

9th Session of the Expert Mechanism on the Rights of Indigenous Peoples

11 – 15 July 2016

Agenda Item No. 5: Right to health, focusing on youth and children

Statement of Asia Indigenous Peoples Pact

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Thank you, Mr. Chairperson.

We are all too familiar with the fact that indigenous peoples' rights to land, environment and territory are inextricably bound to our right to life in general, which includes our right to health. But it remains a reality that state and private corporations claim a larger percentage of indigenous peoples' lands. It is estimated that in eight forested tropical countries, 93% of almost 73,000 concessions for mining, logging, oil and gas drilling, and large-scale agriculture involve lands that are inhabited by indigenous peoples and local communities. It is not surprising that the disparity of health condition of indigenous peoples in Asia, and around the world, remain to be of lower standards than the majority non-indigenous peoples.

Such realities are not only because of the certainties of land dispossession and enforced evictions. It is also due to the fact that many indigenous peoples in Asia are considered stateless. Their lack of birth registration and citizenship or legal status limits, if not prohibits, their access to basic social services on health, education, and others. Furthermore, lack of legal status makes them vulnerable to enforced evictions from their territories and to human trafficking and sexually-transmitted diseases, particularly indigenous women and children.

Mr. Chairperson,

I would like to point out that Indigenous peoples right to health goes beyond provision of basic social services. It should include our rights to use, promote and develop our traditional medicines and health practices, including conservation of our vital medicinal plants, animals and minerals. We want to call the attention of EMRIP to urge all member-states, other UN agencies and similar duty-bearers to make an action to harmonise indigenous health systems with state health systems through intercultural approach. This means complementing modern medicine to indigenous practices of wellbeing. Steps should be taken to preserve and develop our traditional knowledge and healing practices. But there should also be extensive and context-based approach to inform indigenous communities regarding their health practices, particularly to sexual reproductive health, that are ineffective and damaging.

Mr. Chairperson,

Asia Indigenous Peoples Pact has made a submission that elaborates this statement. But I would like to reiterate here our call to make the international standards, such as the Convention for the Elimination of Discrimination Against Women (CEDAW), International Convention on the Elimination of All Forms of Racial Discrimination (ICERD), and the UN Declaration on the Rights of Indigenous Peoples (UNDRIP), progressions that are actually felt on the ground. Indigenous peoples right to health should be recognised and ensured through reconciliation of the issue of statelessness with our right to access to basic social services, including access to justice and remedy. Our struggle for legal recognition and recognition of our rights to our lands, including our right to sincere and full involvement and participation to any development initiative towards our lands should be respected, protected and promoted, if we are to secure our right to health.

Thank you.