

Croakey query: NCD declaration
10 August 2018

1. Is the lack of any specific reference to the disproportionate burden of NCDs on Indigenous Peoples globally also a key omission in the zero draft and likely to be so in the final declaration?

Yes, it is a notable omission. We are disappointed about the lack of specific reference to Indigenous Peoples - the concerns and key omissions outlined in our [media statement on 8 August](#) merely scratched the surface. Specific marginalised populations and health inequalities are not well reflected in the draft Political Declaration for the third UN High-Level Meeting on NCDs, nor were socio-economic and equality concerns in general. This is despite concerted and sincere civil society efforts to reference the specific language on Indigenous Peoples from the 2011 Political Declaration on NCDs ([Para 45 g](#)). At this stage in the process, it is unlikely the language in the draft text will change, which is a missed opportunity to highlight the specific challenges and needs of Indigenous peoples.

2. Has the NCD Alliance made any efforts to promote the inclusion of specific reference to Indigenous Peoples in the Declaration?

In our [priority recommendations for the Political Declaration on NCDs](#) published and shared with Member States in June 2018, we included language for governments on the need to recognise and address the inequalities and disproportionate burden of NCDs experienced by Indigenous Peoples. Had this recommendation been included, Indigenous People would have been specifically referenced in the first part of the political declaration, as follows:

Recognize that NCDs - including cancer, cardiovascular diseases, diabetes, chronic respiratory diseases, and mental and neurological conditions - are an unprecedented human catastrophe inflicting suffering on all countries, communities and families, and represent a major challenge to all dimensions of sustainable human development, driven by and contributing to rising poverty and inequality and impacting disproportionately on vulnerable populations including women, children and indigenous populations.

Unfortunately, this was among the recommendations *not* taken on by Member State negotiators. We understand that several Member States were keen to have a concise, streamlined text that did not reiterate commitments and language from the 2011 and [2014](#) Outcome Documents on NCDs. It is important to note that the 2018 Political Declaration will reaffirm the previous commitments, which means that the specific considerations of Indigenous peoples that all countries have committed to in the UN Resolution signed in 2012 still stands.¹ However, we are very disappointed not to see more specific commitments to reduce health inequalities within and between countries now as there has been painfully little progress since 2011. We believe this approach has led to a substantially weaker draft Political Declaration in several areas, including the omission of a specific reference to Indigenous Peoples.

¹ UN, n66/2. Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, Resolution adopted by the General Assembly, paragraph 45
http://www.who.int/nmh/events/un_ncd_summit2011/political_declaration_en.pdf :

(g) Recognize where health disparities exist between indigenous peoples and non-indigenous populations in the incidence of non-communicable diseases and their common risk factors, and that these disparities are often linked to historical, economic and social factors, and encourage the involvement of indigenous peoples and communities in the development, implementation and evaluation of non-communicable disease prevention and control policies, plans and programmes, where appropriate, while promoting the development and strengthening of capacities at various levels and recognizing the cultural heritage and traditional knowledge of indigenous peoples and respecting, preserving and promoting, as appropriate, their traditional medicine, including conservation of their vital medicinal plants, animals and minerals;

3. If so, could you outline those efforts? If not, will you be doing so or could you explain why not?

The NCD Alliance undertook an extensive open consultation in November 2017 on the priorities we would focus on for the HLM process and outcome to which we received over 220 responses. One of the resulting priorities cuts across both advocacy for the preparatory process and for the outcome of the HLM - *Put People First* - ensuring that people living with and affected by NCDs are at the heart of the NCD response, and to partner with local leaders and community based organisations to develop community-led NCD services, sensitive to the needs and knowledge of specific communities.

Beyond the HLM, we will continue to seek and welcome broad input from our network consultations to ensure diversity of views contribute to our global advocacy. Including the voices and perspectives of Indigenous people will help to ensure that any global health advocacy we undertake is guided by Indigenous peoples themselves. A core principle of our *Our Views, Our Voices* initiative and our collaborative model is that advocacy and policy should be ideally led, or if not, guided by the people who are most affected and understand best the most appropriate solutions for their communities.

Will we be doing so further?

Our [global network](#) is rich and diverse, and brings with it similarly diverse concerns, issues and priorities. We work with, support and reinforce the advocacy efforts of many organisations and are pleased to see the emergence of Indigenous NCDs, a much needed movement to bring together and advocate on the various distinct challenges Indigenous peoples all over the world experience when it comes to chronic and long term conditions, or NCDs, and the deep insight and knowledge they possess on culturally appropriate solutions. We also feel strongly about ensuring Indigenous communities lead and guide global advocacy on promoting and improving indigenous health and wellbeing, and hope to further assist with connecting national and regional alliances with Indigenous advocates in their communities and with other members of the global NCD civil society network.

In the past, the voices of youth and people living with NCDs have been also been marginalised, but thankfully this is increasingly changing as youth and people living with and affected by NCDs have been supported to have their views and voices elevated in global discourse and policy development. We are hopeful that similar global momentum is now building with the emergence of Indigenous NCDs and the World Federation of Public Health Associations' Indigenous Working Group - there is great scope and potential for Indigenous voices to help shape the policy response to NCDs, and we look forward to understanding how we might support and reinforce Indigenous people's led advocacy throughout global health political processes. It is notable that Indigenous people are also missing from the draft Political Declaration for the first High-Level Meeting on [Ending Tuberculosis](#), also taking place this September.

4. Could you comment on the importance of these sorts of instruments for improving health and wellbeing, including that of Indigenous peoples?

The NCD Alliance has collaborated with Indigenous and non-indigenous allies in taskforces and working groups initiated by one of our founding federations, the International Diabetes Federation, on various Indigenous and health related UN processes, such as around the [State of the World's Indigenous Peoples \(2010\)](#), the first UN HLM in 2011, in [highlighting the rights of Indigenous peoples](#), and in [post-2015 advocacy](#) (now the SDGs), seeking to ensure indigenous perspectives, challenges and priorities are part of global advocacy efforts. Around 2011 there was a great deal of momentum around advocacy to highlight and include Indigenous experiences, needs and responses relating to NCDs, and such collaborative and concerted efforts contributed to the inclusion of Indigenous peoples in the Political Declaration of the 2011 HLM on NCDs.

It's important to note that the 2011 Political Declaration and 2014 Outcome Document on NCDs are not nullified by subsequent declarations. The 2018 Political Declaration reaffirms political leadership

to implement previous commitments made in 2011 and 2014 and the WHO Global Action Plan on NCDs, which operationalises commitments from the 2011 Political Declaration and includes paragraphs focused on Indigenous peoples. In order for Governments to truly do all they can to reduce avoidable suffering from NCDs and meet WHO targets and UN Sustainable Development Goals, they need to urgently scale up action on existing commitments - including action on specific recommended interventions referred to as Best Buys - as well as new ones outlined in the 2018 Political Declaration.

In addition to advocacy on the Political Declaration, the preparatory process provides an important opportunity for civil society advocates to ensure governments commit to include civil society stakeholders, including Indigenous peoples, leading up to the High-Level Meeting. The first of these is the [modalities resolution](#) - the outline of how the HLM on NCDs should be prepared for and run - which does encourage the participation of Indigenous people throughout, and we were pleased to see this UN language on including diverse community groups, including Indigenous people, throughout the HLM process. This included noting the President of the General Assembly may invite indigenous leadership to serve as speakers on the two multi-stakeholder panels (Para 4d), ensuring the participation and voices of indigenous leadership and peoples at the interactive stakeholder hearing held as part of the preparatory process for the HLM (Para 7), and for Member States to consider including indigenous leadership (such as Indigenous government ministers) as part of their national delegations to the HLM in September (Para 14).

At the [interactive stakeholder hearing held on 5 July](#) in New York where stakeholders were able to share their priorities for the outcome document of the HLM, several members of the Indigenous community were able to attend as part of the Caring And Living as Neighbors (CLAN) delegation and make statements highlighting the need for specific attention to Indigenous people and their communities' lived experience and exposure to risk factors for NCDs and mental health outcomes.

We acknowledge that these modalities and preparations do not go far enough, and believe an important opportunity was missed to include specific reference to Indigenous people in the Political Declaration of the 2018 HLM on NCDs.

Political Declarations are roadmaps for governments, but given the current draft Political Declaration is a mixed bag of positives and some fundamental weaknesses, we are urging governments to see this 2018 Political Declaration on NCDs as a bare minimum, and to go above and beyond what is contained in the Declaration and lead with ambition and initiative, while ensuring that people living with, affected by and at risk of NCDs are meaningfully involved and engaged throughout the development and implementation of national NCD responses.

Additional information.

WHO Global Action Plan on NCDs 2013 - 2020 including the Political Declaration of the 2011 HLM: http://apps.who.int/iris/bitstream/handle/10665/94384/9789241506236_eng.pdf?sequence=1

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Integrate the prevention and control of noncommunicable diseases into health-planning processes and development plans, with special attention to social determinants of health, gender equity and the health needs of people living in vulnerable situations, including indigenous peoples, migrant populations and people with mental and psychosocial disabilities.”

Facilitate social mobilization, engaging and empowering a broad range of actors, including women as change-agents in families and communities, to promote dialogue, catalyse societal change and shape a systematic society-wide national response to address noncommunicable diseases, their social, environmental and economic determinants and health equity (e.g. through engaging human rights organizations, faith-based organizations, labour organizations, organizations focused on children,

adolescents, youth, adults, elderly, women, patients and people with disabilities, indigenous peoples, intergovernmental and nongovernmental organizations, civil society, academia, media and the private sector).