Task Force 01
FIGHTING INEQUALITIES, POVERTY, AND HUNGER

Training In Emergency Medical Services: Empowering the Indigenous People

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Abstract

The provision of healthcare services is essential to achieve good health (SDG 3) which can further lead to the fulfilment of other Sustainable Development Goals. The inequality in the distribution of such services drastically affects the minorities such as the indigenous people who reside in remote areas and hinder their progress and development.

More than 70% of the world's indigenous people reside in the G20 countries and while equitable, accessible and inclusive healthcare services for all has been the focus of G20 in the past years, adequacy of these services has not been met in their case. However, the SDG can only be achieved if the minorities can also prosper.

According to the World Bank, the life expectancy of indigenous people is up to 20 years lower than the life expectancy of the non-indigenous people worldwide.[1] Further, disproportionately high levels of infant, maternal and child mortality rates and infectious diseases are also common among indigenous people around the world. The lack of awareness on health issues, lack of emergency transportation and other financial constraints are some of the common factors that worsen the situation. Grave medical conditions can be prevented by increasing awareness and providing them with help as soon as possible.

This policy brief recommends that the G20 countries establish a G20-wide commission to **i.** survey and study the prevalent medical conditions among the various indigenous people and **ii.** design vocational course curriculums by integrating traditional medicine with modern practices on emergency services for those medical conditions. Further, **iii.**

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[1]The World Bank, Indigenous Peoples,

https://www.worldbank.org/en/topic/indigenouspeoples (last visited Feb. 5, 2024).

set up a taskforce to conduct training courses for the indigenous people and empower them to deal with health emergencies sufficiently and by themselves.

Diagnosis of the Issue

The growth of any sector is predominantly dependant on the well-being of the population since it has a direct relation to the efficacy of humans and the progress of an economy at large. Good health and well-being has also been highlighted in the Sustainable development goals (SDG 3). Universal health coverage that includes the access to essential healthcare services for all and attaining health equity is a vital part of fulfilling this goal.[2] It aims to ensure that the vulnerable population is not left behind and healthcare is accessible to whoever, whenever and wherever.

The bleak status of healthcare among the indigenous people (hereinafter "the People") is a cause of concern and requires urgent attention. [3] The shorter life expectancy of the

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[2] "Targets of Sustainable Development Goal 3", WHO, accessed March 29 2024, https://www.who.int/europe/about-us/our-work/sustainable-development-goals/targets-of-sustainable-development-goal-3.

[3] Ian Anderson, Bridget Robson, Michele Connolly et al., "Indigenous and tribal people's health (the Lancet–Lowitja Institute Global Collaboration): A population study", *The Lancet* 388, no. 10040 (2016): 131-157, https://doi.org/10.1016/S0140-6736(16)00345-7.; C.R. Valeggia, J.J. Snodgrass, "Health of indigenous People" *Annual Review of Anthropology* 44, no.1 (2015): 117-135, 117–135. https://doi.org/10.1146/annurev-anthro-102214-013831.

People, lower infant mortality, malnutrition and poor infant and maternal health than the non-indigenous population are some indicators of the same.[4]
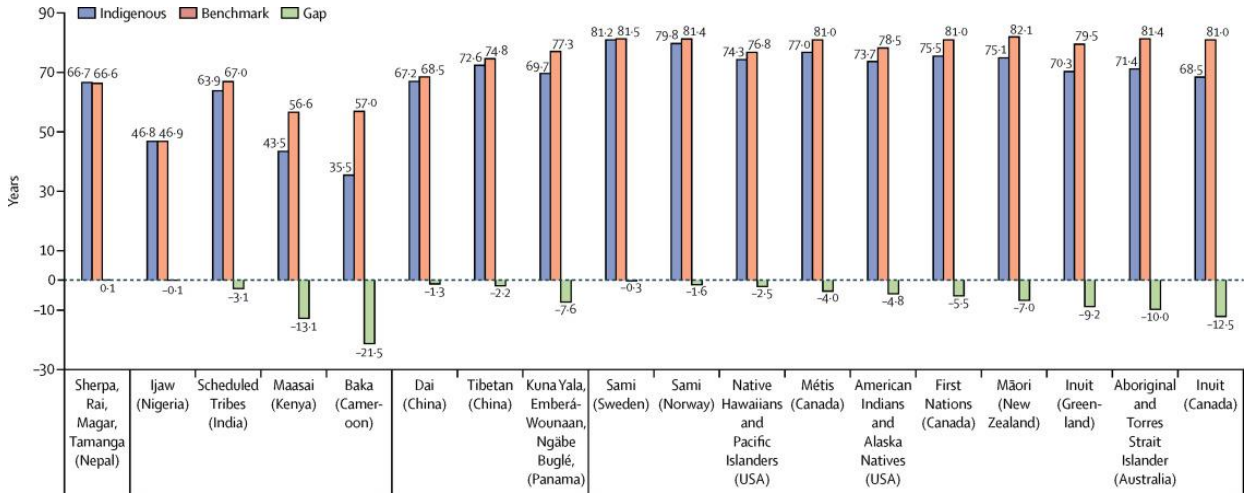

FIGURE 1. Gap of Life expectancy at birth between indigenous and non-indigenous People

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[4] "Health", United Nations Department of Economic and Social Affairs, Indigenous Peoples, accessed March 29, 2024, https://www.un.org/development/desa/indigenouspeoples/mandated-areas1/health.html.
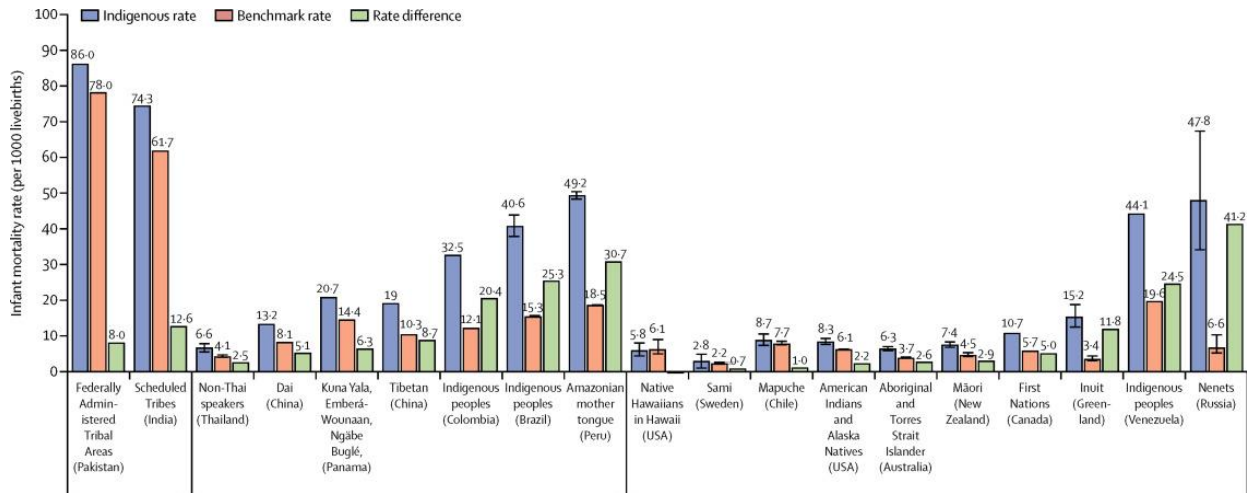
FIGURE 2: Difference in Infant Mortality Rate between indigenous and non-indigenous People. SOURCE: Indigenous and Tribal people's health (The Lancet-Lowitja Institute Global collaboration): A population study (2016).

G20 countries are home to more than 70% of the world's indigenous population. However, there exists a lack of basic healthcare services leading to deterioration of health of the People.[5]

The resolution on Indigenous People's health was adopted by the 76th World Health Assembly in 2023 and aligns with the G20 agenda. It reaffirmed their rights to access all social and health services, while recognising their specific needs and vulnerabilities.

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[5] United Nations, Department of Economic and Social Affairs, State of the World's Indigenous People: Indigenous People' Access to Health Services, 3-8 (New York, 2015).

· Requirement of emergency medical services: Timely care has the potential to prevent long term disabilities from injuries, infections, complications of pregnancy etc. and premature mortality. It is an essential part of health service delivery and is key to achieving associated targets. Majority of the deaths accounted for among the People can be avoided with timely and effective healthcare.[6] However, factors like geographical remoteness, socioeconomic disparities, language barriers, cultural insensitivity and inaccessibility of healthcare professionals and infrastructure affect the efficient delivery of health systems to the People[7] These defining factors have become characteristic of the people today and have always existed with measures by the State that either lack effective implementation or are not welcomed by the community.

· Recognition of traditional medicine and practices: The nonacceptance or apprehension regarding modern health practices could also pose a barrier to the delivery of healthcare to the People. They have the right to traditional medicine and to maintain their health practices[8] while States have a duty to ensure realisation of this right by integrating them into the national and sub national health systems.[9]

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[6]The Health of Indigenous Peoples, Inter-Agency Support Group on Indigenous Peoples' issues, June 2014.

[7] Davy, C., Harfield, S., McArthur, A. et al., "Access to primary health care services for Indigenous People: A framework synthesis", *Int J Equity Health* 15, 163 (2016), https://doi.org/10.1186/s12939-016-0450-5.

[8] United Nations, Declaration on the Rights of Indigenous People, Art. 24.

[9] The health of indigenous people, Res. 76.16, WHO, May 30, 2023.

Recommendations

The majority of the cases of premature mortality are due to preventable causes and indicate the lack of timely and effective health services. For instance, in 2018, 64% of the deaths among the People of Australia were due to preventable causes like poisoning, injuries etc. and were avoidable.[10] Therefore, the provision of emergency medical services is a vital step in improving the current scenario related to the delivery of health systems. Since inaccessibility is one of the main reasons for the deteriorating health scenario, making people self-sufficient to the extent of administering emergency care can help mitigate the adverse effects. Training in emergency health services in cases such as serious burns and injuries, animal bites and poisoning, administration of CPR (cardiopulmonary resuscitation), etc., must be provided to equip them to deal with time-bound situations on their own. This can be achieved by carrying out a step-by-step process, commencing with the establishment of a G20-wide Commission by the G20's Health Working Group. The Commission should be tasked with:

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[10] "Burden of avoidable deaths among Aboriginal and Torres Strait Islander people 2018", Australian Institute of Health and Welfare-Australian government, accessed March 30, 2024, https://www.aihw.gov.au/reports/burden-of-disease/burden-of-deaths-first-nations-people-2018/contents/summary.

i. Surveying and studying the prevalent health status and medical conditions among the People of the G20 countries:

- Identifying and recognising the needs of the population is the most important to gauge the status of health among the People. There is a serious lack of information on their situation owing to their isolation and remoteness.[11] Detailed and disaggregated data must be collected and analysed to ensure the People are no longer 'invisible' in the national statistics of countries. Ethical data collection methods must be employed to recognise the gaps that exist in the healthcare system of the People.

- Strong demographical evidences and figures are essential to formulate policies for the target population. The data must highlight the prevalent risk factors to the community, health behaviours that lead to such risks, diseases that the People are most prone to and whose impact can be mitigated by timely and emergency care; traditional medicines and practices of the People etc.

- Cultural sensitivity refers to an approach that respects the cultural background of an individual and is very essential in the context of the People owing to their history and experiences. Its extension to provision of healthcare services upholds the inclusive approach of the G20 agenda. Imbibing cultural sensitivity is also important to cater to the People and address their health concerns efficiently.

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[11] United Nations, Department of Economic and Social Affairs, State of the World's Indigenous Peoples: Implementing the United Nations Declaration on the Rights of Indigenous Peoples, 41-45 (New York, 2019).

ii. designing vocational course curriculums by integrating traditional medicine with modern practices on emergency services:

- Academicians, medical experts as well as individuals belonging to the indigenous community and having knowledge of traditional medicine can be consulted to design course curriculums suited for the People in various G20 nations. These curriculums should integrate traditional medicines and practices that the People are already accustomed to as well as modern practices that are essential to combat the health emergency.[12]

- The G20 Nations can collaborate to procure robust scientific evidence on the effectiveness of traditional medicines and further incorporate it into their national healthcare system. For example, India established the Ministry of AYUSH that specifically focuses on traditional medicine and includes Ayurveda, Yoga, Unani, Siddha and Homeopathy.[13] Such practices from various countries can be assessed

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[12] "Integrating traditional and modern medicine with compassion and care: A physician's tale from Turkiye", WHO Europe, August 17, 2023, https://www.who.int/europe/news/item/17-08-2023-integrating-traditional-and-modern-medicine-with-compassion-and-care-a-physicians-tale-from-turkiye#:~:text=By%20collaborating%20with%20primary%20health,holistic%20and%20impactful%20patient%20outcomes.

[13] "PM Modi creates AYUSH ministry for focus on yoga, ayurveda", *Firstpost*, November 10, 2014, https://www.firstpost.com/india/pm-modi-creates-aayush-ministry-focus-yoga-ayurveda-1796275.html.

and used to design the course depending on the resources available to the People in different regions and climatic conditions.

iii. set up a taskforce to conduct training courses for the indigenous people and empower them to deal with health emergencies sufficiently and by themselves. The G20 commission should deliberate on the common aspects of the training exercise where resources from various G20 countries can be effectively shared and used. This can include:

- participation of various non-governmental organisations (NGOs) and other groups in the G20 countries already working towards the upliftment of the People and having the requisite knowledge about their cultures. They must be encouraged to participate in different stages of the large-scale training process. The NGOs that indulge in groundwork and are familiar with the community could further help with interactions and building trust with the People.

- medical practitioners, nurses or medical training professionals should first be sensitised about the People before conducting vocational training on emergency medical services for them. Financial incentives or benefits should also be provided to the medical team, who should be imparted training to encourage their continued participation. Further, with the incorporation of traditional medicine into the national healthcare systems, the integrated study of traditional and modern medicine can also be offered as an option for medical education in G20 countries.

- employing linguists, language experts or other individuals belonging to the Indigenous population to help communicate with the natives and overcome the language barriers while imparting the courses.

This step-by step exercise must be carried out in regular intervals to update the data on the population and discern the improvement or alternatively, the deterioration in the health system of the People. The feedback regarding the working of this model and the updated data can be used to upgrade or modify the course curriculum to suit the medical needs of the population.

This interaction with the People to impart training can also be leveraged in times of public health emergencies such as epidemics, pandemics etc., where the indigenous population is impacted the most owing to their lack of knowledge and resources.[14] For instance, during the COVID-19 pandemic, the indigenous population of countries was one of the most fatally impacted.[15] They can be educated about the health situation and the preventive measures to be adopted to effectively deal with it.

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[14] "COVID-19 and Indigenous peoples", UN Department of Economic and Social Affairs-Indigenous Peoples, accessed March 31, 2024, https://www.un.org/development/desa/indigenouspeoples/covid-19.html#:~:text=Indigenous%20peoples%20experience%20a%20high,systems%2C%20 and%20adequate%20health%20and.

[15] "Indigenous youth open up about the impact of the COVID-19 pandemic on their communities", UNICEF, accessed March 31, 2024, https://www.unicef.org/brazil/indigenous-youth-open-about-impact-covid-19-pandemic-their-communities.

Scenario Of Outcomes

One of the main reasons for the lack of healthcare services is the issue of inaccessibility due to the remoteness and isolation of the People. Empowering the people by making them self-sufficient in emergency health services will lead to the timely administration of emergency care and can resolve the issue. Once the patient has been tended to promptly, it buys additional time for further medical procedures without turning their condition fatal. Immediate help can reduce the time taken to recover and often decide between a temporary and chronic disability. Further, the rate of avoidable morbidity and mortality can be reduced, and an efficient system can be set up.

Since emergency care is the first point of contact, it is also the most basic and essential health service. However, imparting such training can have a larger impact on the community's ecosystem and create a ripple effect. The training provided can impart requisite information and make the people more aware of the prevailing health conditions. It can enable self-assessment in individuals and a consciousness of the risks posed, leading to the adoption of precautionary measures. A change in approach towards dealing with medical conditions could also lead to a reduction in the number of health hazards for the people.

Further, after developing a robust framework of emergency medical training, State-funded emergency care centres could also be established in the remote areas with the provision and replenishment of medical supplies to deal with health situations. Pharmaceutical companies across the G20 countries could be involved in providing the supplies at discounted rates and further indulge as a part of corporate social responsibility

initiatives. The companies could also be encouraged to channel their resources to research and develop medicines by combining modern and traditional knowledge.

The members of the Indigenous community who were provided emergency medical training can be employed at these emergency centers. The lack of trust displayed by the People for 'outsiders' could also cease to exist, with people of their own community tending to their ailments effectively. Moreover, with the integration of traditional medicine with modern practices, the methods resorted to could be easier to shift to and accept.

However, the adoption of the emergency training program could also bring challenges and limitations for the people during the stages of its implementation.

Therefore, the benefits of the programme and its relevance to the health of the People must be succinctly explained before indulging in its implementation.

The Indigenous population has a history of systemic discrimination and racism suffered through their interaction with non-indigenous people and the State authorities. [16] The memories of these experiences could turn them averse to any assistance from

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[16] "Human Rights", United Nations Department of Economic and Social Affairs-Indigenous Peoples, accessed March 31, 2024,

https://www.un.org/development/desa/indigenouspeoples/mandated-areas1/human-rights.html.

'outsiders' and view them as potential threats to their eco system, blocking the entry of medical professionals and trainers into the regions inhabited by them.

While the integration of traditional and modern medicine has been proposed to ease the shift and lead to faster acceptance of allopathy among the People, the adaptability and reaction of their immune systems to modern medicine is uncertain. Therefore, mild dosages that complement traditional medicine or traditional medicine that mimics the effects of allopathy to a considerable extent could be administered primarily.

The training programme could also be wrought with challenges at various stages including: ensuring relevance and participation of the People throughout the emergency medical training process, difficulty in identifying the best training method to carry out the programme that can effectively explain and reach out to the community, the incompetence of the trainers to ably communicate or other linguistic or cultural barriers.

Therefore, the regular feedback and assessment of the training programme would be vital to enhance outcome and address lacunae in the model.

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