Ila Ghoshal

Federal Democratic Republic of Ethiopia

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The Federal Democratic Republic of Ethiopia (FDRE), as a developing country, has only recently started improving its health care system and as such, most of the improvement has been in its urban areas. Thus, for the country’s ethnic minorities, many negative health indicators are above the national average1. However, Ethiopia has recently implemented measures to improve the health of its ethnic minorities, whose access to health care is guaranteed by its constitution. One of these measures is to hire and train women as frontline healthcare workers who educate families in rural areas about hygiene and public health practice. Another one of these measures is to aggregate data pertaining to healthcare by region, so as to get more accurate information about each ethnic group2. Finally, the FDRE recognizes that mental health is a nationwide problem, and is increasing its efforts to train its doctors accordingly.

The United Nations Declaration on the Rights of Indigenous Peoples, with the objective of laying down rights constituting “the minimum standards for the survival, dignity and well-being of the indigenous peoples of the world”, states, under article 24, that “indigenous people have the right to traditional medicines to maintain their health practices” as well as “an equal right to the enjoyment of the highest attainable standard of physical and mental health” and that states should take steps to fully realize this right3. However, the Declaration has not been effective in obtaining the same level of healthcare for indigenous peoples. Ethiopia recognizes that all of its citizens should have access to healthcare and has made this clear in its constitution. Thus, Ethiopia believes that signing this non-binding declaration would yield no benefits. Other UN initiatives, such as World Health Assembly resolutions, such as resolution 51.24, calling on the WHO secretariat to report on “progress on indigenous health initiatives”, and resolution

# 1”State of the World's Minorities and Indigenous Peoples 2013 – Ethiopia”, *Minority Rights group International*, last modified September 24 2013. <http://www.refworld.org/docid/526fb74d3a5.html> [accessed 7 November 2016] 2 “Ethiopia Mini Demographic and Health Survey 2014”, *UNICEF*, <http://www.unicef.org/ethiopia/Mini_DHS_2014__Final_Report.pdf> [accessed 7 November 2016]

# 3 “United Nations Declaration of the Rights of Indigenous Peoples”, *United Nations*, <http://www.un.org/esa/socdev/unpfii/documents/DRIPS_en.pdf> [accessed 7 November 2016]

53.10 “calling for the creation of both global and regional plans of action” based on the recommendations of indigenous participants to the ICHIP (International Consultation on the Health of Indigenous Peoples) 4, have been equally ineffective. Ethiopia believes that these measures should address how to make healthcare more accessible in order to be more effective.

Ethiopia believes that improving the state of healthcare for its ethnic minorities living in rural areas must start with the collection of data disaggregated by ethnicity so that it can better target any problem areas. Ethiopia already hires and trains women to be health workers in rural areas and believes this could be further improved by hiring and training members of its ethnic minority groups as healthcare workers thus eliminating issues of language and geographical barriers as well as any distrust of the national health care system. Furthermore, traditional medicine plays an important role in health care in Ethiopia. As such, it would be important to make sure all traditional healers have legitimate practices and offer them certification as healthcare professionals. It would also be important to work with them in developing ways to treat diseases that respect ethnic minorities’ ways of life such as maternal shelters for pregnant women5. As a developing country, however, Ethiopia recognizes that it will face financial obstacles in implementing these solutions, as will other developing nations. Thus, Ethiopia believes that the establishment of a fund to which countries contribute to based on their GDP per capita would help all nations make sure their citizens all receive the same level of healthcare.

4 “Review of Activities of the United Nations System Relating to Indigenous Peoples: An Interactive discussion”, *WHO*, <http://www.who.int/hhr/activities/indigenous_peoples/whosubmissionto1stUNPFII.pdf> [accessed 7 November 2016]

5 The State of the World’s Indigenous Peoples: Indigenous Peoples’ Access to Health Care”, *United Nations Department of Social and Economic Affairs*, <http://www.un.org/esa/socdev/unpfii/documents/2016/Docs-updates/The-State-of-The-Worlds-Indigenous-Peoples-2-WEB.pdf> [accessed 7 November 2016]