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REMARKS  
INTERNATIONAL DAY OF THE WORLD'S INDIGENOUS PEOPLES  
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Secretary-General of the United Nations,  
Under-Secretary-General of the Department for Economic and Social Affairs, and Senior  
Official of the follow-up to the World Conference on Indigenous Peoples,  
Excellencies,  
Distinguished Elders,  
Indigenous peoples,  
Ladies and Gentlemen,

I am very happy to participate in the celebration of the International Day of the World Indigenous Peoples dedicated to the 370 million indigenous peoples living in all regions of our planet.

The International Day of the World's Indigenous Peoples has been celebrated since 1994 when the International Decade of the World's Indigenous Peoples was declared by the United Nations General Assembly. The ninth of August marks the day of the first meeting, in 1982, of the UN Working Group on Indigenous Populations of the Sub-commission on the Promotion and Protection of Human Rights. For a little over twenty years, indigenous peoples, Member States, UN agencies, NGOs, and others have commemorated this day together in their respective communities.

With the deadline of the Millennium Development Goals' (MDGs) drawing to a close, it is important to look back on our achievements as well as plan the road ahead. The Post-2015 Development Agenda builds on the momentum of the MDGs in a number of areas including health. This year's International Day theme is thus entitled "*Post 2015 Agenda: Ensuring indigenous peoples health and well-being*". This is an important topic which is in line with the Goal 3 of the Sustainable Development Goals, which is to ensure healthy lives and promote well-being for all at all ages.

The *UN Declaration of the Rights of Indigenous Peoples* includes five articles that relate specifically to health. **Article 17** requires States to protect indigenous children from economic exploitation and in particular from performing any work that is hazardous or harmful to the child's health or physical, mental, spiritual, moral or social development.

**Article 21** refers to indigenous peoples' rights to improve their economic and social conditions, including in the area of health, indicating that States shall ensure continuing improvement while paying particular attention to the rights and needs of indigenous elders, women, youth, children and persons with disabilities. **Article 23** reaffirms the right to be actively involved in developing and determining, *inter alia*, indigenous peoples' health programs and to administer them through their own institutions. In terms of **Article 24**, its purpose is twofold: first, it stipulates that indigenous peoples have the right to traditional medicines and to maintain their health practices, as well as to access to all social and health services without discrimination. Secondly, it emphasizes that indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health, and that States shall take the necessary steps to progressively achieve the realization of this right.

**Article 29** indicates that indigenous peoples have the right to conservation and protection of their lands; that States shall make sure that no hazardous materials are disposed of or stored in those territories without the free, prior and informed consent of indigenous peoples; and that States also ensure that programs monitoring, maintaining and restoring the health of indigenous peoples are duly implemented.<sup>1</sup>

It is important to remember that each article of the Declaration including those I have referenced here must be read alongside Article 3, Indigenous peoples have the right to self-determination. By virtue of that right they freely determine their political status and freely pursue their economic, social and cultural development.

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<sup>1</sup> *UN Declaration on the Rights of Indigenous Peoples*, 2007.

Over the years, some States have paid serious attention to the fundamental right of self-determination and have shaped their domestic policies and programs accordingly with positive results. I wish to mention some of these examples.

In 2006, the **Canadian** governmental representatives met with eleven international indigenous experts to propose a new list of indicators for indigenous peoples' well-being. In 2011, the federal and provincial ministers of Health and the First Nations Health Authority adopted the British Columbia Tripartite Framework Agreement on First Nation Health Governance. This agreement commits the Government of British Columbia to establish mental health programmes in order to improve mental health and addictions within Aboriginal communities. There would also be concerted efforts to equalize the socioeconomic differences between Aboriginal and non-Aboriginal peoples in the province.<sup>2</sup>

In **Norway and Sweden**, health issues such as work-related stress and suicide amongst Sami reindeer-herding men are thought to be associated with discrimination and marginalization as well as the lack of knowledge of their culture and identity.<sup>3</sup> Integrating traditional healing within health services for indigenous peoples is taking on a much stronger focus in policy-making.<sup>4</sup>

Indigenous peoples' advocacy in **Central and South American** countries has influenced the implementation of "intercultural" approaches to health. Guatemala, Bolivia, Peru, Chile and Ecuador are some of the countries that have acknowledged indigenous health practices in their national health plans and staff training in cities, rural areas and indigenous communities.

In **New Zealand**, there are a number of significant policies and funding that benefit Maori people. As an example, the Whanau Ora is an interagency approach that includes services and opportunities to support the aspirations of Maori whanau (extended families) to become more self-managing and responsible for their economic, social and cultural development.<sup>5</sup> Similarly, indigenous health policy in Australia is guided by the National Aboriginal and Torres Islander Health Plan 2013-2023. One of its main principles is that

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<sup>2</sup> *State Of The World's Indigenous Peoples II*, 143

<sup>3</sup> Ketil Lenert Hansen, *State Of The World's Indigenous Peoples II*, 77

<sup>4</sup> Ketil Lenert Hansen, *State Of The World's Indigenous Peoples II*, 84

<sup>5</sup> Collin Tukuitonga, *State Of The World's Indigenous Peoples II*, 166.

governments adopt a holistic approach recognizing indigenous peoples' physical, spiritual, cultural, emotional and social well-being, community capacity and governance, all of which are crucial to the improvement of indigenous Australians' health status.<sup>6</sup>

Still, in spite of these advancements, the status of health and well-being among indigenous peoples worldwide remains one of the most challenging and complex areas that requires urgent attention.

In **Canada and the United States**, death rates from tuberculosis, alcoholism, diabetes, and suicide amongst indigenous peoples are much higher than those in the non-indigenous population.<sup>7</sup> Worldwide, over 50 per cent of indigenous adults over age 35 years have type 2 diabetes and these numbers are predicted to rise.<sup>8</sup>

In the **Asian sub-regions**, indigenous peoples die younger, have higher rates of malnutrition and child mortality, and yet they make up 70% of the world's estimated indigenous population.<sup>9</sup>

In the **Africa region**, access to health is not uniform across the continent and national figures of morbidity and mortality often mask the poor health conditions of indigenous peoples in the various countries.<sup>10</sup>

And across the globe, indigenous women living in remote communities must travel long distances to get access to adequate health services or to give birth, which can be a huge challenge especially when paired with cultural or language barriers outside of their communities.

There are also major concerns regarding the lack of data on indigenous peoples' health and social conditions. Not only is there a lack of disaggregated data based on ethnicity

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<sup>6</sup> Collin Tukuitonga, *State Of The World's Indigenous Peoples II*, 168.

<sup>7</sup> "Regional Facts and Figures: North America"

(<http://www.un.org/esa/socdev/unpfii/documents/SOWIP/regional%20highlights/north%20america/sowip-regionals%20facts-north%20america-en.pdf>)

<sup>8</sup> Executive summary of SOWIP's first publication

(<http://www.un.org/esa/socdev/unpfii/documents/SOWIP/executive%20summary/sowip-summary-en.pdf>)

<sup>9</sup> Mukta S. Lama, *State Of The World's Indigenous Peoples II*, 45.

<sup>10</sup> Pricilla Santau Migiro, *State Of The World's Indigenous Peoples II*, 19.

but also data related to the location to the location of indigenous peoples' residence such as urban, rural or remote areas. As a result, there is a lack of information, analysis and evaluation of programmes and services relating to indigenous peoples' health situation.

Examples of indirect discrimination that indigenous peoples face include the provision of health information and services only in the dominant language or in accordance with dominant cultural practices which often results in the exclusion of indigenous peoples. Indigenous languages are central to identity, cultural expressions and collective living. It is especially important as a fundamental cultural expression of indigenous knowledge on health, medicine and spirituality and thus for well-being. However, indigenous languages are being lost rapidly and with them is the loss of valuable knowledge on medicinal plants, healing and indigenous identity. Thus, the revitalization of indigenous languages is an important strategy connected to disease prevention and health promotion.

The active and ongoing involvement of indigenous peoples in the development, implementation, and management and monitoring of policies, services and programs affecting the well-being of their communities is essential. Only by acknowledging the interrelationship between health and the social determinants of health, such as poverty, illiteracy, marginalization, the impact of extractive industries, environmental degradation, and the lack of self-determination. will any new human development goals be truly achievable amongst indigenous peoples.<sup>11</sup> The current MDGs have, as a case in point, failed to identify the relationship (or access) to customary land as an indicator of well-being.<sup>12</sup> Similarly, mental health issues such as depression, substance abuse and suicide will not be completely addressed so long as the harms of colonization and the status of indigenous peoples are not acknowledged.<sup>13</sup>

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<sup>11</sup> Executive summary of SOWIP's first publication

(<http://www.un.org/esa/socdev/unpfii/documents/SOWIP/executive%20summary/sowip-summary-en.pdf>)

<sup>12</sup> REPORT OF THE MEETING ON INDIGENOUS PEOPLES AND INDICATORS OF WELL-BEING, Ottawa, 22-23 March 2006

(<http://undesadspd.org/IndigenousPeoples/MeetingsandWorkshops/IndicatorsofWellbeing.aspx>); CONCEPT NOTE FOR MEETING ON INDIGENOUS PEOPLES AND INDICATORS OF WELL-BEING, 4. (2006, [http://www.un.org/esa/socdev/unpfii/documents/concept\\_note\\_indicators\\_en.pdf](http://www.un.org/esa/socdev/unpfii/documents/concept_note_indicators_en.pdf))

<sup>13</sup> Executive summary of SOWIP's first publication

(<http://www.un.org/esa/socdev/unpfii/documents/SOWIP/executive%20summary/sowip-summary-en.pdf>)

Thus, on the eve of the adoption of a new development agenda, new indicators of indigenous peoples' health and well-being must be defined in consultation with indigenous peoples. Similarly, States should seriously engage in the disaggregation of data in order to better inform the effectiveness of their health policies and plans for indigenous peoples.

Indigenous youth must also bring their perspectives to the table, since they are the ones who will soon have the responsibility of ensuring the well-being not only of their own generation but of all members of the community.

Over the years, indigenous peoples and other experts have recommended the adoption of a holistic and human rights-based approach to health in order to capture the *particular* needs *of* indigenous peoples worldwide.<sup>14</sup>

Thank you.

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<sup>14</sup> Indigenous peoples cannot be 'deleted' from the new global development goals, UN experts state (18 July 2014, <http://undesadspd.org/IndigenousPeoples/Post2015Agenda/JointstatementondraftSDGs.aspx>)