

“Indigenous Peoples and tackling health inequities”

WHO side event at the 21st session of the UN Permanent Forum on Indigenous Issues 3 May 2022: Summary report

On 3 May 2022 the World Health Organization convened a side event at the 21st session of the UN Permanent Forum on Indigenous Issues on “Indigenous Peoples and tackling health inequities”. The side event explored the underlying causes of health inequities affecting Indigenous Peoples and measures to tackle them. To facilitate participation in different regions the meeting was held in two sessions, chaired by Professor Papaarangi Reid, Tumuaki, Faculty of Medical & Health Sciences, University of Auckland and Dr Myrna Cunningham, Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean. The event will inform WHO’s Indigenous health workstream and the next WHO World Report on Social Determinants of Health Equity.

A diverse group of participants attended the event and were welcomed with words of greeting for all the languages and peoples represented, acknowledgement for all those who have passed, and a call for peace.

Key themes which were discussed at the event included Indigenous Peoples’ conceptualization of health and well-being, with health viewed as both an individual and a collective right; the freedom to design and control their own health systems, the importance of Indigenous knowledges, the impacts of poverty and dispossession; and intergenerational concerns for the future including the inequitable impacts of climate change.

Framing the meeting’s discussions was an understanding of the different levels at which power and influence plays out. One level is the continuation of breaches to the rights that are incorporated in the United Nations Declaration of the Rights of Indigenous Peoples. These breaches are related to histories of colonialism, imperialism and racism. At another layer, capitalism and globalization have driven a separation of relationships between people, other living and non-living beings (including rivers and mountains) and the planet as mother earth, leading to the acceptability of extractive and exploitative relationship with these same beings. A complex system of exploitation and denial of humanity results from the linkages between these layers, requiring multi-faceted responses to the structural drivers of health inequities.

The importance of respecting Indigenous Peoples’ right to their traditional medicines and to maintain their health practices was noted, including the conservation of their vital medicinal plants, animals and minerals. It was highlighted that indigenous concepts of health incorporate spiritual, cultural and social dimensions which are inextricably linked with the realization of other rights, including the rights to self-determination, development, culture, land, language and the natural environment. The centrality of the relationship of Indigenous Peoples to the land was noted by many participants and hence concerns about climate change and the degradation and exploitation of the land. Indigenous lands hold 80% of the planet’s biodiversity and therefore conservation is of paramount importance. Biodiversity has consequences for many determinants of health equity, including sources of traditional medicines and of access to healthy food. Indigenous custodianship of the land was contrasted with extractive mindsets which are among the negative impacts of colonization on Indigenous health. Indigenous health therefore encompasses the health of the

environment. Indigenous Peoples are among those who have contributed least to anthropogenic climate change, yet they are suffering from its worst impacts.

Governance by Indigenous Peoples of Indigenous health was emphasised as critically important to delivering sustainable health solutions. Self-determination is fundamental in directing Indigenous health services in order to ensure that they are able to meet the needs of Indigenous Peoples, but beyond that, self-determination is a critical determinant of equity itself. Many examples were raised from different regions of agreements and treaties that had been made with Indigenous Peoples by colonizing authorities, but where the agreements had not been kept. These include agreements over land tenure, self-determination, and service provision. Colonialism has had long term effects on personhood and legal rights, and these have continuing consequences which underlie inequality and shape the social determinants of health.

Indigenous knowledge was discussed as a core issue for equity including health equity. It was noted that the knowledge associated with health practices, including the growing and use of plants for traditional medicines, is not only a deep knowledge, but also often very local and specific, and may rely on a single family. Indigenous Peoples play a fundamental role in the conservation of biological diversity and the protection of forests and other natural resources, and their traditional knowledge of the environment can substantively enrich scientific knowledge and adaptation activities when taking climate change-related actions. The passing of elders and the lack of transmission of knowledge to subsequent generations is therefore a major threat to this knowledge. It was suggested that as much as 99% of Indigenous knowledge has been lost. The relationship to knowledge-keepers is important and Indigenous traditions of how to keep and transmit knowledge is critical – to “know how to know”. While there have been many benefits in the recording and systematization of knowledge for example about traditional medicine and its acknowledgement according to conventional scientific norms, this should not be at the expense of Indigenous ways of knowing. Similarly, education efforts, both conventional and Indigenous, can facilitate and preserve Indigenous knowledge transfer.

The value of traditional medicine and Indigenous health practices proved vital to many Indigenous populations during the COVID-19 pandemic, including for reasons of lack of access to mainstream services.

The event emphasised that Indigenous communities are heterogeneous and that it would be an error to assume solutions are all the same. However, it was also noted that there are many solutions to health equity issues which have been developed by many Indigenous communities.

Indigenous communities have asserted “our rights to our futures” and these need to be recognised and supported. Representation, understanding, and solutions must be intersectional, understanding the additive barriers perpetuated by racism and discrimination on the basis of sex, sexual orientation, age, ability, etc. For these reasons it is important to ensure representation at all levels, including in leadership and decision-making bodies and in the health workforce to really understand challenges that communities face, and incorporate Indigenous knowledge and practices in developing solutions. The transformative impact of Indigenous presence in health services and the health workforce was noted. It was suggested that first nations health care when done properly can drive the health care of whole nations.

Poverty and a lack of access to services were noted as pervasive issues affecting many Indigenous communities across the globe. However, it is important not to perpetuate deficit models where Indigenous communities and people are framed as ‘lacking’ necessary health promoting attributes.

Instead, concerted action is needed to correct the legacies of under-funding, dispossession and deprivation and to address the structural drivers of health inequity among Indigenous Peoples.

At the conclusion of the event, WHO thanked all the participants for the extremely valuable contributions that they had made which would shape WHO's efforts in Indigenous health and in the forthcoming World Report on the social determinants of health equity. WHO noted that it has rejoined the Inter-Agency Support Group on Indigenous Issues which supports and promotes the mandate of the UN Permanent Forum on Indigenous Issues within the United Nations system.