

Statement by NACCHO, 16 May 2006

Agenda Item 3: Millennium Development Goals

Madame Chair, sisters and brothers from near and far.

My name is Kathy Malera Bandjalan.

I am representing the National Aboriginal Community Controlled Health Organisation which is the peak body for 137 Aboriginal community controlled, primary health care services which delivered over 1.6 million episodes of health care to Aboriginal communities in urban, rural and remote settings across Australia.

Our services are an integral part of the Australian health system. Good health is a human right. Solutions in Aboriginal health will be accomplished through the provision of comprehensive primary health care with Aboriginal peoples full participation in the decision making processes. Our services operate under the principle of self determination. In fact they are self determination in practice!!

NACCHO attended a domestic meeting of our people and organisations prior to coming to the Permanent Forum on Indigenous Issues. The following comments are drawn from the outcomes of that meeting as they relate to the MDGs and indigenous health in Australia.¹

- Aboriginal and Torres Strait Islander peoples in Australia experience significant inequality in health status;
- This inequality is longstanding and entrenched, with limited improvements achieved in recent years;
- Health inequality constitutes a threat to the survival of Aboriginal and Torres Strait Islander peoples, their languages and cultures, and does not provide Aboriginal and Torres Strait Islander peoples with the ability to live safe, healthy lives in full human dignity;
- A rights based approach to health programming is essential to achieve lasting improvements in indigenous health within the shortest possible timeframe and on a basis of equality;
- Aboriginal and Torres Strait Islander peoples do not currently receive equality of opportunity in the provision of primary health care services and health infrastructure;
- a holistic understanding of indigenous health is required, which addresses physical, spiritual, cultural, emotional and social well-being, community capacity and governance;
- Indigenous community controlled health services have been successful in achieving lasting improvements in Aboriginal and Torres Strait Islander health status;
- There is a need to commit to the full and effective participation of Aboriginal and Torres Strait Islander peoples in all aspects of addressing their health needs; and

¹ See further: Indigenous Peoples' Organisations of Australia Human Rights Network, *Report of consultations on the 5th session of the Permanent Forum on Indigenous Issues*, 27-28 April 2006.

- It is important to achieve improved access to mainstream services, alongside continued support for community controlled health services in urban as well as rural and remote areas.

According to data from the Australian Bureau of Statistics from 2003 and 2004, there are approximately 493,000 Indigenous peoples living in Australia, which comprises 2.4% of the total population. We are much younger, overall, than the general population – 40% are under 15 years of age (compared to 20% for the non-Indigenous population) and 60% are under 25 years of age. Only 3% live to 65 years of age, compared with 10% for non-Indigenous Australians.

Life expectancy at birth for Aboriginal and Torres Strait Islander peoples remains, on average, 17 years less than that for non-Indigenous Australians. An Aboriginal man can expect to live for 59 years (compared to 76.5 years) and an Aboriginal woman 65 years (compared to 82 years).

Many developed countries, including Australia, treat the Millennium Development Goals as foreign policy, with no consideration given to the potential for operationalising these international principles on a domestic level.

We recommend that the UNPFII encourage governments to incorporate the principles of the MDGs into domestic policy for Indigenous peoples in order to facilitate and accelerate the reduction in disparities for health and social justice indicators. There is also a need for the development of culturally appropriate and country specific targets, which reflect the circumstances of Indigenous peoples.

We recommend that the UNPFII promote a human rights based approach to development and fully incorporate the right to health as a tool to progress and strengthen policy formulation and service implementation, in order to improve health outcomes for Indigenous populations.

Finally, we recommend that recommendations must be linked to specific timelines, benchmarks and indicators, *governments should be required to provide regular feedback to the PFII (and other appropriate national and international agencies) and the UNPFII and who, for example, should put in place mechanisms to deal with non-compliance.*