



From the Lowitja Institute

The health of indigenous and tribal peoples across the world: *The Lancet*–Lowitja Institute Global Collaboration

The Lancet and the Lowitja Institute have collaborated on a study of the health and wellbeing of indigenous and tribal peoples around the world. The findings were published simultaneously in Melbourne and London in mid-April 2016 under the title *Indigenous and tribal peoples' health (The Lancet–Lowitja Institute Global Collaboration): a population study* (Anderson et al, doi: [http://dx.doi.org/10.1016/S0140-6736\(16\)00345-7](http://dx.doi.org/10.1016/S0140-6736(16)00345-7)).

In supporting this work, the Lowitja Institute extends its core purpose of valuing the health and wellbeing of Aboriginal and Torres Strait Islander peoples to the global indigenous family of which we are part, as well as our commitment to supporting local and international indigenous health and wellbeing networks.

The purpose of the research was to establish a clear picture of indigenous and tribal health relative to benchmark populations, without making comparisons between indigenous populations. It included data on 28 indigenous populations from 23 countries, covering about half the world's indigenous peoples.

The research team was particularly keen to ensure that this study looked beyond populations where indigenous data systems are better developed — such as Canada, the United States, New Zealand and Australia, for example — to truly discuss and describe problems from a global perspective.

The data were collated against eight key themes: measures of population, life expectancy, infant mortality, birth weight, maternal mortality, educational attainment, poverty and nutritional status. The data were sourced from published government and non-government reports, supplemented with raw data identified and analysed by collaborators within their own countries.

What was critical — and unique to this study — was the participation of 65 contributors who were able to identify, at country level, the best quality data available. Contributors came from the major global regions, from Africa, Asia, the Americas, the Pacific and the Arctic Circle.

For a number of reasons, there were no comparisons made between indigenous populations. The definitions of indigenous peoples in data systems differ across countries; data collection methods also vary, as do methodological approaches to data analysis. Some of the most important recommendations of this report (like higher quality and disaggregated data) are derived from these challenges.

Broad findings indicate continuing health and social disadvantages for indigenous and tribal peoples across the globe when compared with benchmark populations, with some possible exceptions such as the Mon people in Myanmar. It is concerning that the results indicate that being an indigenous person in a wealthy country does not result in proportionally positive outcomes; on the contrary, some of the worst nutritional results, for example, occur among Australia's First Peoples.

The article does not offer an explanatory framework because the authors believe that this requires a local analysis of the social and historical circumstances of each population. In offering a high-level explanation of the health patterns observed, the authors point to the social determinants of health, such as education, living and working conditions and access to health care; to distal determinants, such as the legacy of colonisation, racism, discrimination and social exclusion and to ecological change.

The authors believe that we are not going to succeed globally in implementing the United Nations 2030 Sustainable Development Goals without action on the health and social outcomes for indigenous and tribal peoples. They strongly emphasise the need for disaggregated data by indigenous status across all data systems in order to monitor change, and the need for this work to be done with the full engagement of indigenous peoples. In the same vein, while urging caution with regard to individual country particularities, they make recommendations for the development of health systems and policy frameworks within each nation state.

In the context of these recommendations, it is worth noting that in Australia, the National Health Leadership Forum has successfully worked with national governments on some of these challenges and will continue to monitor efforts in this area.

For more information and links to the article, podcast and infographic, please visit <http://www.lowitja.org.au/indigenous-tribal-health>. Many of the concerns raised by the article will be discussed at the Lowitja Institute International Indigenous Health and Wellbeing Conference to be held in Melbourne on 8–10 November 2016. Please visit <http://www.lowitjaconf2016.org.au> for more details.

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