

Thursday PM 17 #110

**Agenda Item 4 (c)**  
**Indigenous Health**

**JOINT STATEMENT ON BEHALF OF**  
**Aboriginal Legal Rights Movement (ALRM)**  
**Foundation for Aboriginal and Islander Research Action (FAIRA)**  
**National Native Title Council**  
**Human Rights and Equal Opportunity Commission (HREOC)**  
**Menzies School of Health Research**  
**National Aboriginal Community Controlled Health Organisations (NACCHO)**  
**New South Wales Aboriginal Land Council (NSWALC)**  
**University of New South Wales, Indigenous Law Centre**  
**World Council of Churches (WCC)**

Madam Chair and distinguished delegates, as representatives of Indigenous peoples from Australia, we would like to share with the Permanent Forum the concerns we have regarding *what we see* as human rights violations with respect to our health.

The 5<sup>th</sup> session of this forum noted that Indigenous peoples in developed countries suffered from significant disparities in the enjoyment of human rights and that these disparities were masked owing to the lack of disaggregated data and the high level of enjoyment of such rights by the non-indigenous population.

This is the case in Australia. Our government is a signatory to the UN Millennium Development Goals but insufficient attention is paid to the health situation of Indigenous Australians. Our health and wellbeing is in need of urgent attention and improvement to address a range of appalling statistics that include life expectancy well below that of other Indigenous peoples in countries such as the USA, Canada and New Zealand. According to the UN Human Development Report of 2003, the proportion of Indigenous Australians expected to live to the age of 65 years is lower than that from other Asian and African nations.

The Australian Government's 4<sup>th</sup> report to the UN Committee on Economic, Social and Cultural Rights (CESCR) will misrepresent the true extent of the shortfall in the health expenditure on Indigenous Australians, which results in effective health services not being available to most of the 2.6% of the national population that is Indigenous.

There appear to be two main issues diverting successive Australian government responses to Indigenous peoples' health and these are:

1. The mistaken belief that no amount of health care spending can improve Aboriginal ill health. This is used to justify 'conservative incrementalism' or small quantum of funding for health services because this would otherwise be wasted.
2. The other mistaken belief is that although spending could be higher, it is the *culture of directionless* that perpetuates Indigenous peoples' poor health.

Aside from these two issues, we are told the Government won't hesitate to invest more for Indigenous peoples' health. And yet despite presiding over a buoyant economy and a record budget surplus, it does not.

Independent analyses commissioned by the government have shown that per capita Indigenous specific primary health care resourcing should be four times higher than what it currently is.

Indigenous Australians share of the universal health coverage is less per person than for other Australians: in the 2001-02 financial year, access to primary health care and medicines by this measure was one-third that of other Australians, despite having a three times higher burden of illness. The inequitable distribution of health-related goods and services for Indigenous Australians ranges from poorer access than other Australians to hospital procedures, population health programs including immunization, breast cancer screening, cervical cancer screening, to chronic disease programs.

These issues make arguments about a more equitable distribution of health funding irrelevant, and thus raise serious ethical and human rights issues about Australia's commitment to honour its human rights obligations under the ICESCR.

**Madam Chairperson, we recommend that:**

- 1. the Permanent Forum call on all States to work with indigenous peoples to develop and implement 'right to health' indicators and set benchmarks and timelines to ensure that indigenous peoples' right to health is progressively realised as require by the ICESCR and the MDGs; and**
- 2. the Permanent Forum strongly encourage States to provide disaggregated data on health and social welfare indicators for Indigenous peoples in order to better assist the monitoring and evaluation of outcomes at national and international levels.**

#### **Key statistics about Indigenous health in Australia**

Poorer access to primary health care is shown up in the following indicators: immunisation levels are lower, and vaccine preventable disease rates are higher, there is evidence of poor growth and malnutrition in Aboriginal children, levels of acute rheumatic fever continue to be highest in the world, new cases of leprosy are still reported, including high levels of tuberculosis, trachoma, chronic suppurative otitis media, and skin infestations which are endemic in remote communities. Chronic diseases such as diabetes, heart disease, and cervical cancer are much more prevalent in Aboriginal peoples across Australia than other Australians. All these health problems are amenable to prevention and treatment by appropriately resources Indigenous-specific primary health care services and a responsive health sector overall.

The Australian Government is in agreement over the importance of Indigenous-specific services which we call 'Aboriginal community-controlled health services' (ACCHSs) and their role in increasing the standard of health for Indigenous Australians and funds over 130 of them. These services play a vital role in serving the health needs of Aboriginal peoples far in excess of other primary health care providers, and because they are run by Aboriginal peoples for Aboriginal peoples, this makes them the antithesis of Aboriginal peoples as 'directionless'. Whilst it is true that health spending directed towards these services has increased, this is only at the same rate as global health budget increases, so gaps in the provision of health services to Indigenous Australians have not closed.