

**United Nations Permanent Forum on Indigenous Issues
Twelfth Session – New York
20-31 May 2012**

Agenda Item 3. a): Health

Joint Intervention Delivered by NACCHO on behalf of the Indigenous Peoples Organisations (IPO) Network of Australia:

National Aboriginal Community Controlled Health Organisation (NACCHO)

National Congress of Australia's First Peoples

National Native Title Council

Foundation for Indigenous Recovery and Development, Australia (FIRDA)

The National Indigenous Higher Education Network (NIHEN)

Thank you Mr Chairperson

The Indigenous Peoples Organisation Network of Australia would like to make the following recommendations on Indigenous Health Equality:

Recommendations

1. Through the General Assembly and the World Health Assembly, that WHO and its Regional Offices be mandated to promote an agenda relevant to Indigenous health equality, in consultation with Member States and Indigenous health and social justice peak bodies in those regions;
2. The term for the current Millennium Development Goals concludes in 2015. If these goals are to be reviewed and/or renewed, the relevant UN agencies must engage Indigenous expertise through the UNPFII and incorporate Indigenous perspectives into the development of future goals in order to progress Indigenous health equality;
3. That the UNPFII promote the development of a body of work articulating the cultural determinants of health, to complement existing discourse, evidence and practice on the social determinants of health. We recommend a collaborative approach, including but not limited to contributions from the Special Rapporteur on the Rights of Indigenous Peoples; the Expert Mechanism on the Rights of Indigenous Peoples; the Special Rapporteur on the Right to Health; Indigenous Youth networks; the Inter-Agency Support Group on Indigenous Peoples Issues; and of course representative Indigenous organisations, Elders and communities members; and
4. That member agencies of the Inter-Agency Support Group on Indigenous Peoples Issues work with the UNPFII and delegates to promote special intra-country reports on priority health issues – for example, child health, men's health, mental health, youth suicide, chronic disease.

Context

In accordance with paragraph 8 of resolution 65/198, the main objective of the World Conference on Indigenous Peoples is to share perspectives and best practices on the realisation of the rights of Indigenous peoples and to pursue the objectives of the UN Declaration on the Rights of Indigenous Peoples.

The Right to Health

The right to health is not just the physical well-being of an individual but also encompasses the social, emotional, spiritual and cultural well-being of the whole community. Historic injustices facing Indigenous peoples following invasion, including policies of oppression, dispossession and assimilation, have led to the health challenges faced by many Indigenous peoples today.

As a consequence, Indigenous peoples' health is affected by a range of underlying social and economic determinants, including poverty, inadequate housing, lack of education, food insecurity, lower employment, loss of traditional lands and languages, barriers to political participation and institutionalised racism.

UNDRIP and HR Instruments

Consistent with the UN Declaration on the Rights of Indigenous Peoples, and in particular Articles 23 and 24 regarding indigenous access and control of their health services and standards of effective health care, states have an obligation to progress as expeditiously and effectively as possible towards health equality for Indigenous peoples.

Measures to promote health equality for Indigenous peoples must be consistent with the rights, principles and standards contained in the UN Declaration on the Rights of Indigenous Peoples. In particular we believe the right to Community Control in health is fundamental to achieving health equity. Indigenous peoples in some developed nation States have developed their own model of community controlled health that should be highlighted as positive exemplars and shared with other nation states.

States must enshrine the right to health in domestic law and regulation to ensure its justiciability, and that effective protection and redress are guaranteed for Indigenous peoples. Consistent with article 2 of ICESCR, legal protection must also include the right of non-discrimination as an essential measure to address institutional and systemic racism, discrimination and exclusion, and to promote health equality for Indigenous peoples.

Further, consistent with the principle of progressive realisation contained in ICESCR, effective accountability and monitoring processes must be established and maintained which involve the participation of Indigenous peoples and their representative organisations; and success must not be equated with just enhanced access, but rather real and measurable health improvements.

Cultural and Social Determinants of Health

Health services for Indigenous peoples must be delivered in a comprehensive, integrated and culturally appropriate way, which recognises the diverse range of

determinants of Indigenous health and includes linkages with all other government initiatives that impact on the social and cultural determinants of Indigenous health.

We believe however, in progressing the language of the cultural determinants of health. Although widely accepted and broadly researched, the social determinants approach health and wellbeing from a deficit perspective – demonstrating poorer health outcomes for those from lower socioeconomic populations, with lower educational attainment, long term unemployment and welfare dependency and intergenerational disadvantage.

The cultural determinants of health originate from and promote a strength based perspective, acknowledging that stronger connections to culture and country build stronger individual and collective identities, sense of self-esteem, resilience, and improved outcomes across the other determinants of health including health, education, economic stability and community safety. Consistent with the thematic approach to the Articles of the UNDRIP, cultural determinants include, but are not limited to:

- i) Self-determination;
- ii) Freedom from discrimination;
- iii) Individual and collective rights;
- iv) Freedom from assimilation and destruction of culture;
- v) Protection from removal/relocation;
- vi) Connection to, custodianship, and utilisation of country and traditional lands;
- vii) Reclamation, revitalisation, preservation and promotion of language and cultural practices;
- viii) Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property;
- ix) Understanding of lore, law and traditional roles and responsibilities.

National Health Plans for Indigenous Peoples

States must adopt a clear, concrete and long-term national plan of action to achieve Indigenous health equality that:

- a. comprises a detailed plan for the full realisation of the right to health;
- b. is adequately funded on a long-term basis to meet the complex and multiple determinants of health, including long term funding to ensure the meaningful and effective participation of Indigenous communities and their representative organisations;
- c. includes Indigenous peoples and representative organisations in all aspects and stages of the action plan; and

- d. is consistent with the principles and responsibilities identified in the UNDRIP and other international human rights instruments.

Self-Determination and Community Control

Consistent with the right of self-determination, control by Indigenous communities is crucial to ensuring appropriate and accessible health services for Indigenous communities. In order to ensure the meaningful and effective participation of Indigenous communities:

- e. in recognition of the authority and expertise of Indigenous peoples and their representative organisations, Indigenous peoples must be involved in all aspects of the design, implementation and evaluation of the national action plan;
- f. the capacity of community controlled organisations must be improved and expanded, including through the training and retention of local Indigenous peoples in the health care system, in order to build community ownership and confidence and to ensure cultural competence of services; and
- g. mainstream providers of health services must work collaboratively with Indigenous communities and organisations.

Defining Health and Wellbeing

Measures to promote Indigenous health equality must acknowledge our broad, holistic and inclusive definitions of health and wellbeing, which:

- h. encompasses the social, economic, political and cultural determinants of health;
- i. have a collective dimension; and
- j. recognise the ongoing and intergenerational impacts of colonisation and past government policies and practices on the health of Indigenous peoples.

Health Promotion and Disease Prevention

Health literacy, community education and awareness programs for health promotion and primary prevention must be designed in collaboration with Indigenous communities and health peak bodies to ensure that they are relevant and appropriate. Investment in health promotion and disease prevention initiatives is preferable to a sole focus on the medical model of disease management, and is central to progression toward health equality. The delivery of these activities should be an integral, integrated component of the funded core business of health service providers.