

# THE UNITED NATIONS PERMANENT FORUM ON INDIGENOUS ISSUES

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## Indigenous Peoples and Post-2015 Development Agenda

At the September 2010 UN Summit on Millennium Development Goals, Member States initiated steps towards advancing the development agenda beyond 2015. Indigenous peoples have consistently called for the recognition of their distinct cultural identities and political status of indigenous peoples – as rights holders and agents of change – in the post-2015 development agenda.

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.


### HUNGER AND DISEASE

Indigenous peoples constitute 15% of the world's poor and also about one-third of the world's 900 million<sup>1</sup> 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, 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. Indigenous peoples are therefore 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. Indigenous women experience health problems with particular severity and yet they play a primary role in overseeing the health and well-being of their fami-

<sup>1</sup> IFAD [http://www.ruralpovertyportal.org/topic/statistics/tags/indigenous\\_peoples](http://www.ruralpovertyportal.org/topic/statistics/tags/indigenous_peoples)





lies and communities. Indigenous peoples often suffer disproportionately from mental health issues such as depression, substance abuse and suicide.

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 critical that health care models take into account indigenous concepts of health and strengthen indigenous-run health systems. This includes establishing 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.


## 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 member states and UN system entities to 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 Sustainable Development Goals and post-2015 development agenda.

With regards 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. 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. The Forum has also made several recommendations to WHO, PAHO and Governments focusing on non-communicable diseases. The Forum has also recommended relevant entities 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.

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**More information** on the Fourteenth Session of the United Nations Permanent Forum on Indigenous Issues at: [www.un.org/indigenous](http://www.un.org/indigenous)