
The health of Indigenous Peoples

Draft resolution proposed by Australia, Bolivia (Plurinational State of), Brazil, Canada, Colombia, Cuba, Ecuador, European Union and its Member States, Guatemala, Mexico, New Zealand, Panama, Paraguay, Peru, United States of America and Vanuatu

The Seventy-sixth World Health Assembly,

(PP1) Recalling that Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health, as declared by the United Nations Declaration on the Rights of Indigenous Peoples adopted by the United Nations General Assembly through resolution A/RES/61/295;

(PP2) Recalling the commitments of the World Conference on Indigenous Peoples in 2014 to intensifying efforts to reduce rates of HIV and AIDS, malaria, tuberculosis and noncommunicable diseases and to ensure their access to sexual and reproductive health, as reflected in A/RES/69/2;

(PP3) Recalling further the United Nations resolutions on Indigenous Peoples and the Outcome document of the high-level plenary meeting of the General Assembly known as the World Conference on Indigenous Peoples, adopted by the United Nations General Assembly on 22 September 2014;

(PP4) Recalling the Constitution of the World Health Organization, which recognizes that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity;

(PP5) Recalling the Expert Mechanism on the Rights of Indigenous Peoples, including its study on Right to Health and Indigenous Peoples with a focus on children and youth (A/HRC/33/57), as well as taking note of the work of the United Nations Permanent Forum on Indigenous Issues and the United Nations Special Rapporteur on the Rights of Indigenous Peoples, recognizing the contribution that Indigenous Peoples make to these discussions.

(PP6) Recalling also resolutions WHA62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA65.8 (2012) that endorsed the Rio Political Declaration on Social Determinants of Health and WHA74.16 (2021) on the Social Determinants of Health;

(PP7) Recognizing regional WHO activities on the health of Indigenous Peoples;

(PP8) Recalling the United Nations General Assembly resolutions 75/168 (2020), 76/148 (2021) and 77/203 (2022) on the rights of Indigenous Peoples, the latter of which reaffirms that Indigenous Peoples have the right to their traditional medicines and to maintain their health practices, including the

conservation of their vital medicinal plants, and also reaffirms that Indigenous individuals have the right to access, without any discrimination, to all social and health services;

(PP9) Also recalling United Nations General Assembly resolution 74/2 (2019), entitled “Political declaration of the high-level meeting on universal health coverage”, which recognizes the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic and environmental and other determinants of health;

(PP10) Recognizing the importance of holding consultations and cooperating in good faith with the Indigenous Peoples concerned through their own representative institutions in order to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them as outlined in the United Nations Declaration on the Rights of Indigenous Peoples;

(PP11) Recognizing that the health needs and vulnerabilities of Indigenous Peoples vary as they are heterogenous groups of peoples and live in different environmental and social contexts;

(PP12) Recalling that the United Nations Declaration on the Rights of Indigenous Peoples expressed concern that Indigenous Peoples have suffered from historic injustices as a result of, inter alia, their colonization and dispossession of their lands, territories and resources, thus preventing them from exercising, in particular, their right to development in accordance with their own needs and interests;

(PP13) Noting reports of the United Nations Department of Economic and Social Affairs, according to which life expectancy can be considerably lower for Indigenous Peoples, lack of access to medical services is higher among Indigenous Peoples, and, as to social, economic and environmental determinants of health, Indigenous Peoples are disproportionately subject to poverty, poor housing, cultural barriers, violence, including gender based violence, racism, experiencing disability, pollution and lack of access to education, economic opportunities, social protection, water and sanitation, as well as appropriate resilience planning for climate change and natural and other emergencies;

(PP14) Also noting with concern that Indigenous women often experience disproportionately poorer maternal health outcomes and face considerable barriers to accessing primary health care and other essential health care services, with particular risks to young mothers;

(PP15) Recognizing the particular vulnerability of Indigenous youth, caused by the changing living environments, including social, cultural, economic and environmental determinants;

(PP16) Recognizing further that the political, social and economic empowerment, inclusion and non-discrimination of all Indigenous Peoples can support and promote the building of sustainable and resilient communities and facilitate addressing social determinant of health and challenges during public health emergencies;

(PP17) Recognizing also the need to mainstream a gender perspective and support the full, equal and meaningful participation and leadership at all levels of Indigenous women and girls, and protect their human rights;

(PP18) Recognizing that Indigenous Peoples are likely to disproportionately experience disability as compared with the general population,¹

(OP)1. URGES Member States, taking into account their national contexts and priorities, and the limitations set out in the United Nations Declaration on the Rights of Indigenous Peoples Article 46.2, and in consultation with Indigenous Peoples, with their free, prior and informed consent, to:

- (1) develop knowledge about the health situation for Indigenous Peoples through ethical data collection about the health situation for Indigenous Peoples in national contexts with the purpose to identify specific needs and gaps in access to and coverage by current physical and mental health services and obstacles in their use, identification of reasons for these gaps and recommendations on how to address them;²
- (2) develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples, as applicable, to reduce gender inequality as well as social, cultural, and geographic barriers to their equitable access to quality health services, provided in Indigenous languages, including during public health emergencies, and taking a life course approach with a particular emphasis on the reproductive, maternal and adolescent health, while recognizing the Indigenous health practices, as appropriate;
- (3) pay particular attention to ensuring universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes;
- (4) incorporate an intercultural and intersectoral approach in the development of public policies on the health of Indigenous Peoples that also accounts for equitable opportunities for partaking in participatory platforms, overcoming gender inequality as well as barriers related to geographical remoteness, disability, age, language, information availability and accessibility, digital connectivity and other factors;
- (5) explore ways to integrate, as appropriate, safe and evidence-based traditional and complementary medicine services, within national and/or subnational health systems, particularly at the level of primary health care, and mental health and wellness services;
- (6) adopt an inclusive and participatory approach in the development and implementation of research and development to promote Indigenous health, taking into account their traditional knowledge and practices;
- (7) encourage the attraction, training, recruitment and retention of Indigenous Peoples as health workers, as well as training and capacity-building of human resources to care for Indigenous Peoples with an intercultural approach, including in the context of public health emergencies;
- (8) contribute to capacity-building for Indigenous Peoples so that they may conduct health and environmental monitoring and surveillance in Indigenous territories, with appropriate consideration to the specific conditions of vulnerability, marginalization and discrimination

¹ Indigenous Peoples are often likely to experience disability disproportionately as compared with the general population with some research indicating rates as high as 20–33% (IASG Thematic Paper – Rights of Indigenous Peoples/Persons with Disabilities, 2014).

² See for example, <https://datascience.codata.org/articles/10.5334/dsj-2020-043/>.

experienced by Indigenous Peoples, and recalling their right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including, inter alia, human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora;

(9) address the health needs of Indigenous Peoples, strengthening access to mental health services and care and adequate nutrition, with full consideration to their social, cultural and geographic realities, providing access, without discrimination, to nationally determined sets of the needed promotive, preventive, curative, rehabilitative and palliative essential health services and strengthening access to immunization in Indigenous territories and for Indigenous Peoples irrespective of where they live;

(10) promote basic, accessible and intercultural information and support health promotion and disease prevention in Indigenous communities that are not in voluntary isolation;

(OP)2. CALLS ON relevant actors in consultation with Indigenous Peoples, with their free, prior and informed consent, to:

(1) engage and support full, effective and equal participation of Indigenous Peoples, through their own representative institutions, in the development, as well as monitoring and evaluation of the implementation, of the relevant health plans, strategies or other measures for Indigenous Peoples, including those related to public health emergencies;

(2) foster the appropriate funding of research and development related to the health of Indigenous Peoples including through the relevant resources and collaboration, while ensuring that rights related to Indigenous Peoples' cultural heritage, traditional knowledge and cultural expressions, and the valuing of Indigenous knowledge systems are respected;

(3) follow the highest ethical principles when carrying out research and development related to the health of Indigenous Peoples using appropriate culturally diverse consensual approaches and observing the rights of Indigenous Peoples over their traditional lands, territories and resources, cultural heritage, traditional knowledge and traditional cultural expressions, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

(4) engage in dialogue and cooperate with relevant sectors with the aim of ensuring that equity guides all policies that address the social and cultural determinants of health which have an adverse impact on Indigenous Peoples, including through ensuring the highest quality, availability and affordability of goods and services essential to their health and well-being, including during public health emergencies, as set out in the United Nations Declaration on the Rights of Indigenous Peoples;

(OP)3. REQUESTS the Director-General to:

(1) develop, for the consideration of the Seventy-ninth World Health Assembly through the 158th session of the Executive Board, a Global Plan of Action for the Health of Indigenous Peoples, in consultation with Member States, Indigenous Peoples, relevant United Nations and multilateral system agencies, as well as civil society, academia and other stakeholders, in line with WHO's Framework of Engagement with Non-State Actors, taking a life course approach, with a particular emphasis on the reproductive, maternal and adolescent health, and with a specific focus on those in vulnerable situations, and bearing in mind local context;

(2) provide technical support, upon request of the Member States, for the development of national plans for the promotion, protection and enhancement of the physical and mental health of Indigenous Peoples, including in the context of public health emergencies;

(3) propose, in consultation with Member States, strategic lines of action for the improvement of the health of Indigenous Peoples in the development of the fourteenth WHO General Programme of Work.

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