

# Foreword

Paul Hunt, UN Special Rapporteur  
on the right to health (2002–2008)

**W**e live in a world of profound health inequalities, a world in which a person's health and the quality of care they receive is determined by their ethnicity, the language they speak or their religious and cultural beliefs.

In almost every country in the world, minorities and indigenous peoples are among the poorest and most vulnerable groups, suffer greater ill-health and receive poorer quality of care than other segments of the population.

They die younger, suffer from higher rates of disease and struggle more to access health services

compared to the rest of the population.

More often than not, this ill-health and poor healthcare is a symptom of poverty and discrimination.

In sub-Saharan Africa, a young Samburu woman dies from complications during childbirth because the government does not provide any medical care in the area where she lives. In Rwanda, a Batwa child suffers from debilitating but easily treatable intestine worms because of the dirty water he drinks. In India, health

**Below:** A Batwa child in Rwanda. *Eric Lafforgue.*



workers refuse to visit a Dalit village because of untouchability practices. The suicide rate among Yazidis living in Sinjar, Iraq, has escalated because of their desperate situation.

The early mortality and greater morbidity faced by so many minorities and indigenous peoples is a matter of pressing social justice for which governments and other actors must be held accountable.

The right to health – the right to survive – is the most basic human right; its fulfilment is both a precondition to, and a by-product of, the enjoyment of all other rights. But health is also a right in itself under international law and in the constitutions of many countries.

The international right to health – or the right of everyone to the highest attainable standard of physical and mental health – not only includes access to medical care, but also to the underlying determinants of health, such as safe water, adequate sanitation, decent housing, healthy working conditions, a clean environment, health-related information (including on sexual and reproductive health) and freedom from discrimination. The right has a pre-occupation with disadvantaged groups, participation and accountability. It demands that health-related services be evidence-based, respectful of cultural difference and of good quality. Moreover, it places a responsibility on high-income countries to help other countries deliver the right to health to everyone within their borders.

And so ensuring minority and indigenous peoples can live healthy lives is not just a question of providing vaccines or treating particular diseases, it requires us to address the underlying causes of ill-health.

This is why as UN Special Rapporteur on the right to health I focused on two critical barriers to access to health and well-being: poverty and discrimination. Through a right-to-health ‘lens’, I looked at a range of issues, including access to medicines, water and sanitation, mental health, the Millennium Development Goals (MDGs), sexual and reproductive health, the work of international financial institutions, accountability, and

so on. I argued, for example, that reducing maternal mortality is not just an issue of development, but also an issue of human rights. But despite longstanding international commitments to reducing maternal mortality, so far progress has been disappointing for many minority and indigenous women, as numerous examples in this volume demonstrate.

Although the MDGs underscore the critical importance of health, government initiatives often fail to reach those most in need. National-level targets allow governments and the international community to ignore persistent inequalities. Stretched resources lead governments and donors to focus on easy-to-reach population groups. Too often language barriers or different cultural and religious practices are not taken into account when designing health interventions.

New strategies are now needed to ensure the right to health for minorities and indigenous peoples in both the global North and global South.

I welcome this edition of Minority Rights Group’s annual report, which will build a better understanding among readers about the health issues facing minority and indigenous communities and what can be done to address their needs.

It not only provides us with a better understanding of the state of health for minorities and indigenous peoples, it also raises neglected but important issues that affect indigenous and minority health. These include the link between land security, displacement and health; the social exclusion and lack of political power that prevent groups from achieving better care; the need for culturally sensitive care; and the importance of traditional medicine.

This volume also suggests constructive ways forward. It highlights the importance of collecting health data about specific ethnic, religious and linguistic groups to ensure no one is left behind. It provides compelling evidence of the positive impact of involving minorities and indigenous peoples in designing health interventions and broader political processes. It also

provides examples of targeted measures to tackle discrimination – such as collecting evidence, supporting access to justice, training health professionals and providing culturally adapted health services. Many organizations do outstanding work to improve health outcomes for vulnerable people. In India, participatory women’s groups and community monitoring of health outcomes have radically reduced maternal deaths and newborn mortality among eastern India’s Adivasi communities. In eastern Europe, training Roma to act as health mediators has increased vaccination rates among Roma and helped community members access medical treatment. In Namibia, San have worked with non-governmental organizations to design mobile clinics to treat multi-drug resistant tuberculosis in nomadic communities. In Peru, traditional birthing practices have been integrated in the mainstream health system, encouraging indigenous women to give birth in hospitals, reducing preventable deaths. In the Mekong region of South East Asia, local radio dramas have raised awareness about HIV and available treatment among ethnic minority groups.

All these examples show human rights for minorities and indigenous peoples, coupled with a human rights-based approach to development, can strengthen any new global development strategy – both in the global North and the global South.

I strongly recommend this excellent book to governments, health professionals, human rights advocates, aid agencies, and minority and indigenous groups – and everyone committed to deepening social justice, health and human rights. ■