



## Tebtebba

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**NGO in Special Consultative Status with the Economic and Social Council of the UN**

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Agenda Item 3, Follow up on Recommendations: Health

### TEBTEBBA AND THE ASIAN INDIGENOUS WOMEN'S NETWORK (AIWN) STATEMENT ON INDIGENOUS PEOPLES AND DIABETES

Victoria Tauli-Corpuz

Thank you Mr. Chair. Let me congratulate you for being elected as the Chairperson for the 12<sup>th</sup> Session of the UNPFII. I am glad that finally we have an African indigenous person at the helm of the Forum.

I would like to speak on a major public health problem which is significantly affecting indigenous peoples. This is Type 2 Diabetes Mellitus and associated non-communicable diseases such as hypertension, kidney failure, blindness, among others. Last year an "Expert Meeting on Indigenous Peoples, Diabetes and Development" was organized in Copenhagen by the World Diabetes Foundation and the International Diabetes Federation. This was attended by an expert of the UNPFII and a report on this was submitted and presented at the 11<sup>th</sup> Session of the UNPFII in 2012.

Present studies show that there are 366 million persons with Type 2 Diabetes and the number will rise to half a billion people within the next generation. This number is almost equal to the population of indigenous persons in the whole world, which is more than 360 million. Unfortunately, to date, there is no disaggregated data on indigenous persons living with diabetes. Some of the facts established during the Expert meeting are;

- Among the Oji-Cree in Arctic Canada, the prevalence of diabetes is around 40%
- Native Americans in the USA have twice the prevalence of diabetes compared to the general population in the country and a 6-fold mortality rate from the illness.
- The Terena indigenous people of Brazil documented an alarming 87% of cases in their communities.

There is not much data on the prevalence of diabetes among indigenous peoples in developing countries, which means more studies need to be done to establish this. Clearly, this is happening in indigenous societies undergoing transition from traditional lifestyles (such as hunting-gathering shifting cultivation, pastoralism, etc.) to western lifestyles or so-called modernization. Diabetes is linked to increasing levels of obesity, decreased levels of activity and increased availability of food of the wrong kind.

In this light we call on the Forum;

- 1) To put more heightened attention to diabetes and other Non-communicable Diseases (NCDs) in

its work and to actively engage with and request the WHO/PAHO and governments to include in their action plans ways to improve access of indigenous persons living with diabetes to health prevention and care of diabetes and NCDs.

- 2) To request the WHO and PAHO to undertake a global study jointly with relevant indigenous peoples' institutions and indigenous health experts on the situation of indigenous peoples living with diabetes and NCDs to establish the international evidence base needed to appropriately address the needs of this specific sector of indigenous peoples. The results of this study can be presented at the 13<sup>th</sup> or 14<sup>th</sup> Sessions of the UNPFII and in appropriate processes within WHO and PAHO. Special attention should be on indigenous persons with diabetes in developing countries as there are hardly any studies from such countries.
- 3) To call on the World Diabetes Foundation and the International Diabetes Federation to provide financial and technical assistance to WHO/PAHO and identified indigenous institutions who will conduct this study.
- 4) To call on governments to establish or reinforce community based health programmes that empower and educate indigenous women and children who are essential to preventing and overcoming diabetes and non-communicable diseases.
- 5) To call on governments to respond to the immediate challenge of indigenous persons living with diabetes and suffering non-communicable diseases through the development and implementation of culturally sensitive health promotion programmes for education and awareness of the common risk factors for diabetes and non-communicable diseases and to strengthen health care systems to address this.

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