Indigenous peoples' health is therefore inextricably linked to their wider social, cultural, economic and political development. Their degree of self-government, their extent of access to traditional lands, territories and waterways, their ability to participate in cultural practices and expressions, or the numbers of speakers of their language may be considered indicators of equal importance as access to health services or the incidence rates of diseases like for example diabetes, tuberculosis, or malaria.[2] Additionally, the more holistic cultural and religious view of health and well-being held by many minority and indigenous communities can also inform and inspire the mainstream approach to health care and the development of the SDGs, moving us all beyond narrow biomedical prescriptions.[3]

Legal framework

The right to health is universally recognized, and indivisibly linked to the right to life. It is recognized in article 25 of the Universal Declaration on Human Rights; article 12 of the International Covenant on Economic, Social and Cultural Rights; article 25 of the ILO Convention of indigenous and tribal peoples No.169, article 8 of the Declaration on the Right to Development and article 24 of the U.N. Declaration on the Rights of Indigenous Peoples.

This holistic approach is reflected in complex health system which play a particularly vital role in indigenous peoples' healing and health strategies and which is closely linked to indigenous peoples' rights to health and States' obligations to secure these rights. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) affirms the basic human right to life and health that is guaranteed under international human rights law.[4] The Declaration establishes a framework for addressing the health situation of indigenous peoples that includes the obligations of states both to provide accessible, quality health care

to indigenous peoples and to respect and promote indigenous health systems, each of which must be fulfilled in order to ensure the health of indigenous peoples.[5]

Indigenous peoples in poor health

The commitment of the UN Member States to the Millennium Development Goals (MDGs) has been an important step forward in improving the health of millions of people living in poverty around the world, including in some cases that of indigenous peoples. However, by failing to ground the goals in an approach that upholds indigenous peoples' rights, the MDGs fall short in terms of addressing the health disparities that persist between indigenous peoples and other poor, marginalized groups. The MDGs' compartmentalized health goals contrast with indigenous peoples' holistic understanding, and they do not capture the structural socio-economic causes of the health inequality suffered by indigenous peoples. In addition, the implementation of the health MDGs has not dealt adequately with the barriers indigenous individuals experience and which impair their access to public health care and important health information. These barriers include; geographic isolation of many indigenous communities, pervasive poverty, culture, language, lack of education, the discrimination shown by health care staff due to racism and/or a lack of cultural understanding and sensitivity, etc.[6]

Compared with other poor population groups, indigenous peoples' health situation has not improved significantly over the past decades. This situation is negatively affected by poverty, racism and discrimination and a large number of other socio-economic and political factors including but not limited to: the loss of land, forceful evictions, development interventions, the disruption of traditional livelihoods and economic structures, environmental degradation and climate change, pollution from pesticides and extractive industries, discrimination, urbanization, loss of cultural identity, armed conflicts and in some cases the concern for their survival as a distinct group.

Despite repeated calls for disaggregated data on the situation of the health of indigenous peoples from the different regions of the world, there is still very little data available. However, the disparities in their health situation in comparison with the surrounding populations are evident. One indicator is their low life expectancy. Indigenous people' life expectancy has been estimated to be up to 20 years lower than that of non-indigenous people. They suffer from poorer health, are more likely to experience disability and reduced quality of life and, ultimately, die younger than their non-indigenous counterparts. The difference in life expectancy between indigenous and non-indigenous people in years is obvious: Guatemala 13; Panama 10; Mexico 6; Nepal 20; Australia 20; Canada 17; New Zealand 11.[7]

Major areas of concern

Malnutrition. Food shortages and hunger are the cause of malnutrition, one of the health issues that most affects indigenous peoples around the world. In addition to circumstances of extreme poverty, malnutrition is caused by environmental

degradation and contamination of the ecosystems in which indigenous peoples have traditionally lived, by loss of land and a decline in the abundance or accessibility of traditional food sources and by urbanization.[8]

High levels of non-communicable diseases (NCD). Where disaggregated data is available, it reveals increasing rates of premature death from cancer, diabetes, and heart and cardiovascular disease, and a health gap between the indigenous and non-indigenous populations. In particular, shocking rates of type 2 diabetes and related illnesses have been found among indigenous peoples worldwide, old and young alike. From being a disease that was virtually unknown, the prevalence of diabetes among indigenous peoples is now two to three times the national average in many countries. While poverty and lifestyle factors such as poor diet, stress, and urbanization contribute to rising rates of non-communicable diseases like diabetes 2, these in turn exacerbate poverty amongst indigenous peoples, posing a direct threat to their economic and social development, each of which will negatively affect the attainment of sustainable development.[9]

Infectious diseases and lack of treatment. Indigenous peoples experience high levels of HIV/AIDS and other infectious diseases such as malaria and tuberculosis. While programmes have been designed to combat these diseases, they often do not reach indigenous peoples because of issues related to poverty, poor housing, a lack of access to medical care and drugs, cultural barriers, racism and discrimination, language differences and geographical remoteness.[10]

Maternal and infant health. Indigenous women suffer from the same health problems as indigenous men, but experience furthermore very high levels of maternal and mortality. Indigenous women's specific health problems are aggravated by the fact that their access to health services and vital health information e.g., on immunization campaigns or sexual and reproductive rights is impaired by their lack of education and economic resources, as well as the scarcity and remoteness of health posts. Even cash conditional transfer (CCT)programmes in some countries have imposed conditions which allow indigenous women to have access to this only if they can show certification that they gave birth by modern clinics and western-trained medical personnel. If they were assisted by indigenous midwives or had home births they cannot be CCT beneficiaries.

Violence against women. Indigenous women are affected by violence. As traditional gender roles change under the impact of modernization/urbanization domestic violence is becoming more frequent. At the same time indigenous women are increasingly exposed to violence, rapes and other abuses committed during forceful evictions, armed conflicts, etc.11 Indigenous women who are victims of domestic violence should be provided support which are sensitive to their cultures and realities. They should also be further empowered to be able to assert themselves and change both modern and customary systems which promote patriarchy and violence.

Mental, social and behavioural health issues. Other grave public health problems such as drug abuse, alcoholism, depression and suicide, including high rates of suicide among in-

digenous adolescents12, represent serious problems in many indigenous communities.13 Among their causes, are the collective history of dispossession, racism and discrimination, forced evictions and resettlements, environmental contamination, social disruption and loss of culture.

Key recommendations for indigenous peoples in the SDGs

For the post-2015 development process and the Sustainable Development Goals (SDGs) to be successful with a goal on health, all policy approaches must address health as a cross-cutting issue. In order to claim their right and reduce the health inequalities they are experiencing, indigenous peoples have identified the following key recommendations:

- Governments must take into consideration that indigenous peoples' health and well-being are inextricably linked to their collective rights, such as their rights to land and natural resources, and to their right to conserve and practise traditional knowledge.
- A human rights-based and an intercultural approach to health must be used in order to address the social determinants of poor health among indigenous peoples and also to reinforce indigenous peoples traditional and holistic health systems.
- Structural barriers to healthcare must be tackled with culturally-appropriate programmes and policies that fully involve indigenous peoples.
- Health must be seen as a cross-cutting issue requiring the incorporation of an intercultural and holistic approach to health in public policies and institutions. The intercultural approach includes use of traditional medicinal plants and allows indigenous healers and midwives to be present in the health clinics and hospitals to enable indigenous peoples to choose options for their healthcare.
- Disaggregated data on the health status of indigenous peoples must be collected and made available.
- Governments, UN agencies and international human rights monitoring bodies must give greater priority to strengthening surveillance systems that detect, track and monitor the health of indigenous peoples.
- Governments must respond to the immediate challenge of communicable e.g., HIV/AIDS, TB.
- Governments must respond to non-communicable diseases e.g., diabetes 2 by formulating action plans with particular focus on improving prevention and access to the care of diabetes and non-communicable diseases14.
- Governments must ensure the rights to sexual and reproductive health (SRHR).

Indigenous peoples advocate the following as potential Indicators in the SDGs

- The individual and collective rights of indigenous peoples have been codified and are protected.
- The cultures and world views of indigenous peoples are increasingly incorporated as central to the design and management of state health systems.
  - Indigenous peoples participate at the national policy level and at the local level in decision-making processes regarding their health.
- Statistical disaggregated data is available; is based on relevant variables; and includes data on indigenous peoples with disabilities.
- Traditional knowledge, medicines and practices have been integrated into the broader health systems. This includes
  - traditional health practitioners and midwives are recognized and collaborate with public health services
  - mutual training is being provided to enhance health in the community
- Accessible, quality healthcare for indigenous peoples is being provided. This includes
  - Free primary health care
  - Improved level and quality of health infrastructure
  - Mobile clinics that reach remote communities
  - The enhanced presence of indigenous peoples within the healthcare workforce
  - The use of indigenous languages in health centres.
- Healthcare systems have been strengthened, adjusted and integrated to address in a culturally sensitive way the prevention and care of communicable and non-communicable diseases among indigenous peoples, especially at the primary health care level.
  - Indigenous peoples visit health care centers more frequently
- Networks for research, advocacy and health system development have been established and strengthened among indigenous peoples in order to define and coordinate advocacy efforts for improving health care capacity, community outreach programmes, the sharing of best practices and establishing an international evidence base on non-communicable disease control.
- The collaboration between the World Health Organization (WHO) as the primary specialized agency for health with the UN Permanent Forum on Indigenous Issues (UNPFII) has drawn attention to indigenous peoples' health and placed it firmly on the sustainable development agenda. ❍

Notes and further reading

1 IWGIA and Tebtebba takes the full responsibility for the content of this briefing note but gives special thanks to contribution from former vice-chair of the PFII Ida Nicolaisen & Jamal Butt from the World Diabetes Foundation and Anthropologist Søren Hvalkorf.

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5 UNDESA State of the World's Indigenous Peoples. New York: United Nations. 2009. At: http://www.converge.org.nz/pma/sowip09.pdf

6 Ibid.

7 Indigenous Peoples and the Millennium Development Goals – Perspectives from communities in Bolivia, Cambodia, Cameroon, Guatemala and Nepal. ILO. 2006 .

8 UN Permanent Forum for Indigenous Issues at: http://undesadspd.org/IndigenousPeoples/NewsandMedia/tabid/1615/news/255/Default.aspx

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12 Suicidio adolecente en pueblos indígenas - tres estudios de caso. IWGIA/ UNICEF. 2012. At : http://www.iwgia.org/publications/search-pubs?publication_id=575

13 WHO at: http://www.who.int/substance_abuse/activities/indigenous/en/

14 PFII report on the twelfth session May 2013 at: http://daccess-dds-ny.un.org/doc/UNDOC/GEN/N13/361/72/PDF/N1336172.pdf?OpenElement

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