

The health of Indigenous Peoples

The Seventy-six World Health Assembly,

(PP1) Recalling that Indigenous Peoples 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, approved in September 2007, adopted by the United Nations General Assembly through resolution A/RES/61/295;

(PP2) 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;

(PP3) Recalling also resolutions WHA 62.14 (2009) on reducing health inequities through action on the social determinants of health, WHA 65.8 (2012) that endorsed the Rio Political Declaration on Social Determinants of Health, and WHA 74.16 (2021) on the Social Determinants of Health;

(PP4) Recognizing Resolution (CD47.R18) of the Directing Council of the Pan-American Health Organization (PAHO) on the Health of the Indigenous Peoples of the Americas, approved in September 2006;

(PP5) Taking note of the progress achieved by the PAHO Policy on Ethnicity and Health (2017) and its Strategy and Plan of Action (2019);

(PP6) Recognizing the work of the United Nations Permanent Forum on Indigenous Issues and the United Nations Special Rapporteur on the Rights of Indigenous Peoples;

(PP7) 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, inter alia, the conservation of their vital medicinal plants, including as part of the response to the COVID-19 pandemic and its consequences, as well as the right to access, without any discrimination, to all social and health services;

(PP8) 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;

(PP9) Recognizing the importance of holding consultations and cooperating in good faith

with the Indigenous Peoples concerned through their own representative institutions with a view 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 and in the ILO Indigenous and Tribal Peoples Convention;

(PP10) 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, among other social, economic and environmental determinants of health, Indigenous Peoples are particularly affected by poverty, poor housing, cultural barriers, 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;

(PP11) Recognizing further that the economic empowerment, inclusion and development of all Indigenous Peoples can enable them to build more sustainable and resilient communities, thus addressing social determinants of health;

(OP1) Urges Member States, taking into account their national contexts and legislations, and in consultation with Indigenous Peoples to:

(a) Develop, fund and implement national health plans, strategies or other measures for Indigenous Peoples, as applicable, to reduce social, cultural and geographic barriers to equitable access to quality health services, and taking a life-course approach with due attention to pregnant women, newborns, children, adolescents and older people;

(b) Incorporate an intercultural 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 barriers related to geographical remoteness, language, information availability, digital connectivity and other factors;

(c) Explore ways to integrate, as appropriate, traditional and complementary medicine services within national and subnational health systems, particularly at the level of primary health care, for Indigenous Peoples;

(d) Foster research and development to promote the health of Indigenous Peoples;

(e) 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 and dialogic approach;

(f) Conduct health and environmental surveillance in Indigenous territories, with appropriate consideration to the specific vulnerabilities of Indigenous Peoples and considering their right to maintain, control, protect and develop their traditional knowledge, as well as the manifestations of their sciences, technologies and cultures, including, inter alia, to human and genetic resources, seeds, medicines and knowledge of the properties of fauna and flora.

(g) Promote full care to health needs of Indigenous Peoples, strengthening access to mental health care and adequate nutrition, with full consideration to their social, cultural and geographic realities, providing health services of medium and high complexity in the health systems and strengthening access to immunization in Indigenous territories and for Indigenous Peoples irrespective of where they live.

2. Calls relevant stakeholders to:

(a) Engage, as well as support greater participation of Indigenous leaders, in the development, as well as monitoring and evaluation of the implementation, of national health plans, strategies or other measures for Indigenous territories and communities;

(b) Foster the appropriate funding of research and development related to the health of Indigenous Peoples, including through national resources and international collaboration;

(c) Contribute to the ethical conduction of research and development related to the health of Indigenous Peoples, with intercultural approaches and observing the rights of Indigenous Peoples over their cultural heritage, traditional knowledge and traditional cultural expressions; and

(d) Dialogue and cooperate with relevant sectors with the aim of ensuring that equity guides all policies that address the social determinants of health affecting Indigenous Peoples, including through ensuring the availability and affordability of goods and services essential to their health and well-being.

3. Request the Director-General to:

(a) Develop a Global Plan of Action for the Health of Indigenous Peoples, in consultation with Member States, Indigenous Peoples, relevant UN and multilateral system agencies, as well as civil society organizations, academia and other stakeholders, taking a life-course approach with a specific focus on vulnerable groups such as pregnant women, newborns, children, adolescents and older people, for consideration by the 79th World Health Assembly through the 157th session of the Executive Board;

(b) Provide technical support for the development of national plans for the promotion, protection and enhancement of the physical and mental health of Indigenous Peoples; and

(c) Propose, in consultation with Member States, strategic lines of action for the improvement of the health of Indigenous Peoples in the development of the fourteen WHO General Program of Work.