

FACT SHEET

Indigenous and tribal peoples' health (The Lancet-Lowitja Institute Global Collaboration): A population study, *The Lancet*, vol. 387

Full report, podcast and infographic are available at:

[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00345-7/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00345-7/abstract)

The Lancet is arguably the most prestigious and influential medical journal in the world. Since its foundation in 1823, the journal has strived to make science widely available so that medicine can serve, and transform society, and positively impact the lives of people. Over the past two centuries, *The Lancet* has sought to address urgent topics in our society, initiate debate, put science into context, and influence decision makers around the world, as well as set the highest scientific standards.

The Lowitja Institute was established in 2010; it is Australia's national institute for Aboriginal and Torres Strait Islander health research, named in honour of its Patron, Dr Lowitja O'Donoghue AC CBE DSG. It is an Aboriginal and Torres Strait Islander organisation working for the health and wellbeing of Australia's First Peoples through high impact quality research, knowledge exchange, and by supporting a new generation of Aboriginal and Torres Strait Islander health researchers.

The Chief Investigator and senior writer was Professor Ian Anderson, Pro-Vice Chancellor (Engagement), and Chair of Indigenous Education, at the University of Melbourne.

- *The Lancet*–Lowitja Institute Global Collaboration has developed a global report of Indigenous health including data from 28 Indigenous populations from 23 countries (out of 90 with Indigenous populations), collated against eight key themes:
 - measures of population,
 - life expectancy,
 - infant mortality,
 - birth weight,
 - maternal mortality,
 - relative educational attainment,
 - relative poverty and
 - relative nutritional status.
- The data covers some 154 million Indigenous people representing about 50% of the global Indigenous population.
- The purpose of this research was to establish a clear picture on Indigenous and tribal health across the 23 countries but to also establish where the gaps in information are. It did not do cross-country comparisons.
- This is the most comprehensive account of indigenous and tribal health globally to date. Previous studies were restricted in their coverage of countries or the range of health indicators.
- Critical to the project was having authors and contributors who are based in each country who understood their particular country's statistical system.
- The collaboration brought together 65 experts from the United States of America, Russia,

New Zealand, China, Australia, Canada, India, Pakistan, Brazil, Denmark, Sweden, Norway, Colombia, Chile, Norway, Thailand, Myanmar, Kenya, Peru, Panama, Colombia, Venezuela, Myanmar, Kenya, Cameroon and Nigeria.

- Compared with earlier studies, this project draws more comprehensively on health and social data and achieves broader reach extending to Latin America, Asia, Africa, Russia, and Scandinavia. Data Scheduled Tribes in India is included for the first time.
- In highlighting the importance of local analysis the report does not discount the importance of global economic relations.
- When comparing to benchmark populations, Indigenous peoples tend to do worse. It's not a uniform pattern however. There are some cases where Indigenous peoples do as well as or as close to the population. For example, it appears from our data that people in Myanmar do relatively better than the total population, probably because Myanmar is ethnically diverse country and some do considerably worse.
- Poorer outcomes for Indigenous populations for:
 - life expectancy at birth for 16 of 18 populations with a rate difference greater than 1 year in 15 populations;
 - infant mortality rate for 18 of 19 populations with a rate difference greater than one per 1000 live births in 16 populations;
 - maternal mortality ratio for three in ten populations (for which we have variability data);
 - low birthweight with the rate difference greater than 2% in three populations;
 - high birthweight with the rate difference greater than 2% in one population;
 - child malnutrition for ten of 16 populations with a difference greater than 10% in five populations;
 - child obesity for eight of 12 populations with a difference greater than 5% in four populations;
 - adult obesity for seven of 13 populations with a difference greater than 10% in four populations;
 - educational attainment for 26 of 27 populations with a rate difference greater than 1% in 24 populations; and
 - economic status for 15 of 18 populations with a rate difference greater than 1% in 14 populations.
 - Countries with an Indigenous life expectancy at birth of lower than 65 years were in the low-middle-income band (Cameroon, India, Kenya, Nigeria).
 - High-income countries had an Indigenous life expectancy at birth greater than 70 years with the exception of Canada (Inuit, 68.5 years);
 - in China (Tibet), an upper-middle-income country, it was of 72.6 years.
 - Rate differences did not seem to be associated with country income status.
 - The largest differences are found in both low-middle-income countries (Baka in Cameroon with a gap of -21.5 and Maasai in Kenya with a gap of -13.1) but similar large differences are also found in high-income countries (Inuit in Canada with a gap of -12.5 and Aboriginal and Torres Strait Islanders in Australia with a gap of -10.0).
- Australia is one of the countries we can report against all of the data items, there are significant differences and Aboriginal and Torres Strait Islander people do poorer across the majority of the measures.
- We need to be able to effectively monitor Indigenous health, we need a good strong policy response, that might include issues in relationship to tackling the root causes of poorer health outcomes, poverty, poor education, lack of opportunity exposure to racism and so on.
- Taking into account the UN 2030 Sustainable Development Goals, the paper recommends that national governments develop targeted policy responses to Indigenous health,

improving access to health services, and Indigenous data within national surveillance systems.

- The authors note that to succeed globally in implementing the 2030 Sustainable Development Goals will not be possible without action on the health and social outcomes for Indigenous and tribal peoples. We are not going to get successful action if we continue to not meaningfully include Indigenous peoples both in those global processes but also particularly in new forms of governance in relationship to the development of data.
- The previous UN Millennium Development Goals programs were criticised for their failure to engage effectively with Indigenous peoples and issues.
- Recommendations:
 - **Development of Indigenous data systems done in close collaboration with Indigenous peoples, so as to ensure that Indigenous values, health concepts, and priorities are reflected in them.** This approach includes the development of priorities for data creation, interpretation and reporting, and of measures that draw on Indigenous notions of wellbeing and health.
 - **Indigenous data identifiers are required to disaggregate data by Indigenous status in their national data systems.** This issue needs to be addressed to enable countries to monitor the health status of their Indigenous populations.
 - **Meaningful Indigenous engagement in a revitalised global partnership for development is needed to address the shortcomings in global health governance,** and to counter political marginalisation within home countries thereby fostering stronger national accountability mechanisms.
 - **Strong global networks that draw together Indigenous health leaders, academics, and policymakers to support the development of Indigenous data systems.**
 - Further international studies with extended coverage of Indigenous populations' health issues, such as morbidity, mental health, and burden of disease.
 - Development by national governments of targeted policies for Indigenous and tribal health that address issues of health service delivery and the development of high-quality Indigenous data systems.

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