

The Health of Indigenous Peoples: THE KUCHING STATEMENT FOR ACTION

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Santiago de Compostela, Spain. 2003

Further to the Durban Declaration and the Kuching Statement 1999, which calls for a Global Initiative of Health For All Rural People, we as rural health professionals from around the world who were present at the Sixth WONCA World Conference on Rural Health at Santiago de Compostela, Spain, note with concern that:

- In spite of cultural and ethnic diversity, there are striking similarities between the problems, health disparities and interests of Indigenous Peoples around the world;
- The health status of Indigenous Peoples in many countries is significantly worse than that of the population as a whole;
- Indigenous Peoples largely represent the most marginalised and poorest subpopulations of the world;
- Many of the health problems of Indigenous Peoples arise from a disadvantaged socioeconomic status;
- The forced relocation of Indigenous Peoples without consultation or informed consent has an ongoing detrimental effect on the health and cultural well being of these communities and their members.

Consequently, we affirm that:

1. Definition of Indigenous Peoples

The term "Indigenous"¹ refers to those who, while retaining totally or partially their traditional languages, institutions, and lifestyles which distinguish them from the dominant society, occupied a particular area before other population groups arrived.

2. Definition of Self Determination

The Charter of the United Nations, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights affirm the fundamental importance of the right of self-determination of all peoples

- A. Self-determination is when peoples can freely determine their political status and freely pursue their economic, social and cultural development²;
- B. Indigenous Peoples, as a specific form of exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, including culture, religion, education, information, media, health, housing, employment, social welfare, economic activities, land and resources management, environment and entry by non-members, as well as ways and means for financing these autonomous functions.

3. Rights

The rights of Indigenous Peoples have been affirmed in the Universal Declaration on Human Rights.³

- A. Equal health for Indigenous Peoples is a basic human right;
 - To achieve this additional effort and resources are required.
- B. Partnership, commitment and political will are needed to improve the health status and well being of Indigenous Peoples.
 - Partnership requires participation where there is recognition of interdependence, a need for integrity and balance in the power relationship between all stakeholders.
- C. The health and well being of Indigenous Families requires special attention.



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- A child born to poverty, exposed to inadequate living and housing conditions and poor access to food continues the poverty cycle and predisposes to chronic ill health and disability.
 - Every child has a right to an environment conducive to the child's physical, mental, spiritual, moral and social development.⁴
- D. Indigenous Peoples have the right to culturally appropriate health services preferably in their own language.
- All people have the right and duty to participate individually and collectively in the planning and implementation of their health care.⁵
 - Indigenous community control in matters of health, particularly in the delivery of primary health care⁶ provides the foundation for the delivery of appropriate and acceptable health care.
 - Health professionals and governments must acknowledge the importance of alternative and Indigenous therapies including traditional healers and medicines.

4. Indigenous Community Control

- A. It is essential that Indigenous Peoples are actively involved in improving their health status, through public and private initiatives.
- Indigenous Peoples must be engaged in the design, execution and evaluation of health services.⁷
- B. Indigenous peoples must always be involved in national and international forums concerned with rural health issues.
- C. Indigenous Peoples must be educated and trained as health professionals.

5. Health Professional Involvement

- A. Health professionals have a duty to advocate for policy and programs that will address the social, environmental and economic determinants of health in order to improve the health status of Indigenous Peoples.
- B. Health professionals have a duty to advocate for holistic non-health sector policy and programs which address Indigenous health determinants.
- C. Health professionals must receive education and training in Indigenous health, including cultural awareness, and negotiating policies and programs that will address Indigenous health determinants.
- Indigenous peoples must be engaged in the design, execution and evaluation of education, including vocational training schemes.⁸

6. Recommendation to WONCA

That WONCA agree the revised *Kuching Statement for Action 2003*, be recommended for action to the United Nations and Governments.

This statement must be used in its entirety. No individual element of this Statement must be taken in isolation or used to deny any of the principles highlighted in this document.

¹ International Labour Organisation, 1989

² Draft United Nations Declarations on the Rights of Indigenous Peoples

³ Universal Declaration on Human Rights 1948

⁴ Article 27 Convention on the Rights of the Child

⁵ Alma Ata WHO 1978

⁶ International Labour Organisation 1989

⁷ International Labour Organisation 1989

⁸ International Labour Organisation 1989

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