

MDG Reports and Indigenous Peoples A Desk Review

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Table of Contents

Page

Desk Review of the Millennium Development Goals Reports.....	3
Introduction:.....	3
MDG Reports - An Analysis of Current Implementation and Policy Strategies Pertaining to Indigenous Peoples.....	5
Bangladesh: Commentary on MDG Country Report.....	5
Belize: Commentary on MDG Country Report.....	8
Botswana: Commentary on MDG Country Report	11
Brazil: Commentary on MDG Country Report	14
Denmark: Commentary on MDG Country Report	17
Ethiopia: Commentary on MDG Country Report.....	18
Finland: Commentary on MDG Country Report.....	20
Indonesia: Commentary on MDG Country Report.....	20
Lao PDR: Commentary on MDG Country Report	22
Malaysia: Commentary on MDG Country Report.....	24
Mauritius: Commentary on MDG Country Report.....	28
Namibia: Commentary on MDG Country Report	30
Nigeria: Commentary on MDG Country Report	32
Norway: Commentary on MDG Country Report	35
Pakistan: Commentary on MDG Country Report.....	35
Papua New Guinea: Commentary on MDG Country Report	37
Philippines: Commentary on MDG Country Report	41
Sweden: Commentary on MDG Country Report.....	45
Uganda: Commentary on MDG Country Report.....	46
Conclusion:	49

Desk Review of the Millennium Development Reports of Countries with Indigenous Peoples

By: Kelley Laird¹

Introduction:

The objectives of this analysis are to examine whether or not indigenous peoples are included, involved with, or promoted within the context of the Millennium Development Reports (MDGRs) produced by states with indigenous peoples. Each state's MDGR, included in this report, will be addressed separately, and the format will entail: 1. A brief introduction/background to the state and indigenous peoples within the state. The introductory section of every analysis of each national report includes data researched by the author not necessarily found in the actual Millennium Development Goal Report; 2. Disaggregated information of how each goal addresses or fails to address indigenous peoples. Please note that all data, statistics, and information pertaining to each goal originate from the Millennium Development Report prepared by the government of the country being analyzed; 3. Concluding remarks.

Finally, the questions addressed when analyzing each Millennium Development Goal in the state-specific context are:

1. Are indigenous peoples mentioned in the context of the overall MDGR report? If so to what extent are they discussed?
2. Are indigenous peoples addressed sectorally, meaning each goal has specific guidelines and/or benchmarks for addressing indigenous peoples within the framework of the goal?
3. Are there discussions of indigenous peoples in the process of developing interventions and action plans to meet the goals? If so, how does the MDG report indicate that they are involved?
4. Are any proposals being made to address indigenous peoples while implementing the MDGs in each country? If so, what are the proposals listed? The mention of "yes" or "no" next to these questions in each MDGR analysis indicates whether indigenous peoples are addressed or not.

The Millennium Development Goals Reports used in this analysis have been accessed primarily from the UNDP internet site www.undp.org/mdg/countryreports.html, and from the UNDG website, www.undg.org. However, at times the analyst used reports located on a particular state's UNDP website. This analysis follows a similar analysis completed for the Secretariat of the UN Permanent Forum on Indigenous Issues in September, 2004. Therefore, this analysis will not focus on states with indigenous

¹ The author was an intern at the Secretariat of the UN Permanent Forum on Indigenous Issues in 2005.

peoples that were examined in September, 2004. It will instead focus only on states with indigenous peoples that have since the September 2004 analysis submitted their MDGR for review, or those states that were not analyzed during the previous analysis.

Due to language constraints of the analyst, some states and their subsequent Millennium Development Goal Reports were not examined.² The analyst recommends following up every three to four months to stay current on new submissions from those states with indigenous peoples that have yet to submit a Millennium Development Goal Report.

This report analyses the MDGRs of the following twenty countries: Bangladesh, Belize, Botswana, Brazil, China, Denmark, Ethiopia, Finland, Indonesia, Lao PDR, Malaysia, Mauritius, Namibia, Nigeria, Norway, Pakistan, Papua New Guinea, Philippines, Sweden, and Uganda.

The outcomes of this analysis will be used to inform the UN Permanent Forum on Indigenous Issues about achievements and challenges depicted through the MDGRs and also as an advocacy tool within the UN system and other intergovernmental organizations regarding the promotion of the Millennium Development Goals in country-specific, regional and international policies and programs. It will also be used as an advocacy tool by all stakeholders to promote the incorporation of indigenous peoples in national development frameworks for meeting the Millennium Development Goals and objectives. This is work in progress.

² The following States' MDGRs were not analyzed: Argentina, Angola, Chile, Costa Rica, Democratic Republic of Congo, Dominican Republic, El Salvador, Honduras, Mexico, Niger, Panama, Paraguay, Peru, and Venezuela.

MDG Reports - An Analysis of Current Implementation and Policy Strategies Pertaining to Indigenous Peoples

Bangladesh: Commentary on MDG Country Report

The estimated population of Bangladesh as of 2004 was 143.3 million, and of this population approximately 2.5 million are considered indigenous peoples or “adivasis-original inhabitants- belonging to 45 different ethnic groups.”³ The Chittagong Hill Tracts is an area of densely forested land that is home to 11 indigenous peoples, commonly referred to as the Jumma for the type of agriculture they practice.⁴ They are religiously and culturally diverse from Bengalis as a whole. This area, even after the Peace Accords of 1997, is one of the most militarized in the world. Also, while the Government agreed to give the Jummas a level of autonomy, human rights advocates have argued that violence continues here and there is no real commitment to recognizing and honoring the Jummas’ autonomy, land and resource rights.⁵

The first Bangladesh Millennium Development Goal report was a joint effort between the Government of Bangladesh (GoB) and the UN Country Team in Bangladesh along with consultations with other stakeholders. The process was as important as the product for this MDGR and the GoB insists that a broad number of NGOs, UN Agencies and Government institutions were brought together to represent all stakeholders and form working groups on each of the goals. **However, in the entire MDGR document the words “indigenous” and “Jumma” do not appear, indicating these important stakeholders or at least their official titles were not included in the broad-based coalition working on this document.**

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

In Asia, Bangladesh has the third largest concentration of poor people after China and India.⁶ Since 1990 the Government of Bangladesh has been able to reduce poverty by a percentage point per year, and now it hovers at 50%, although inequality based on the Gini Index increased throughout the 1990s. Despite this improvement however, 63 million people still live in poverty and a third of these people are destitute.⁷ Not only

³ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 376.

⁴ Ibid.

⁵ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 377.

⁶ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 14 [2005]. Available at:

www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

⁷ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 14 [2005]. Available at:

www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

that, but of those living in poverty 85% live in rural areas.⁸ Child malnutrition statistics while improving still remains one of the highest figures in the world, and this affliction strikes mainly poor rural children. **While indigenous peoples are not mentioned in this goal, there are various initiatives aimed at pro-poor growth and focused on rural communities.**

Goal 2: Achieve Primary Universal Education by 2015 (NO)

“To achieve MDG 2, Bangladesh must increase the primary school enrolment rate from about 73.3 percent in 1992 to 100 percent by 2015, increase the primary school completion rate from 62 percent in 1994 to 100 percent by 2015, and reduce the dropout rates from 38 percent in 1994 to 0 percent by 2015.”⁹ While the indicators have been improving, there are definite regional variations. **While indigenous groups are not mentioned, the GoB does state that most of the dropouts and those not enrolled in the country schools are from rural areas, urban slums, coastal areas or the Chittagong Hill Tracts; the latter having a large portion of indigenous people in its area.**¹⁰ **Within the Challenges section of this goal, a focus point is the importance of including these vulnerable groups within the educational system.**

Goal 3: Promote Gender Equality and Empower Women (NO)

“Gender disparity is a reflection of complex social, cultural, and economic issues. While some improvement in gender equality has been achieved in sectors such as education, health and family welfare, labor and employment, and democratic participation, in Bangladesh true empowerment is still a distant goal.”¹¹ The largest disparities between females and males are in tertiary education, literacy rates, health (including violence towards women), economics, and politics. **Indigenous women are not specifically mentioned in the context of meeting this goal.**

Goal 4: Reduce Child Mortality (NO)

“While there has been an appreciable drop in under-five death rates from 151 deaths per thousand live births in 1990 to 87 in 1999, the rate has since slowed considerably, with the figure standing at 82 in 2001. From this base, it will be necessary to maintain a pace of annually reducing under-five deaths by at least three deaths per thousand live births to achieve MDG 4 by 2015. Child mortality rate is a reflection of the care, health and nutrition status of children below the age of five years and also indicates the social,

⁸ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 20 [2005]. Available at: www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

⁹ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 24 [2005]. Available at: www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

¹⁰ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 31 [2005]. Available at: www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

¹¹ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 32 [2005]. Available at: www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

cultural, and economic progress in the country.” Pneumonia, diarrhea, drowning, tetanus, and micronutrient deficiencies account for most of the poor health outcomes for children under five. Rural children and the girl-child are more likely to have poor health outcomes and have higher mortality rates than their counterparts. **While indigenous peoples are not mentioned in the context of this goal, within the challenges section there is special mention of increasing health services and interventions to underserved and unreachable populations including the Chittagong Hill Tracts.**

Goal 5: Improve maternal health (NO)

“In spite of the fact that maternal mortality has declined from nearly 574 per 100,000 live births in the 1990 to between 320 and 400 in 2003, the maternal mortality ratio (MMR) in Bangladesh remains one of the highest in the world. It is estimated that 14% of maternal deaths are caused by violence against women, while 12,000 to 15,000 women die every year from maternal health complications. Some 45 percent of all mothers are malnourished.”¹² Lack of access to health services, delayed visits to skilled reproductive health-workers, and a deficit in skilled health-workers all increase the vulnerability of women. Unsafe abortions and hemorrhaging also take many lives. **Indigenous women are not mentioned within the context of meeting this goal, although a challenge to the Bangladeshi Government is providing reproductive health for all.**

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

Bangladesh is considered a low HIV/AIDS prevalence country; however, the reporting system is not in place to accurately measure the prevalence of AIDS/HIV, and in some areas, health professionals are noting a marked increase in the incidence of the virus.¹³ Thus a National Strategic Plan is a first priority for the GoB. “Bangladesh will have to halve the one million people annually afflicted by malaria and reduce the number of deaths from one percent to half a percent by 2015. Also, by 2005, Bangladesh will have to increase the success rate of detection of tuberculosis cases under DOTS from 34 percent in 2000 to 70 percent, and the cure rate from 84 percent to 85 percent.”¹⁴ **Indigenous peoples are not referred to in the context of the goal, nor are they mentioned in future challenges and implementations.**

Goal 7: Ensure Environmental Sustainability (NO)

The GoB needs to do more to protect Bangladesh’s depleting forests. Energy consumption has improved in Bangladesh, and almost 30% of their energy comes from natural gas or water. “The carbon dioxide emission in Bangladesh is insignificant compared to the global consumption pattern, as more than 60 percent of the energy used comes from biomass and more than 60 percent of the commercial energy used comes

¹² “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 46 [2005]. Available at: www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

¹³ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 53 [2005]. Available at: www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

¹⁴ Ibid.

from natural gas.”¹⁵ While access to safe water and sanitation has improved, more should be done to ensure the quality of water sources as many have been corrupted with arsenic.¹⁶ **Indigenous peoples issues are not discussed in the context of meeting this goal, although rural areas are said to have worse sanitation and water issues.**

Goal 8: Develop a Global Partnership for Development (NO)
Indigenous peoples are not mentioned at all in this section.

In conclusion, the Government of Bangladesh does not mention indigenous peoples specifically in the breakdown of data regarding each goal, nor are IPs mentioned taking part in the planning process for this report. Nor are ideas or programs mentioned, focusing specifically on indigenous peoples and their needs in the future for meeting the MDGs.

Belize: Commentary on MDG Country Report

Belize has an approximate population of 279.5 thousand people; of these an estimated 6% are from the Garifuna indigenous group while approximately 10% are from the Mopan Mayan or Ketchi Mayan indigenous groups.¹⁷ While the Maya are mainly rural dwellers, the Garifuna live primarily in the urban areas.¹⁸ Thus their problems are specific to their dwelling circumstances whereby the Maya peoples’ primary issue surrounds land rights and the Garifuna are concerned with increasingly crime-ridden, diseased, poor neighborhoods.¹⁹ As yet, neither of these two indigenous peoples is recognized in the Belizean constitution, because most Belizeans disregard the special and historic needs of the indigenous peoples.²⁰ Significantly, however, is that all three of these peoples were mentioned in the introductory context of the MDGR for Belize. Also within the context of the introduction, the MDGR purports that poverty in Belize disproportionately affects rural populations and within these rural populations the indigenous Mayan people suffer inordinately high poverty statistics.²¹

Belize’s MDGR began in 2004 and was published in 2005. The report is not an in-depth analysis of policy, institutional change or resource allocation. It highlights the status of progress on the goals to date, the major challenges, the Government response, and the way forward for future interventions.

¹⁵ “Millennium Development Goals: Bangladesh Progress Report.” Government of Bangladesh. P. 60 [2005]. Available at:

www.lcgbangladesh.org/MDGs/docs/Bangladesh%20MDG%20Progress%20Report.pdf

¹⁶ Ibid.

¹⁷ “Belize.” Wikipedia. [12/12/2005]. Available at: <http://en.wikipedia.org/wiki/BLZ>.

¹⁸ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 125.

¹⁹ Ibid.

²⁰ Ibid.

²¹ “First MDG Report, Belize 2005.” MDGR- G o Belize. P. 8 [2005]. Available at: www.undp.org/rblac/mdg/First%20MDG%20Report-%20Belize%202005.pdf

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (YES)

In Belize's poverty breakdown at the beginning of goal one, parts of the population more susceptible to poverty are discussed. **These include: rural dwellers, the indigenous Mayan peoples, women, people of Toledo district, and children. Of the Mayan people, 77% are impoverished while 54.8% are considered indigent.**²² The MDGR goes on to list three pillars of Belize's poverty reduction strategy, and protecting and assisting vulnerable groups is given as one of the pillars. Some key challenges/opportunities are given as ways the Belizean Government and other stakeholders can improve the economic situation of the poor, and some of these do include working directly with indigenous peoples and all stakeholders as well as increasing autonomy for indigenous peoples to make economic choices for themselves. Goal 1 however does not cite working with indigenous peoples or other vulnerable groups directly to find creative solutions to poverty. In the second part of goal one, reducing hunger, the indigenous Mayan people are again mentioned as a vulnerable group within the Toledo district, since the correlations between being indigent and underfed are strong. **Also, the MDGR argues that this information can be used to support the idea that Mayan stunting has more to do with poverty status and less with genetics. Within the challenges/opportunities section, areas for improvement include strategies focused on providing nutrition counseling with cultural appropriateness to the Mayan peoples of the Toledo district to reduce stunting among children, and also ensuring food for the indigent poor.** While the supportive environment data does not mention working with indigenous peoples directly, it does mention involving rural people, women and children more in sensitization lessons on nutrition.

Goal 2: Achieve Primary Universal Education by 2015 (NO)

Belize is in line to meet goal 2, but the Government must guard against backsliding as the cost of attending school becomes more cumbersome for parents. **While indigenous peoples are not mentioned specifically in this goal,** the discrepancies between urban and rural schooling is brought up as a challenge to target for the Belizean Government.

Goal 3: Promote Gender Equality and Empower Women (NO)

"While it can be said that Belize has achieved this goal relative to the education indicators, it is lagging far behind in relation to women's economic and political empowerment."²³ **Indigenous women are not specifically mentioned or targeted in this section.**

Goal 4: Reduce Child Mortality (NO)

Both infant and child mortality have steadily decreased in the last two decades in Belize. **While indigenous peoples are not specifically mentioned in the context and**

²² Ibid.

²³ "First MDG Report, Belize 2005." MDGR- G o Belize. P. 19 [2005]. Available at: www.undp.org/rblac/mdg/First%20MDG%20Report-%20Belize%202005.pdf

challenges to reaching this goal, rural disparities and the need to focus on interventions that help rural and vulnerable populations are discussed.

Goal 5: Improve maternal health (NO/Partially)

Maternal mortality in Belize is significantly lower than other countries in the region. However, the report mentions that the surveillance systems for maternal mortality might not be as accurate as possible, and that the country average masks regional disparities, including a significant increase of maternal mortality in Toledo District- home to many indigenous Mayans, etc. **While indigenous peoples are not mentioned specifically, the regional disparity remark indicates that indigenous women probably have higher levels of maternal mortality than other groups. Also women in the Toledo district are less likely to have pre or post natal visits with physicians.** The challenges and opportunities section focuses on the importance of increasing pre and post natal services in rural areas, as well as targeting women from rural areas for reproductive health education.

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

Belize is facing an HIV/AIDS crisis, and has the highest prevalence of HIV in Central America. 15-49 year olds are most affected by the virus. While indigenous peoples are not mentioned specifically, women and girls as a specific vulnerable group are discussed. Malaria is not a significant problem in Belize; however, TB is becoming more of an issue because of HIV/AIDS. **Again indigenous peoples are not discussed or targeted with regard to these diseases.**

Goal 7: Ensure Environmental Sustainability (NO/Partially)

While indigenous peoples are not mentioned in the context of meeting this goal, the need of the Government to work with vulnerable groups and civil society in partnerships to protect nature reserves both inland and coastal is a primary issue. Also finding creative solutions to waste disposal is discussed as a necessary step in environmental sustainability. Belize is in line to improve the sanitation access for most of its slum dwellers. As for access to safe water, rural populations have significantly less access than urban settings. **In this section it is also mentioned that having a private water source is usually a luxury of land titlement and that among the poorest Belizean ethnic group only 69.4% had this kind of tenure (this is a reference to the Mayan indigenous peoples). In focus groups held by the MDGR, the Mayan representatives said landlessness is one of the main correlatives to poverty, and land tenure is an important issue the Belizean Government focuses on. Within the challenges and opportunities in this section, the issue of land tenure and the Mayan people is specifically discussed in terms of the realities of the economic viability of the Toledo district as well as the need for aggressive and creative action that takes these realities into account.** While indigenous peoples are not mentioned, the Belizean Government does discuss using household input in land use planning to foster collaboration of citizens and State.

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned at all in this section

In conclusion, while Belize mentions indigenous peoples, specifically the Mayan indigenous people and their impoverished status, within the context of the overall report, and also refers to Mayan indigenous peoples within goals 1, 5, and 7, the Belizean Government could do more to integrate indigenous peoples, including non-Mayan people, within every goal. Also, the Belizean Government promotes using indigenous peoples within the planning process of meeting goals 1, 5, and 7, and discusses the importance of incorporating their cultures and ideas in future interventions that target their development, although this is only with regards to the Mayan indigenous peoples.

Botswana: Commentary on MDG Country Report

The last census of 2001 estimates 1.7 million inhabitants of Botswana; it does not disaggregate for various ethnicities, including indigenous peoples. “There are approximately 50,000 San in Botswana, found primarily in seven districts but overwhelmingly in Ghanzi. The San are divided into a number of different peoples each with their own name language and cultural traditions.”²⁴ The Nama people (Khoikhoi) also live in Southern Botswana, and they are largely pastoral.²⁵ The Bakgalagadi are another indigenous people approximately numbering 100,000 living in the Kalahari Desert for hundreds of years.²⁶ The indigenous peoples in Botswana, namely the San and Bakgalagadi, claim that they have been forcibly relocated by the Botswana government, and have lost their traditional lands.²⁷

Botswana’s Millennium Development Goals Report was completed in September 2004, and published in English. Botswana has been touted as one of Africa’s success stories; however development problems still remain such as poverty and HIV/AIDS prevalence. As of 2001 the percentage of people under the national poverty line was estimated at 37.4% and the prevalence of people (15-49) suffering from HIV/AIDS was estimated at 35.4% in 2002.²⁸ None of these statistics were disaggregated to represent various marginalized parts of the population, such as women, indigenous peoples and children within Botswana.

Botswana’s process of developing the MDGR began in September 2003. Although a broad-base stakeholders such as civil society organizations, government organizations, NGOS, etc. are mentioned, the report does not specifically state that indigenous peoples or individuals were involved. However in the introductory segment the question, “Are there constituencies that are largely bypassed by Botswana’s prosperity?,” arises, and

²⁴ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 502.

²⁵ Ibid.

²⁶ Ibid.

²⁷ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 504.

²⁸ MFDP, 2002: “A Review of Anti Poverty Initiatives in Botswana: Lessons for a National Poverty Reduction Strategy.”

although indigenous peoples are not mentioned specifically, there is reference to geographical disparities in income and development along with disparities among women, the elderly, etc.²⁹

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

The report recognizes that rural areas have higher poverty levels, and also higher levels of hunger. It recognizes the importance of high-skill high-tech jobs and raising employment opportunities throughout the country, thereby promoting modernization. **It mentions extending market access to remote areas of the country, and it does target the rural areas as having the most need. Yet, the report on goal one does not name indigenous peoples specifically, or any other marginalized group, for specific targeted interventions to help them meet the national goals.**

Goal 2: Achieve Primary Universal Education by 2015 (Yes- to an extent)

The report recognizes that Botswana has already achieved 95-99% enrollment rates for primary school. Although it does not mention indigenous children, this very high enrollment statistic might indicate that they too are receiving education. **Questions of equity are brought up in this section, and here Remote Access Dwellers or RADs are discussed (Botswana's reference to indigenous peoples). Improving "enrollment and retention rates for children from remote areas and nomadic communities" has its own section, and although indigenous people are not explicitly mentioned, this section addresses them.** There is no indication of their participation in the "creative solutions" mentioned in this section, including outlawing child labor and allowing universal primary education through secondary school.

Goal 3: Promote Gender Equality and Empower Women (NO)

While Botswana has made great strides reducing gender discrimination in education and politics, this report indicates that much more should be done to reduce violence against women as it appears to be increasing. **However, there is no mention of indigenous specific policies or support in lieu of meeting this goal and empowering women.**

Goal 4: Reduce Child Mortality (NO)

Since the 1970s child mortality and infant mortality have been increasing in Botswana due in large part to increased HIV/AIDS prevalence and high Mother to Child Transmission Rates. Within the Report, one of the focuses for improvement is vaccination coverage for children. In this section it mentions that children from very rural or remote areas are often missed because of logistics and distance. **However, indigenous peoples are not specifically mentioned, nor are specific policies to help indigenous peoples to meet this goal of reducing child mortality.**

Goal 5: Improve maternal health (NO)

Data on maternal mortality rates are not complete, and the most current data is from 1991, therefore one major policy prescription within this goal is to improve the data

²⁹ "Botswana Millennium Development Goal Status Report, 2004." G o Botswana MDGR. P. 19 [September, 2004]. Available at: www.undg.org/documents/5308Botswana_Millennium_Development_Goals_Status_Report_2004.

collection and registration systems for pregnant women. **Although there is no direct reference to indigenous women in this section, it is mentioned that in the Western region (which is where the Ghanzi district is located) the “mean distance to an Emergency Obstetric Care unit was 181.25 km and no clinic was less than 114 km.”**³⁰ **This alludes to the fact that indigenous women in these areas receive little support in birthing, and thus their maternal mortality rates could be high.** A primary area for improvement, the report states, is the referral system. Additionally, skills, transport logistics, and equipment are all important areas to improve upon within this system to reach people in outlying rural areas.

Goal 6: Combat HIV/AIDS, Malaria, TB, and other diseases (NO)

Again, indigenous peoples are not mentioned directly; however, again it is stressed that prevalence rates of HIV/AIDS are rising in rural areas, and negative health outcomes are disproportionately suffered by people in rural areas. In this section, one policy prescription that might help indigenous peoples is the strengthening of health systems throughout Botswana.

Goal 7: Ensure Environmental Sustainability (NO)

Indigenous peoples are not mentioned in this section. However, there is reference to settlements that are considered “unofficial” which might be an indirect reference to RADs (Remote Access Dwellers or Botswana’s official name for the Indigenous San people); and this might be problematic in the future especially as land constraints grow. Figures show that 84.2 percent of rural dwellers only have access to water outside of their home plot.³¹ Water scarcity is a serious problem in Botswana, and improving access in rural areas is a core part of their policy prescriptions in the MDGR.

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned in this section of the report.

In conclusion, although Botswana stands out among many African countries in regards to making significant progress in meeting the MDGs, the GoB by not incorporating Indigenous peoples into the context of their report indicates their continuing marginalization through these policies. Indigenous peoples are not mentioned in the planning process of intervention development; they are not mentioned as a specific group with special needs to target in the context of the report; and finally, they are also not mentioned in the implementation of specific interventions to meet the various goals. **Also, although the rural poor are at the center of many policy prescriptions, many of these prescriptions are for recognized and sedentary settlements, whereby most of the Indigenous peoples of Botswana are nomadic by nature, thus compounding their abilities to benefit from these interventions and policy prescriptions. Not only this,**

³⁰ “Botswana Millennium Development Goal Status Report, 2004.” G o Botswana MDGR. P. 51 [September, 2004]. Available at:

www.undg.org/documents/5308Botswana_Millennium_Development_Goals_Status_Report_2004

³¹ “Botswana Millennium Development Goal Status Report, 2004.” G o Botswana MDGR. P. 63 [September, 2004].

www.undg.org/documents/5308Botswana_Millennium_Development_Goals_Status_Report_2004

but referring to indigenous peoples as RADs desensitizes the policymakers and citizens of Botswana to the unique cultures and humanity of the indigenous peoples, and increases the likelihood of unequal treatment.

Brazil: Commentary on MDG Country Report

As of 2003, Brazil had a population of approximately 175 million people,³² and while this number is not officially disaggregated to indicate the numbers of indigenous peoples, other sources approximate that there are currently 220 indigenous peoples speaking 180 languages and adding up to approximately 370,000 indigenous people within Brazil.³³ While indigenous peoples are not specifically mentioned at the outset of the report, the Brazilian Government does mention that in the context of each individual goal when possible it disaggregates for race/color as the inequities between race/color represent one of the most pressing problems in Brazil. The Northeast region is repeatedly referred to as a poorer and less developed region, and it is estimated that 60% of Brazil's indigenous population lives in this area.³⁴

Each goal in the Brazilian report is organized in the following manner: “diagnosis, implemented programs and policies, and priority actions as from 2003.”³⁵ While collaboration is mentioned between the Brazilian 2015 and the myriad of UN Agencies within Brazil, there is no mention of civil society involvement, including indigenous peoples. Because Brazil claims to incorporate civil society in so many development sectors, it is problematic that CSOs are not mentioned in the collaborative process. In fact, “the majority of the country's indigenous organizations, including the Coordinating Body of Indigenous Organizations of the Brazilian Amazon, continue to level serious criticisms at the Workers Party Government,”³⁶ primarily because of a dialogue and participation deficit that exists between the Government and indigenous civil society.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO/Partially)

Brazil's poverty and indigent levels have decreased from 1990 to 2002; however, the Government is careful to point out that depending on which indicator or measure a statistician uses changes the numbers of poor people exponentially. While the international standard of a dollar a day puts the percentage of indigent people at 4.7% only .3 percent from the 2015 target, the national measure of earning ½ that of minimum

³² “Brazilian Population Structure.” Brazil Instituto Brasileiro de Geografica e Estadistica. [2000] Available at: <http://www.ibge.gov.br/>.

³³ “Who, Where, How Many They Are.” *Indigenous Peoples of Brazil*. Instituto Socioambiental. [2005]. Available at: www.socioambiental.org/pib/english/whwhhow/index.shtm

³⁴ “Where Are They.” *Indigenous Peoples of Brazil*. Instituto Socioambiental. [2005]. Available at: www.socioambiental.org/pib/english/whwhhow/where/index1.shtm

³⁵ “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 12 [2004]. Available at: [www.undg.org/documents/5338-Brazil MDG Report - English Version.pdf](http://www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf)

³⁶ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 199.

wage equates to many more impoverished people, up to 11.6% were considered indigent.³⁷ **Indigenous peoples are not mentioned at all within the context of the first part of this goal; however regional disparities and also racial inequities are discussed, indicating that those from the Northeast section of the country and those who are black or brown suffer inordinately from extreme poverty.** As for hunger, Brazil is slowly reducing the number of hungry people within the country within the platform of President Lula de Silva and his party. **Again the Northeast region and rural regions are said to suffer more than other parts of the country. And again, indigenous peoples are not discussed in the context of fighting hunger and malnutrition.** While indigenous peoples are not mentioned directly, there is reference to targeted future interventions aimed at helping the most vulnerable groups in Brazilian society. The “priorities for 2003” section also mentions the involvement of many civil society and locally based groups, though not indigenous peoples specifically.

Goal 2: Achieve Primary Universal Education by 2015 (NO/Partially)

While the indicators used to measure this goal have been improving in Brazil and enrollment and literacy rates have been increasing, quality of education in Brazil is still an issue. Again regional variations between Northeast and the rest of the country and racial inequalities between white, black and mulatto are mentioned. Indigenous peoples are not mentioned within the context of the goal, or within the interventions that have already taken place. **Yet, in the “priorities for 2003” section on future interventions the need to focus educational policy on diversity and citizenship specifically targeting indigenous population is discussed.³⁸ Also, focusing on underdeveloped areas such as the Northeast region and rural areas are salient, and many groups are listed as working on interventions in coordination with the Government in these underdeveloped regions.**

Goal 3: Promote Gender Equality and Empower Women (NO)

In Brazil women “study more, earn less, and have limited political participation.”³⁹ Indigenous women are not mentioned in the context of goal 3, but land titling and reform for rural women is, and perhaps this will assist indigenous women.

Goal 4: Reduce Child Mortality (NO/Partially)

Since the mid-90s child mortality and infant mortality have been decreasing in Brazil.⁴⁰ **“Yet in 2000, the Northeast still stood out with a rate 57% higher than the national**

³⁷ “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 16 [2004]. Available at: www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf

³⁸ “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 32 [2004]. Available at: www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf

³⁹ “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 35 [2004]. Available at: www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf

⁴⁰ “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 47 [2004]. Available at: www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf

average.”⁴¹ **While indigenous people are not mentioned specifically, this reference to the Northeast where 60% of indigenous people reside is telling.** Working to reduce neo-natal mortality in this region is a key component of continued reductions. Programs and policies on the ground do not mention indigenous peoples, although there are CSOs working in this area. In the “priorities for 2003” section, indigenous peoples and CSOs are not mentioned.

Goal 5: Improve maternal health (NO)

In Brazil poor information makes it difficult to monitor maternal mortality. **Also the proportion of births attended by a skilled birthing attendant has increased, but there are significant regional disparities, and again the Northeast falls behind the rest.** While indigenous women are not mentioned specifically, in the “priorities for 2003” section, the MDGR states that “attention should be drawn to the need for actions of full healthcare for women, taking into account color or race, ethnicity, age and place of residence.”⁴²

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

In Brazil, AIDS control moves forward, but problems with malaria, TB and leprosy still persist. While indigenous peoples are not mentioned in the HIV/AIDS section, the MDGR states that 99% of all Malaria cases occur in the Amazonia Legal area which espouses 60% of the country’s indigenous people.⁴³ **Indigenous peoples specifically are not mentioned, although the incidence of malaria and TB is reducing. Leprosy is primarily a serious problem in the North and Northeast sections of the country, thereby affecting indigenous people though they are not addressed specifically.** In the “programs and policies” section the MDGR discusses targeted interventions for Malaria and leprosy in the most vulnerable areas although indigenous peoples are not discussed. Indigenous peoples or CSOs are not mentioned within the context of “priorities for 2003.”

Goal 7: Ensure Environmental Sustainability (Yes/Partially)

In Brazil, policies converge to environmental sustainability, though popular housing and sanitation still represent major challenges. Since 60% of indigenous Brazilians live in the Northeast/North section of the country where the Amazon is located, they are increasingly affected by deforestation in the rainforest. However within the context of this section of goal 7 they are not discussed. Problems in housing and sanitation/water vulnerabilities exist increasingly in Northern regions. **The Brazilian Government mentions implementing housing development projects targeting indigenous peoples**

⁴¹ Ibid.

⁴² “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 56 [2004]. Available at: www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf

⁴³ “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 61 [2004]. Available at: www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf

in the last decade.⁴⁴ In the “priorities for 2003” section there are many programs targeting specifically the Amazon rainforest and the inhabitants therein. Also with regard to sanitation programs, specific interventions to improve sanitation for indigenous people are mentioned.

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned at all in this section, although a commitment to bringing sustainable development to all Brazilians is affirmed.

In Conclusion, the MDGR for Brazil while not mentioning indigenous peoples specifically in the introduction does focus on interventions that will improve the North and Northeast regions of the country which house approximately 60% of the indigenous people of Brazil. However, it would be more explicit and effective if the MDGR specifically disaggregated data, including for indigenous peoples, in planning interventions to help the North and Northeastern regions. Brazil’s MDGR mentions indigenous issues within goals 1, 2, 4, and 7, but could further describe the context of their specific problems, the interventions suggested, and how/if they incorporate indigenous peoples in the planning process. Overall, Brazil’s MDGR needs to focus on marginalized parts of the population, including indigenous peoples, to show precise context and detailed future proposals.

Denmark: Commentary on MDG Country Report

“Greenland is a self-governing unit within the Danish Realm. The population of Greenland numbers 56,000 inhabitants, 87% of whom are ethnic Greenlanders (Inuit).”⁴⁵ While Greenland has a level of autonomy, they are still dependent on Denmark for much of their economy and their educational system needs serious over-hall. Most of the society is divided over which is more important: economic security or constitutional arrangements.⁴⁶ Overall, the Inuit culture is respected by Denmark, and allowed to have autonomy on most issues.

This is Denmark’s 3rd MDGR; however, unlike the previous MDGRs, this report mainly discusses the development work DANIDA has been involved in around the world; Denmark’s own challenges and successes in developing a sustainable environment; and finally its work in regards to goal 8 and a global partnership among developed and less-developed countries. While it does not mention Greenland in the context of this report, there are other Government of Denmark documents specifically targeting development in

⁴⁴ “Brazilian Monitoring Report on the Millennium Development Goals, September, 2004.” MDGR- G o Brazil. P. 78 [2004]. Available at: www.undg.org/documents/5338-Brazil_MDG_Report_-_English_Version.pdf

⁴⁵ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 31.

⁴⁶ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 32.

Greenland. **It is refreshing that Denmark espouses as a country to meet and surpass the aide level required of developed countries as well as prioritize reproductive and health rights for women along with equality for women more in line with the Beijing Platform. Denmark could also include indigenous peoples as a targeted group for development within the context of their MDGR.**

Ethiopia: Commentary on MDG Country Report

Ethiopia has many ethnic groups spread throughout the country that have defined themselves as indigenous, including the Anuak, Oromo, Afar, and Ogiek peoples. There are no official statistics of the indigenous population within the country, although in 2004 the estimated total population was approximately 72.4 million.⁴⁷ While indigenous peoples, mainly pastoralists, have never been officially recognized by the government, 2004 did witness NGOs and the Pastoralist Forum of Ethiopia “increasing their advocacy work,” leading many government institutions to make promises for change for indigenous populations.⁴⁸ Poverty is widespread in Ethiopia, thus to measure destitution the Ethiopian government uses their own scale, as if the traditional “under 1 dollar a day” scale were used, it would mean that over 80% of Ethiopians were severely impoverished.⁴⁹ As it is with their scale, approximately 44% of the country’s citizens are unable to meet their basic needs in Ethiopia.⁵⁰

The Ethiopian MDGR was published in March 2004, and currently it is available on Ethiopia’s UNDP website. The stated outline for the report is as follows: Ethiopian context of MDGs; preliminary baseline data on meeting the goals; costing estimates regarding what it will take to reach the goals through successful project management. Indigenous peoples are not mentioned in the introductory sections of this report, nor are CSOs mentioned in contributing to this report. The Ethiopian Government is also forthwith in admitting that data collection tools are not there to measure most of the goals and indicators, thus complicating the situation.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

Indigenous peoples are not mentioned in the “context” section of goal 1. However, it is clear that there is much work to do in this area to benefit all people within the country.

Goal 2: Achieve Primary Universal Education by 2015 (NO)

Ethiopia has since its Independence provided free primary education for its citizens. However, there have been regional differences and infrastructure problems. **Indigenous**

⁴⁷ “Country by Country: Ethiopia.” Engender Health. [2005] Available at: <http://www.engenderhealth.org/ia/cbc/ethiopia.html>.

⁴⁸ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 444.

⁴⁹ “Millennium Development Goals Report: Challenges and Prospects for Ethiopia.” G o Ethiopia MDGR. P 15 [March, 2004]. www.et.undp.org/Documents/MDG-in-Ethiopia.PDF.

⁵⁰ Ibid.

peoples are not mentioned in the “context” section of goal 2; although reference is made to people in outlying areas that do not have access or do not utilize education opportunities.

Goal 3: Promote Gender Equality and Empower Women (NO)

Although the report does mention women in outlying areas as needing increased assistance for gender empowerment and improved equity, **there is no mention of indigenous women specifically in this “context” section of goal 3.** The report does however claim that there are cultural, religious and traditional reasons why meeting this goal proves difficult, but the data collection tools to disaggregate this information are not available.

Goal 4: Reduce Child Mortality (NO)

Ethiopia has one of the highest mortality rates in the world. **Indigenous peoples and children are not mentioned in the context of goal 4.** The information to measure the child mortality indicators is taken from a census, thus if the census does not reach outlying areas the data on indigenous child mortality will remain ambiguous to the detriment of policies for indigenous children.

Goal 5: Improve maternal health (NO)

The vast majority of Ethiopian mothers give birth at home, thus to obtain accurate data for the indicators used to measure this goal is very difficult. Thus the need to strengthen a registration system for new mothers is a primary concern. **Indigenous women are not mentioned in this context,** and again if the registration system is not encompassing of all regions then many indigenous women will be left out of the data.

Goal 6: Combat HIV/AIDS, Malaria, TB, and other diseases (NO)

Indigenous peoples are not mentioned in the context of goal 6; however, the overall debilitating nature of HIV/AIDS and malaria to the whole country is.

Goal 7: Ensure Environmental Sustainability (NO)

Access to water and improved land use are two major issues, along with working with slum dwellers to improve their condition. Ethiopia suffers disproportionately from drought and desertification. **Indigenous peoples are not mentioned in this context section of goal 7.**

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned in the context of goal 8

In conclusion, Ethiopia is in dire straits showing little positive progress on some of the goals and slippage on others. Indigenous peoples are not mentioned at all in the context of the report. Rural issues are also hardly mentioned in the analysis, although it is clear that disparities exist between rural and urban counterparts when one examines the tables and charts included. A one-size fits all prescriptive policy does not work when trying to generate positive development and behavior change, and indigenous peoples need to be consulted during strategic planning and included within the body of the individual goals.

Finland: Commentary on MDG Country Report

The Sámi in Finland face similar problems regarding economic and social autonomy as in Sweden. Land rights and collective reindeer husbandry rights are still core issues between the Sámi people and the Government of Finland, with the Government strengthening its control over land and resources. Although the Government passed an act upholding the Sámi language, the Government has much more to do in order to grant the Sámi people inter alia, the autonomy, the land and resource rights, and freedom from discrimination that they desire. As it is, to practice reindeer husbandry in Finland today is to be under the poverty level.⁵¹

This is Finland's 1st MDGR, however unlike other MDGRs, this report mainly discusses the development work the Government of Finland has been involved in around the world; Finland's own challenges and successes in developing a sustainable environment; and finally its work in regards to goal 8 and a global partnership among developed and less-developed countries. **Within this report the Sámi people are not discussed. Finland could include indigenous peoples as a targeted group for development within the context of their MDGR.**

Indonesia: Commentary on MDG Country Report

Only ten months after this MDGR was produced, indigenous peoples, on the islands of Alor, Nabire, and Aceh, as well as much of the Indonesian population suffered inordinately from the tsunami that devastated the islands in December 2004. Therefore much of the data in this report will now be erroneous. Thus the analyst will only report if indigenous peoples were mentioned in the context of the overall report, if they were included in the planning process at any stage of the report, and if indigenous peoples were involved in formulating interventions to meet their specific needs. Further analysis is necessary in future years to note the progress of the indigenous participation as well as the progress of meeting the Millennium Development Goals after the initial reconstruction and rebuilding is completed.

In the list of contributors to this MDGR, only the Government of Indonesia and UN agencies are mentioned, and it is unlikely that indigenous NGOs or civil society groups were consulted in the process of developing the report.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

Regional disparities and vulnerable groups are mentioned including the fact that over half of the people on the island of Papua suffer from poverty (this island is home to many indigenous people). As for malnutrition, this also affects rural people

⁵¹ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 49.

and specific provinces more seriously, although indigenous peoples are not mentioned.

Goal 2: Achieve Primary Universal Education by 2015 (No)

While regionally disparities are again mentioned, specific indigenous peoples and their needs are not discussed in the context or in the solution section of this goal.

Goal 3: Promote Gender Equality and Empower Women (NO)

Indigenous women and issues are not discussed.

Goal 4: Reduce Child Mortality (NO)

Indigenous children and issues specific to them are not discussed, although regional disparities are again mentioned as highlighting significant gaps in programming.

Goal 5: Improve maternal health (NO)

Indigenous women and their specific issues and needs are not discussed.

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

Indigenous peoples and their specific needs relating to this goal are not discussed.

Goal 7: Ensure Environmental Sustainability (NO)

Indigenous peoples and their specific needs relating to this goal are not discussed.

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned at all in this section.

In conclusion, there is no mention of indigenous or tribal peoples, these particularly vulnerable groups, in the development analysis and frameworks for future interventions of Indonesia. While Indonesia focuses on regional disparities, it would also be wise to focus on indigenous/tribal peoples' disparities which might show starker contrasts as to the haves and have-nots. It might also enable the Government of Indonesia to more successfully address specific situation relating to various specific marginalized indigenous peoples.

Lao PDR: Commentary on MDG Country Report

Laos is the most ethnically diverse country in mainland Southeast Asia. People who speak the “Lao-Tai language family make up about 66% of the population. The rest mostly have first languages within the Mon-Khmer, Sino-Tibetan, and Hmong-Mien language families, and these groups are sometimes considered indigenous.”⁵² Officially however, all Laos’ ethnic groups have equal status, so generally the term “indigenous peoples” is not applied in Laos. One of the primary problems indigenous peoples are facing in Laos is land relocation, and this is contributing to increased poverty and other problems.

The Lao PDR MDG Country report came out in January 2004, jointly prepared by the Government of Lao PDR (GoL) and the United Nations Development Program in Laos. Indigenous Peoples Organizations and NGOs are not mentioned as part of consultations for this report’s planning or way forward processes.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (Partially)

80% of Lao PDR’s 5 million people live in rural areas, this, combined with the fact that Laos has over 49 ethnic groups from 4 distinct ethno-linguistic families, makes it difficult to come up with accurate poverty indicators to measure across various distinctions. The indicators used for this goal all refer to a deprivation of basic needs including: food, shelter, medical care, education, and communication. While Laos’s poverty and food deprivation rates have improved, inequality has increased, meaning that economic gains of the past benefited the rich more than the poor. Also almost 40% of children under 5 are malnourished, and this is higher in rural settings. The report mentions that increasing populations and relocation schemes are having a negative impact on poverty levels also. **Ethnic minorities are mentioned as being the primary producers of opium, as a means to offset poverty, which is said to be higher than in other ethnic groups. The GoL has chosen to focus on these groups and rural ethnically diverse groups for targeted poverty interventions, including recognizing the need to develop specific language practices and skills for specific ethnic groups. However, the ethnic minority groups are not included in the actual planning process of interventions that will directly affect them.**

Goal 2: Achieve Primary Universal Education by 2015 (Yes)

The GoL states in this report that it will be unlikely to meet this goal by the deadline because the pervasive gender, ethnicity and rural gap to educational attainment. However, the GoL states that they provide a supportive environment and that everyone regardless of sex, ethnicity, socioeconomic status etc. should have free primary education. **Also the GoL’s deconcentration strategy which aims to target disadvantaged communities by giving them more stake in their children’s education will likely improve education in rural communities as well as be more responsive to**

⁵² The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 352.

local needs.⁵³ The GoL identifies language barriers as a key challenge for indigenous or ethnic minority children in that it is difficult for them to learn in a language that is not their first language. In the priorities for the development section the GoL mentions the need to focus on disadvantaged ethnic minorities to ensure they have access to quality education.

Goal 3: Promote Gender Equality and Empower Women

(These Adobe Acrobat pages were not available at time of research)

Goal 4: Reduce Child Mortality (Partially)

While the overall status of under-five mortality and infant mortality is improving falling from 170 to 86 percent and 134 to 82 percent respectively, **Laos still has the highest rates in the region, and there are significant disparities between rural/remote settings where most of the ethnic minorities reside and urban environments.**

Goal 5: Improve maternal health (Yes)

Lao reduced the number of women dying in childbirth by almost one-third between 1990 and 2000. However, the GoL is sure that this progress will not be sustained unless more money is dedicated to the health sector and more interventions target rural areas where maternal mortality is much higher. **In the challenges section, a specific challenge mentions that ethnic minorities have inadequate or unattainable access to health facilities, and also mentions that language barriers often keep women away. Improving access and quality is a priority for development for the GoL.**

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (Yes/Partially)

The citizens of Laos are at greater risk of malaria and tuberculosis; however HIV/AIDS is a growing national risk. The number of sex workers in Laos is growing, while the knowledge of HIV/AIDS and STI prevention is fairly decent, use of condoms nationally is low among women and men. Migrants and sex workers are at higher risk than the general population, **and these migrant workers might include ethnic minorities disenfranchised in other areas of the country. Also the GoL has mentioned elsewhere in this report that ethnic minorities are the primary opium producers within the country, and thus might be more at risk of sharing needles. The GoL states that this marginalized group must be targeted to prevent a large outbreak of HIV/AIDS.**

70% of the population is at risk for malaria. Also, a large percentage of the population is at risk for TB. **Of course, these diseases are more concentrated in rural areas and among ethnic minorities who do not have access to quality healthcare services. Thus priority for development assistance includes focusing on ethnic minorities and other marginalized groups for preventative interventions.**

Goal 7: Ensure Environmental Sustainability (partially)

⁵³ “Millennium Development Goals Progress Report for Lao PDR.” Government of Laos and UNDP. P. 3 [2004]. Available at: www.unlao.org/MDGs/MDGR/Eng/MDGR%20goal%202.pdf

In the section on sustaining biodiversity ethnic minorities and indigenous peoples are not discussed. **In the access to safe water section, the GoL mentions that rural people have less access to safe water. The Government of Laos states however that they are concentrating on improving access for the most remote least accessible areas.**

In conclusion, the Government of Laos addresses its ethnic diversity in the MDGR. In the context of all of the goals, save goal seven, the Government of Laos mentions within the challenges and the development priorities that ethnic minorities must be given precedence and specific targeted interventions to meet their needs, thereby reaching the overall national targets. However, the Government of Laos does not appear to seek out indigenous peoples' or ethnic minorities' council on their own perspectives regarding the goals and on how best to intervene on their behalf. Although, in Goal 2, providing Universal Primary Education, the Government of Laos alludes to giving more regional empowerment to people to have a greater stake in educating their children.

Malaysia: Commentary on MDG Country Report

“The Orang Asli are the indigenous peoples of the Peninsular Malaysia. They number 145,000, representing .5% of the national population. In Sarawak, indigenous peoples are collectively called the Orang Ulu or Dayak, while the 39 different ethnic groups in Sabah, called natives or Anak Negeri, make up about 60% of the 2.4 million population.”⁵⁴ Land and resource rights continue to be an important topic among indigenous peoples on the Malaysian Peninsula, Sabah and Sarawak. However, increasingly there have been positive trends toward more interaction between indigenous peoples and the Government of Malaysia.

The GoM published its second MDGR in January of 2005.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (Yes)

The GoM has already reached the goal of reducing poverty and hunger, and in 2002 only a reported 5.1% of Malaysians were considered poor. It touts that being able to accomplish this in a culturally diverse and multi-ethnic setting is an incredible accomplishment, and it is now focusing on reducing the numbers of those living in extreme poverty. **The Government of Malaysia divides the ethnic groups of Malaysia into Bumiputera (including all Malays and indigenous peoples), the Chinese, and the Indians, and indicates in terms of poverty that the Bumiputera have been disproportionately affected by poverty because of their rural localities.** Thus by 2002 the poverty level for the Bumiputera was still at 7.2% while the other levels were at 1.5% and 1.9% respectively. The same patterns in percentages hold true for national food intake statistics and then disaggregated statistics for specific ethnic groups, whereby the Bumiputera still suffer disproportionately from malnutrition compared to the rest of the country. However, there is a commitment by the GoM to focus on the Bumiputera and

⁵⁴ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 322.

their specific development needs to combat poverty. **Indigenous peoples are not specifically disaggregated for, thus leaving an incomplete picture of poverty and malnutrition in Malaysia. Also, the Orang Asli are mentioned specifically by the Government of Malaysia as the Malaysian peninsular aborigines, and the Government of Malaysia specifically discusses targeting them for improved education and training, providing school supplies and encouraging them to join teacher-training programs. The Orang Asli have also been targeted for poverty eradication programs; however these have included land resettlement plans which may not have been desirable for these indigenous peoples but forced upon them by the state. In this section a specific indigenous peoples' organization the Majlis Amanah Rakyat or Council for Indigenous Peoples is discussed as an exemplary organization providing training to rural indigenous peoples to improve their agricultural and business skills, and provide microcredit. The Government of Malaysia recognizes that among the Bumiputera indigenous peoples from Sabah and Sarawak as well as the Malaysian Peninsula are suffering from the highest levels of poverty. The report also states: "Government programmes aim at integrating and assimilating the *Orang Asli* into mainstream development processes have achieved limited success. Participatory approaches, including involving the *Orang Asli* in the design and implementation of policies and programmes affecting their well-being, are likely to gain greater acceptance and ownership as well as achieve better results."**⁵⁵

Goal 2: Achieve Primary Universal Education by 2015 (Partially)

"Upgrading the national education system and broadening educational opportunities have been a central part of the Government's strategy to foster national unity and support economic growth. It has also been a strategy to help reduce poverty and expand opportunities and choices for both girls and boys. Government efforts have been supported at the family level by parents who have perceived education as an opportunity for providing upward mobility and a better life for their children."⁵⁶ This is evidenced by the Government of Malaysia's increasing national expenditures for education which has averaged 5% of the GDP for the last five years. "The MDG target is to ensure that by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling (Box 2.1). Malaysia had already achieved this target in 1990 when 99 per cent of boys and girls were enrolled, 97 per cent of whom completed primary 5. At the same time as it has made tremendous progress in providing universal primary education, Malaysia has implemented programmes to meet challenges with respect to educational quality, curriculum relevance and the promotion of pre-school education."⁵⁷ This includes providing multiple language training, school lunch programs, special needs programs, etc. Gains in literacy have happened in all ethnic groups including the Bumiputera. **Future challenges listed by the Government of Malaysia include**

⁵⁵ "Malaysia: Achieving the Millennium Development Goals, Successes and Challenges." Government of Malaysia and UNDP. P. 30. Available at: www.undp.org.my/cms_undp/document/MDG1.pdf.

⁵⁶ "Malaysia: Achieving the Millennium Development Goals, Successes and Challenges." Government of Malaysia and UNDP. P. 2. Available at: www.undp.org.my/cms_undp/document/MDG2.pdf

⁵⁷ Ibid.

reaching remote areas where indigenous peoples reside and encouraging teachers to go there.

Goal 3: Promote Gender Equality and Empower Women (NO)

While the Government of Malaysia has all but eliminated gender disparities in primary education, it seeks to improve access for secondary and tertiary education for women as well. It also recognizes that while gender equality in education is important there must also be equality in employment and political leadership opportunities. The Government of Malaysia mentions that in every ethnic community there is a tendency for women to stop working after they have their first child, although they do not disaggregate for indigenous peoples. **Indigenous women are not specifically targeted in this section.** However, the Government of Malaysia presents as future challenges the need to employ more women, to study increases in domestic violence, to increase leadership roles for women, and increase credit opportunities for women, to name a few.

Goal 4: Reduce Child Mortality (Partially)

“Malaysia’s infant and child mortality rates have declined dramatically over the past three and a half decades since 1970—even in that year levels were much lower than those currently prevailing in most of South Asia and sub-Saharan Africa. Current infant and child mortality rates, at 6.2 and 8.6 respectively per 1,000 live births in 2002, are now comparable to those of highly developed countries.”⁵⁸ **The Bumiputera still have higher levels of infant and child mortality than other groups, and one of the challenges stated by the Government of Malaysia is the need to focus on improving access and quality of health interventions and infrastructure for rural and remote places that have indigenous peoples such as Sarawak and Sabah whose infant and child mortality is likely to be the highest in the country, this includes the need for better more disaggregated reporting methods.**

Goal 5: Improve maternal health (Partially)

“Malaysia has experienced dramatic improvements in health in general, and maternal and child health in particular, throughout the post-Independence era. Well before the Safe Motherhood Initiative, the reported maternal mortality ratio (MMR) had halved between 1957 and 1970, when it fell from around 280 to 141 per 100,000 live births. By 1990 it was below 20 per 100,000 live births—a level close to that of most advanced countries. Subsequently, the MMR has remained around this low level, such that maternal deaths have become relatively rare events: less than two in every 10,000 deliveries.”⁵⁹ As in Goal 4, those women suffering disproportionately are from remote and rural setting, including indigenous women. **The Government of Malaysia mentions in this discussion that UNICEF and the WHO have sought to implement interventions to improve maternal health in remote areas to serve indigenous communities. Addressing ethnic group disparities in maternal health is an ongoing challenge and priority for the Government of Malaysia, and while they do not mention indigenous peoples specifically these peoples are part of the Bumiputera.**

⁵⁸ Ibid.

⁵⁹ “Malaysia: Achieving the Millennium Development Goals, Successes and Challenges.” Government of Malaysia and UNDP. P. 2. Available at: www.undp.org.my/cms_undp/document/MDG5.pdf

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (Partially)

“A shift in disease pattern from a preponderance of communicable to non-communicable diseases tends to occur as a nation progresses from a developing to developed status. This changing disease pattern has occurred in Malaysia. Since 1970, infectious and parasitic diseases, such as tuberculosis (TB) and malaria, have declined sharply and smallpox has been eradicated. Conversely, non-communicable diseases, namely cardiovascular diseases and cancers, have markedly increased in relative proportion, rising from 24 per cent of all medically certified and inspected deaths in 1970 to around 40 per cent in 2000.”⁶⁰ **The Government of Malaysia states the majority of intra-venous drug using men (representing the largest set of HIV positive people in Malaysia) are mostly Malays versus Chinese or Indians. Although specific indigenous peoples are not mentioned here, it can be inferred since they are the primary opium producers in the country that indigenous men on the Malaysian Peninsula might be of higher risk than other Malay men or indigenous peoples from Sabah and Sarawak.** The GoM stresses that its surveillance data includes information regarding ethnicity, but whether indigenous peoples are disaggregated from the general Malay ethnicity is unclear. **The Orang Asli are mentioned as suffering disproportionately from malaria than other ethnic groups because of their remote and rural location.** As part of the way forward, the Government of Malaysia states that it must focus on vulnerable groups. TB is associated in Malaysia with rural poverty, and while the regions many indigenous peoples live in are mentioned, indigenous peoples themselves are not.

Goal 7: Ensure Environmental Sustainability (NO)

Malaysia is one of the 12 most biologically diverse countries in the world. The Government of Malaysia states in this report that it has set aside forest reserves in Sabah and Sarawak where many indigenous communities are located, **however within the context of this report there is little mention of integrating indigenous peoples into protectionist plans or upholding their rights to land even within nature reserves. In one case, of the Tasek Bera reserve, indigenous people were incorporated into plans to build ecotourism in the area.** Rural areas suffer more so than urban areas with lack of water and sanitation, although specific indigenous communities are not discussed.

In conclusion, while the Government of Malaysia does mention indigenous peoples often in the context of their ethnic diversity and specific problems meeting certain MDGRs, more integration of indigenous peoples, their issues and specific interventions for them is needed in Goal 7, 6,5, and 3 primarily. Also, more should be done to include indigenous peoples in the actual planning, implementation, monitoring and evaluation processes to ensure greater success as mentioned in this report.

⁶⁰ Ibid.

Mauritius: Commentary on MDG Country Report

The Mauritius' second MDGR report was published in 2003. The authors have stated that it is meant to show “As was” and “As is” comparing 1990 and 2000, as well as to indicate gaps and issues within policy prescriptions already in place. It is not meant to be an in-depth analysis or a recommendation for policy reform.⁶¹

Mauritius had a population of approximately 1.2 million people in 2000.⁶² It is a country that falls in the middle of the Human Development Index, and free education, both primary and secondary, along with free healthcare are two primary reasons for their constant positive progress in human development. They are expected to meet many of the goals by 2015 if the upward trend continues including: universal primary education, halting and reversing the spread of HIV, reducing hunger, providing for basic amenities, improved gender equality, improved child mortality, and a global development partnership.

There are not official estimates of the population of indigenous peoples in Mauritius, and in fact most unofficial websites viewed claimed there were no indigenous peoples on Mauritius, although there are many links to “tribals” in Mauritius.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

While Mauritius has made improvements both in reducing poverty and hunger among its citizens, there is still concern that vulnerable populations are not being addressed. However, there have been no clear definitions in Mauritius as to who constitutes a vulnerable population, thus indigenous peoples could fall under this sub-heading but it is not clear. **Indigenous peoples are not mentioned at all within the context of reaching this goal.**

Goal 2: Achieve Primary Universal Education by 2015 (NO)

Mauritius has already achieved universal primary education, although a significant issue that must be addressed is the school drop-out rate which remains high in certain areas. The government also wishes to focus on achieving universal secondary education. **Indigenous peoples are not mentioned, although vulnerable groups are mentioned again as necessary targets for interventions.**

Goal 3: Promote Gender Equality and Empower Women (NO)

Mauritius has achieved many of the desired levels of the indicators concerning education, whereby women are equally attending primary and secondary schools as men, and

⁶¹ “G o Mauritius MDGR.” G o Mauritius. P. 5 [2003] Available at: www.undg.org/documents/2746-MDR_on_Mauritius.pdf.

⁶² “World Factbook: Mauritius Population.” Yahoo!igans! Reference: World Factbook. [2005]. Available at: <http://yahooligans.yahoo.com/reference/factbook/mp/popula.html>.

women actually have better literacy rates than their counterparts. However, **indigenous women are not mentioned at all in this section.**

Goal 4: Reduce Child Mortality (NO)

Improvements have progressively been made towards meeting these indicators. **However, indigenous peoples are not brought up in the context of this goal.**

Goal 5: Improve maternal health (NO)

Maternal health has improved drastically since 1990, and in fact Mauritius has already reduced maternal mortality by $\frac{3}{4}$ since 1990. **Indigenous peoples are not mentioned in the context of this goal**, although if widespread success has been had then hopefully indigenous women have been reached.

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

Mauritius has made progress in these areas, although the prevalence of HIV/AIDS still seems to be on the rise, and seems to be affecting vulnerable groups such as sex workers and travelers more than other groups. Mauritius is more concerned however with grappling with non-communicable diseases such as diabetes and hypertension which are very high within the country.⁶³ **Indigenous peoples are not mentioned while discussing this goal.**

Goal 7: Ensure Environmental Sustainability (NO)

Mauritius has made considerable progress in providing land tenure for their citizens; providing a clean water source; providing improved sanitation; protecting their forests and biological diversity, etc. **While indigenous peoples are not mentioned at all in this section, the fact that 98% of households had clean water and over 80% of households had access to a flushed toilet indicates perhaps that indigenous peoples are not being left out of development.** However, since the data is not disaggregated it is difficult to say for sure.

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples or issues are not mentioned at all in this section

While Mauritius has made significant strides in development and growth, none of the data in this report includes information regarding indigenous peoples, their special needs, or specific interventions to meet those needs. Also, this report does not make it clear what could be the impact if any civil society organizations, including indigenous organizations, assisted in creating the framework for development.

⁶³ “G o Mauritius MDGR.” G o Mauritius. P. 40 [2003]. Available at: www.undg.org/documents/2746-MDR_on_Mauritius.pdf.

Namibia: Commentary on MDG Country Report

Namibia has many indigenous groups. While state-official disaggregated population statistics available for all the indigenous peoples are difficult to find, one source estimates that 8% of the population is Herero, 1.2% is San, and 11% is Damara or Nama.⁶⁴ “The Working Group of Indigenous Minorities in Southern Africa estimates that there are around 33,000 San living in Namibia, belonging to the Ju/’hoan, !Kung, Khwe, Naro, Hai//om and !Xoo’ language groups.”⁶⁵ The estimated country population is approximately 2 million.⁶⁶

Namibia’s MDGR was published in August 2004, and made available to the public in November. It represents the first report regarding progress made and progress needed to meet the MDGs. Namibia is considered a middle-income country; however, the disparity between the rich and the poor is extreme. While indigenous peoples are not mentioned at the outset of this report, Namibia’s diverse cultural heritage is, and it espouses 25 spoken languages. Also, in recent years many more NGOs have been actively assisting indigenous peoples in Namibia with legal battles regarding land rights and resource access, and the Namibian government has provided a level of autonomy through the provision of land conservancies for indigenous peoples, although human rights issues and other resource issues have arisen.⁶⁷

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (Yes)

Namibia has one of the largest gaps between the rich and the poor in the world. Generally this gap is between urban and rural populations, and also among traditionally and historically disadvantaged groups. **The report mentions for example that, “the per capita income in a household where the mother-tongue is German is 23 times higher than a household where the main language is San.”⁶⁸ The report discusses a two-prong approach increasing economic growth rates as well as improving distribution to the poorest and most vulnerable groups.** While indigenous peoples are only briefly mentioned in the quote above, at least they are being considered as part of the poorest and most vulnerable groups to target in Namibia using the two-prong approach.

Goal 2: Achieve Primary Universal Education by 2015 (YES)

Since Independence, Namibia has gone to great lengths to make education free for all people, and therefore the percentages for indicators related to enrollment and completion

⁶⁴ “Biodiversity: Living Namibia.” Biosystematics Web Portal: Namibia Biodiversity Database. [11/18/2003] Available at: <http://www.biodiversity.org/na/dbase/NamLanguages.php>.

⁶⁵ *The Indigenous World*. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 497.

⁶⁶ “Biodiversity: Living Namibia.” Biosystematics Web Portal: Namibia Biodiversity Database. [11/18/2003] Available at: <http://www.biodiversity.org/na/dbase/NamLanguages.php>.

⁶⁷ *The Indigenous World*. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 497.

⁶⁸ “Namibia Millennium Development Goals, 2004.” Government of Namibia. P. 14 [August, 2004]. Available at: www.undg.org/documents/5307-Namibia_MDG_Report_2004.pdf.

of grade 5 have improved accordingly.⁶⁹ The report comments that regional disparities exist and they exist in regions where indigenous groups are primarily located. **It mentions increasing efforts towards marginalized groups including the San and Ovahimba, both indigenous peoples. It also mentions that priorities for future development assistance in this area should target inter alia non-formal education mobile schools for vulnerable groups, including indigenous peoples.**

Goal 3: Promote Gender Equality and Empower Women (NO)

When it comes to education, generally women outnumber men in schools and literacy percentages in Namibia. However, again there are stark regional disparities among boys and girls when looking at literacy rates and enrollment rates in regions with indigenous peoples. Work still must be done to increase the numbers of women working in the private sector and for the government. **While indigenous peoples are not mentioned in this section, cultural stereotypes against women are, and the Government states, as its main goal, educating all Namibians as to the rights of women and girls.**

Goal 4: Reduce Child Mortality (NO/Partially)

Among all the indicators, save one, used to measure this goal, the progress is considered slow, although there are progress and improvements. The proportion of children immunized against measles is on track in this regard.⁷⁰ **The rural areas of Kavango, Oshikoto, and Caprivi are cited as having the highest infant and child mortality, and each of these areas has indigenous peoples.**⁷¹ Although indigenous peoples are not mentioned specifically in this section, the need to target vulnerable children in rural areas and dispersed settlements is. Capacity-building in all sectors relating to health is the overarching theme within the challenges and opportunities section.

Goal 5: Improve maternal health (NO)

While the proportion of women receiving assistance from a skilled birthing attendant has risen in recent years, there are still large regional disparities. **In fact, although indigenous peoples are not mentioned in this section, they are located in the many regions cited as having fewer critical care units for birthing complications, fewer traditional/trained birth attendants, increased distances to travel to receive healthcare, etc.** Thus, it is safe to assume that maternal mortality is higher in these regions. Also, it is mentioned that currently 1 in 5 women who are giving birth in Namibia are HIV positive, indicating a serious threat to reaching the goal of improving maternal mortality.⁷² The efforts and interventions suggested for this goal should target regional disparities and indigenous peoples. The report suggests that more traditional birthing attendants must be trained.

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

⁶⁹ “Namibia Millennium Development Goals, 2004.” Government of Namibia. P. 18 [August, 2004]. Available at: www.undg.org/documents/5307-Namibia_MDG_Report_2004.pdf

⁷⁰ “Namibia Millennium Development Goals, 2004.” Government of Namibia. P. 26 [August, 2004]. Available at: www.undg.org/documents/5307-Namibia_MDG_Report_2004.pdf.

⁷¹ Ibid.

⁷² “Namibia Millennium Development Goals, 2004.” Government of Namibia. P. 32 [August, 2004]. Available at: www.undg.org/documents/5307-Namibia_MDG_Report_2004.pdf.

HIV/AIDS is threatening to reverse the gains made in other areas of the MDGs. The prevalence rates are extremely high and are continuing to grow. While it seems from the report many outlying areas are experiencing higher incidence of HIV/AIDS, this section does not address indigenous peoples and HIV/AIDS and specific problems and strategies related to them. It only discusses the need to strengthen capacity-building and civil society cooperation to reach all people. The success rate of citizens on the DOTS treatment for TB is good, however many more are contracting TB in outlying areas with little access to treatment. Malaria is also mentioned as the number one killer of children under five, and while Namibia is receiving a lot of funding to tackle this disease, the government purports capacity-building, collaboration and coordination are the most important issues to improve. **However, indigenous civil society organizations and rural areas are not targeted or addressed.**

Goal 7: Ensure Environmental Sustainability (Yes)

Although indigenous peoples and environmental issues relating to them specifically are not mentioned, there is a short commentary from an indigenous man of the Ju’hoansi tribe living on a conservancy and communal land about the importance of water. Namibia has the most land conserved under law than any other country in Africa, and it has already surpassed the goal of 15% by 2006. Many of its conservation programs include training indigenous peoples to oversee and protect the conservancies, and make income off of visitors to their areas. However, none of this is discussed in this section. Namibia is making strides in providing a clean water source and sanitation to its people, however again there are rural disparities. Indigenous peoples are not specifically addressed.

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned at all in this section

In conclusion, although Namibia’s MDGR does mention indigenous peoples and diverse cultures within the context of the overall report and in a few specific goals, there is no mention of indigenous peoples taking part in the planning process for this report. Nor is there mention of ideas to focus on indigenous peoples and their specific needs in the future for meeting the MDGs.

Nigeria: Commentary on MDG Country Report

Nigeria is Africa’s most populous country and espouses over 250 ethnic groups of which several self-identify as indigenous. While there are no official population statistics on indigenous peoples of Nigeria, the total population in 2000 was estimated at approximately 117 million people.⁷³ The Government of Nigeria has also been accused,

⁷³ “Population: Nigeria.” Institute for Security Studies. [February 2003]. Available at: <http://www.iss.co.za/AF/profiles/Nigeria/Population.html>

primarily by the Ogoni people of human rights abuses such as forced displacement of the Ogoni people so that oil found on their lands could be accessed.

Nigeria's MDGR was published in February 2004. The report is not an in-depth analysis of policy, institutional change or resource allocations. It highlights the status of progress on the goals to date, the major challenges, the supportive environment, priorities for capacity development and the capacity of Nigeria's monitoring and evaluation systems.⁷⁴

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

The depth and severity of Nigeria's poverty levels are extreme, meaning there are wide income distribution gaps as well as over 67 million people living in poverty in 1997.⁷⁵ In Nigeria rural poverty is more extreme than urban poverty. **Indigenous peoples and issues specifically relating to their poverty are not discussed, although targeting the rural poor is a significant priority as well as targeted interventions to help marginalized peoples.**

Goal 2: Achieve Primary Universal Education by 2015 (NO)

Nigeria lags behind in providing quality education to its citizens. In this section, the primary enrollment indicator has fluctuated from 80% to 95% in the last 10 years due in part to poor economic circumstances. There are regional disparities as well as gender disparities with both women and those from rural areas lacking equal opportunities for quality education. **In this section there is no mention of indigenous peoples, however, there is mention of designing literacy programs for nomadic tribes. However, there is also discussion of problematic cultural traditions that bias against women gaining an education, and the need to change these traditions.**

Goal 3: Promote Gender Equality and Empower Women (NO)

While school attendance ratios and literacy ratios are improving between girls and boys, Nigeria still has a lot more to accomplish to eliminate gender inequality in their society. The involvement of women in the non-agriculture work place has improved, but there is still room for greater equity. Also, women are not involved in government positions to a degree that would suggest integration and equity. **Indigenous girls or their specific issues are not brought up in this discussion. However, the need to reach all girls, including those in rural populations is addressed.** Also in the MDGR a broad coalition of women's groups working on this issue is mentioned.

Goal 4: Reduce Child Mortality (NO)

Both under five mortality and infant mortality have steadily increased in recent years, and it is unlikely Nigeria will reach the goal of significantly reducing child mortality. **Indigenous peoples are not mentioned directly but regional areas of the northeast and northwest rural areas are cited as having the highest child mortality rates.**⁷⁶

⁷⁴ "Millennium Development Goals Report, Nigeria, 2004." Government of Nigeria. P. 1 [February 2004]. Available at: www.undp.org.ng/Docs/MDG/Methodology.pdf.

⁷⁵ Ibid.

⁷⁶ "Millennium Development Goals Report, Nigeria, 2004." Government of Nigeria. P. 3 [February 2004]. Available at: www.undp.org.ng/Docs/Nigeria_MDGR/Goal4.pdf

Reasons cited for the inequities are fewer health services in rural areas as well as lack of trained staff. Increasing access to healthcare and sanitation/clean water is therefore a recommendation for future action to reduce child mortality in rural areas, as well as urban settings. Also recommended is changing traditional medicine practices that are harmful towards women and children.⁷⁷

Goal 5: Improve maternal health (NO)

Maternal mortality and morbidity is higher in rural areas, specifically the northeastern and northwestern sections of country, surpassing 1,000 deaths per 100,000 live births in many regions. Skilled birthing attendants help less than half of pregnant mothers, and this is probably much lower in the regions mentioned above. **While indigenous peoples and their specific needs are not explicitly discussed, there is discussion of the need to integrate traditional birthing attendants into the current system, thus curbing harmful practices such as genital mutilation during birth. Also, it is mentioned that many traditional belief systems negatively affect the health of the woman, and need to be aggressively challenged by primary health campaigns.**⁷⁸ Simultaneously the need for health workers to be sensitive to various cultural taboos is also discussed.

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

“Several factors have contributed to the rapid spread of HIV in Nigeria including sexual networking practices such as polygamy, high prevalence of untreated STIs, poverty, low literacy, poor health status, and low status of women, stigmatization, and the denial of HIV risk in vulnerable groups.”⁷⁹ In Nigeria most citizens do not know how to prevent HIV/AIDS which is a major area for intervention. HIV/AIDS is a serious problem in Nigeria, along with both TB and Malaria. **While indigenous peoples are not mentioned specifically in this section, the idea of using a broad-based coalition including all stakeholders is addressed along with creating a strategy that “would take into account all cultural and religious differences.”**⁸⁰

Goal 7: Ensure Environmental Sustainability (NO)

Environmental degradation is happening on a variety of fronts in Nigeria from increased deforestation and energy use to increased air pollution and carbon dioxide emissions. Water supply access has increased from 49% in 1990 to 57% in 2000; however, a serious gap remains.⁸¹ The situation is especially critical in rural areas where access to a clean water supply hovers below 40%. Sanitation has improved or worsened marginally over time, and a significant commitment to this area is necessary. **Indigenous peoples are**

⁷⁷ “Millennium Development Goals Report, Nigeria, 2004.” Government of Nigeria. P. 4 [February 2004]. Available at: www.undp.org.ng/Docs/Nigeria_MDGR/Goal4.pdf

⁷⁸ “Millennium Development Goals Report, Nigeria, 2004.” Government of Nigeria. P. 3. [February 2004]. Available at: www.undp.org.ng/Docs/Nigeria_MDGR/Goal5.pdf

⁷⁹ “Millennium Development Goals Report, Nigeria, 2004.” Government of Nigeria. P. 2. [February 2004]. Available at: www.undp.org.ng/Docs/Nigeria_MDGR/Goal5.pdf

⁸⁰ “Millennium Development Goals Report, Nigeria, 2004.” Government of Nigeria. P. 5. [February 2004]. Available at: www.undp.org.ng/Docs/Nigeria_MDGR/Goal5.pdf

⁸¹ “Millennium Development Goals Report, Nigeria, 2004.” Government of Nigeria. P. 2. [February 2004]. Available at: www.undp.org.ng/Docs/Nigeria_MDGR/Goal5.pdf

not mentioned, nor are the specific issues pertaining to assisting them reach these goals. However, the rural population must be a critical focus for all interventions in improving the Nigerian environment.

Goal 8: Develop a Global Partnership for Development (NO)
Indigenous peoples are not mentioned at all in this section

In conclusion, although Nigeria's MDGR does mention various cultural groups and the need for cultural relativity within the overall context of the report, there is no mention of indigenous peoples specifically in the breakdown of data regarding each goal, nor are they mentioned taking part in the planning process for this report. Nor is there mention of ideas to focus on indigenous peoples and their specific needs in the future for meeting the MDGs.

Norway: Commentary on MDG Country Report

Among all the countries with Sámi peoples, Norway has the largest Sámi population. Land rights, autonomy and free, prior and informed consent are still being discussed between the Government and the Sámi.

This is Norway's 1st MDGR, however unlike other MDGRs, this report mainly discusses the development work the Government of Norway has been involved in around the world; Norway's own challenges and successes in developing a sustainable environment; and finally its work in regards to goal 8 and a global partnership among developed and less-developed countries. **Within this report the Sámi people are not discussed. Norway could include indigenous peoples as a targeted group for development within the context of their MDGR.**

Pakistan: Commentary on MDG Country Report

The size of the indigenous population in Pakistan is unknown. Various culturally distinct tribes live in remote areas of Pakistan, from the Kihals in the upper Indus region to the Kalash and Khow of the Northern Himalayan region and others.⁸²

The MDGR in Pakistan was produced by the Government of Pakistan, with the assistance of UN Agencies and also members of civil society, although it is highly doubtful that indigenous peoples' organizations were consulted. The MDGR is to be used to raise awareness, advocacy, and support.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

“After 1990-91, the incidence of poverty increased at an unexpected rate: the head count ratio, which was 26.1% in 1990-91, rose to 32.1% in 2000-01. In relation to Target 2, the

⁸² http://www.minorityrights.org/Dev/mrg_dev_title13_pakistan/mrg_dev_title13_pakistan_pf.htm, and <http://www.indigenouspeople.org/kalash.htm>.

incidence of food poverty was 30% in 2000/01 indicating that about one-third of the households were living below the food poverty line and they were not meeting their nutritional requirements. The incidence of food poverty was higher in rural areas than in the urban areas.”⁸³ **While rural people are mentioned and regional disparities to north and south noted, indigenous or tribal peoples are not discussed within the context of this goal.** The Government of Pakistan plans to focus on social safety nets and economic growth to help alleviate poverty in Pakistan.

Goal 2: Achieve Primary Universal Education by 2015 (No)

Pakistan has seen some positive trends in education; however it still lags behind many other developing countries in literacy and attendance. Also girls still face inequalities in the education system. **Indigenous peoples are not discussed in the context of this goal.** However, the GoP states that it will focus on improving teacher quality and access to education in rural areas as well as help the girl-child fairly access education.

Goal 3: Promote Gender Equality and Empower Women (NO)

There have been improvements in education, literacy, employment and even political voice, but a lot remains to be done. **Indigenous women are not specifically mentioned in the context of this goal, although rural women are mentioned as facing much more difficult circumstances than their urban counterparts.** The Government of Pakistan states that it will focus on improving rural access and quality of education and improve gender disparities in all levels of education, work, and politics.

Goal 4: Reduce Child Mortality (No)

Since poverty and malnutrition are high in Pakistan, child mortality is high as well. Rural children suffer more than urban children in Pakistan, and the Government of Pakistan points to the following as major challenges: lack of availability of health care; lack of affordability of services; lack of education about health; and lack of a commitment in funding by the Government of Pakistan to scale up health infrastructure in the country. **Indigenous peoples are not mentioned in the context of this goal.** The Government of Pakistan plans to invest more in healthcare and focus on vulnerable groups in the future.

Goal 5: Improve maternal health(NO)

“Women’s issues and concerns regarding reproductive and family health have received inadequate attention by the public and private sectors. There has been a lack of effective policies and strategic thinking on how to address the problems related to reproductive health. The situation, however, has improved over time and policy makers are giving urgent attention to improve maternal health indicators.”⁸⁴ **Indigenous women are not mentioned in the context of defining the context or challenges of this goal nor are they discussed in the way forward process.**

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

⁸³ “Pakistan Millennium Development Report, 2004.” Government of Pakistan. Available at: www.undg.org/documents/5593-Pakistan_MDG_Report.doc

⁸⁴ “Pakistan Millennium Development Report, 2004.” Government of Pakistan. www.undg.org/documents/5593-Pakistan_MDG_Report.doc

“According to official sources, there are 2,141 cases of HIV/AIDS in Pakistan. UNAIDS/WHO estimate that the real number of HIV/AIDS cases is 70,000-80,000. Most reported cases are in the age group of 20-44 years, with males outnumbering females by a ratio of 7 to 1. Heterosexual transmission accounts for the majority of reported cases (67%). The incidence of tuberculosis is sixth highest in the world at an estimated 177 cases per 100,000 per year. The incidence of malaria cases ranges between 2 to 5 cases per 1000, 37% of which are of the *Falciparum* type. The transmission of malaria is seasonal and large-scale epidemics have been reported in the past.”⁸⁵ **Indigenous peoples are not discussed in the context of this goal; however, rural people are discussed as being significantly more at risk for malaria and TB.**

Goal 7: Ensure Environmental Sustainability (NO)

Pakistan has made some strides in this area by setting up Environmental Protection Agencies, passing an Environmental Protection Act, etc. However, Pakistan is also suffering from decline in its biophysical atmosphere including: reduced fresh water and productive soils, deforestation, air pollution, over-fishing, energy losses, etc. All of this negatively affects livelihoods, health, and vulnerabilities. **Indigenous people are not mentioned within the context of this goal or as part of future interventions.**

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned at all in this section.

In conclusion, Pakistan does not incorporate indigenous data within the context of the overall report and within individual goals. It also does not seek to incorporate indigenous/tribal views into ideas for future more successful interventions, and it does not appear to include any other NGO views into the process of developing interventions

Papua New Guinea: Commentary on MDG Country Report

Papua New Guinea has been called one of the most diverse places on earth. “There are over 700 indigenous languages and at least as many indigenous societies, out of a population of just over 5 million. It is also one of the most rural countries, with only 18% living in urban centers. The majority of the population lives in indigenous societies and practices subsistence-based agriculture. These societies and clans (locally referred to as “traditional”, “village” or “custom”-based) have some degree of distinct acknowledgement within the nation's constitutional framework. The PNG Constitution [Preamble 5(4)] expresses the wish for *traditional villages and communities to remain as viable units of Papua New Guinean society*, and for active steps to be taken in their preservation. The PNG legislature has enacted various laws in which a type of tenure called “customary land title” is recognised, meaning that the traditional lands of the indigenous peoples have some legal basis to inalienable tenure”⁸⁶ This land covers

⁸⁵ Ibid.

⁸⁶ “Papua New Guinea.” [Wikipedia](http://en.wikipedia.org/wiki/Papua_New_Guinea). [August, 2005]. Available at: http://en.wikipedia.org/wiki/Papua_New_Guinea.

approximately 97% of the total land area, and therefore is a significant and supportive legislation for indigenous peoples.

The Papua New Guinea MDGR was approved for publication by the GoPNG in coordination with UNDP in Papua New Guinea in December of 2004. A wide variety of stakeholders from NGOs and other groups were consulted in the formation of the MDGR. Within the introduction indigenous peoples specifically are not discussed, however, the great diversity of Papua New Guinea is, including the more than 800 languages, as well as the fact that 97% of the land is owned in traditional tenure type arrangements by clans or individuals.⁸⁷ Both of these points were brought up in slightly negative contexts. The language statement was made in conjunction with a statement indicating that development was impeded by this cultural diversity. The traditional land tenure system was brought up to indicate that the state only controls 3% of the land and therefore must usually work in conjunction with traditional landowners to implement development projects. The Government of Papua New Guinea states that this is difficult because traditional landowners are hesitant to lose control over their land rights. The Government of Papua New Guinea also states that since the majority of people live in rural populations and because of the difficulty in improving infrastructure in these populations, it will be difficult to achieve the MDGs in all areas.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

Poverty and income inequalities are still extremely high in Papua New Guinea; in fact the Gini is highest in the South Pacific Region. There are also significant sub-national variations, and provinces in the Northern Coastal area and Gulf region are suffering the most from poverty and malnutrition.⁸⁸ Also, the rural population, as the most populous, is also suffering disproportionately from poverty. The GoPNG seeks to intensify pro-poor poverty eradication interventions in areas where poverty is greatest, and would also like to increase the production of subsistence agriculture to improve the food sources for rural people. **Indigenous peoples specifically are not discussed.**

Goal 2: Achieve Primary Universal Education by 2015 (NO)

“Progress towards achieving MDG 2, universal primary education was significant in the years after Independence but has started to slow down in recent years.”⁸⁹ Enrollment and retention rates are especially low. Again these poor rates are regionally disproportionate in those areas suffering from greater degrees of poverty and in rural versus urban areas. The Government of Papua New Guinea mentions also that, in patrilineal societies in the Northern Highlands, girls are kept at home since it is assumed they will become

⁸⁷ “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 14,16 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

⁸⁸ “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 19 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

⁸⁹ “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 22 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

homemakers upon marriage which presents a significant challenge for the Government. Therefore the Government of Papua New Guinea has set the “national target to achieve a Gross Enrolment Rate of 85 per cent at the primary level by 2015, and a retention rate at this level of 70 per cent by that year. Youth literacy (15-24) should also increase to 70 per cent by that year.”⁹⁰ **Indigenous peoples are not specifically mentioned in the context of this goal except for a vague reference in patrilineal societies of the Northern Highlands.**

Goal 3: Promote Gender Equality and Empower Women (NO)

There are significant regional disparities in gender equality and empowerment around the country. The Government of Papua New Guinea states that in most rural areas women are technically employed to an equal or greater extent than men in agricultural activities, although most women employed are not wage earners per se. There are significant gender disparities in education and literacy as well as political involvement as well, with certain regions more affected. The Government of Papua New Guinea will strive to close the educational gaps between women and men, and will work on closing employment and political empowerment gaps as well. **Indigenous peoples are not mentioned in the context of meeting this goal, although there is reference by the Government of Papua New Guinea that social and cultural attitudes and beliefs that impede gender equality in the Highlands must be focused on separately.**

Goal 4: Reduce Child Mortality (No)

Again, there are significant regional disparities in rates of child and infant mortality. “It seems that for the last 30 years or so, provinces with a level of infant and child mortality that is significantly below the national average have benefited far more from development interventions aimed at reducing the high level of child mortality (i.e. health services, mother and child healthcare (MCH), reproductive health, immunization etc.) than provinces with much higher infant and child mortality rate.”⁹¹ It is unlikely that the Government of Papua New Guinea will be able to reduce child and infant mortality by 2/3 by 2015; however, they are focused on meeting modest indicators and making improvements, and they want to focus on areas that have the worst rates in the country—primarily the western regions. **Indigenous peoples are not specifically mentioned in the context of meeting this goal.**

Goal 5: Improve maternal health(NO)

“The national average Maternal Mortality Ratio (MMR) measured from 1996 Demographic and Health Survey (DHS) data, referring to the period round 1984, was 370 per 100,000 live births, which is very high by Pacific standards. It appears that, in 1984, the Highlands Region had far higher maternal mortality than the Coastal and Islands

⁹⁰ “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 24 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

⁹¹ “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 31 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

Regions.”⁹² Since there is no recent data available, the Government of Papua New Guinea assumes that little change has happened in the way of reducing these numbers. The target adopted by the national Government is 274 deaths per 100,000 births, a significantly lower target than the MDG target. Education, improved infrastructure, and focused interventions in at-risk communities are all priorities for the Government of Papua New Guinea in improving maternal health. **Indigenous women are not specifically discussed in the context of meeting this goal.**

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

“Since the early 1990s, the number of people infected with HIV/AIDS has increased exponentially. In 2002, Papua New Guinea became the fourth country in the Asia-Pacific Region (after Thailand, Cambodia and Myanmar) to have a generalized HIV epidemic, when the prevalence of HIV in the Port Moresby General Hospital among antenatal women reached 1 per cent.”⁹³ Since testing women at antenatal clinics is the only way of measuring for this statistic, and not many women attend these clinics, the approximate number of infected citizens is thought to be much higher. Also, the Government of Papua New Guinea blames promiscuity for such high numbers of HIV/AIDS. The challenges in teaching about and combating AIDS include: lack of education, under-development, economic inequalities, insecurities, gender inequalities and disenfranchisement etc. The Government of Papua New Guinea has stated that its focus will be on improving data collection and monitoring for HIV, TB and malaria, and that it must also scale up its interventions to halt the incidence of HIV/AIDS by 2020.

Indigenous peoples are not discussed in the context of meeting this goal.

Goal 7: Ensure Environmental Sustainability (NO)

Forest and land degradation is an increasing worry for the Government of Papua New Guinea. While the Government of Papua New Guinea states that on the one hand most citizens are able to provide water, sanitation and livelihood from the land that they occupy and have usufruct rights upon, on the other hand the citizens are continually depleting resources either through clearing of forests for agricultural land or poor energy use practices.⁹⁴ Although as per this report, many rural dwellers do not necessarily have access to a clean water source and most are still using pit-latrines for sanitation. Thus the Government of Papua New Guinea has insisted on setting separate objectives for rural and urban settings. **Indigenous peoples are not mentioned in the context of meeting this goal.**

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned at all in this section.

⁹² “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 34 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

⁹³ “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 37 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

⁹⁴ “Papua New Guinea Millennium Development Goals Progress Report, 2004.” Government of Papua New Guinea. P. 41 [2004]. Available at: www.undg.org/documents/5835-Papua_New_Guinea_MDG_Report.pdf

In conclusion, Papua New Guinea does not incorporate indigenous data within the context of the overall report and within individual goals. It also does not appear to seek to incorporate indigenous views into ideas for future more successful interventions. Papua New Guinea must address specifically its indigenous peoples, as they are most likely part and parcel of the rural people who are facing the most negative health and economic outcomes, and without tailored interventions these indicators are not likely to be met.

Philippines: Commentary on MDG Country Report

Concrete, accurate data on indigenous peoples of the Philippines is lacking. “The standard way of estimating the number is to peg the percentage at 10% of the total population. Thus with approximately 84 million Filipinos today, the figure for indigenous peoples stands at around 8 million or so.”⁹⁵ Reports on indigenous peoples in the Philippines include them among the most marginalized in the country, and as with many other indigenous groups they are located in remote regions of the country. The majority live on the large southern island of Mindanao, and a large percentage of the remaining indigenous peoples are said to live in the “mountainous northern part of the northern island of Luzon, the Philippines’ largest island.”⁹⁶ Many indigenous peoples in the Philippines occupy lands with prime resources that the Government would use to jumpstart the economy since the logging industry is no longer environmentally sustainable. This has led to many legal battles regarding mining rights and indigenous land rights, as well as the reoccurring debates on free, prior and informed consent.

The Philippine Government “attempted to correct the social injustices (perpetuated against indigenous peoples) through the promulgation of the Indigenous Peoples Rights Act in 1997;”⁹⁷ however, since the seven years of its inception, much more needs to be accomplished.

This is the Philippines 2nd MDGR, and was officially launched on June 6, 2005. As per the introduction: “This pivotal document tracks and monitors how the Philippine Government and other stakeholders are faring in efforts to attain the Millennium Development Goals. The progress made on each Goal, the challenges that remain as well as next steps are delineated. Data are disaggregated regionally and, when available, by gender. The Report also contains the advocacy and localization initiatives to mainstream the Millennium Development Goals in policies and programs. Success stories and best practices in achieving the Goals are also part of the Report.”⁹⁸ **Indigenous peoples are**

⁹⁵ The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 302.

⁹⁶ Ibid.

⁹⁷ Ibid.

⁹⁸ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 5. [2005]. Available at: www.undp.org/ph/pmdg2/pdf/1-23.pdf.

not mentioned in the context of the introduction, and it appears that the references to regional areas obscure the realities of indigenous peoples in these areas.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (Partially)

While the incidence of food-deprivation has reduced from 15.8 percent in 2000 to 13.8 percent as of 2003, there are still regions of the country, including the Zamboanga and Caraga, which are suffering from extreme food-poverty greater than the national averages. Also, on all the maps indicated, areas where indigenous peoples are located are suffering from greater food insecurities than the other areas.⁹⁹ **While indigenous peoples are not mentioned specifically, it is known that many indigenous peoples live on Mindanao Island, and both of these regions are on this island.** National poverty levels were at 30.4 percent in 2003 compared to 33 percent in 2000, and again many regions had higher levels than the rest of the country including Calabarzon, northern Mindanao, Zamboanga and Caraga.¹⁰⁰ **And again, indigenous peoples are not mentioned directly, but live in these regions.** The GoP priorities for action include localizing poverty reduction strategies and strengthening civil societies for better interventions, among others. **The Government of the Philippines also mentions successful relocation programs. More research should be done to see if such programmes did indeed benefit the people or if these were indigenous people displaced from their homes in lieu of mining contracts suffered through the process and whether there was any benefit-sharing.** The Government of the Philippines includes examples of pro-poor strategies and partnerships with NGOs, CBOs; **indigenous peoples are not mentioned, although many of these activities are taking place in areas with indigenous peoples. In the priorities and challenges section the Government of the Philippines mentions the need to capacitate indigenous communities so they are involved in local Government,** but in the priorities for food security and combating malnutrition indigenous peoples are not specifically discussed.

Goal 2: Achieve Primary Universal Education by 2015 (Partially)

Based on the data from 6-11 year old children, enrollment rates were around 90 percent in 2003. However, there are wide regional disparities, and there is a need for increased efforts to meet the MDG target by 2015. Completion rates remain problematically low. Functional literacy rates are among the highest in Southeast Asia. **Indigenous people are mentioned in the context of a story about a 16 year-old boy that travels a long road to elementary school to complete grade 5. While indigenous peoples are not mentioned directly, in the interventions at work to improve education, there are obvious interventions taking place in Mindanao, an area heavily occupied by indigenous peoples, including child-friendly and all inclusive schools that do not discriminate based on ethnicity.**¹⁰¹ **In challenges and priorities for the future, the Government of the Philippines states that more attention should be given to**

⁹⁹ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 10. [2005]. Available at: www.undp.org.ph/pmdg2/pdf/1-23.pdf

¹⁰⁰ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 22 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/24-63.pdf

¹⁰¹ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 38 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/24-63.pdf

developing alternative approaches to education to reduce dropout rates especially among indigenous communities. The Government of the Philippines also states that the quality and availability of education must extend to all communities including some remote indigenous communities.¹⁰²

Goal 3: Promote Gender Equality and Empower Women (NO)

Data collected shows that girls have higher participation rates and literacy rates than boys. Also girls on average start school earlier and have higher completion rates of elementary school than boys. Higher education is also dominated by females. The entry of females into male-dominated industries is increasing as well, and females are progressively entering the labor force. 35.4 percent of females are working as unskilled or basic laborers and 16.6 percent are working in the Government or corporate world. However, regional data shows great disparities regarding women at work.¹⁰³ **While indigenous issues and peoples are not discussed in the context of priorities and challenges, the Government of the Philippines recognizes the need to understand different socio-cultural reasons for the regional disparities that exist.** And it has provided a successful example of an intervention that focused on understanding and free, prior informed consent before pursuing a top-down initiative that eventually led to a bottom-up successful intervention.

Goal 4: Reduce Child Mortality (No)

Infant and child mortality have steadily decreased over the past 10 years due to expanding immunization coverage, improving Vit A fortification programs, and scaling up case management programs for children. However, some problems noted by the Government of the Philippines that will slow future progress in meeting this goal include: lack of appropriate funding for healthcare, lack of sufficient healthcare infrastructure and trained staff, etc. Some priorities for the future include: increasing civil society health consciousness and participation in community health programs, increasing advocacy for financing and delivering under-five health programs, increasing the supply of fortified foods, developing perinatal and neonatal programs, and advocating for young child feedings, etc. **Indigenous children are not specifically discussed in the context of this goal.**

Goal 5: Improve maternal health(NO)

Maternal mortality rates are approximately 172 per 100,000 live births; however, because of poor data collection this number might be higher and it is unclear if the Philippines have actually witnessed improvement in this area. However, by examining proxy data, the GoP believes that the MMR has indeed decreased since the early 90s. Safe motherhood strategies are at the core of the Government of the Philippines intervention framework including: dissemination of information to mothers, training, social mobilization, community participation, promotion of gender sensitivity, promotion of

¹⁰² “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 4-0 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/24-63.pdf

¹⁰³ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 71 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/64-115.pdf

quality, upgrading equipment, and making emergency care available.¹⁰⁴ **Indigenous women are not specifically mentioned in this section. Reproductive health centers and policies are discussed at length, but indigenous women and their issues are not discussed. Yet, regional disparities do indicate that RH centers need to be scaled up in indigenous areas.**

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

While the case-load of HIV/AIDS patients has increased consistently over the last 10 years, the prevalence rate remains low at around 1% of the population. Sexual intercourse is the main mode of transmission.¹⁰⁵ However, the preconditions for an epidemic exist including: lack of condom use, increased STI infections, increased migration, thriving sex industry, and younger adults engaging in sexual activities.¹⁰⁶ Education, clinical guidelines, working with NGOs, and scaling up the national HIV/AIDS monitoring systems are all part of the Government of the Philippines plans to mitigate a potential epidemic. While indigenous peoples are not discussed specifically in the context of this goal, high risk zones including south and west Luzon and southeast Mindanao have been labeled high risk areas, whether indigenous peoples reside in these specific areas is unclear.¹⁰⁷ Malaria is the 8th leading cause of death in the Philippines. Significant regional disparities exist in that 90% of all cases occur in only 25 provinces, and these same provinces account for 65% of the mortality rate associated with the disease.¹⁰⁸ Deaths are due to delayed treatment, lack of facilities, and lack of trained staff to handle complicated cases. In the last ten years 46% percent of all malaria cases occurred in Luzon and 53% in Mindanao, indicating that indigenous peoples are significantly affected by this disease.¹⁰⁹ TB is the 6th leading cause of death in the country. While the prevalence and morbidity of the disease have slightly declined due to the adoption of the DOTS program, there again are significant regional disparities where people in remote areas do not have access to DOTS. **Part of the priorities and challenges section for both diseases include widening and scaling up practices to reach unmet regional needs. However, indigenous peoples specifically are not mentioned in the context of this goal.**

Goal 7: Ensure Environmental Sustainability (NO)

“Latest environmental indicators rank the country’s environmental sustainability as either poor or low.”¹¹⁰ Over half of the Philippine’s land mass is covered in forests, and yet the Philippines is experiencing rapid deforestation. The Philippines is recognized as one of

¹⁰⁴ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 74 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/64-115.pdf

¹⁰⁵ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 84 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/64-115.pdf

¹⁰⁶ Ibid.

¹⁰⁷ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 87 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/64-115.pdf

¹⁰⁸ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 88 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/64-115.pdf

¹⁰⁹ Ibid.

¹¹⁰ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 91 [2005]. Available at: www.undp.org.ph/pmdg2/pdf/64-115.pdf

seventeen mega-diverse areas of the world, yet along with Madagascar the Philippines is at most risk of losing its mega-diversity.¹¹¹ Coastal and marine life is threatened by over-fishing and pollution, and air pollution remains a problem in the cities. Despite much rainfall, the Philippines has little fresh water compared to the rest of Asia. **Part of the priorities for development under the reforestation section include community based reforestation that would focus on indigenous peoples to preserve and sustain their homeland forests. Indigenous peoples are not mentioned within the priorities and challenges for the coastal areas, sanitation, water safety or air pollution issues. Indigenous peoples are also not mentioned in the “improving the lives of slum-dwellers” section.**

Goal 8: Develop a Global Partnership for Development (NO)
Indigenous peoples are not mentioned at all in this section.

In conclusion, the Government of the Philippines does not mention indigenous peoples in the context of the overall report, and rarely mentions them within the individual goals. If indigenous peoples are mentioned, they are mentioned in the challenges and priorities for the future section, indicating that their issues are not currently being addressed. The Government of the Philippines also does not disaggregate information based on indigenous peoples, referring instead to regional disparities. However these regional disparities often overlap with indigenous areas, indicating indigenous peoples in this country are suffering from undue poverty and negative health outcomes. The Government of the Philippines provides examples of successful interventions at the local level applying to each of these goals, but again these are regionally specific and thus do not reveal whether they are targeting indigenous peoples.

Sweden: Commentary on MDG Country Report

The Sámi people of Sweden have been given cultural autonomy by the Government of Sweden, yet they still lack economic and social autonomy. Their main forms of livelihood are reindeer husbandry and fishing, and both of these are strictly controlled by the state. Although the Government of Sweden passed an act upholding the Sámi language, the Government of Sweden has much more to do in order to grant the Sámi people *inter alia*, the autonomy, the land and resource rights, and freedom from discrimination that they seek.¹¹²

This is Sweden’s 1st MDGR, however unlike other MDGRs, this report mainly discusses the development work SIDA has been involved in around the world; Sweden’s own challenges and successes in developing a sustainable environment; and finally its work in regards to goal 8 and a global partnership among developed and less-developed countries.

¹¹¹ “Philippines Progress Report on the MDG- 2005.” Government of the Philippines. P. 92 [2005].

Available at: www.undp.org.ph/pmdg2/pdf/64-115.pdf

¹¹² The Indigenous World. International Work Group for Indigenous Affairs (IWGIA). Copenhagen: 2004. P. 43.

Within this report the Sámi people are not discussed. Sweden could include indigenous peoples as a targeted group for development within the context of their MDGR.

Uganda: Commentary on MDG Country Report

Uganda had a population of roughly 23.5 million in 2000.¹¹³ The Karamoja of northeastern Uganda are one group that self-identify as indigenous, along with the Batwa peoples from the south-west. There are over 29 spoken languages in Uganda, although Luganda, the language of the most populous tribal group, the Baganda, is the national language along with English. Currently the Government does not recognize indigenous peoples within the state, although some development interventions are aimed at helping specific tribal groups such as the Karamoja of the north-east.

Uganda's first MDGR was published in 2003. The report is not an in-depth analysis of policy, institutional change or resource allocation. It highlights the status of progress on the goals to date, the major challenges, the government response, and the way forward for future interventions.

Goal 1: Eradicate Extreme Poverty and Hunger by 2015 (NO)

Uganda is in a good position to halve the proportion of people living under the poverty level by the above date. Poverty levels have been falling, and a recent estimate put it at 35%.¹¹⁴ However, there are regional differences, especially in northern Uganda which has had a sustained insurgency for almost two decades. **Indigenous peoples are not mentioned at all in relation to targeted interventions to meet this goal.**

Goal 2: Achieve Primary Universal Education by 2015 (Yes)

Uganda's primary school enrollment rate is at 79% currently, and is in line to meet the targeted goals by 2015.¹¹⁵ Low retention rates are a problem however, especially in remote areas, and here the report mentions tailoring schooling for children from regions of Karamoja (an indigenous tribe) whose families are mainly nomadic for days at a time. **Thus the Ugandan Government is paying attention to the specific needs of some indigenous children when designing interventions.**

Goal 3: Promote Gender Equality and Empower Women (NO)

Uganda will most likely achieve gender equity in primary education, but secondary education gender equity is still a challenge. Uganda is a good example of setting

¹¹³ "Uganda People 2000." Photius Coutsoukis. [2000] Available at:

http://www.photius.com/wfb2000/countries/uganda/uganda_people.html

¹¹⁴ "MDG 2003 Report-Uganda." MDGR- G o Uganda. P. 8 [2003]. Available at:

www.undg.org/documents/5263-Uganda_MDG_Report_2003_.pdf

¹¹⁵ "MDG 2003 Report-Uganda." MDGR- G o Uganda. P. 10 [2003]. Available at:

www.undg.org/documents/5263-Uganda_MDG_Report_2003_.pdf

mandatory limits for women in government positions and Parliament, and thus has a significant representation by women in government posts. **Indigenous women and their specific needs are not mentioned in the context of meeting this goal, although it is apparent that many women's CSOs and NGOs are working towards gender equity for all women.**

Goal 4: Reduce Child Mortality (NO)

Uganda's infant and child mortality rates had increased as of 2000, and it is unlikely they will reach the goal of reducing by 2/3 child mortality rates within the country. Reasons for higher mortality rates include: HIV/AIDS, lack of health infrastructure, malaria chloroquine resistance, high fertility rates etc.¹¹⁶ The Uganda government admits that it does not have the capacity to improve health infrastructure and health capacity at this time. **Indigenous women, children and accompanying issues are not discussed in the context of this goal,** although broader intervention possibilities such as increasing the use of low tech preventions like vaccinations and mosquito nets are discussed.

Goal 5: Improve maternal health

It is unlikely Uganda will reach the goal of reducing maternal mortality by two-thirds. Uganda's current maternal mortality rate is 505 deaths per 100,000 births, and it has been listed as one of the 8 countries with the worst maternal mortality in the world.¹¹⁷ Difficulty accessing health care, poor health attendants and undernourishment for pregnant mothers are cited as primary reasons. **Indigenous women and their specific issues are not discussed in the context of meeting this goal,** although utilizing traditional birthing attendants in rural areas is mentioned along with improved funding for obstetric health care.

Goal 6: Halt and reduce the spread of HIV/Malaria and other diseases (NO)

Malaria, HIV, and TB are all threats to citizens of Uganda. Malaria is most devastating to children under five and mortality rates from malaria rose from 1996 to 2000. It is thought resistance to chloroquine and poverty (people can't buy mosquito nets) are the main reasons for the increased mortality from Malaria. Uganda met the HIV/AIDS target in 1996, and prevalence of HIV/AIDS is low at 6.5%.¹¹⁸ However, the government must remain vigilant, and condom sensitization and distribution is still a must, as culturally most women and especially men do not use condoms. **Indigenous peoples and their specific needs regarding these health issues are not addressed.**

Goal 7: Ensure Environmental Sustainability (Partially)

Uganda expects to provide safe and adequate drinking sources to more than 62% of the rural population by 2016.¹¹⁹ **Although the Karamoja are not mentioned by name, they**

¹¹⁶ "MDG 2003 Report-Uganda." MDGR- G o Uganda. P. 13 [2003]. Available at: www.undg.org/documents/5263-Uganda_MDG_Report_2003_.pdf

¹¹⁷ "MDG 2003 Report-Uganda." MDGR- G o Uganda. P. 15 [2003]. Available at: www.undg.org/documents/5263-Uganda_MDG_Report_2003_.pdf

¹¹⁸ "MDG 2003 Report-Uganda." MDGR- G o Uganda. P. 18 [2003]. Available at: www.undg.org/documents/5263-Uganda_MDG_Report_2003_.pdf

¹¹⁹ "MDG 2003 Report-Uganda." MDGR- G o Uganda. P. 20 [2003]. Available at: www.undg.org/documents/5263-Uganda_MDG_Report_2003_.pdf

are referred to in this section as a specific group that has regional water concerns because of the semi-arid land of the northeast as well as their dependency on livestock for survival. Not only that, but the report states that programs such as water catchment areas must be put into place to protect vulnerable groups.

Sanitation is a serious issue in Uganda with just over half of rural citizens having access to sanitation.¹²⁰ Indigenous peoples are not mentioned in this section.

Goal 8: Develop a Global Partnership for Development (NO)

Indigenous peoples are not mentioned at all in this section

In conclusion, although Uganda's MDGR does mention various cultural groups and the need for cultural sensitivity within the overall context of the report, there is little mention of indigenous peoples specifically in the breakdown of data regarding each goal.

Indigenous peoples are not mentioned taking part in the planning process for this report. Nor are ideas promoted, focusing on indigenous peoples and their specific needs in the future for meeting the MDGs.

¹²⁰ "MDG 2003 Report-Uganda." MDGR- G o Uganda. P. 21 [2003]. Available at: www.undg.org/documents/5263-Uganda_MDG_Report_2003_.pdf

Conclusion:

1. Most of the reports do not include indigenous peoples' organizations (IPOs) either in the collection of information for the report, or in the planning for future proposed interventions to target marginalized groups for assistance. This lends itself to top-down one-size fits all development frameworks from central government which often lead to failed development initiatives.
2. When IPOs are mentioned as being consulted in the production of the report, the authors should, in future reports, provide examples of good practices from IPOs and future ideas for interventions from IPOs to exemplify the importance of this process. The Philippines and Lao PDR provide some good examples.
3. Most of the reports do not refer to indigenous peoples directly, but will use different terminology, such as regional or rural disparities to express disproportionate development, whereby often these regions and/or rural settings correspond to indigenous lands and territories.
4. While some of the reports mention the ethnic diversity of the countries and bring up indigenous peoples as marginalized and in need of targeted interventions, none of the reports disaggregates data regarding the MDGs and specific indigenous peoples. Therefore the true realities of indigenous peoples and the MDGs are most likely understated and definitely obscured. Thus more focus on data disaggregation is indispensable for the future of the MDGs' success within countries with indigenous peoples.
5. The effective participation of indigenous peoples in environmental programmes contributes to conservation and development. Namibia's example of setting up conservation areas whereby the indigenous people of that area are the conservationists and also the leaders of ecotourism, provides a good example of how the state can simultaneously protect the environment and foster the development of the indigenous peoples.
6. Although Malaysia, Belize, China, Uganda, the Philippines and Namibia in one degree or another mention indigenous peoples and ethnic minorities either in relation to specific goals or targets, development good practices show that only by targeting specific interventions to specific marginalized groups, with their full and effective consultation and participation, will the best results occur. In the context of the MDGs, free, prior and informed consent should apply not only to land development initiatives, but all development initiatives focused on improving the lives of indigenous peoples.

7. Both developed and developing countries should do more to include indigenous peoples as part of Goal 8. As it is, none of the MDGRs referred to indigenous peoples in the context of meeting goal 8, and few referred to indigenous peoples in the context of the remaining goals.
8. Over 80% of the MDGRs surveyed in this report are not sufficiently including indigenous peoples or issues.
9. **Countries with indigenous peoples should incorporate the issues and challenges specifically faced by indigenous peoples directly into the framework of the MDGR by: (a) including indigenous peoples into the context of the overall report; (b) including indigenous peoples in the context of meeting each specific goal; (c) including indigenous peoples in the planning process of the overall report and each individual goal; (d) including indigenous peoples' effective participation in the planning process of proposing future interventions that will directly affect them.**