

# Health: A Political Choice



# Advancing Indigenous peoples' rights and well-being

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# Health: A Political Choice

Advancing  
Indigenous  
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and well-being



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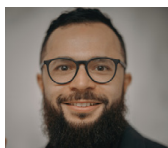


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# Spearheading global change for Indigenous health

The voices of Indigenous peoples are frequently excluded from critical global conversations, but a historic resolution on the health of Indigenous peoples signifies a pivotal opportunity



Indigenous peoples have a rich cultural heritage, profound connections to their ancestral lands, a resilient spirit and a wealth of traditional knowledge that is relevant not only for their own survival and well-being but also for addressing contemporary issues such as climate change, biodiversity loss and the pursuit of the Sustainable Development Goals.

However, despite their inherent rights and invaluable contributions, their voices are frequently excluded and their rights are disregarded, perpetuating cycles of injustice and inequality. Indigenous peoples often experience higher rates of poverty, malnutrition and inadequate housing. They frequently encounter barriers in access to health services due to geographical remoteness, linguistic and cultural differences, and discrimination. All of these contribute to poorer health outcomes than experienced by the general population.

A ground-breaking decision was reached at the 76th World Health Assembly in May 2023, when the member states of the World Health Organization unanimously adopted a resolution on the health of Indigenous peoples. This historic resolution, in which the WHO is mandated to spearhead the development of a Global Plan of Action, signifies a pivotal opportunity.

To improve health outcomes of Indigenous peoples, it is imperative that we take concrete actions that are firmly rooted in the advancement of Indigenous peoples' rights and are designed to ensure their full, effective and equal participation and leadership. Their perspectives and experiences must be central to the decision-making processes that shape policies affecting their health and lives, and the future of this shared planet.

It is time we centred Indigenous voices in the dialogue and ensure our efforts reflect their diverse needs, aspirations and unique wisdom. I hope that this special edition of *Health: A Political Choice* will be a useful contribution to that conversation. ■



**To improve health outcomes of Indigenous peoples, it is imperative that we take concrete actions that are firmly rooted in the advancement of Indigenous peoples' rights"**

**TEDROS ADHANOM GHEBREYESUS**

Tedros Adhanom Ghebreyesus was elected director-general of the World Health Organization in 2017 and re-elected in 2022. He is the first person from the WHO African Region to head the world's leading public health agency. He served as Ethiopia's minister of foreign affairs from 2012 to 2016 and minister of health from 2005 to 2012. He was elected chair of the Global Fund to Fight AIDS, Tuberculosis and Malaria Board in 2009, and previously chaired the Roll Back Malaria Partnership Board, and co-chaired the Partnership for Maternal, Newborn and Child Health Board.

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Nepalese children  
at the hill route  
to the famous World  
Peace Pagoda in  
Pokhara, Nepal

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# Indigenous peoples' rights and well-being

The veil over the suppression of Indigenous societies around the world is being lifted, marking an opportunity to address the stark and unacceptable realities of inequality and inequity

By **Axel Radlach Pries**, president,  
World Health  
Summit



**AXEL RADLACH PRIES**

Axel Radlach Pries became president of the World Health Summit in 2021. He was appointed dean of the Charité Institute in 2015, having been made head of the Charité Institute for Physiology in 2001. He has chaired the Council for Basic Cardiovascular Science and the Congress Programme Committee basic section in the European Society of Cardiology, was president of the Biomedical Alliance in Europe and CEO of the Berlin Institute of Health. He has received the Malpighi Award, the Poiseuille Gold Medal and the Silver Medal of the European Society of Cardiology.

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It is imperative to acknowledge that Indigenous peoples' rights and well-being still need much more attention and concrete efforts for improvement. The surge in initiatives to ameliorate the status quo across many countries, regions and international forums provides an optimistic signal. This momentum resonates prominently at the World Health Summit Regional Meeting 2024 in Melbourne, Australia, where Indigenous peoples' health stands as a central topic of discussion.

We live in a world characterised by changing perceptions and misconceptions that have been entrenched for centuries. This transformation is particularly needed for the ways that majority populations and powerful groups treat minorities and groups with limited means and influence. Heralding the change is increasing information about the mechanisms by which Indigenous nations have been and continue to be dominated – mostly aimed at reducing or

annihilating their cultural and social cohesion. Cultural and social identity in turn is a prerequisite for Indigenous groups to secure their rights and provide healthy living conditions for their communities. Also, majority-dominated societies must be prepared to respect and implement minority rights and needs.

In recent decades the veil over the suppression of Indigenous societies worldwide is being lifted, exposing stark and unacceptable realities of inequality and inequity. With the increasing empowerment of and leadership by Indigenous populations, the focus now needs to be on concrete measures. In this special edition in the *Health: A Political Choice* series, Indigenous leaders and experts explore the opportunities and challenges for the improvement of Indigenous peoples' rights and well-being. Thanks to the Global Governance Project for providing the platform for this important issue! ■



# Longer, happier, healthier lives

The resilience of Indigenous communities and cultures has been sorely tested, with devastating results. Now, the World Health Assembly's momentous resolution to address health inequities faced by these peoples is a milestone moment that seeks to redress the balance and close the chasms of inequity

By Saia Ma'u Piukala, WHO Regional Director for the Western Pacific

**T**he Asia-Pacific region is home to the largest proportion of Indigenous peoples in the world, with approximately 11 million in the Pacific islands alone.

Like the varied colours and textures of pandanus used to weave a traditional Tongan mat – known as a ta'ovala – Indigenous groups reflect the unique spirit and strength that unify the many cultures, histories and identities that make up this diverse region.

But the resilience of Indigenous communities and cultures has been sorely tested by social and historical inequities. These challenges range from loss of land, language and culture

to discrimination, marginalisation and other injustices that continue today. The results have been tragic, putting Indigenous peoples at higher risk of poor health outcomes across the board, particularly relating to nutrition, life expectancy, reproductive and mental health.

In addition to being unjust, these health inequities perpetuate cycles of poverty, reduce overall productivity, lower participation in education and the labour force, and escalate healthcare costs due to higher disease burdens. The World Health Organization Western Pacific Region is working to bridge the gap in health outcomes between

## SAIA MA'U PIUKALA

Saia Ma'u Piukala took office as the World Health Organization Regional Director for the Western Pacific on 1 February 2024. A former member of Tonga's parliament and health minister, he was vice-chair of the WHO Regional Committee for the Western Pacific (2022–2023). From 2019 to 2022 he served on the WHO Executive Board, and was a commissioner for the WHO's Independent High-Level Commission on Non-Communicable Diseases from 2018 to 2020. He was previously the medical superintendent of the main hospital in Tonga, and a senior medical officer and general surgeon in Tonga and other Pacific islands including Fiji, Nauru, Niue and Tuvalu.

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Indigenous and non-Indigenous communities. With leadership from the region, the World Health Assembly passed a momentous resolution in May 2023 to address health inequities faced by Indigenous communities.

## TARGETED EFFORTS

The WHO in the region is also empowering people to improve their health and well-being through the active engagement of Indigenous communities in decision-making processes at all levels – local, national and regional. Improving our understanding of the needs of communities will help to better target efforts to address their health challenges. In this way, investments and services can be scaled up or intensified according to the needs of communities – an approach that is equal and equitable because it benefits communities left behind while improving services for everyone.

Working together – like the many pandanus strands that form one design in a ta'ovala – we can unite partners and other stakeholders to provide support that addresses the historical, social and cultural determinants of health. Only in this way will we be able to help ensure longer, happier and healthier lives for Indigenous peoples and the many other groups that proudly call the Western Pacific Region their home. ■



An Elder from the Pataxó tribe, an Indigenous people in Bahia, Brazil

# The global governance of Indigenous peoples' health

Recognising and addressing the enormous health burdens borne by Indigenous peoples worldwide has been undertaken at a glacial pace, but last year the World Health Assembly approved a resolution aimed at addressing such challenges – and change is on the horizon

**T**he major centres of global governance have been slow to recognise the enormous health burdens borne by Indigenous peoples throughout the world, or to reinforce their capacities and contributions.

The founding Charter of the United Nations, agreed at San Francisco in 1945 and since amended, does not recognise the existence, let alone the value, of Indigenous peoples in any way.

Over half a century later, the UN finally addressed Indigenous peoples in their own right, on 13 September 2007 when the General Assembly agreed on the Declaration on the Rights of Indigenous People. It gave health and Indigenous peoples' right to health a substantial place. But it did not directly identify their role and relevance as providers of health and well-being, to themselves or other people and to other living things. And its implementation and improvement have since been far behind the growing global need.

In 2000, the UN at the leaders' level agreed on eight

**By Ilona Kickbusch, founding director, Global Health Centre, Geneva, and John Kirton, director, Global Governance Program**

Millennium Development Goals, including three on the specific health issues of maternal health, child health and infectious disease. But nowhere were Indigenous peoples included in any of the MDGs, despite their major development and health needs and contributions.

In 2015, another UN summit launched the 2030 Agenda for Sustainable Development with its 17 ambitious Sustainable Development Goals, covering all countries, to be met by 2030. Its declaration, 17 goals and 169 targets made very few references to Indigenous peoples and none to their health.

Most recently, in September 2023 the UN held three high level meetings on health – on pandemic preparedness, prevention and response, on universal health coverage, and on the fight against tuberculosis. All are issues central to Indigenous peoples – yet the outcome documents made almost no recognition of their relevance as patients and none of their role as providers of health.

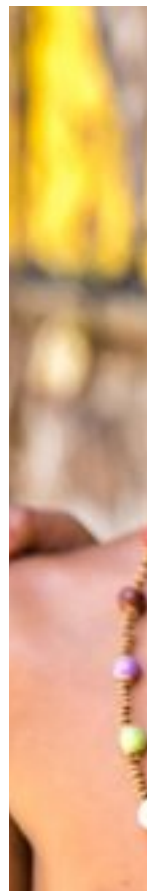
The G7 major democratic powers' summits have governed health since 1980. Yet they first made their commitments on Indigenous peoples only in 2009 and by 2023 produced only eight commitments in all. Only then did G7 leaders recognise Indigenous peoples as providers of health benefits, specifically as knowledge holders whose innovative technologies, practices and approaches and Indigenous crops provided nutrition to local communities.

The newer, bigger, broader G20 systemically significant states made their first commitment referencing Indigenous peoples in 2019 and produced only four by 2023 – but none related to health.

## AN URGENT NEED FOR MORE

There thus remains an urgent need for more, starting by giving Indigenous peoples and their health a robust place at the UN-hosted Summit of the Future in September 2024, by holding a high level meeting on Indigenous peoples and their health, and by having this year's G7 and G20 summits make explicit, strong commitments on Indigenous peoples' health that address their particular needs and mobilise their formidable capabilities for the well-being of all.

Here they could build on the historic milestone in the global pursuit of health equity and the protection of Indigenous rights achieved in May 2023 when the 76th World Health Assembly approved a resolution aimed at addressing health challenges faced by Indigenous peoples worldwide. The director-general of the World Health Organization has been directed to develop a comprehensive global action plan dedicated to improving their health outcomes by 2026. A very diverse group of 15 countries from all around the world co-sponsored the resolution along with the European Union. They included Australia, Bolivia, Brazil, Canada, Cuba, New Zealand, Vanuatu, Mexico, Colombia and Ecuador, as well as several other Latin American countries.







**It is in health where much of the structural injustice harming Indigenous peoples manifests itself”**

#### **HIGHER PREVALENCE OF VARIOUS DISEASES**

It is in health where much of the structural injustice harming Indigenous peoples manifests itself in lower life expectancy rates and a higher prevalence of various diseases, very high disability rates and chronic health conditions, including diabetes. The resolution recognises the need to mainstream a gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women and girls and to protect their human rights. Maternal and infant mortality remains of great concern linked very much to considerable barriers to accessing primary healthcare, sexual and reproductive health services, and other essential healthcare services. Climate change is an additional threat for the health and habitat of many Indigenous peoples.

The WHA resolution calls on researchers and funders to follow the highest ethical principles when carrying out research and development related to the health of Indigenous peoples “using

appropriate culturally diverse consensual approaches and observing the rights of Indigenous Peoples over their traditional lands, territories and resources, cultural heritage, traditional knowledge and traditional cultural expressions, as set out in the United Nations Declaration on the Rights of Indigenous Peoples”.

The resolution calls for WHO support to member states in addressing Indigenous health. But most importantly, it calls on countries and other actors to ensure “full, effective and equal participation of Indigenous Peoples” in all strategies, action plans and policies concerning their communities. The Global Plan of Action must also be developed together with Indigenous peoples, as must a better understanding of their health challenges. The immediate next steps to build the Global Plan of Action involve securing the necessary financial and human resources, engaging WHO regional offices and other UN agencies, and ensuring the meaningful participation of Indigenous peoples from the outset.

The time to convert the substance of this resolution into reality is now. ■

#### **ILONA KICKBUSCH**

Ilona Kickbusch is the founding director of the Global Health Centre at the Graduate Institute of International and Development Studies in Geneva. She is a member of the Global Preparedness Monitoring Board and the WHO Council on the Economics of Health for All. She is co-chair of the World Health Summit Council. She previously has had a distinguished career with the World Health Organization and Yale University, and has published widely on global health governance and global health diplomacy. She directs the Digital Transformations for Health Lab. She and John Kirton are co-editors of, most recently, *Health: A Political Choice – From Fragmentation to Integration*.

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#### **JOHN KIRTON**

John Kirton is the director of the Global Governance Program, which includes the Global Health Diplomacy Program, the G20 Research Group, the G7 Research Group and the BRICS Research Group, all based at Trinity College in the University of Toronto, where he is a professor emeritus of political science. He is co-author, most recently, of *Reconfiguring the Global Governance of Climate Change*, and co-editor of a series of G7 and G20 summit publications including *G7 Japan: The 2023 Hiroshima Summit* and *G20 India: The 2023 New Delhi Summit*.

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# Time to listen

Worldwide, Indigenous peoples are playing a critical role in reshaping thinking about issues that affect us all. We just need the world to listen – and health is a key place to begin



By Catherine Chamberlain, head, Indigenous Health Equity Unit, Melbourne School of Population and Global Health, and Karen Adams, director, Gukwonderuk, Faculty of Medicine, Nursing and Health Sciences, Monash University

Health is political. Political actors can make agreements among people to live sustainably and thrive alongside non-human companions on the planet. The political determinants of health involve the distribution of resources and power relationships that shape health and health equity across the globe.

Indigenous peoples collectively hold much expertise and potential influence in the political realm. There are approximately 500 million Indigenous peoples living in some 90 countries around the world. We care for about 20% of earth's lands and in doing so are custodians of 80% of her biodiversity.

We have unique social, cultural, economic and political characteristics. Broadly, our knowledge systems are grounded in rich understandings of the natural world through our intimate relationship with it, where human, living and non-living elements are connected. Land, sky, water, family, Elders, young ones, spirit, ancestors and more are intrinsic to our identity.

Our sophisticated ways of knowing, being and doing promote deep well-being and have been handed down between generations for millennia. This state of well-being is not achieved by accident. Rather, understandings and practices are designed to foster holistic well-being.

Given Indigenous peoples' expertise, capabilities and unique identity, it is impolitic or unwise – and will cause problems – not to listen to us.

## EVERYTHING AT RISK

This is clear from the catastrophe of imperialism and colonisation involving European expansionism across the globe over the past 500 years. Indigenous peoples have strongly voiced opposition to this over many generations. This catastrophe has led to Indigenous peoples experiencing among the worst health and well-being indicators in the world. Moreover, the political determinants inherent in the western capitalist system drive inequities and resource exploitation to the detriment of everyone's health, putting the very survival of humans and the planet at risk.

Since the end of the Second World War, there have been attempts to counter these negative effects. This includes the establishment of the United Nations



and the World Health Organization's consensus definition of health, policies to address health inequalities, substantial evidence showing the drivers of inequality and poor well-being, the United Nations Declaration on the Rights of Indigenous Peoples, the Sustainable Development Goals, well-being indicators being promoted in several countries, and 'well-being budgets' being introduced in several high-income countries including New Zealand and Australia. Yet there is an urgent need to do more.

Indigenous peoples' rights to health remain critical. Governments need encouragement to heed Indigenous peoples' political voices and meet international obligations to ensure the rights, dignity and survival of Indigenous peoples. Indigenous peoples need a seat at the political table, to be listened to and to have self-determination.

However, in Australia there is no national treaty with First Peoples and a referendum for a First Peoples' Voice to parliament and recognition in the Australian constitution was recently rejected. In New Zealand, the Treaty of Waitangi is being undermined. Indigenous peoples across Oceania and Asia face multiple threats from violence, climate change, illegal mining, deforestation, assimilation, pollution of lands and waters and more.

## A LOT TO LEARN

Listen. There is a lot to learn from Indigenous voices in this publication about ways of doing things to improve health and well-being for everyone. Across the world, Indigenous scholars and leaders are playing an important role in reshaping thought, and bringing ways of thinking that offer opportunities to better understand ourselves and our relationship with our environment. This includes relational thinking and collective action to address the climate crisis and increasing inequities.

In this special edition of *Health: A Political Choice – Advancing Indigenous peoples' rights and well-being*, we showcase thinking from Indigenous leaders from across the globe. Helen Milroy highlights the strengths of Indigenous approaches to well-being and the opportunities for learning about healing from Indigenous cultures. Marcia Langton and Kristen Smith discuss challenges related to family violence and propose legal and institutional approaches to address these complex problems stemming from intergenerational trauma. Emma Rawson-Te Patu outlines why we need to decolonise our health institutions and we share an address by Her Excellency the Right Honourable Mary Simon about the need to address stigma about mental illness and create safe spaces to foster well-being and survival. Naja Carina Steenholdt and Ivalu Katajavaara Seidler describe the rapid rate of globalisation and its consequences on Indigenous people in Greenland and call for increased community involvement to prevent further social fragmentation. Raglan Maddox discusses the political choices made about



## CATHERINE CHAMBERLAIN

Catherine Chamberlain is a Palawa Trawlwoolway woman (Tasmania) and director of Onemda Aboriginal and Torres Strait Islander Health and Wellbeing at the Melbourne School of Population and Global Health at the University of Melbourne. She is a registered midwife and public health researcher whose research aims to identify perinatal opportunities to improve health equity across the lifecourse. She is the inaugural editor-in-chief of *First Nations Health and Wellbeing – The Lowitja Journal*.

## KAREN ADAMS

Karen Adams is Wiradjuri and the director of the Gukwonderuk Indigenous Unit at Monash University. She has over 30 years' experience working in Aboriginal health as a nurse, health service manager, researcher and educator. The main focus of her work involves growing Indigenous graduates in the health professions and preparing health workforces to strengthen healthcare equity for Indigenous peoples. She currently leads a project funded by the Australian Research Council to apply arts-based research to develop a theory and practice of Aboriginal and Torres Strait Islander nursing and midwifery.



tobacco use and control and the manipulation by the commercial tobacco industry, which has a significant negative impact on peoples' health. Christina Henriksen argues that empowerment, access to traditional land and acknowledgement of Indigenous peoples' rights are key elements to improving the health and well-being of Indigenous people. Geoffrey Roth wraps up the discussion with a call to action to achieve meaningful Indigenous representation across the globe by implementing the Indigenous Determinants of Health framework. Brazil's World Health Assembly statement, the World Health Assembly Resolution and UNDRIP excerpts are included in this issue as key guiding documents that underpin global efforts to advance Indigenous rights and well-being. ■





# Better mental health outcomes through blended knowledge systems

By Helen Milroy, professor, Perth Children's Hospital and University of Western Australia

The ongoing disparity in health and mental health outcomes for Indigenous peoples is evidence that modern medicine has not bridged the gap required for health equity as expected – but Australia is in a unique position to combine the oldest and newest knowledge systems in the world to benefit the health of the entire country

Aboriginal culture in Australia is the oldest living culture in the world. This also means that Aboriginal peoples in Australia have the oldest continuous knowledge system in the world and that it has grown and adapted over many thousands of years. Aboriginal peoples have survived many changes to the environment as well as to their social and political systems. No other group can say they have survived an ice age and genocide. At the time of colonisation, Aboriginal peoples were found to be healthier than most Europeans. Our current ill health is not a product of our culture, lack of knowledge or systems of healing – it is a direct result of the impacts of colonisation and intergenerational trauma.

There has not been a full understanding of the magnitude of trauma that has been experienced, the nature of intergenerational trauma that is still present today or the ongoing impacts on health and well-being. Ill health in whatever form it takes cannot be viewed as a simple illness treatment transaction

like most health encounters. It requires a much deeper understanding of the nature of power imbalances, inequity, barriers to access, social determinants, racism and discrimination. It also requires an understanding of the role that self-determination and sovereignty play in the lives of Aboriginal peoples.

In view of the aetiology of current illness, there is an arrogance in western health services in thinking they contain the remedies needed for healing when the services developed out of the very systems of beliefs and practices that caused our ill health historically.

### THE PATHWAY TO HEALING

Our traditional systems of health and well-being and our ways of knowing, being and doing have kept us healthy for many thousands of years and may still hold the pathway to healing. That is not to dismiss the many advances modern medicine has made but, given the continuing disparity in health and mental health outcomes for Aboriginal peoples, modern medicine has not bridged the gap required for health equity as expected.

Our systems of knowledge and healing have been developed from strong family-based relationships, are inclusive and provide a variety of physical, psychological, social, cultural and spiritual treatments. Our traditional healers are embedded in communities with great trust and reliance on their skills. From a mental health perspective, our healers hold the whole community in spirit and have sought to provide assistance where needed: this has helped everyone to feel safe and cared for. Individuals, families and communities feel comforted when their healers are close by and in true reciprocity; healers are looked after by the community. We have an extensive knowledge of medicines that includes a variety of bush medicines for common ailments still used today. Aseptic techniques have been developed for childbirth and wound care, and healthy diet and exercise have also been recognised as contributing to good health. In addition, there is no separation of mind and body – hence the prominence of social and emotional well-being as part of health. There is no single definition of health: the concept of health is holistic and incorporates multiple dimensions and connections throughout life as well as a generational understanding.

### EXPERIENTIAL LEARNING

Knowledge systems have also grown from the experience of living within an ecological model connecting the communities to the natural world around them. Experiential learning helps to build resilience and self-reliance over time. Learning has also occurred through storytelling, which helps to build extensive navigation systems,

knowledge of country, life lessons and connections that contribute to healthy brain development and good social and emotional well-being. This style of learning has also contributed to resilience and to early autonomy. Aboriginal storytelling is based on developing understanding, rather than being instructed, and thus promotes the development of insight and problem solving.

Social systems such as kinship and skin groups ensure everyone has family and has helped to maintain a healthy genetic pool for reproduction. There has been a much broader attachment system, which provides multiple carers for children as well as Elders. It is of note that research is now finding that traditional ways of attachment and child rearing are very consistent with new recommendations for parenting. Strong social support systems are a key component in maintaining health and well-being and in recovering from illness. In addition, strong identity, purpose and meaning held within cultural belief systems promotes connection and good social and emotional well-being throughout life. Many Aboriginal programmes have been at the forefront in developing services such as comprehensive primary health care and strength-based approaches in mental health from these Aboriginal knowledge systems.

It seems sensible to learn from knowledge and wisdom that has sustained thousands of generations as well as the modern understanding of disease and treatment. In fact, Australia is in a unique position: it is the only country in the world that has the opportunity to combine the oldest and newest knowledge systems to benefit the health of the entire country. We should be world leaders in health and well-being. Instead Aboriginal communities continue to suffer disparate health and mental health outcomes. Currently we only make up about 4% of the population of Australia.

I wonder what our health services would look like if we were the 96% instead?

What will it take to develop our systems of traditional knowledge, wisdom and healing to sit alongside modern medicine? Perhaps the broader socio-political issues that we continue to face as Aboriginal peoples in Australia are still contributing to our ill health and create barriers to innovative models of care. Perhaps the only real way forward is to understand the potential for healing from the Uluru Statement from the heart. ■

### HELEN MILROY

Helen Milroy is a descendant of the Palyku people of the Pilbara region of Western Australia but was born and educated in Perth. Australia's first Indigenous doctor and child psychiatrist, she is the Stan Perron Professor of Child and Adolescent Psychiatry at the Perth

Children's Hospital and University of Western Australia and honorary research fellow at the Telethon Kids Institute. Helen chairs the Gayaa Dhuwi Proud Spirit Australia organisation and is a board member of Beyond Blue. From 2013 to 2017 Helen was a commissioner for the Royal Commission into Institutional Responses to Child Sexual Abuse and from 2017 to 2021 was a commissioner with the National Mental Health Commission. Helen is also an artist, and an author and illustrator of children's books.







# Untangling the health crisis and violence

By Marcia Langton AO, associate provost, University of Melbourne, and Kristen Smith, Onemda Aboriginal and Torres Strait Islander Health and Wellbeing, University of Melbourne

By situating family and domestic violence in the context of the social and cultural determinants of health, we can gain greater insight into more effective ways of ensuring the health, safety and well-being of Indigenous women, children and young people, who are radically overrepresented in the data



Warlpiri  
grandmother and  
granddaughter  
in Yuendumu  
in Australia's  
Northern  
Territory

**F**amily and domestic violence in Aboriginal and Torres Strait Islander households and other social settings not only contributes significantly to a public health crisis but also reflects the broader systemic injustices faced by Indigenous Australians. Situating family and domestic violence in the context of the social and cultural determinants of health allows greater insight into the underlying factors and more effective ways of ensuring the safety and well-being of Indigenous women and children. We cannot ignore the slow recognition of Indigenous rights and the increase in racism that

also play a role in the poor health outcomes of Indigenous Australians.

The disproportionate rates of family and domestic violence involving Aboriginal and Torres Strait Islander Australians present health and allied professionals with a disturbing challenge. Intimate partner violence is the leading cause of lost years of life for Aboriginal and Torres Strait Islander women aged 25–35 years. Between 1999 and 2018, the rate of Aboriginal children in out-of-home care increased from 18.3 to 59.4 per 1,000. Family violence is associated with alarming rates of incarceration of Aboriginal and Torres Strait Islander men and women, both perpetrators and victims of violence, and it contributes to a wide array of other contacts with the justice system in every jurisdiction across the country. Aboriginal and Torres Strait Islander incarceration directly affects the under-reporting of family violence, with up to 90% of incidents undisclosed, often due to the justifiable distrust and poor relationships that these communities have with police.

Violence in Aboriginal and Torres Strait Islander households and other social settings results in a range of factors that are barriers to improving outcomes in health, education, employment and overall prospects for well-being. Another key factor relates to the challenge of reducing contact with the police and the extraordinarily high incarceration rates for men, women and children. Aboriginal and Torres Strait Islander individuals are much more likely to be hospitalised due to family violence compared to their non-Indigenous counterparts, with intimate partner violence five times more likely and two-thirds of physical assaults on Aboriginal and Torres Strait Islander women perpetrated by family members.

#### **EXPOSURE TO VIOLENCE**

This issue is particularly pressing considering the young demographic and high levels of disadvantage in the Indigenous Australian population. Children's exposure to domestic and family violence is considered a form of child abuse in some state and territory child protection frameworks, given its proven negative impact on their development.

Evidence relating to Indigenous Australian children warrants urgent



**As Indigenous families face the possibility of permanent separation, the stresses and traumas associated with such legislative measures can indirectly perpetuate environments where family violence and alcohol misuse are more likely”**

reform and action in policy frameworks, such as the Australian Government's National Framework for Protecting Australia's Children 2009–2020, and the Family Law Act 1975.

Qualitative evidence from our research in the Wyndham East-Kimberley region confirms this recommendation. One service provider from an Aboriginal community-controlled organisation noted the destructive effects of family violence and alcohol on the community and linked them to sexual assaults, domestic violence, poverty and hospitalisation for injuries other than assault – as well as liver and kidney health, diabetes, foetal alcohol spectrum disorder and suicide.

Alcohol misuse is a key contributor to family violence. We found in the Wyndham East-Kimberley region



it was involved in nearly half of the family assaults committed by children and young people. The link between underage drinking and the onset of violent behaviour underscores the necessity of incorporating substance abuse treatment into comprehensive strategies aimed at curbing family violence. The cycle of violence is further fuelled by factors such as boredom, scarcity of resources and family influences.

Our analysis of Western Australian Police data in the region for the period 2009 and 2019 resulted in the following findings, all of which should be cause for a rapid response:

- Assault by a family member was the most common offence committed against children and young people and alcohol was involved or present in 52% of all incidents.
- Alcohol was involved or present at the scene of nearly half (49%) of the family assaults committed by children and young people.
- Three out of five young offenders were male and their average age was 14.
- Of the people accessing the crisis shelter in Kununurra, 40% were under the age of 18 years.

Alcohol misuse and family violence also affect birth outcomes and contribute significantly to small gestational age births, preterm births and perinatal deaths. Improved perinatal health outcomes for Aboriginal infants are

attributed to interventions aimed at reducing alcohol and drug misuse and assault. Effective legislative and policy approaches should prioritise community-supported risk reduction measures such as early intervention and perpetrator counselling that focus on family restoration, community support and holistic well-being to address the root causes of these challenges.

### PROFOUND INEQUALITIES PERSIST

Another key issue is improving access

to and use of quality maternity care services to reduce maternal morbidity and mortality. However, profound inequalities in access, use and health outcomes persist. Similar to the major Indigenous-led research programmes, researchers recommend a more comprehensive and holistic approach to maternal health that takes into account pregnancy, birth and postpartum experiences and health and well-being, as well as the quality of care.

Foetal alcohol spectrum disorder

An Aboriginal child performs traditional arts at a festival in Brisbane, Australia



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**There are no or few services to respond to some of the most significant impacts and the available services are substantially underfunded”**



and other brain injuries should be a focus of increased diagnostic services and treatment, along with preventive measures. Neurodevelopmental impairments due to FASD can predispose young people to engage with the law. Aboriginal young people with some form of severe neurodevelopmental impairment are vulnerable within Australia's justice system. There is a significant need to improve the diagnosis of such impairments and identify the youths' strengths and difficulties to guide their rehabilitation.

There are already large gaps in services related to family violence and, as an alarming majority of the victims are children and young people, needs will accelerate with population growth. There are no or few services to respond to some of the most significant impacts and the available services are substantially underfunded. Those services include screening, diagnoses and support for foetal alcohol spectrum disorder and other brain injuries, support for homelessness and women's safe houses, healing programmes, qualified long-term staffing, wider updated communication, mental health services and cultural programmes.

More secure, evidence-driven and effective integrated and holistic services and interventions are desperately and urgently required, with sustainable and stable funding mechanisms. A longitudinal study of the lives of Aboriginal children entering detention is needed to best understand the gaps in services and system failures. This would enable a clear view of where and why the support they need is not provided or accessed, and why different services are more or less effective in providing support. Understanding the intersections between different systems is necessary to determine how those systems work together or, conversely, in isolation from each other.

### FRAMEWORKS FALL SHORT

Most current legal and policy frameworks fall short in effectively protecting victims and preventing the placement of children in out-of-home care. Even more problematically, some exacerbate the danger of community dislocation, risking the permanent separation of another generation of children from their families. The Children and Young Persons (Care and Protection) Act introduced in New South



**MARCIA LANGTON**

Professor Marcia Langton AO is the descendant of the Yiman and Bidjara nations of central Queensland, and the associate provost and foundation chair of Australian Indigenous Studies at the University of Melbourne. A leader in Indigenous Australian rights and advocacy, Langton was a key contributor to the Royal Commission into Aboriginal Deaths in Custody (1989) and the Native Title Act (1993). In 1993, she received membership to the Order of Australia in recognition of her extensive work in the field. She is chief investigator on numerous research projects concerned with Indigenous health, data and governance.



**KRISTEN SMITH**

Kristen Smith is a principal research fellow and research director of the Indigenous Studies Unit, Onemda Aboriginal and Torres Strait Islander Health and Wellbeing in the Melbourne School of Population Health at the University of Melbourne. She is a medical anthropologist whose interdisciplinary research traverses the fields of Indigenous studies, epidemiology, human geography, public health and health promotion. Her research focuses on the intersections of culture, health and social inequities, with a particular focus on collaborative, community-based interventions and the promotion of culturally appropriate practices within academia.

Wales now imposes a two-year limit for children in out-of-home care to be reunited with their families, allowing for the creation of permanent guardianship orders without parental consent. There is therefore an urgent need to decouple the reporting of family violence incidents from automatic interventions by child protection agencies. As Indigenous families face the possibility of permanent separation, the stresses and traumas associated with such legislative measures can indirectly perpetuate environments where family violence and alcohol misuse are more likely.

Our research has led to several key recommendations to governments and local services: imposing further restrictions on take-away alcohol, standardising alcohol supply restrictions across regions, and conducting an economic assessment of the costs associated with alcohol and family violence. We have also recommended enhancing secure, evidence-based integrated services and interventions to offer comprehensive support to affected individuals and families.

Addressing family violence within Aboriginal communities demands a strategy that addresses the complex nature of the problem. Focusing on root causes such as alcohol misuse and implementing culturally sensitive interventions offers the potential for substantial progress in ensuring the safety and well-being of women and children. Achieving this goal requires collaborative efforts across health, justice, education and community services sectors to develop and maintain effective strategies founded on respect, equity and cultural competence.

A unified approach is crucial for reducing the impact of family violence and fostering the healing and empowerment of Aboriginal and Torres Strait Islander communities. As reported by most Indigenous epidemiologists and health researchers, the solutions must be Indigenous led, local and place based, but rigorously supported by the evidence. This applies to improving maternal health as well. The future health and well-being of Indigenous populations depends on getting this right, and that means involving the research community and the governmental institutions we report to, and delivering brave and frank advice to all levels of government and service providers. We need to understand and address unique characteristics of Indigenous populations that affect health and disease patterns.

*Note: The authors are grateful to Ella Reweti for her research assistance. ■*

# Decolonising public health

Interview with Emma Rawson-Te Patu, president-elect,  
World Federation of Public Health Associations

## What progress has been made in Aotearoa New Zealand in decolonising public health through education and action?

If we look at Aotearoa New Zealand, several efforts, particularly in the past 10 years, demonstrate the leaps made in the efforts to 'decolonise' public health. Aotearoa New Zealand has always been a global leader in race relations, yet the reality is the systemic issues remain and are rife.

Efforts to understand and highlight the places where institutional racism exists and how to address it have increased. The body of robust research has grown appreciably, in particular regarding our Indigenous experiences of institutional racism in policy and within commissioning, the delivery of health services and public health, and broader

Indigenous societies are driven by collective systems that support health and well-being while caring for the health of the planet and all the resources within it. A commitment to decolonise public health is a first step in valuing the Indigenous craft of public health differently – and closing the gaps in health care

health workforce capacity. More recently there have been significant reforms to the health system to acknowledge and address the ongoing systemic barriers and to reflect the authentic Tiriti relationship that our government is bound to honour through Te Tiriti o Waitangi, the agreement made in 1840 between Indigenous New Zealanders (Māori) and the Crown.

Politics plays a significant role in how much movement can happen to create authentic sustainable action to decolonise. Unfortunately, the groundbreaking model for health services and delivery recently established by the previous government, which gave Māori the closest model of co-governance within a centralised system of healthcare infrastructure, workforce capacity,

A Kaingang child receives a Covid-19 vaccination in the Apucarantina village in Tamarana, Brazil



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service delivery and commissioning, was swiftly deconstructed by a new government with an agenda and politics that are more than demonstrating a significant shift away from evidence-based policy and action, and executing what could be described as contemporary breaches to our Tiriti. The upside is that the efforts of the past 40 years to grow allies in our communities and the private sector as well as in health, education and social services mean we have a much larger community of individuals and organisations that continue to push forward in understanding and executing decolonising practices under the auspices of Tiriti-aligned practice. This is important as this work must continue regardless of national political cycles and short-sighted politics.

### **What has the World Federation of Public Health Associations contributed to this task?**

Since I've been involved in the federation – an association of 110 national associations, an equivalent community of 5 million plus individual members – it has made several significant gains in understanding and supporting Indigenous peoples and Indigenous public health needs.

Significant steps forward include the opportunity to have an Indigenous representative from the Public Health Association of New Zealand on the Governing Council for two consecutive terms. This marked a significant step in Indigenous presence and voice at that level of governance and strategic decision-making for the federation. During 2017 at the World Congress on Public Health in Melbourne, a yarning circle was held to enable Indigenous delegates to meet and discuss the desire to form an Indigenous Working Group for the WFPHA. We now have one of the fastest established IWGs at this level. We have been able to increase Indigenous voice and participation through this mechanism. As a result in May 2022, I – an Indigenous woman from Aotearoa – was honoured to be elected to take up the role of president of the federation at the World Health Assembly in Geneva in May 2024. The federation also adopted a new goal in May 2023 of 'Contributing to systemic change and decolonising public health'. That is a major commitment by an organisation of this nature.

This is a strategic move. The willingness of our key leaders and members to contribute to the global efforts demonstrates the federation's authentic understanding of the absolute need for our public health community to recognise the inequities and burden of ill health and disease faced by Indigenous populations globally. We embrace and lead efforts to address those issues. In November last year, through the efforts of our IWG, we drafted a definition for the federation of 'Decolonising public health'. We are clear that this is a working definition as it marks the beginning of our efforts to understand what this looks like for our membership and associations. The IWG will also continue to create opportunities to lead education and socialisation efforts about what it means to decolonise this space and what resources are needed to support this education. We recognise this is no small task, but we also recognise the important opportunity to start moving towards truly dismantling barriers to Indigenous health and reimagining and creating new practices and approaches to decolonise global public health.

### **EMMA RAWSON-TE PATU**

Emma Rawson-Te Patu, from the tribal groups of Ngāti Ranginui, Ngai te Rangi, Raukawa and Ngāti Haua, is director of ManuKahu Associates Limited, an Indigenous consultancy in Aotearoa New Zealand. She is also president-elect of the World Federation of Public Health Associations and holds the policy and advocacy portfolio in the Indigenous Working Group of the federation. She is a researcher/trainer, facilitator and proud health promoter. She served as consultant to the New Zealand Human Rights Commission and develops training and frameworks for dismantling institutional racism.

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### **What challenges and constraints remain?**

The biggest challenge to the efforts to decolonise our society or elements of it is the appetite of individuals to bravely understand and educate themselves on the necessity of this process, and how and why inequities exist – and that it is very possible to address these through this process. It is multifaceted and requires the collective efforts of many. This work has been happening for decades, and will continue for many more to come. However, the more allies we have, the greater the efforts will be and the more success we will have. The beauty of this work is that everyone gains. There is a state of fear that exists when individuals and groups, governments and populations don't understand the context of how we arrived at this place of significant inequities in health for Indigenous populations. Governments and the systems they facilitate in societies are made up of people who make decisions that either ultimately increase or decrease the well-being and life success of human beings. People are responsible for perpetuating the inequities or for genuinely working on creating new or better ways to reduce harm and increase health for all. Indigenous societies are driven by collective systems that support health and well-being while living and caring for the health of the planet and all the resources within it. We have forever understood about balance and honouring the place we have on the earth. Never more than now do we need to value the place and wisdom of Indigenous populations. A commitment to decolonise public health is a start to valuing our craft of public health differently and truly addressing health inequities and increasing life success for some of our most affected populations. ■





# Destigmatising mental health

Serious barriers to mental health treatment exist in various forms, preventing significant numbers of people from accessing help. It is up to us to remove these barriers from society

By Her  
Excellency  
the Right  
Honourable  
Mary Simon,  
Governor  
General  
of Canada

I would like to thank you for inviting me .... to address a very difficult topic: mental health.

I say difficult because not everyone likes to talk about their mental health.

As we all know, physical health and mental health are linked, with many different causes and treatments available for both. Yet, despite our scientific knowledge, there is still stigma towards mental health. People in need feel like they can't speak up ... they can't ask for help. This creates a big challenge for those working in mental health.

In fact, stigma prevents forty per cent of all people with anxiety or depression from seeking help, according to the [Canadian] Centre for Addiction and Mental Health.

As Governor General and as part of my mandate, I want to build on the work already in progress to de-stigmatize mental health, so it receives the attention and compassion and understanding it deserves. I want to encourage people

to speak up—that there's no shame in asking for help.

And I know that it's hard. I know how hard it is to ask for help. I have dealt with my own mental health issues during my career.

I know that in some communities, for a variety of reasons, asking for help is something that simply isn't done.

There are serious barriers to diagnosis and treatment that stem from this stigma. And these barriers are indiscriminate. They impact women, men, children and people of all identities. They affect people in all communities, of all cultures and of all backgrounds.

And these barriers can take many forms.

And there may also be a financial component. Perhaps they are economically dependent on others and are afraid to ask for help. Or perhaps they do not have the necessary resources to get the help they need.

Barriers such as these could apply to all genders ... all identities ... all cultures ... all communities ...

It's up to us to remove these barriers from our society.

It requires us to support one another ... It requires us to lead with understanding and respect. And it requires us to build safe spaces for all communities.

Let me go ... to the example of the Akausivik Inuit Family Health Team.

Akausivik was created to fill a need for the Inuit community in Ottawa who did not have a family doctor and who did not normally seek out medical or mental health treatment ...

Dr. [Indu] Gambhir encountered people who hadn't seen a doctor in years, and worse, who did not trust the medical community.

So Dr. Gambhir and Akausivik changed the message. They focussed on cultural respect, on good mental health and on facts about vaccines. The community saw that this medical team not only understood them, but also, literally, spoke their language. The Akausivik team explained the advantages of the health care system in a way Inuit in Ottawa could understand and trust.

They built a trusted, safe space for Inuit to get better supports, both physically and mentally.

That is what I want to convey to you today. We need each of you to find ways to contribute to building those safe spaces because people not only need to feel comfortable speaking up, they need somewhere to go after acknowledging they need help. We need to create these spaces for people seeking mental health care.

Safe spaces can be anywhere, and it can be anyplace. It can be anywhere that breaks down barriers of culture,

language and understanding to access help ...

While in Nova Scotia, I visited Laing House, where youth with mental illness are empowered through innovative programming and peer support. They use art as an outlet for young people to help address their mental health issues, and I was pleased to join them and take part in a workshop.

In speaking to them, I saw their hope shine through that things would get better. I also shared with them a word in my mother tongue, Inuktitut: *ajuinna*. It means a promise, a vow to never give up in the face of challenges. It means committing ourselves to action, no matter how daunting the cause may be ...

There are many challenges we face, but the only way to face them is head on, with hope and with *ajuinna*.

No matter where we come from, what languages we speak or what we believe, we all need a place to find connections.

We need to feel confident that people will take care of us. It is human nature to seek out these places where we can feel safe and be at home. And it is up to all of us to empower women to make decisions, to give them a voice and to take that knowledge back to their own communities and families ...

Let us move forward together, and with *ajuinna* in our hearts.

*Social Network of Women, Ottawa, 4 November 2023*

I would like to thank my home community of Kuujuaq for welcoming me back to our traditional land.

First, I want to applaud Avataq, Makivik, the Kativik Regional Government, Kativik, and Nunavik's health and social services network for supporting our Inuktitut language and declaring that Inuktitut is the language of Nunavik. The more we use our language, the stronger it will get ...

Kuujuaq is a fitting place for this anniversary. Military routes are part of our recent history. In the 1940s, when it was Fort Chimo, this area became a U.S. Air Force base and part of the war effort. Later, in the 50s, Canada took over the airport and our old community on the other side of the river moved here. Our family was one of them ...

The Canadian Rangers are an essential part of the Canadian Armed Forces. They contribute to our security and

“

**In some communities, for a variety of reasons, asking for help is something that simply isn't done”**

#### HER EXCELLENCY THE RIGHT HONOURABLE MARY SIMON

Mary Simon became Canada's first Indigenous governor general in July 2021. Born in Kangiqsualujuaq, Nunavik (Quebec), she began her career broadcasting with the CBC Northern Service. She subsequently held various positions with the Makivik Corporation and Inuit Tapiriit Kanatami, engaged in negotiating the first land claims agreement in Canada and protecting and promoting Inuit rights. She served two terms as president of the Inuit Circumpolar Council and was policy co-director of the Royal Commission on Aboriginal Peoples. She was Canada's ambassador for circumpolar affairs from 1994 to 2003 and ambassador to Denmark from 1999 to 2001. She served two terms as president of Inuit Tapiriit Kanatami, starting in 2006.

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Sgt Johanie Maheu, Rideau Hall © OSGG-BGG, 2021

sovereignty. They support search and rescue operations. And they help foster understanding, respect and reconciliation in northern and remote communities across Canada.

Some might say that being a [Canadian Ranger] is a calling. Through your active participation as junior Canadian rangers, you are also answering that call. You are creating a better world for all peoples of the North ...

Yesterday, it was a pleasure to see all of you, from so many places throughout the country, participate and compete in different activities like building improvised shelters. The skills you learn as junior rangers

are important. What you learn has been passed down through the traditional knowledge of Inuit and other Indigenous peoples and other northerners. Some of these skills are essential to surviving and thriving in the harsh northern climates. And all of these skills will serve you well into adulthood ...

Being a junior ranger means learning new skills and learning about nature, our lands and our waters. It means working together to solve problems. It means listening. It means opening yourself up to different cultures and ways of thinking ...

Each of you is on a journey. A journey of discovery and growth. No matter where you go, with the Junior Rangers, with the Canadian Rangers, if you so choose, or in a different direction altogether, I want to leave you with a few thoughts about your future.

First, take care of your mental health.

As governor general, I have made mental health one of the priorities of my mandate. I speak from personal experience when I say that mental health needs to be treated with the same importance as physical health. Body and mind must work together.

For members of Indigenous communities and those living in remote communities here in the North, mental well-being is a critical part of survival. Isolation is keenly felt among residents living in communities that are hard to access year-round.

Yet there continues to be a lack of resources dedicated to addressing mental health concerns, particularly among our youth.

Hold on to what helps you, such as the bonds and friendship you form within the Junior Rangers.

Second, find what you love, what resonates with you, what drives you at your core.

Growing up here in Kuujuaq, I developed strong principles of equality and justice that led me to become an advocate for Inuit, for education and for the preservation of Indigenous languages. I saw how reconciliation was directly tied to mental health, healing, understanding, respect and community well-being.

I followed my passions, which led me directly to where and who I am now ...

*Rendez-Vous 25, Kuujuaq, in the Nunavik region of Quebec, 13 January 2024 ■*





# How health trends and decisions are affecting Inuit in Greenland

Indigenous knowledge and citizen involvement are essential to strengthen social cohesion, and political decisions for health need to be made with careful consideration of those directly affected

An Inuit woman in traditional clothing in Ilulissat, Greenland

Kertu / Shutterstock.com

The increased centralisation of important societal functions is one of several consequences of globalisation in Greenland, a country with a surface area of 2,166 million square kilometres. Despite its vast area, the total population numbers only 57,000 inhabitants, of whom 90% are Indigenous Inuit, with the rest primarily from Denmark. This development has been under way since Greenland was industrialised at the beginning of the 20th century. Political bodies gather in larger communities, which means that important decisions are often made far away from citizens. To put that in perspective, no actual roads connect communities in Greenland. The only way to get to and

**By Naja Carina Steenholdt and Ivalu Katajavaara Seidler, Centre for Public Health in Greenland, University of Southern Denmark**

from a community is by boat, aircraft, dogsled or snowmobile.

Labour opportunities are also increasing in the larger communities, leaving smaller communities to – at worst – socio-economic decay. The same can be said about education services. Research has shown that lack of access to education and labour opportunities increases the risk of suicide, partially explained by the restricted access to financial resources. In the past decades, the Greenlandic health sector has likewise been subject

to increasing centralisation that has limited health services for people living outside of large communities. The Covid-19 pandemic indisputably exposed the vulnerability of small communities caused by such centralisation.

These changes, which are also happening on a large scale globally, have both diffuse and concrete consequences for the physical and mental health of Greenlandic Inuit, as well as for social cohesion. Increased mobility related to education, labour supply and health services results in smaller communities being depopulated and larger communities growing. It also leads to a fragmentation of business life and families, loss of place and, consequently, loss of cultural identity and practice. The innate importance of

place, cultural vitality and close social relationships for mental and physical well-being among Indigenous peoples across the circumpolar region is heavily documented in Arctic literature.

### CONSEQUENCES OF CENTRALISATION

One concrete example of the consequences of centralisation is the increasingly limited maternity services in Greenland. Pregnant women are often required to travel hundreds, even thousands, of kilometres to give birth, forced to leave their homes and families for longer periods before and after the birth. In addition to the social consequences for families and local communities, against the background of Greenlandic Inuit's strong attachment to place and family, it cannot be ruled out that this disruption will cause long-term changes in population development. Statistically, more and more women are giving birth in their own community, which may indicate increased mobility motivated by family planning, further contributing to urbanisation.

Distributive economics continues to provide a political incentive to depopulate and shut down communities to ensure balance and equal living conditions. The current politically desired centralisation raises an important question about whether people should continue to be able to live in small communities and whether it is at all possible to ensure equal living conditions. From a fiscal point of view, the political desire for centralisation is easy to understand, but the demand for housing, which is often expensive and difficult to access in the larger communities, and a strained health sector result in social stagnation and risk causing greater socio-economic consequences, both in the short and long term.

As a historical example, the political closure of Qullissat, one of Greenland's largest cities in the 1960s, had irreparable social consequences not only for the health and lives of the 1,100 Indigenous people who were forcibly relocated, but also for Greenland's national development as a whole.

### UNKNOWN IMPACTS

These developments caused by centralisation are reinforced by increasing climate change. In certain cases, climate change provides

# 57,000

inhabitants in Greenland



are Indigenous Inuit

### NAJA CARINA STEENHOLDT

Naja Carina Steenholt is an Indigenous social science researcher in the Centre for Public Health in Greenland whose work focuses on different aspects of health and well-being in Greenland. She is currently working on a project investigating the response to and prevention of childhood sexual abuse. Naja Carina is also a part of the Champions Group in the To Zero global initiative, a task force focused on ending childhood sexual violence, and she is a member of the Social, Economic and Cultural Expert Group working under the direction of the Sustainable Development Working Group of the Arctic Council.



### IVALU KATAJAVAARA SEIDLER

Ivalu Katajavaara Seidler is an Indigenous scholar from Greenland working with research on mental health, suicide and alcohol. She has been working on research in Greenland for more than six years and her methodological approach is primarily epidemiology. Ivalu has a strong focus on developing quantitative approaches to research that resonates with Greenlandic culture and worldview. She also chairs the Greenlandic Alcohol and Drug Council.



an opportunity for economic development, such as increased opportunities for fishing and mining in Greenland because of the diminishing ice in the Arctic. However, entire local communities are forced to move from their homes, primary occupations are liquidated and contact with nature changes – all factors that affect general health and well-being, and lead to a loss of cultural knowledge and practice. The consequences of this are not yet fully known.

Adaptation and ecological resilience have often occupied the political and scientific discourse as a means to overcome the damaging impacts of both centralisation and climate change. As adaptation and resilience are features that can develop inadvertently, it is important to turn our focus to the kind of adaptation and resilience we can build ourselves, based on our shared past experiences and current knowledge. In this context, it is essential to include our Indigenous knowledge of culture and nature in all aspects of development and build bridges between generations and across the rich variations in culture that still exist in spite of our scarcely populated nations across the Circumpolar North.

We are living in a time when major detrimental changes are unravelling at such a pace that political comprehension and latency might result in obsolete planning and efforts. It is therefore imperative that political choices are rooted in, or, at the very least, supported by scientific and traditional knowledge and, equally, are formed by historical experiences that we already know the consequences of. In addition, it is crucial that political decisions be made with careful consideration of, and together with, the people who are affected directly by them. Increased community engagement, Indigenous knowledge and citizen involvement are essential to prevent further societal fragmentation and to strengthen social cohesion in the pursuit of empowering the current vulnerable process of nation building. ■

# Helping people to breathe easy



Breathing easy is a political choice, and leaders must act to establish a nicotine-free and commercial tobacco-free future today

We have been witnessing commercial tobacco-related diseases and deaths while experiencing incremental successes in tobacco control for more than 70 years. This cycle of addiction, illness and premature death results in significant societal costs, affecting our communities' health and well-being now and for future generations.

The commercial nicotine and tobacco industry fuels diseases and death. The industry includes any entities involved in commercial manufacturing, marketing and distribution of nicotine or tobacco products that are not ceremonial or regulated as evidence-based pharmacotherapy (that is, nicotine products other than medicines). Maintaining the status quo and allowing the nicotine and tobacco industry and its affiliates to continue profiting from commercial tobacco, nicotine and related products – despite the significant industry-generated harms – is a political decision.

Strong and decisive political leadership is well established in public health, ultimately striving to protect the human right to health. We witnessed such strong political leadership in the name of health at unprecedented levels during the Covid-19 pandemic. This included decisions with immediate and long-term implications. For example, the closure of domestic and international borders had diverse impacts, including social and financial consequences in addition to shaping political (re)election efforts. Furthermore, decisions on essential and non-essential goods, such as prohibiting the sale of commercial tobacco and nicotine products as non-essential goods, also required strong political leadership that can continue to inform public health today.

However, challenges persist as the commercial nicotine and tobacco industry and affiliates use various tools, including political influence, to actively undermine and prolong eradication efforts.

## THE COLONIAL PROJECT

The colonisation of Turtle Island (North America) altered – and continues to alter – ways of knowing, being and doing, including traditions and protocols of Indigenous peoples to Turtle Island and the relationships with the sacred tobacco plant. There are many different species of tobacco plants native to Turtle Island, such as *Nicotiana rustica*, with many Indigenous peoples continuing to use tobacco as a sacred medicinal plant that promotes wellness. The word 'tobacco' is said to have been a Taíno term, a language of the Arawak people of the Caribbean that was claimed by the Spanish in 1550. This claiming of language is a form of colonisation, with the pattern of colonisation continuing with the development of the tobacco plant as a plantation crop: it has been industrialised, modified and commercialised for mass production and distribution and, when used as directed, it kills.

Commercial tobacco products are available and accessible in large quantities and at low cost, with ingredients added that can mask smells, exacerbate addictiveness and lower

By Raglan Maddox, professor, National Centre for Aboriginal and Torres Strait Islander Wellbeing Research, Australian National University



production costs. The industry and its affiliates have continued to adulterate and manipulate tobacco, through the production of novel and emerging products such as vapes, nicotine delivery devices, heated tobacco products and nicotine pouches, further distancing such products from the origins of the sacred tobacco plant.

#### **URGENT ACTION IS REQUIRED TO HELP SAFEGUARD THE HUMAN RIGHT TO HEALTH**

Eradication of the commercial tobacco industry and its affiliates has significant potential, with the opportunity to prevent more than 22,000 premature deaths daily, leading to substantial improvements in life expectancy. This is essential for health and well-being. However, the nicotine and tobacco industry and affiliates fiercely oppose eradication, promoting individual blame and employing strategies to circumvent, attack and undermine public health measures, to protect and expand their profits. This reflects the legal obligations of the industry and affiliates whose 'best interest' is centred on their shareholders. There is an inherent conflict of interest between public health and the nicotine and tobacco industry.

The tobacco industry and affiliates have promoted compromised versions of science and epidemiology that are designed to undermine concerns about tobacco-related harms. This includes manipulating commercial tobacco-related research and funding,

publishing and disseminating research that supports their best interests, while continuing to sell commercial tobacco, promoting related products as harm reduction, and suppressing and critiquing research that does not support this position.

Public health continues to raise awareness about industry interference and the challenges it presents. This includes the conduct and dissemination of science and manipulation of evidence, as well as political decision-making processes. Clearly, the irreparable ongoing harms are irreconcilable with the human right to health. This is reflected in the World Health Organization's Framework Convention on Tobacco Control Article 5.3, which requires that governments take measures to protect health policy from commercial and other vested interests of the tobacco industry.

#### **ERADICATION IS REALISTIC AND THE GOAL REMAINS: ERADICATE, ERADICATE, ERADICATE!**

Despite the challenges, including political changes involved in eradicating commercial tobacco-related disease and death, it is crucial to establish clear targets to eradicate tobacco-related deaths. Various targets for minimising commercial tobacco harms are in place, generally aiming to reduce commercial tobacco prevalence to below 5%. Globally, if the prevalence of commercial tobacco use were less than 5%, it would mean that around 300 million people aged 15 years and older would use commercial tobacco, and half to two-thirds of them would face premature death unless they quit.

We must recognise the ongoing political challenges as the nicotine and tobacco industry and affiliates resource, adapt and mobilise accordingly. Despite FCTC Article 5.3, we continue to witness ongoing political challenges to suppress



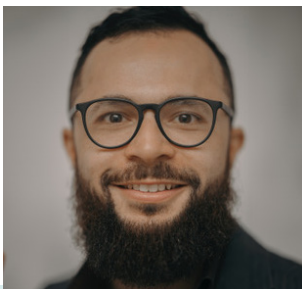
**The pattern of colonisation continues with the development of the tobacco plant as a plantation crop: it has been industrialised, modified and commercialised for mass production and distribution and, when used as directed, it kills"**

and influence tobacco control, such as the recent repeal of the Smokefree Environments and Regulated Products (Smoked Tobacco) Amendment Bill in Aotearoa New Zealand.

Public health advocates and communities must increase efforts to expose industry tactics to address political interference and industry-generated harms. The political decision to continue selling commercial tobacco products must be taken seriously and is unethical and immoral. It disregards the fundamental responsibility of the human right to health. Whose interests are being served in allowing commercial tobacco sales to mass produce death and disease?

Clearly the nicotine and tobacco industry's political power has been pivotal in shaping the regulatory landscape and public perception of its products. So, although public health practice is rooted in the belief that scientific research is positivist, it is not likely that more evidence of nicotine and tobacco harms alone will be enough to drive political leadership to eradicate such harm, given what we have known about commercial tobacco-related deaths for over 70 years.

But the time is now. We must mobilise our efforts to safeguard and enhance health and well-being and eradicate the commercial nicotine and tobacco industry and tobacco-related deaths so we can, ultimately, establish a nicotine-free and commercial tobacco-free future today. ■



**RAGLAN MADDUX**

Raglan Maddox (Bagumani [Modewa] Clans, Papua New Guinea) is a professor at the National Centre for Aboriginal and Torres Strait Islander Wellbeing Research at the Australian National University who researches developing and analysing population-based Indigenous health information systems using community-driven processes, focusing on commercial tobacco use. This research has been generating primary data platforms and returning data to Indigenous communities to help better understand and improve Indigenous health and well-being.

✕ @RaglanMaddox

# When health rests on rights

By Christina Henriksen,  
former  
president,  
Saami  
Council

Achieving universal health coverage, a key target of the third Sustainable Development Goal to ensure healthy lives and promote universal well-being, cannot be accomplished by the health sector alone. Nor can other targets for the same goal, such as reducing premature mortality from non-communicable diseases by one-third through prevention and treatment or promoting mental health and well-being, or substantially reducing the number of deaths and illnesses from hazardous chemicals and polluted air, water and soil.

Sámi reindeer herders follow the herds through all seasons, migrating along the same routes as generations before, keeping the herds healthy, safe, fed and able to reproduce. This all depends on access to healthy and undisturbed pastureland. Industrial activities also demand access to land. Too often, they push away the reindeer husbandry to provide space for other activities. Towns expand, infrastructure is established, recreational cabins and trails are built, power lines are erected, and large spaces are expropriated for mines and hydroelectric power projects. The reindeer pastures are fragmented and diminished in line with this development. The result is that the Sámi, as an Indigenous people, have lost access to ancestral land.

This is the reality for the Sámi people, the Indigenous people in what can be considered a privileged part

Indigenous peoples worldwide are particularly vulnerable in regard to their health and well-being, but empowerment, access to traditional land and acknowledgement of Indigenous peoples' rights are key elements to righting the balance

of the western world. There seems to be a false assumption that such activities can happen without harming Sámi livelihoods and culture. This situation is, however, too familiar for Indigenous peoples throughout the world. Indigenous trades, livelihoods and activities are expected to give way for what the dominant society defines as economic development. The dominant opinion seems to be that Indigenous peoples are obligated to give into whatever demand comes from whoever is interested in that particular piece of land or water, resulting in disputes over land access. These disputes foster hate speech and threats, which are currently a considerable part of the daily lives of Indigenous peoples, from Sápmi to the Amazon, to North America, to Africa, to the Pacific. The mental well-being of Indigenous peoples is affected. The constantly increasing pressure on our land and territories is seriously harming our peoples' health. It threatens our existence.

Indigenous peoples, on the tundra, mountains, plains or river deltas, share a special relationship to their traditional land. Indigenous peoples depend on access to ancestral land for collective physical and spiritual survival as peoples, and hold diverse concepts of development, based on traditional values, visions, needs and priorities. For many Indigenous peoples, their livelihoods are based on primary trades, which implicates access to pastures to feed animals or to provide harvest. In the Sámi context, reindeer husbandry constitutes the foundation for the livelihood of many Sámi families, but is also essential to ensure the preservation and continuation of Indigenous knowledge, language, culture and existence.

## CHRISTINA HENRIKSEN

Christina Henriksen is from Girkonjárga/Kirkenes, where the Norwegian side of Sápmi borders Finland and the Russian Federation. From 2020 to 2022 she served as president of the Saami Council, which gathers members from Norway, Sweden, Finland and Russia, and as a member of the Sámi Parliament (Norwegian side) for 2013–2017. She has been a member since 2017, and in the leadership of Sámi organisations for more than 20 years. She has professional experience from the Barents Euro-Arctic Cooperation, and she is a teacher.

🐦 @SaamiCouncil 🌐 saamicouncil.net





## SUSTAINABLE CARETAKING

To survive as a people, we are obliged to take care of our territories in sustainable ways, to ensure that future generations will benefit from the biodiversity providing food security and knowledge. This core value is shared by Indigenous peoples across the globe. We cannot allow any further harm to our land(s), or its exploitation, and this is why Indigenous peoples must participate in political processes. This is why our representatives must be acknowledged, and listened to, as partners in negotiations and discussions. This is why free, prior and informed consent must be an unavoidable principle for processes at all levels.

Human rights, including Indigenous peoples' rights, are under pressure, as the world seeks quick fixes to global problems, while simultaneously chasing economic growth. The Saami Council is one among Indigenous peoples' organisations and representative bodies addressing Indigenous peoples' rights and promoting Indigenous voices from the community level to international platforms, such as the United Nations.

According to the UN, Indigenous peoples make up 370 million individuals worldwide, inhabiting around 70 countries. This indicates a wide range of political systems and policies regarding Indigenous peoples, most often developed by a dominant society, leaving the Indigenous peoples to depend on the will of the authorities to recognise and implement their rights.

Indigenous peoples face discrimination and racism in encounters with the public, including with healthcare services, whether they live in urban or rural areas. More or less successful attempts of assimilation cause disparities in health services. Indigenous peoples

explain how lack of knowledge of their languages and culture makes them feel unsafe and unable to explain their situation properly, which leads to the possibility of them not receiving the necessary treatment or help.

Infrastructure in rural communities depends on priorities and investments from government or private organisations and is often related to industrial development. Infrastructure also includes healthcare services. Adequate healthcare service seems to be related to the number of inhabitants. This means smaller Indigenous communities might be deprived of access to health care, unless they are located close to an 'infrastructure hub'. Access to affordable transportation is another hurdle for Indigenous peoples located far from healthcare institutions and providers. Getting to a medical appointment might require several days of travel and high costs for transportation, in addition to logistics and costs regarding potential travel companions.

Access to adequate healthcare service and essential needs, such as clean water and sanitation, is a core determinant of the physical health of Indigenous peoples. Access to traditional land is another, and requires authorities and private investors to prioritise implementing the UN Sustainable Development Goals and widening the horizon to include Indigenous peoples' perspectives. Indigenous peoples have nothing left to give away, and so to secure our health and our existence, the empowerment and recognition of Indigenous peoples' rights is the only recipe. ■

Note: This article originally appeared in *Health: A Political Choice – Act Now, Together*, published in 2020.

# 370m

Indigenous individuals worldwide, inhabiting around 70 countries

“

The dominant opinion seems to be that Indigenous peoples are obligated to give into whatever demand comes from whoever is interested in that particular piece of land or water, resulting in disputes over land access”

A man in traditional Saami clothing tends to a reindeer in Rovaniemi, Finland at the North Arctic Pole



# Meaningful Indigenous representation across the globe: a call to action



By Geoffrey Roth, vice-chair and expert member of the United Nations Permanent Forum on Indigenous Issues

Implementing the Indigenous determinants of health framework must be led by Indigenous leaders if the resolution is to be impactful and a driver of systemic change in institutions that have proven slow to evolve

The resolution on ‘The Health of Indigenous Peoples’ adopted at the 76th World Health Assembly in May 2023 resulted from decades of relentless advocacy and educational efforts by Indigenous leaders. Although this was a celebratory moment, Indigenous peoples across the globe are acutely aware that this resolution will only be impactful and drive systemic change if its implementation, through the Global Plan of Action, is led by Indigenous leaders representing their communities’ perspectives. The United Nations Declaration on the Rights of Indigenous Peoples calls for ensuring substantial Indigenous representation from high-level decision-making positions through the design and management of implementation measures. Meaningful Indigenous representation is the only right, moral and equitable political choice to expedite systemic change in institutions that have proven too slow to change.

The provisions enshrined in foundational documents, such as UNDRIP with its requirement of free, prior and informed consent, the

International Labour Organization Indigenous and Tribal Peoples Convention 169 and other international instruments protecting the rights of Indigenous peoples, are undoubtedly significant advances in terms of legal and policy matters. However, the implementation and application of such instruments are, in the best-case scenario, inconsistent across the United Nations system agencies and national ministries and, in the worst-case scenario, used as tools to continue marginalisation and neo-colonisation. For instance, while institutional policies for implementing the principle of free, prior and informed consent may exist and be codified in agencies such as the Food and Agriculture Organization, other agencies lack clearly defined procedures. Without these procedures across institutions, policy is applied inconsistently, and this often results in detrimental policy decisions and continued discrimination and marginalisation. Most agencies lack a process for decision makers to ensure Indigenous rights are secure and protected in an ongoing fashion (as established in the principle of free,

prior and informed consent) and, most importantly, in ways that Indigenous peoples can use to effect change.

## ILL-EQUIPPED AGENCIES

Most UN agencies, whether focused on health or not, are ill equipped to approach Indigenous issues in a holistic and optimal manner. The lack of proper understanding is a critical issue across the UN system because for Indigenous communities, health is connected to all spheres of human activity. As articulated by the UN Permanent Forum on Indigenous Issues, Indigenous peoples’ holistic conceptualisation entails approaching “health as an equilibrium of spirituality, traditional medicine, biodiversity, and the interconnectedness of all that exists. This leads to an understanding of humanity in a significantly different manner than non-Indigenous peoples.” Such understanding is especially relevant regarding non-Indigenous agency staff deciding how to approach Indigenous affairs from their institutional platforms. Most officials find it difficult to perceive cultural nuances and thus may insist on minoritising Indigenous



A doctor performs a nasal swab test on a patient in Africa

issues by grouping them with local communities (see, for example, the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystems) or stakeholders rather than regarding them as rights holders. Other local populations may have nothing in common except shared geographical regions, but they are completely foreign to the Indigenous holistic understanding of health and well-being. Even though we, Indigenous peoples, are the guardians of the planet's biodiversity, and have used Indigenous ancestral knowledge to protect it for millennia, the institutions leading the world are mostly unknowing of the Indigenous holistic perspective and insist on dissecting its components to make them fit into the existing system. History has shown this to be ineffective, incredibly time consuming and often counterproductive to the stated goals.

The Indigenous Determinants of Health framework, composed of two studies sponsored by the UNPFII, was developed precisely as an educational and expedited solution to the institutional apathy and slow appetite for consequential and equitable change facing the urgent, and largely unmet needs of Indigenous peoples worldwide. The IDH is a concept coined by the UN Indigenous Youth Caucus in 2022, and was embraced and developed by three UNPFII expert members, 22 Indigenous researchers and community leaders representing the seven UNPFII regions. The conceptualisation of Indigeneity as an overarching social determinant of health provides the foundation for 33 risk and protective factors unique to the circumstances faced by Indigenous peoples and the systemic marginalisation challenging Indigenous lifeways. The constructs included in the first study, 'Indigenous determinants of health in the 2030 Agenda for Sustainable Development' published in 2023, provide Indigenous health-specific circumstances explained in terms of intergenerational holistic healing, the health of Mother Earth and the re-Indigenisation of culture. For non-Indigenous officials' education purposes, these concepts were compared to World Health Organization levers to be used in the World Report of Social Determinants of Health Equity, to be released in 2024.

### PRACTICAL GUIDANCE

Having experienced resistance and barriers to ideal Indigenous representation and rights implementation themselves, the UNPFII expert members decided to sponsor a second study, focused on operationalising the IDH for institutions to have clear guidance on the structural modifications needed to accelerate systemic change in culturally safe and

concrete manners. The 'Improving the health and wellness of Indigenous peoples globally: operationalization of the Indigenous determinants of health' study (to be published in 2024) provides practical implementation guidance on the institutional components that must be developed or modified to meet the defined principles of UNDRIP and free, prior and informed consent. Developed from the perspective of Indigenous rights, the guidance incorporates components on Indigenous representation and meaningful engagement, incorporation of meaningful interventions and approaches, equitable integration of Indigenous research and evaluation methodologies, land ownership and environmental management, and optimal participation in policymaking.

All the structural components are vital to ensuring a system that is equitable and cultivates protections for Indigenous peoples' rights. The next critical step is the political decision to include appropriate representation and authentic engagement of Indigenous leadership in the WHA resolution's Global Plan of Action and in all the work of UN agencies. This includes Indigenous representation in high-level advisory bodies, technical and scientific workgroups, and discussions on planetary health across the UN system. Substantial representation will accelerate the development of the other Indigenous health operationalisation components. If systemic change is to be expedited, Indigenous leaders must be the ones steering the work to define the policies, initiatives and projects affecting Indigenous populations at the global and national levels.

Therefore, we call for our Indigenous brothers, sisters, and individual and state allies to advocate from their platforms and positions for two key objectives:

- For Indigenous leadership to be integrated in a weighty and meaningful manner in the Global Plan of Action and other pertinent decision-making instances across the UN system, and
- To make the Indigenous Determinants of Health a guiding framework to ensure all aspects of our Indigenous holistic and intergenerational perspective, and the operationalisation of our Indigenous health rights are included, respected and protected. ■

### GEOFFREY ROTH

Geoffrey Roth (Lakota – Standing Rock Tribe) is a Native American leader and advocate and expert member of the United Nations Permanent Forum on Indigenous Issues who focuses on Indigenous determinants of health and food systems. He chairs the Coquille Indian Tribe's executive health board and the board for Capital Native Nations (a nonprofit in Washington DC), leads the Indigenous Determinants of Health Alliance and is CEO of the Cedar Rock Alliance consulting firm. An activist with vast experience including grassroots community mobilisation, he served in the Obama administration from 2010 to 2017, and was Indian Health lead for the Biden-Harris Transition Team in 2020–2021.





People celebrate at an  
Indigenous arts festival  
in Toronto, Canada



# The health of Indigenous peoples

The resolution proposed by Australia, Bolivia, Brazil, Canada, Colombia, Cuba, Ecuador, the European Union and its members, Guatemala, Mexico, New Zealand, Panama, Paraguay, Peru, the United States of America and Vanuatu and passed at the World Health Assembly in May 2023

### **The Seventy-sixth World Health Assembly,**

Recalling that Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health, as declared by the United Nations Declaration on the Rights of Indigenous Peoples adopted by the United Nations General Assembly through resolution 61/295;

Recalling the commitments of the World Conference on Indigenous Peoples in 2014 to intensifying efforts to reduce rates of HIV and AIDS, malaria, tuberculosis and noncommunicable diseases and to ensure their access to sexual and reproductive health, as reflected in resolution 69/2;

Recalling further the United Nations resolutions on Indigenous Peoples and the Outcome document of the high-level plenary meeting of the General Assembly known as the World Conference on Indigenous Peoples, adopted by the United Nations General Assembly on 22 September 2014;

Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

Recalling the Expert Mechanism on the Rights of Indigenous Peoples, including its study on Right to Health and Indigenous Peoples with a focus on children and youth (A/HRC/33/57), as well as taking note of the work of the United Nations Permanent Forum on Indigenous Issues and the United Nations Special Rapporteur on the Rights of Indigenous Peoples, recognizing the contribution that Indigenous Peoples make to these discussions;

Recalling also resolutions WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA65.8 (2012) that endorsed the Rio Political Declaration on Social Determinants of Health and WHA74.16 (2021) on the Social Determinants of Health;

Recognizing regional WHO activities on the health of Indigenous Peoples;

Recalling the United Nations General Assembly resolutions 75/168 (2020), 76/148 (2021) and 77/203 (2022) on the rights of Indigenous Peoples, the latter of which reaffirms that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, and also reaffirms that Indigenous individuals have the right to access, without any discrimination, to all social and health services;

Also recalling United Nations General Assembly resolution 74/2 (2019), entitled “Political declaration of the high-level meeting on universal health coverage”, which recognizes the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

Recognizing the importance of holding consultations and cooperating in good faith with the Indigenous Peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them as outlined in

the United Nations Declaration on the Rights of Indigenous Peoples;

Recognizing that the health needs and vulnerabilities of Indigenous Peoples vary as they are heterogeneous groups of peoples and live in different environmental and social contexts;

Recalling that the United Nations Declaration on the Rights of Indigenous Peoples expressed concern that Indigenous Peoples have suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests;

Noting reports of the United Nations Department of Economic and Social Affairs, according to which life expectancy can be considerably lower for Indigenous Peoples, lack of access to medical services is higher among Indigenous Peoples, and, as to social, economic and environmental determinants of health, Indigenous Peoples are disproportionately subject to poverty, poor housing, cultural barriers, violence, including gender-based violence, racism, experiencing disability, pollution and lack of access to education, economic opportunities, social protection, water and sanitation, as well as appropriate resilience planning for climate change and natural and other emergencies;

Also noting with concern that Indigenous women often experience disproportionately poorer maternal health outcomes and face considerable barriers to accessing primary health care and other essential health care services, with particular risks to young mothers;



Recognizing the particular vulnerability of Indigenous youth, caused by the changing living environments, including social, cultural, economic and environmental determinants;

Recognizing further that the political, social and economic empowerment, inclusion and non-discrimination of all Indigenous Peoples can support and promote the building of sustainable and resilient communities and facilitate addressing social determinants of health and challenges during public health emergencies;

Recognizing also the need to mainstream a gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women and girls, and protect their human rights;

Recognizing that Indigenous Peoples are likely to disproportionately experience disability as compared with the general population,<sup>1</sup>

**1. URGES** Member States, taking into account their national contexts and priorities, and the limitations set out in the United Nations Declaration on the Rights of Indigenous Peoples Article 46.2, and in consultation with Indigenous Peoples, with their free, prior and informed consent:

- (1) to develop knowledge about the health situation for Indigenous Peoples through ethical data collection about the health situation for Indigenous Peoples in national contexts with the purpose to identify specific needs and gaps in access to and coverage by current physical and mental health services and obstacles in their use, identification of reasons for these gaps and recommendations on how to address them;<sup>2</sup>
- (2) to develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples, as applicable, to reduce gender inequality as well as social, cultural and geographic barriers to their equitable access to quality health

services, provided in Indigenous languages, including during public health emergencies, and taking a life course approach with a particular emphasis on the reproductive, maternal and adolescent health, while recognizing the Indigenous health practices, as appropriate;

- (3) to pay particular attention to ensuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;
- (4) to incorporate an intercultural and intersectoral approach in the development of public policies on the health of Indigenous Peoples that also accounts for equitable opportunities for partaking in participatory platforms, overcoming gender inequality as well as barriers related to geographical remoteness, disability, age, language, information availability and accessibility, digital connectivity and other factors;
- (5) to explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services, within national and/or subnational health systems, particularly at the level of primary health care, and mental health and wellness services;
- (6) to adopt an inclusive and participatory approach in the development and implementation of research and development to promote Indigenous health, taking into account their traditional knowledge and practices;
- (7) to encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers, as well as training and capacity-building of human resources to care for Indigenous Peoples with an intercultural approach, including

in the context of public health emergencies;

- (8) to contribute to capacity-building for Indigenous Peoples so that they may conduct health and environmental monitoring and surveillance in Indigenous territories, with appropriate consideration to the specific conditions of vulnerability, marginalization and discrimination experienced by Indigenous Peoples, and recalling their right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including, inter alia, human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora;
- (9) to address the health needs of Indigenous Peoples, strengthening access to mental health services and care and adequate nutrition, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization in Indigenous territories and for Indigenous Peoples irrespective of where they live;
- (10) to promote basic, accessible and intercultural information and support health promotion and disease prevention in Indigenous communities that are not in voluntary isolation;

**2. CALLS ON** relevant actors in consultation with Indigenous Peoples, with their free, prior and informed consent:

- (1) to engage and support full, effective and equal participation of Indigenous Peoples, through their own representative





A doctor checks a child's temperature at a rural clinic in Nigeria

Oni Abimbola / Shutterstock.com

institutions, in the development, as well as monitoring and evaluation of the implementation, of the relevant health plans, strategies or other measures for Indigenous Peoples, including those related to public health emergencies;

- (2) to foster the appropriate funding of research and development related to the health of Indigenous Peoples including through the relevant resources and collaboration, while ensuring that rights related to Indigenous Peoples' cultural heritage, traditional knowledge and cultural expressions, and the valuing of Indigenous knowledge systems are respected;
- (3) to follow the highest ethical principles when carrying out research and development related to the health of Indigenous Peoples using appropriate culturally diverse consensual approaches and observing the rights of Indigenous Peoples over their traditional lands, territories and resources, cultural heritage, traditional knowledge and traditional cultural expressions, as set out in the United Nations

Declaration on the Rights of Indigenous Peoples;

- (4) to engage in dialogue and cooperate with relevant sectors with the aim of ensuring that equity guides all policies that address the social and cultural determinants of health which have an adverse impact on Indigenous Peoples, including through ensuring the highest quality, availability and affordability of goods and services essential to their health and well-being, including during public health emergencies, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

### 3. REQUESTS the Director-General:

- (5) to develop, for the consideration of the Seventy-ninth World Health Assembly through the 158th session of the Executive Board, a Global Plan of Action for the Health of Indigenous Peoples, in consultation with Member States, Indigenous Peoples, relevant United Nations and multilateral system agencies, as well as civil society, academia and other stakeholders, in line with WHO's

Framework of Engagement with Non-State Actors, taking a life course approach, with a particular emphasis on the reproductive, maternal and adolescent health, and with a specific focus on those in vulnerable situations, and bearing in mind local context;

- (6) to provide technical support, upon request of the Member States, for the development of national plans for the promotion, protection and enhancement of the physical and mental health of Indigenous Peoples, including in the context of public health emergencies;
- (7) to propose, in consultation with Member States, strategic lines of action for the improvement of the health of Indigenous Peoples in the development of the fourteenth WHO General Programme of Work.

*Ninth plenary meeting, 30 May 2023 ■*

<sup>1</sup> Indigenous Peoples are often likely to experience disability disproportionately as compared with the general population with some research indicating rates as high as 20–33% (IASG Thematic Paper – Rights of Indigenous Peoples/Persons with Disabilities, 2014).

<sup>2</sup> See for example, <https://datascience.codata.org/articles/10.5334/dsj-2020-043/>

# Country Statement by Brazil at the 76th World Health Assembly

Statement delivered by **Ricardo Weibe Nascimento Costa**, Brazil's vice-minister for the health of Indigenous peoples and from the Tabepa, at the World Health Assembly in Geneva, Switzerland, on 26 May 2023

**M**r Chair, ladies and gentlemen, on January 1st [2023], a new government took office in Brazil, aware that the indigenous peoples must have their culture preserved, their dignity respected, and their sustainability guaranteed.

For our country, to lead the proposition of a draft resolution that addresses the issue of indigenous peoples' health symbolically represents the effort that our country has made to ensure universal health care throughout the country, [and] of course, ensuring health care coverage also in the territories where indigenous peoples live.

Although indigenous issues have already been the subject of important international mechanisms, such as the United Nations Declaration on the Rights of Indigenous Peoples and the International Labor Organization Convention 169, this is the first time that the WHO [World Health Organization] will adopt a specific resolution on the health of indigenous peoples.

It is also symbolic for the WHO, in its 75 years of history, to approve a resolution that determines the development of a WHO Global Plan, encourages other countries to develop national plans and seek strategies that can ensure access to health for indigenous peoples, respecting the right to consultation and strengthening social participation in the construction of actions, programs, and policies aimed at these populations.

## A SYSTEM FOR INDIGENOUS PEOPLES

Brazil has established a Health Care Subsystem model for Indigenous Peoples, linked to the Unified Health System, through the National Policy for Health Care for Indigenous Peoples.

This policy reaches all 305 indigenous peoples spread throughout the national territory. Our country has an estimated population of 1.5 million indigenous people.

However, Brazil sees the mission of guaranteeing universal access to health care in indigenous territories as challenging. There are still many health care gaps. Especially since indigenous peoples in many regions occupy places that are difficult to access or are isolated. Providing health services to these people in these locations involves logistical strategies, infrastructure, and health workers availability models that seek to retain professionals to work in these conditions.

We understand that access to health care for indigenous peoples also means ensuring ways to value ancestral knowledge and the native or traditional medicine of these indigenous peoples, which includes forms of care and healing, the use of plants, roots, and medicinal herbs, and even performing rituals and valuing indigenous spirituality.

The implementation of our policy values indigenous professionals. Currently, our government hires Indigenous Health Agents and Indigenous Sanitation Agents to work on disease prevention, health care orientation, and environmental care.

The guidelines that orient this resolution understand health for indigenous peoples as a fundamental right and recognizes the fundamental importance of addressing health inequities. We thank all member states for their constructive engagement in this process and invite countries to co-sponsor this important document.

Thank you very much! ■



Ricardo Weibe Nascimento Costa at last year's World Health Assembly



# United Nations Declaration on the Rights of Indigenous Peoples

The General Assembly, ...

*Recognizing in particular* the right of indigenous families and communities to retain shared responsibility for the upbringing, training, education and well-being of their children, consistent with the rights of the child, ...

*Recognizing and reaffirming* that indigenous individuals are entitled without discrimination to all human rights recognized in international law, and that indigenous peoples possess collective rights which are indispensable for their existence, well-being and integral development as peoples,

*Solemnly proclaims* the following United Nations Declaration on the Rights of Indigenous Peoples as a standard of achievement to be pursued in a spirit of partnership and mutual respect:

## ARTICLE 7

1. Indigenous individuals have the rights to life, physical and mental integrity, liberty and security of person.
2. Indigenous peoples have the collective right to live in freedom, peace and security as distinct peoples and shall not be subjected to any act of genocide or any other act of violence, including forcibly removing children of the group to another group.

## ARTICLE 17

1. Indigenous individuals and peoples have the right to enjoy fully all rights established under applicable international and domestic labour law.

HAD TO UPSCALE  
THIS IMAGE  
RESOLUTION.  
PLEASE CHECK  
OR ALTERNATIVE  
PLEASE

The opening of the general debate  
of the General Assembly at the  
United Nations Headquarters in  
New York in 2007





2. States shall in consultation and cooperation with indigenous peoples take specific measures to protect indigenous children from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development, taking into account their special vulnerability and the importance of education for their empowerment.
3. Indigenous individuals have the right not to be subjected to any discriminatory conditions of labour and, inter alia, employment or salary.

#### ARTICLE 21

1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.
2. States shall take effective measures and, where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.

#### ARTICLE 22

1. Particular attention shall be

paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities in the implementation of this Declaration.

2. States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination.

#### ARTICLE 23

Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.

#### ARTICLE 24

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

#### ARTICLE 25

Indigenous peoples have the right to maintain and strengthen their distinctive spiritual relationship with their traditionally owned or otherwise occupied and used lands, territories, waters and coastal seas and other resources and to uphold their responsibilities to future generations in this regard.

#### ARTICLE 29

1. Indigenous peoples have the right to the conservation and protection of the environment and the productive capacity of their lands or territories and resources. States shall establish and implement assistance programmes for indigenous peoples for such conservation and protection, without discrimination.
2. States shall take effective measures to ensure that no storage or disposal of hazardous materials shall take place in the lands or territories of indigenous peoples without their free, prior and informed consent.
3. States shall also take effective measures to ensure, as needed, that programmes for monitoring, maintaining and restoring the health of indigenous peoples, as developed and implemented by the peoples affected by such materials, are duly implemented.

*Note: The full text of the declaration is available at [https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP\\_E\\_web.pdf](https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf) ■*

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