Indigenous Peoples: Post 2015 Development Agenda with particular focus on Hunger and Disease

The Process

At the September 2010 UN Summit on Millennium Development Goals, Member States initiated steps towards advancing the development agenda beyond 2015. The Rio+20 – UN Conference on Sustainable Development in June 2012 set in motion many of the inter-governmental processes for the post-2015 development agenda, including the Open Working Group (OWG) on Sustainable Development Goals, the Intergovernmental Committee on Experts on Sustainable Development and Financing, and the High-level Political Forum.

Sessions of the Open Working Group, which included participation of Member States, UN agencies and nine major groups, concluded in July 2014 with a proposal of sustainable development goals for Member States to consider. The Intergovernmental Committee of Experts has also presented its report to the General Assembly in August 2014. The High-level Political Forum met at the ministerial level as part of the high-level segment of the Economic and Social Council in July 2014 and has scheduled further meetings on SDGs in 2015.

Various global consultations and other events, including many initiatives or events particularly focused on post-2015 development agenda, have been undertaken by different UN bodies, and have informed the process of setting the post-2015 development agenda. The Secretary-General has presented a synthesis report on the full range of inputs to the Member States in December 2014 as a contribution to the intergovernmental negotiations on the post-2015 development agenda. The President of the General Assembly has appointed two co-facilitators to lead those negotiations that are scheduled to conclude by July 2015. The Post 2015 Development Agenda will be launched at a Special Summit on Sustainable Development in September 2015.

The process of arriving at the post-2015 development agenda is Member State-led with broad participation from Major Groups and other civil society stakeholders, with the UN providing technical support.

Indigenous Peoples and Post-2015 Development Agenda

There have been a number of inputs to post-2015 development agenda, including the set of 17 Sustainable Development Goals (SDGs) proposed by the Open Working Group. Indigenous peoples participated in the open working group processes and are also participating in the intergovernmental negotiations as one of the major groups. The major group has produced a position paper in March 2014 with identification of critical themes, targets and indicators relevant to indigenous peoples for inclusion in the SDGs/Post-2015 Development Agenda.

At the intergovernmental negotiations in January 2015, the indigenous peoples' major group criticized the draft SDGs for near 'invisibility' of indigenous peoples, and raised concerns that this replicates their previous experiences in the Millennium Development Goals achievement. Indigenous Peoples have called for the explicit recognition of their distinct cultural identities and political status as indigenous peoples - as rights holders and agents of change, throughout the SDGs, its corresponding process and especially in the context of their overall objectives. It is unacceptable for Indigenous peoples to be merely lumped into the category of 'vulnerable groups'.

The indigenous peoples' major group has clustered its concerns in six main areas: the need for disaggregation of data; rights to lands, territories and resources; Free Prior and Informed Consent; special measures that include health, education, etc.; access to justice and redress mechanisms; and participation and representation in decision-making in relevant bodies. They have also specifically recommended that the negotiations and related processes of post-2015 development agenda ensure

Indigenous Peoples meaningful participation and access to the mechanisms tasked with the development of indicators, national policies, monitoring and evaluation.

Indigenous peoples and hunger and disease

Indigenous peoples constitute 15% of the world's poor and also about one-third of the world's 900 million extremely poor rural people. In addition to circumstances of extreme poverty, indigenous peoples suffer from malnutrition because of environmental degradation of their ecosystems, loss of their lands and territories, and the decline in abundance or accessibility of traditional food sources. Available data indicates that indigenous peoples' overall well-being and cultural continuity are directly related to their ability to continue their traditional lifestyles and traditional economies, including food and health practices.

Nonetheless, indigenous peoples face huge disparities in terms of hunger and malnutrition and access to, and quality of healthcare, even in developed countries. Programmes designed to combat diseases often do not reach indigenous peoples because of issues related to poverty, a lack of access to medical care and drugs, language and cultural barriers, and geographic remoteness. In this regard, indigenous peoples are more likely to experience reduced quality of life and ultimately die younger than their non-indigenous counterparts. They experience disproportionately high levels of maternal and infant mortality, cardiovascular illnesses, HIV/AIDS and other diseases such as diabetes, malaria and tuberculosis. Indigenous women experience health problems with particular severity and yet they play a primary role in overseeing the health and well-being of their families and communities. Further, indigenous peoples often suffer disproportionately from mental health issues such as depression, substance abuse and suicide, which has been identified as a direct correlation to the historical colonization, dispossession, and the denial of the right to self-determination of Indigenous peoples.

Increasing indigenous peoples control over the design and delivery of health services is an important aspect of their rights to self-determination and non-discrimination, and has also been linked to more accessible health care and better health outcomes. It is therefore important that models of health care take into account indigenous concepts of health and preserve and strengthen indigenous-run health systems. This includes the establishment of clear mechanisms of cooperation among relevant health care personnel, communities, traditional healers, policy makers and government officials in order to ensure that the human resources respond to the epidemiological profile and socio-cultural context of indigenous communities. Furthermore, the critical element of financial resources to ensure that such Indigenous driven models as well as other services must be guaranteed.

The International Covenant on Economic, Social and Cultural Rights affirms the right to adequate food and freedom from hunger (art. 11) as well as right to health and the States' responsibilities for prevention, treatment and control of diseases (art.12). The UN Declaration on the Rights of Indigenous Peoples affirms specifically for indigenous individuals' "equal right to the enjoyment of the highest attainable standard of physical and mental health" (art. 24.2). Further, the Declaration guarantees collective rights of indigenous peoples to maintain and use their health systems and practices, including traditional medicines and establishes state obligations to provide quality health care to indigenous peoples and respect and promote their health systems (Art. 24.1 and 34).

Post-2015 development agenda and hunger and disease

The draft SDGs include two specific goals that relate specifically to hunger and disease: Goal 2 to end hunger, achieving food security and improved nutrition and Goal 3 and to promote sustainable agriculture and ensure healthy lives and promoting well-being for all at all ages.

Under the goal relating to hunger, the targets for the year 2030 range from ensuring access of all people, particularly the poor and vulnerable, to safe, nutritious and sufficient food all year round and ending all forms of malnutrition to doubling the agricultural productivity and the incomes of small-

scale food producers, particularly women and indigenous peoples among others, and ensuring sustainable food production systems and implementing resilient agricultural practices.

Similarly, the targets under the goal on health include reducing global maternal mortality ratio, ending preventable deaths of newborns and children under the age of five years as well as epidemics of AIDS, tuberculosis, malaria and other communicable diseases; reducing pre-mature mortality from non-communicable diseases by one-third; and ensuring universal access to sexual and reproductive health care services, by 2030. Further, the aim is to strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol, achieve universal health coverage for all and increase substantially health financing and the recruitment, development and training and retention of the health workforce in developing countries, among other targets.

Previous work of the Permanent Forum

The Permanent Forum has made a number of recommendations relating to the post-2015 development agenda and issues of hunger and disease of indigenous peoples. These include broader recommendations to States and UN system to explicitly recognize indigenous peoples as distinct stakeholders and make specific reference to them, to reach out and engage in a truly inclusive process with them, including indigenous women, youth and persons with disabilities, to ensure that their rights and priorities are included and to develop and include clear indicators and monitoring tools relating to them in the SDGs and post-2015 development agenda.

In a joint statement in July 2014, the Permanent Forum, with the Expert Mechanism and Special Rapporteur on the Rights of Indigenous Peoples, noted with concern the deletion of reference to 'indigenous peoples' and urged for consistent use of the term in the draft SDGs. They also called for addressing the issue of free, prior and informed consent properly in the post-2015 development agenda and disaggregation of data across all indicators to enable a better assessment of the situation of indigenous peoples with regard to the goals. They further urged the States to affirm that the human rights-based approach to development as a key framework in achieving sustainable development, which should be clearly stated in the agenda.

With regard to hunger, the Forum has specifically recommended that States engage in an inclusive and participatory process to ensure food sovereignty and security, and develop standards and methodologies and cultural indicators accordingly. It has also recommended that FAO develop operational guidelines on indigenous peoples and establish partnerships with indigenous peoples to implement the policy and guidelines with the aim of promoting secure tenure rights and equitable access to land, fisheries and forests. FAO has subsequently adopted *FAO Policy on Indigenous and Tribal Peoples* in 2010 and *Voluntary Guidelines on the Responsible Governance of Tenure of Land, Fisheries and Forests* in 2012.

On health, the Forum has repeatedly called for improved disaggregated data on indigenous peoples' health. It has recommended that WHO, UNICEF and UNFPA, as well as regional health organizations and Governments, foster rights-based approaches to health, including treaty rights, the right to culturally acceptable and appropriate services and indigenous women's reproductive rights, and stop programmes of forced sterilization and abortion, which can constitute ethnic genocide.

Further, the Forum has made several recommendations to WHO, PAHO and Governments focusing on non-communicable diseases (NCDs), including for establishment of a programme on NCDs in WHO, with special attention to indigenous peoples and diabetes; formulating an action plan with particular attention on preventing NCDs; improving access by indigenous peoples living with diabetes to health prevention and care; strengthening community-based health programmes on non-communicable diseases NCDs that empower and educate indigenous women and children; and undertaking a study on the situation of indigenous peoples living with diabetes.

The Forum has recommended relevant entities to coordinate to formulate key intercultural standards and indicators of quality of care, including sexual and reproductive health of Indigenous Peoples, to be considered in the definition of a future Post-2015 goal on universal health care coverage.

Questions to consider

Post 2015 development agenda
- What are the key priorities for indigenous peoples in the post 2015 development agenda?
- How will UN member states, UN agencies and Indigenous peoples ensure there are specific references to indigenous peoples in the post 2015 development agenda?
- How can indigenous peoples' engagement in the post 2015 development process at all levels including local, national and global be strengthened?
- What concrete steps can member states and the UN system take to bring indigenous peoples and their rights and priorities into the post 2015 development agenda?
- In the MDG process, indigenous peoples were largely invisible. How can this gap be addressed in the current process to define the new development agenda?

Hunger and disease:
- What are the real conditions facing Indigenous peoples in the area of hunger and disease? Where is data available and where is further data needed?
- What are the key challenges facing indigenous peoples that results in hunger, disease and malnutrition? How can this be addressed?
- How can models of healthcare incorporate indigenous concept of health and wellbeing, and strengthen their health systems and practices? What are the good examples in this regard and what are the obstacles?
- How can the post-2015 development agenda take into account the specificities of hunger and disease related issues of indigenous peoples?
- What are the realistic goals and targets to improve the health and well-being of indigenous peoples, including the chronic issue of combating hunger and diseases?
- What are the main challenges for the States to combat higher incidence of hunger and diseases among indigenous peoples? How can they overcome those challenges?
- How can the UN system and other international actors strengthen their role in improving the situation of hunger and diseases among indigenous peoples?