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Expert Mechanism on the Rights of Indigenous Peoples

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Study and Advice on the right to health and indigenous peoples, with a focus on children and youth

Thank you very much for the opportunity. I am Daniel Kobei an Indigenous person and Director of Ogiek Peoples Development Program (OPDP), from the Ogiek community in Kenya representing my community and many other indigenous peoples in Africa.

I wish to take this opportunity to congratulate Dr. Albert Barume and Ms. Erika Yamada for their selection as Chairperson and Vice Chairperson respectively. Further, I wish to thank UN Voluntary Fund for the support they extended to make it possible for me to participate in the 9th Session of the EMRIP.

Chairperson, I wish to take this opportunity to thank the members of EMRIP for the Comprehensive draft document, A/HRC/EMRIP/2016/CRP.1 on the study on the right to health and indigenous peoples with a focus on Children and Youth.

Indeed, this a subject of great concern as it is about life for a young generation of the Indigenous Peoples' children and youth, who will carry our mandate and that of our ancestors, their health should never be compromised either in research work or any form of vaccination without full information of their indigenous parents whether in school or at home. I take much concerns on the various vaccination carried out by states without disclosures of the ingredients, long term effects and side effects of any form of drugs administered to our children and youth. In Kenya for instance we have had complained from religious organization of the frequent administration of Polio vaccines predominantly in areas where IPs are, in turn indigenous peoples have no knowledge of adverse of effects of the vaccines if any. It is for this reason therefore I Implore the EMRIP members to go further in an investigative approaches with the assistance of independent medical experts and unearth the medical content of the vaccines.

In the Universal Declaration of Human Rights, in particular article 25, which notes that everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services. This envisaged the need for a serious monitoring tools to be

established through the various instruments established for indigenous peoples through the advice of EMRIP.

Chairperson, the importance of Biocultural protocols (BCPs) and community by laws may be an area to consider in the document as it will play a role in ensuring Free Prior informed consent in all issue which concerns indigenous peoples and their territories. The strategies to be employed to ensure that the documents of reference in the study including the outcome document of World Conference of Indigenous Peoples and the new Sustainable Development Goals (SDG), Goal 3, to ensure healthy lives and promote wellbeing at all ages, directs States to work towards achieving universal health coverage; with concerns for the States to extend coverage of services to indigenous peoples.

Indigenous Peoples health matters of their Children and youth evolve around their environment, land and territories. The indigenous depend on their environment to collect their herbal medicine and perform traditional healing for all, when the Indigenous people are evicted or disposed from their ancestral land there is direct interference to their health hence the need to address land issues as a component of physical health and spiritual health.

In the document therefore I strongly recommend the need to strengthened traditional knowledge in medicine and not to be seen as barbaric and that it lacks empirical facts and yet indigenous peoples have survived on them over generation. Further there is need for indigenous peoples to establish their own means passing of traditional medical traditional knowledge and may be have curriculum to avoid extinction of the knowledge from our ancestors. Article 24 of UNDRIP recognises the right of indigenous peoples to use and maintain traditional medicines and health practices, and to access social and health services without discrimination; it affirms the equal right of indigenous individuals to the enjoyment of the highest attainable standard of physical and mental health.

Chairperson, the agenda has detailed the more on the other studies and in my view it should have demystify the issues of health in a practical manner with due consideration of the lifestyle of indigenous peoples whereby they are not accessible to medical facilities or medical insurance hence the need to recommend states to consider mobile clinics in areas where indigenous peoples infrastructure.

The contemporary situation of indigenous peoples should be over emphasized due the vulnerabilities of influx to urban centers hence increased levels of infectious diseases e.g HIV and AIDS, TB etc. Non communicable diseases like diabetes, hypertension, cancer etc, this has been accelerated by change of lifestyle, hence the need for sensitization for the sudden changes of life style.

In a nutshell, Chairperson a manual should be developed as a means to inform IPs of life changes, their rights to health, FPIC in realization their health through development of their BCPs, sustained traditional health and the importance of mobile clinics.

Thank you

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