



THE HEALTH OF INDIGENOUS PEOPLES

There are an estimated 370 million indigenous peoples living in more than 70 countries worldwide. They represent a rich diversity of cultures, religions, traditions, languages and histories; yet continue to be among the world's most marginalized population groups. The health status of indigenous peoples varies significantly from that of non-indigenous population groups in countries all over the world.

Who are indigenous peoples?

An official definition of "indigenous" has not been adopted by the UN system due to the diversity of the world's indigenous peoples. Instead, a modern and inclusive understanding of 'indigenous' has been developed and includes peoples who:

- Identify themselves and are recognized and accepted by their community as indigenous.
- Demonstrate historical continuity with pre-colonial and/or pre-settler societies.
- Have strong links to territories and surrounding natural resources.
- Have distinct social, economic or political systems.
- Maintain distinct languages, cultures and beliefs.
- Form non-dominant groups of society.
- Resolve to maintain and reproduce their ancestral environments and systems as distinctive peoples and communities.

In some regions, there may be a preference to use other terms such as tribes, first peoples/nations, aboriginals, ethnic groups, *adivasi* and *janajati*. All such terms fall within this modern understanding of "indigenous".¹

"Indigenous peoples remain on the margins of society: they are poorer, less educated, die at a younger age, are much more likely to commit suicide, and are generally in worse health than the rest of the population".

Source: The Indigenous World 2006, International Working Group on Indigenous Affairs (IWGIA), ECOSOC Consultative Status, p10

Indigenous concept of health and healing

Health is defined in WHO's Constitution as *a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*. This definition extends beyond the traditional Western biomedical paradigm which treats body, mind and society as separate entities and reflects a more holistic understanding of health. Indigenous peoples have a similar understanding of health, as well-being is about the harmony that exists between individuals, communities and the universe.

In all regions of the world, traditional healing systems and Western biomedical care co-exist. However for indigenous peoples, the traditional systems play a particularly vital role in their healing strategies. According to WHO estimates, at least 80% of the population in developing countries rely on traditional healing systems as their primary source of care.²

"Children born into indigenous families often live in remote areas where governments do not invest in basic social services. Consequently, indigenous youth and children have limited or no access to health care, quality education, justice and participation. They are at particular risk of not being registered at birth and of being denied identity documents."

Source: United Nations Permanent Forum on Indigenous Issues, Fourth Session (UN Document E/C.19/2005/2, Annex III, Item 13)

Snap shots from around the world

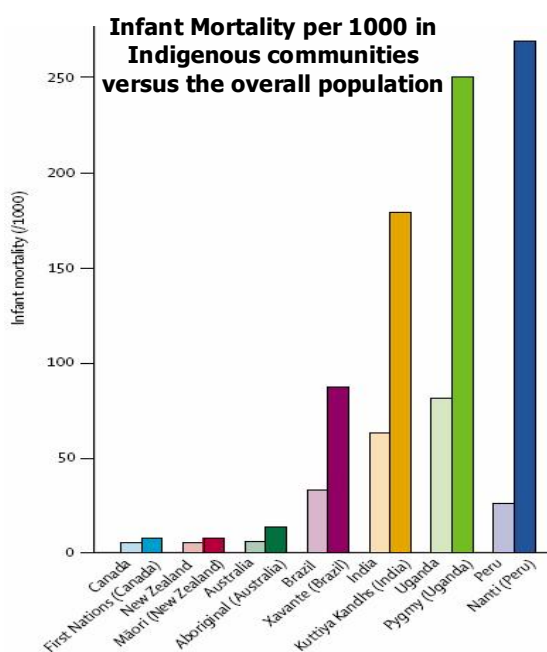
Diabetes: In some regions of Australia, the Aboriginal and Torres Strait Islanders have a diabetes prevalence rate as high as 26%, which is six-times higher than in the general population.³

Living conditions: In Rwandan Twa households, the prevalence of poor sanitation and lack of safe, potable water were respectively seven-times and two-times higher than for the national population.⁴

Reproductive health: For ethnic minorities in Viet Nam, more than 60% of childbirths take place without prenatal care compared to 30% for the Kinh population, Viet Nam's ethnic majority.⁵

Suicide: Among Inuit youth in Canada, suicide rates are among the highest in the world, at eleven-times the national average.⁶

Infant mortality: Average infant mortality among indigenous children in Panama is over three-times higher than that of the overall population (60-85 deaths per 1000 live births versus the national average of 17.6).⁷



Source: Lancet Series on Indigenous Health, Vol. 367, June 2006, p2022

Ensuring equality

Overt or implicit discrimination violates one of the fundamental principles of human rights and often lies at the root of poor health status. Discrimination against ethnic, religious and linguistic minorities, indigenous peoples and other marginalized groups in society both causes and magnifies poverty and ill-health.

The UN World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance encouraged States to adopt action-oriented policies and plans, including affirmative action, to ensure equality, particularly in relation to access to social services such as housing, primary education and health care.⁸

'Information and statistics are a powerful tool for creating a culture of accountability and for realizing human rights'

Source: United Nations Development Programme, Human Development Report 2000 (New York and Oxford: Oxford University Press), p. 10.

Statistical data on the health status of indigenous peoples is scarce. This is especially notable for indigenous peoples in Africa, Asia and Eastern Europe. To bridge this information gap, it is important that data is disaggregated based on variables relevant to indigenous peoples such as ethnicity, cultural and tribal affiliation, language and/or geography.

With improved information on indigenous peoples' health, action can be taken to ensure access to culturally appropriate health care, as well as to safe and potable water, adequate housing and health-related education.⁹

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¹ United Nations Permanent Forum on Indigenous Issues, Fifth Session, *Fact Sheet 1: Indigenous Peoples and Identity*.

² The Health of Indigenous Peoples - WHO/SDE/HSD/99.1

³ *Diabetes in Indigenous Populations*, Anthony J. Hanley, Medscape Today, <http://www.medscape.com/viewarticle/540921> (as on 03/27/07).

⁴ *Health of Indigenous Peoples in Africa*, Lancet Series on Indigenous Health, Vol. 367, June 2006, p. 1940.

⁵ *Health and Ethnic Minorities in Viet Nam*, Technical Series No. 1, June 2003, World Health Organization (WHO), p. 10.

⁶ *Facts on Suicide Rates*, First Nations and Inuit Health, Health Canada, http://www.hc-sc.gc.ca/fnih-spni/promotion/suicide/index_e.html (as on 08/01/06).

⁷ *Health in the Americas*, Volume 1, 2002 Edition, Pan American Health Organization (PAHO), p.181.

⁸ Source: Programme of Action, Report of the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance, Durban, 2001 (A/CONF.189/12)

⁹ General Comment 14 on the right to the highest attainable standard of health sets out that the right to health is an inclusive right which extends to access to safe and potable water and adequate sanitation, an adequate supply of safe food, nutrition and housing, healthy occupational and environmental conditions and access to health-related education and information, including sexual and reproductive health. General Comment 14 was adopted by the Committee on Economic, Social and Cultural Rights in May 2000 (E/C.12/2000/4, CESCR dated 4 July 2000)