

**Pacific Indigenous Peoples Preparatory meeting for the  
World Conference on Indigenous Peoples  
19 - 21 March 2013, Sydney Australia**

**Agenda Item: Health**

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**Paper submitted by the Indigenous Peoples Organisation (IPO) Network of Australia - prepared by the National Aboriginal Community Controlled Health Organisation (NACCHO).**

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**Introduction**

In accordance with paragraph 8 of resolution 65/198, the main objective of the World Conference on Indigenous Peoples is to share perspectives and best practices on the realisation of the rights of Indigenous peoples and to pursue the objectives of the UN Declaration on the Rights of Indigenous Peoples. The Indigenous People's Organisation (IPO) of Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO) present the following intervention to the World Conference regarding the promotion of health equality for Indigenous peoples.

The right to health is not just the physical well-being of an individual but also encompasses the social, emotional, spiritual and cultural well-being of the whole community. Historic injustices facing Indigenous peoples following invasion, including policies of oppression, dispossession and assimilation, have led to the health challenges faced by many Indigenous peoples today.

As a consequence, Indigenous peoples' health is affected by a range of underlying social and economic determinants, including poverty, inadequate housing, lack of education, food insecurity, lower employment, loss of traditional lands and languages, barriers to political participation and institutionalised racism.

Consistent with the UN Declaration on the Rights of Indigenous Peoples, and in particular Articles 23 and 24 regarding indigenous access and control of their health services and standards of effective health care, states have an obligation to progress as expeditiously and effectively as possible towards health equality for Indigenous peoples.

**Recommendations**

We recommend that:

1. Measures to promote health equality for Indigenous peoples must be consistent with the rights, principles and standards contained in the UN Declaration on the Rights of Indigenous Peoples. In particular we believe the right to Community Control in health is fundamental to achieving health equity. Australia's model of Aboriginal community controlled health is one model that should be highlighted at the conference to share with other nation states.

2. States must adopt a clear, concrete and long-term national plan of action to achieve Indigenous health equality that:
  - a. comprises a detailed plan for the full realisation of the right to health;
  - b. is adequately funded on a long-term basis to meet the complex and multiple determinants of health, including long term funding to ensure the meaningful and effective participation of Indigenous communities and their representative organisations; and
  - c. includes Indigenous peoples and representative organisations in all aspects and stages of the action plan.
3. Consistent with the right of self-determination, control by Indigenous communities is crucial to ensuring appropriate and accessible health services for Indigenous communities. In order to ensure the meaningful and effective participation of Indigenous communities:
  - a. in recognition of the authority and expertise of Indigenous peoples and their representative organisations, Indigenous peoples must be involved in all aspects of the design, implementation and evaluation of the national action plan;
  - b. the capacity of community controlled organisations must be improved and expanded, including through the training and retention of local Indigenous peoples in the health care system, in order to build community ownership and confidence and to ensure cultural competence of services; and
  - c. mainstream providers of health services must work collaboratively with Indigenous communities and organisations.
4. Measures to promote Indigenous health equality must adopt a broad and holistic definition of health, which:
  - a. encompasses the social, economic, political and cultural determinants of health;
  - b. has a collective dimension; and
  - c. recognises the ongoing impacts of colonisation and past government policies and practices on the health of Indigenous peoples.
5. States must enshrine the right to health in domestic law and regulation to ensure its justiciability and that effective protection and redress are guaranteed for Indigenous peoples. (for example regulation of health professionals to demonstrate Cultural competence in Aotearoa) Consistent with article 2 of ICESCR, legal protection must also include the right of non-discrimination as an essential measure to address institutional and systemic racism and to ensure health equality for Indigenous peoples.
6. Health services for Indigenous peoples must be delivered in a comprehensive, integrated and culturally appropriate way, which recognises the diverse range of determinants of Indigenous health and includes linkages with all other government initiatives that impact on the social and cultural determinants of Indigenous health.

7. Community education and awareness programs around health promotion and primary prevention, designed, and in consultation with Indigenous communities to ensure that they are relevant and appropriate, are central to promoting health equality and the delivery of these activities should be a part of the funded core business of health service providers.
  
8. Consistent with the principle of 'progressive realisation' contained in ICESCR:
  - a. effective accountability and monitoring processes must be established and maintained which involve the participation of Indigenous peoples and their representative organisations; and
  - b. success must not be equated with just enhanced access, but rather real and measurable health improvements.
  
9. The disproportionate prevalence in Indigenous populations of preventable diseases such as trachoma (WHO priorities), tuberculosis, chronic ear infections, bronchiectasis (Australian priorities), should be a focus of this conference within its health agenda.