

THE HEALTH OF INDIGENOUS PEOPLES

Thematic Paper on the Health of Indigenous Peoples

The United Nations Inter-Agency Support Group (IASG) on Indigenous Issues aims to strengthen cooperation and coordination among UN agencies, funds, entities and programmes on indigenous peoples' issues and to support the UN Permanent Forum on Indigenous Issues. It also seeks to promote the effective participation of indigenous peoples in relevant international processes.

At its annual meeting held in October 2013, the IASG decided to develop a set of collaborative thematic papers to serve as background information and analysis on key issues to contribute to the process and preparations for the World Conference on Indigenous Peoples.

The preparation of each paper was led by one or more agencies with inputs from other IASG members. The papers do not present or represent formal, official UN policy positions. Rather, they reflect the collective efforts of the Inter-Agency Support Group to highlight selected key issues and to provide substantive materials to inform the Conference, with a view to contributing to the realization of the rights of indigenous peoples.

*The chair of the IASG rotates annually amongst the participating agencies. The Support Group has been chaired by the United Nations Children's Fund (UNICEF) until the end of the 13th session of the Permanent Forum on Indigenous Issues in May 2014. The Office of the High Commissioner for Human Rights (OHCHR) is currently holding the chair of the Group. The Secretariat of the Permanent Forum on Indigenous Issues acts as co-chair of the Support Group.

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Key messages

Globally, indigenous peoples suffer from poorer health, are more likely to experience disability, and reduced quality of life and ultimately die younger than their non-indigenous counterparts.

Indigenous women experience health problems with particular severity, as they are disproportionately affected by natural disasters and armed conflicts, and are often denied access to education, land property, and other economic resources.

Differences in infant mortality between indigenous and non-indigenous populations reflect the structural inequalities of these groups on an international level. Many of the most widespread causes of mortality among indigenous children are preventable, such as malnutrition, diarrhea, parasitic infections, an

Background

The United Nations has estimated that there are approximately 370 million indigenous peoples in the world, living across all regions in at least 70 countries.¹ There is an enormous diversity of languages and cultures amongst indigenous peoples. However, an unfortunate commonality across much of the world's indigenous peoples is persisting inequities in health status in comparison to non-indigenous populations. Gaps are not only in health status, but also in many determinants of health. Data indicates that circumstances of extreme poverty are significantly more prevalent among indigenous peoples than non-indigenous groups, and are rooted in other factors, such as a lack of access to education and social services, destruction of indigenous economies and socio-political structures, forced displacement, armed conflict, and the loss and degradation of their customary lands and resources. These forces are determined and compounded by structural racism and discrimination, and make indigenous women and children particularly vulnerable to poor health. Because of these phenomena, indigenous peoples experience high levels of maternal and infant mortality, malnutrition, cardiovascular illnesses, HIV/AIDS and other infectious diseases such as malaria and tuberculosis.

These health inequities are of grave concern from a public health perspective, but also from a human rights perspective. All peoples have the right to the highest attainable standard of physical and mental health, and states have the responsibility to promote, protect, and fulfil all human rights. In addition to being recognized in many international conventions, the right to health for indigenous peoples is further stipulated in the UN Declaration on the Rights of Indigenous Peoples, which also recognizes their right to traditional medicines and the maintenance of their traditional health practices.² WHO Regional Office for the Americas (PAHO/WHO)ⁱ promotes the rights of indigenous peoples in line with the UN Declaration on the Rights of Indigenous Peoples. There is a need to increase indigenous participation in the planning and delivery of health services because “[t]here is a strong correlation between the health of individuals and communities and the exercise or denial of the right of self-determination”ⁱⁱⁱ.

¹ UN Permanent Forum on Indigenous Issues, 2009.

² United Nations Declaration on Rights of Indigenous Peoples, especially Articles 23 and 24. Found online at: http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf

Analysis

The situation described above regarding indigenous peoples has at least three direct implications for public health: (1) a pervasive violation of the human rights of indigenous peoples in the countries where they are found, including the rights to self-determination, to non-discrimination, to health, to life, to education, to food, to culture, to land, and to water, among others; (2) widespread structural inequalities impact multiple rights and social determinants of health, creating vulnerability and differing levels of risk exposure in indigenous communities; and (3) health programs have not had the hoped-for effect in these groups, resulting in the challenge to understand the local socio-cultural contexts in which heightened mortality and morbidity occur, and with the aim of designing programs and interventions with the full participation of the populations concerned that are culturally sensitive and epidemiologically effective.ⁱⁱⁱ Indigenous peoples' health is an issue of concern in all countries, independently of their income. For example, in the Western Pacific Region, Australia and New Zealand are struggling to close substantial gaps between indigenous and non-indigenous populations in life expectancy and access to health care.

A comprehensive discussion of health inequities experienced by indigenous peoples around the world is beyond the scope of this paper. However, discussed herein are (1) some selected issues regarding the health and well-being of indigenous peoples around the world, with a particular emphasis on Latin America, (2) ongoing challenges for building health care systems for indigenous peoples and (3) key messages for further action to enhance the health of indigenous peoples. The issues discussed here are areas in which PAHO/WHO and other WHO

1.3 Mental health

1.4 Communicable Diseases: Tuberculosis and Malaria

traditional diet, combined with other changes in lifestyle, have resulted in widespread malnutrition among indigenous peoples. This malnutrition, however, manifests itself differently depending on the local circumstances. While in some parts of the world malnutrition affects maternal and infant health and child development, in other regions it contributes to an increasing prevalence of non-communicable diseases such as obesity, diabetes, and cardiovascular disease among indigenous peoples.³

The Political Declaration on the Prevention and Control of Non-communicable Diseases, adopted at the UN General Assembly in 2011, explicitly calls upon all countries to “recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases and their common risk factors” and urges the involvement of indigenous peoples in the development and implementation of prevention and control policies.⁴

1.6 Disasters

Disasters affect populations differently, depending on many factors such as unsustainable development practices, environmental degradation, poverty, and climate variability and extremes. These factors have led to an increase in risk and disaster impact particularly for the health of indigenous peoples.

There is a critical need for reliable and comprehensive information that analyzes the impact of hazardous events on indigenous populations and ethnic communities. This will provide a better understanding of these groups’ perceptions and needs in order to strengthen their capacity to reduce

2. Ongoing Challenges to Health Care Systems

2.1 Lack of Disaggregated Data and of Culturally Relevant Indicators

Collection of health-related data is a key challenge in addressing indigenous health disparities. There is considerable variation in how indigenous peoples are identified, classified and enumerated in data sources.^{xix} Not all countries consistently collect differentiated information on indigenous peoples, and existing data is often inco

Conclusion

As part of its Health of Indigenous Peoples Initiative, PAHO/WHO uses a “socio-cultural analysis approach to harmonize indigenous health systems with state health systems based on allopathic medicine.”^{xxxix} This approach seeks to encourage recognition, respect and an

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