
Indigenous health: wealthy nations not always better than developing countries

Exclusive: The Lancet journal and Australia's Lowitja Institute release landmark report on health in the world's indigenous populations

By Melissa Davey

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Being indigenous in a wealthy country like Australia, the US or Canada does not necessarily lead to better health outcomes compared to indigenous people living in disadvantaged countries, a landmark study has found.

The health and wellbeing of almost half of the world's indigenous and tribal peoples has been captured in what is the most comprehensive indigenous health report ever compiled.

It includes data from 23 countries and captures the health status of more than 154 million indigenous and tribal people from around the world, including Australia, the United States, Canada, New Zealand, Sweden, Norway, Denmark, Russia, China, India, Thailand, Pakistan, Brazil, Colombia, Chile, Myanmar, Kenya, Peru, Panama, Venezuela, Cameroon and Nigeria.

The prestigious medical journal the Lancet collaborated with Australia's national institute for Aboriginal and Torres Strait Islander health research, the Lowitja Institute, to publish the report, which the authors say should be used as a blueprint for international policy reforms to improve the outcomes for indigenous people worldwide.

The researchers assessed data on basic population, life expectancy at birth, infant mortality, low and high birthweight, maternal mortality, nutritional status, educational attainment, poverty and economic status for the countries involved.

While the data revealed indigenous and tribal people almost universally suffer poorer outcomes compared to other people in their country, this level of disadvantage varied greatly between countries and was not lessened in wealthier countries, the study found.

Relative to their respective benchmark populations, the study found life expectancy at birth was five or more years lower for indigenous populations in Australia, Cameroon, Canada (First Nations and Inuit), Greenland, Kenya, New Zealand, and Panama; infant mortality rates were at least twice as high in Brazil, Colombia, Greenland, Peru, Russia, and Venezuela; and high proportions of child malnutrition, child obesity, and adult obesity were documented in at least half of the populations for which the researchers had data.

“By contrast, relative to benchmark populations, the [ethnic indigenous] Mon of Myanmar fared better in educational attainment, and economic status and low birthweight data were significantly better among the indigenous populations of Colombia and the USA (American Indian and Alaska Natives),” the study found.

“Indigenous populations in low-income countries are likely to have poorer health in absolute terms. However, as we have shown in Myanmar for instance, relative differences cannot be assumed.”

High-income countries had an indigenous life expectancy at birth of greater than 70 years with the exception of Canada, where Inuit can expect to live 68.5 years. The largest differences in life expectancy were found in both low-middle-income countries (Baka in Cameroon, with a gap of 21.5 years and Maasai in Kenya, with a gap of 13.1 years) but similar large differences are also found in high-income countries (Inuit in Canada with a gap of 12.5 years and Aboriginal and Torres Strait Islanders in Australia with a gap of 10 years).

The lead author of the study, Professor Ian Anderson, who is chair of Indigenous education at the University of Melbourne, said the researchers had not attempted to compare the health outcomes of indigenous and tribal people between countries, or to rank countries from best to worst performing.

In many countries, the available data on indigenous people was not adequate enough to allow for comparisons. Global definitions of indigenous and tribal people also vary, making comparisons difficult. For example, the San people of southern Africa are recognised by global bodies as indigenous, but not by their governments.

Rather, the aim of the study was to identify the extent of work that needs to be done if the United Nations is to meet its 2030 goals of ending poverty and inequality, Anderson said, with the report calling on the UN to include indigenous and tribal people from across the globe in policy and reform discussions.

“We found indigenous people do generally poorer than their relevant country’s comparatives, but that’s not uniformly the case, and the size of the difference varies considerably,” he said. “We managed to demonstrate the size of the difference doesn’t seem to follow the wealth of the country.”

The researchers also did not have the data or the scope study the root causes of indigenous health and inequality, he said.

“But we know poverty, poor employment opportunities, a lack of educational opportunities and exposure to racism and social exclusion are really critical to health inequalities,” Anderson said.

“So the broader social factors are really critical to health inequalities, so political inclusion of indigenous people and in partnership with financial investment in healthcare is important. It’s about more than simply investing money into health services.”

The chief executive of the Lowitja Institute, Romlie Mokak, described the report as “a groundbreaking piece of work”.

“It goes a lot further than any other work before it,” he said. “The fact that this study picks up 50% of indigenous people in the world is pretty remarkable. What it’s painting is a picture of the poorer outcomes universally experienced by indigenous populations.

“The fact those indigenous and tribal populations are uniformly doing a lot poorer than their benchmark populations says something very powerful about the experience of indigenous people.”

He said for health outcomes to improve, indigenous and tribal people should be involved in policy making by global institutions such as the UN, and countries around the world needed to start recognising and counting their indigenous people.

“Unless we count indigenous people as indigenous people, we will not answer the questions around how well we are progressing towards achieving targets and better outcomes,” Mokak said.

“Indigenous people should not just be brought to the table, but be made co-designers in the solutions. This is why we reference the UN’s sustainable development goals not ever really being achieved in their ambitions.

“If indigenous people are not part of the development of all of these goals and the governance frameworks around them, we will continue to see, I have no doubt, inequality.”

Jonathan Rudin, the program director for Aboriginal Legal Services in Toronto, Canada, said that the universally poor health of indigenous people “speaks to the way in which Indigenous people are disadvantaged worldwide”.

“It is important to acknowledge and understand this point because it speaks to how settler societies of all types expressly marginalise Indigenous populations,” he said.

“It also speaks to the need for collective responses for Indigenous peoples around the world and also for a continued role for bodies such as the United Nations.”

International collaboration and cooperation may be able to point to solutions and best practices that might not be evident if the focus is tied simply to a particular country, he added.