

PEB Sur 5h 2-3



**STATEMENT BY**

**DR. KAREN SEALEY**

**SPECIAL ADVISER, UN MATTERS and PARTNERSHIPS**

**PAN AMERICAN HEALTH ORGANIZATION/WORLD HEALTH ORGANIZATION**

**PERMANENT FORUM ON INDIGENOUS ISSUES,**

**TWELFTH SESSION**

**ITEM 8**

**"POST 2015 DEVELOPMENT AGENDA"**

**NEW YORK, 29 May 2013**

***Please check against delivery***

## HEALTH IN THE POST 2015 DEVELOPMENT AGENDA

### **1. Attention to Health in the process for the development of the Post 2015 Development Agenda**

Health was one of the 11 thematic issues identified for attention within the process coordinated by the UN system. WHO and UNICEF co-led an intensive consultative process, on line and face to face, which culminated in the global thematic debate on health, co-sponsored by Botswana and Sweden, and held in Botswana, in March 2013.

The consultations highlighted that:

- a) the future agenda must build on the progress made towards the MDGs and at the same time incorporate more fundamentally the concept of development as in the Millennium Declaration, which includes: human rights, equity, democracy, and governance;
- b) health and development are inextricably linked: health is an outcome of development and a required input for the each of the three strands or pillars of sustainable development: economic, social and environment;
- c) good health and well-being require much more than preventing and treating disease and will necessitate greater attention to the social, cultural, environmental, economic and political determinants of health;
- d) any future health goal must be universally relevant.

Out of the many consultations has emerged a possible framework for the post 2015 agenda, with a development goal of "Sustainable well-being for all" and an over-arching health goal of "Maximizing healthy lives". Three lines of action are deemed to be critical to the achievement of this goal:

- 1) Accelerating the MDG agenda
- 2) Reducing the NCD burden, and
- 3) Ensuring universal health coverage (UHC) and access.

These are all very relevant to actions needed to improve the health of Indigenous Peoples (IP).

- Accelerating the achievement of the MDG agenda will be important for IP because the MDG's agenda on health has not been completed in many, if not most, of the communities. It will be necessary to accelerate the achievement of MDGs while incorporating new challenges on health that exist today in our societies.

- While the statistics about the health of IP are very incomplete, there is overwhelming evidence of a high prevalence of NCDs among this population. This double burden of neglected and communicable diseases and NCDs borne by IP, who are among the poorest of the poor, must be addressed if there is to be full achievement of even the original MDGs and equitable progress in overall health outcomes.
- WHO and PAHO advocate UHC as the best contribution that could be made by the health sector for achieving health goals and improving population health more broadly. States, each in their own way, must aim to increase the number of people who have access to quality care for the promotion of health, prevention of illness, treatment, and rehabilitation, while ensuring that no one is driven into poverty due to the cost of health services.

**2. In building the new development agenda it will be critical to take into account the perspective and traditional knowledge of indigenous people and to articulate western and indigenous concepts/definitions of health**

The perspective of the indigenous peoples is essential for an inclusive and culturally appropriate post 2015 development agenda, especially as it pertains to health. It is important that this time around, the indigenous perspective of health, which includes the social, environmental and spiritual dimensions be respected and, where appropriate, the traditional ways and medicine integrated. The report of the Global Thematic consultations stressed that for this, the perspective of IP must be sought in all phases: planning, monitoring and evaluation, of the PDA.

This is particularly relevant to the richly diverse region of the Americas in which Indigenous Peoples (IP), represent roughly 13% of the population. In addition, Latin America remains the world's most unequal continent, and in many countries of the Americas, Indigenous Peoples are the most excluded among the vulnerable and marginalized groups. It is not surprising, therefore, that in many national consultations held in this region, inequality was the primary issue for civil society stakeholders.

In this regard, since 2006 PAHO has sought to facilitate the inclusion of the perspectives of vulnerable populations, including Indigenous Peoples, through the initiative "Faces, Voices and Places". We are collaborating with a wide range of partners in 16 countries, locally at the municipality level and in 30 communities, to close the gaps of inequity and ensure that in these communities, every family and every individual is the protagonist of the processes that ensure their health and progress towards meeting the MDGs.

In addition, in order to listen to and understand the vision of IPs for the post 2015 agenda on health, PAHO collaborated with the Spanish Agency for International Cooperation and Development (AECID) to convene a meeting with leaders and representatives of local

governments, indigenous peoples, afro-descendants and civil society organizations. There, in Guatemala, in February, we learned that to achieve the desired integration of the IP's perspective, Member States and the international community need to, at least:

- democratize the debate for a new development agenda – include IPs in analyses and in the discussions for the adoption of goals post 2015; where possible ensure participation of communities and villages to avoid the process from solely reflecting the interests and outlooks of technical, bureaucratic, and economic groups at the national or international levels
- build alliances with local governments, communities, Indigenous communities, and civil society organizations to promote leadership among the IPs for their advocacy to ensure the right to health.

We also learned from the regional consultation with civil society, hosted by Mexico, in Guadalajara, in April. Here it was emphasized that, among other things,

- a. universality of development is a key issue for the post 2015 agenda but that this principle must not only apply across countries but must recognize the diversity of identities: Indigenous Peoples, Afro-descendants, youth, children, and women
- b. For Indigenous Peoples the post-2015 development agenda must be based on a human rights approach and that the scope must be defined; dimensions of individual rights, of collective rights, and clarification of the rights of women.

**In summary, as the post 2015 development agenda for health is crafted and negotiated WHO and PAHO will seek to remind Member States that,**

- Reduction in the inequities, especially those relevant to the social determinants of health, will be vital to the equitable improvement in health among and within countries,
- Attention is needed to reducing the burden of NCDs as well as that from the communicable diseases on which we focused for the MDGs; those require accelerated action,
- UHC needs to be the center of the health sector's contribution for better health in the future, and
- **In all that we plan and do, we must include the perspectives of IP, especially those in vulnerable situations.**