Indigenous Working Group (IWG) for World Federation of Public Health Associations (WFPHA)

Briefing Paper

RECOMMENDATION

That the WFPHA Governing Council

1. Note the information below about establishing an IWG of the WFPHA who in the first 12-months will meet every second Tuesday of the month to
   a. Implement the Terms of Reference and operations of the IWG including appointment a Finance/Fundraiser Officer and Secretary
   b. Implement a communication strategy
   c. Increase the number of Indigenous and Associate memberships
   d. Scoping of resources including monetary and in-kind resources to support the activities of the IWG and, if opportunities arise, access these accordingly
   e. Develop a 3-year Action Plan from 2018 – 2020
   f. Advocate, plan and prepare for a range of Indigenous activities to be negotiated with the Committee of the 2020 16th World Congress on Public Health in Rome, Italy

2. As described below endorse the IWG’s Terms of Reference
   a. Aims and objectives
   b. Its Indigenous membership criteria and an additional membership category known as associate members
   c. Co-chair and co-vice chair arrangement
   d. Committee structure involving having time limited sub-working groups with convenors drawn from the IWG

3. Endorse Adrian Te Patu and Carmen Parter as Co-Chairs of the IWG

4. Endorse Summer Finlay and Emma Rawson as Vice-Chairs of the IWG

RATIONALE

Around the world, it is estimated that there are 370 million Indigenous People across 70 countries (United Nations NA). Indigenous Peoples are culturally and linguistically diverse. Indigenous people are defined by the Jose R. Martinez Cobo (Jose R. Martinez Cobo 1981) and cited by the United Nations as:

"Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them" (United Nations NA).

Many Indigenous Peoples are a minority in their own country and experience poorer health, have lower life expectancy and are among the most disadvantaged than other people in their country. Indigenous peoples experience a life expectancy gap regardless of their countries economic status,
except in low-income countries. In lower-income countries, life expectancy is relatively equal. The life expectancy of the Massai in Kenya is 43.5 years compared to 56.6 years of other Kenyans a gap of 13.1 years. The Baka in Cameroon have a gap of 21.5 years with a life expectancy of 25 years compared to 57 years of other Cameroons. The Inuit from Greenland have a life expectancy of 70.3 years compared to 81 years for other people in their country. In Australia, there is a life expectancy gap of 10 years for Aboriginal and Torres Strait Islander people compared to other Australians and in New Zealand, the life expectancy gap between Maori and other New Zealanders is seven years (Ian Anderson, Bridget Robson et al. 2016)

The causes of the health gap vary between countries however it can be primarily attributed to a complex set of factors including the social determinants of health (aspects of birth, racism, education, and structural factors such as socioeconomic policy that shape daily living conditions), historical factors (colonisation, past and ongoing government policy) and ecological factors such as access to traditional land. While the health of Indigenous people is reasonably well understood in developed countries, there is a significant gap of knowledge on the health of many Indigenous peoples (Ian Anderson, Bridget Robson et al. 2016). Governments and local communities have sought to address the health outcomes to varying degrees with often little success (Department of Economic and Social Affairs 2009). To address Indigenous Peoples health disparity requires culturally appropriate unique and tailored public health approaches.

TERMS OF REFERENCE (ToR)

Aim and Objectives
The Indigenous Working Group of the World Federation of the Public Health Association aims to assist in reducing the health disparity and inequities experienced by Indigenous people globally. The Working Group’s objectives are to; bring together Indigenous peoples from around the world to share and learn from each other, engage in collective advocacy, partner with existing international groups working in Indigenous affairs, source any funding or in-kind support to support the work of the IWG and, seek out research opportunities that develop the evidence base that informs global Indigenous public health policies.

The working group will be underpinned by the United Nations Declaration on the Rights of Indigenous Peoples (United Nations 2007). This will ensure that the Working Group acts in an ethical and culturally appropriate manner. One of the key elements of the Declaration is self-determination with articles 3, 4 and 23 specifically relating to self-determination. Self-determination is a key component of the Declaration; therefore, the Indigenous Working Group will be led by Indigenous peoples (see the WFPHA Indigenous Working Group Membership Briefing Paper). This aligns with and will continue to support the WFPHA’s Global Charter and its Strategic Plan. In addition, it continues to contribute towards the goals and priority areas of the United Nation’s Sustainable Development Goals.

Membership criteria
To be a Member of the Working Group you must be:
• Indigenous
• A Member of a WFPHA member organisation
• Endorsed by their respective WFPHA member to participate

Associate members
To be an Associate Member of the Working Group you must be:
• A Member of a WFPHA Member organisation (see WFPHA membership list)
• Endorsed by their respective WFPHA member to participate
Structure of Working Group
The working group has a tiered structure with each level performing different roles and functions. The structure is outlined in Figure 1.

Committee
The Committee will:
- be made up of six to 8 people with no more than two people from the same country.
- be elected by the Members from the Members.
- Positions include two co-chairs, two co-vice chairs, finance and a secretary.

Note: Associate Members are unable to participate on the committee but can be requested to provide advice to the committee.

Co-Chair: The co-chairs should be WG Chair for three years, renewable for up to one additional consecutive terms. The Chair should be an expert in the field and able to allocate at least 2 days per month in support of the WG. The Chair should be a member of a WFPHA member organization. The Chair and goals of the WG. Fund raising should be coordinated with the WFPHA’s Finance Committee and using the principles of the WFPHA Funding, Donation and Sponsorship. Co-Chairs must come from different countries. A genuine attempt to achieve gender balance in the Co-Chair position is encouraged.

Co-Vice President: The Vice-Chair(s) would represent the WG and perform specific tasks as delegated by the Chair and may replace the Chair in their absence.

Finance: The primary role of the finance position will be to lead the fund raising for the working group and to assist the WFPHA with acquitting the money raised.
Secretary: The secretary will be responsible for developing the agenda, taking minutes and tracking the progress of the action plan.

Sub-working groups
Sub groups will be identified by the Members and Associate Members based on the action plan and emerging priorities. They must be endorsed by the Committee before becoming operational. Subgroups will consist of no more than 10 people with no more than 2 from each country. The group will be chaired by a member of the Committee with a Vice-chair identified by the group.

Ongoing working groups
There are several sub-working groups pending review. These include:
- Communication working group (chaired by Summer May Finlay)
- Finance working group (Chair TBC)

Operation
For the first 12-months the IWG will meet monthly on the second Tuesday of each month. It’s main objective(s) for these first 12-months are
- Implement the Terms of Reference and operations of the IWG including appointment of a Finance/Fundraiser Officer and Secretary
- Implementation of a communication strategy
- Increase the number of Indigenous and Associate memberships
- Scoping of resources including monetary and in-kind resources to support the activities of the IWG and, if opportunities arise, access these accordingly
- Develop a 3-year Action Plan from 2018 – 2020
- Advocate, plan and prepare for a range of Indigenous activities to be negotiated with the Committee of the 2020 16th World Congress on Public Health in Rome, Italy
Proposed Co-chairs and Co-vice chairs Bios

Co-chairs
Adrian Te Patu
Adrian is a member of the governing council of the WFPHA, representing the Asia Pacific region and is co-vice president of the Public Health Association of New Zealand and a Maori Caucus member. He is the first indigenous member of the governing council. Adrian has worked for various organisations including government departments and agencies, community organisations, education institutions, hospitals, health providers and, also tribal authorities. His experience, knowledge, networks and links are wide-ranging at a local, national and international level. He has extensive experience in governance and leadership roles in public health, schools, not for profit, social service agencies, sports clubs and various government and local government roles.

Adrian’s unique perspective and effective approach has seen him sought after locally, nationally and internationally. His ability to work alongside a diverse range of providers, services and organisations and skill to astutely identify gaps, recommend and implement innovative solutions is highlighted in the variety of governance and advisory roles he has held in Mainstream and Māori organisations, Not for Profit and international organisations.

Carmen Parter
Adjunct Associate Professor, Carmen Parter is a proud descendent of the Darumbal and Juru clans of the Birra Gubba Nation of Queensland, which is a state of Australia. She grew up in a country town in the Australian state of New South Wales (NSW) where she started her career as a registered nurse, a registered midwife and a Woman’s Health Nurse Practitioner.

She began working in the policy areas relating to Aboriginal child protection and Aboriginal law and justice with most of her time spent in Aboriginal health in NSW. In summary, Carmen has been a clinician, educator, researcher, policy advisor, project officer, manager and senior executive spanning a public servant career of over 30 years.

Carmen has a Master in Public Administration, a Masters of Arts in Indigenous Social Policy, a Diploma of Community Services and, accepted an Adjunct Associate Professor appointment with the Sydney Nursing and Midwifery School, University of Sydney in 2015. She is also the Aboriginal and Torres Strait Islander Vice President of the Public Health Association of Australia.

After six years with the NSW Ministry of Health as the Director for Aboriginal Health responsible for state-wide Aboriginal health policy, planning and funding initiatives throughout NSW, Carmen is now embarking on a PhD at the Poche Centre for Indigenous Health, School of Medicine, under the University of Sydney’s Wingara Murra Leadership program as a full-time academic fellow.

Co-vice chairs
Emma Rawson
Emma is of the Iwi (tribes) Ngāi Ranginui, Ngai Te Rangi, Raukawa and Ngati Haua. She is a passionate about Māori Development and Public Health. Emma has a wide range of professional experience including over 14 years in Māori Health, Public Health and Health Promotion.

Emma is currently working on her Masters of Philosophy investigating Institutional Racism in Public Health. She is a graduate of the national Leadership Programme for Māori in Public Health and is the
recipient of the inaugural Te Pae Tāwhiti Masters Scholarship from Whakauae Research Services, the only tribally owned and mandated research centre in New Zealand.

Emma has presented at international conferences on her work in psychosocial social marketing, resilience, Māori health promotion and institutional racism.

Emma has co-authored articles on Māori health, health promotion and resilience and was invited to publish in the Australasian Journal of Disaster and Trauma Studies as one of a small number of selected presentations from the People in Disasters conference held in Christchurch, NZ in 2016.

Emma is a core member of the Special Interest Group on Institutional Racism for the Public Health Association of New Zealand as well as an elected member of the Executive Council of the PHANZ.

Emma currently sits on the stakeholder review group for Te Uru Kahikatea - the Ministry of Health Public Health workforce development strategy.

Emma has very strong community and professional networks across the sector, locally, nationally and internationally. Based in Auckland, NZ, Emma is involved in training, research and political work aimed at addressing systemic barriers to positive Maori health outcomes and broader life success.

Summer May Finlay
Summer is a Yorta Yorta Woman who grew up in Lake Macquarie. She specialises in health policy, qualitative research and communications. She has worked in Aboriginal affairs at the National level and has strong professional connections across the country in the Aboriginal Community Controlled Health Service sector.

Summer is currently undertaking a PhD at the University of South Australia. She is also a contributing editor for Croakey.org. With the Croakey team she was one of the authors of the book #JustJustice-Tackling the over-incarceration of Aboriginal and Torres Strait Islander Peoples.

She is currently the Aboriginal and Torres Strait Islander Special Interest Coordinator for the Public Health Association of Australia (PHAA) and was previously the Acting Aboriginal Torres Strait Islander Vice President for the PHAA. She is also on the National Health and Medical Research Council Indigenous Research Ethics Guidelines Review Working Committee. Summer has a Bachelor of Social Science from Macquarie University and a Master of Public Health Advance from the University of Wollongong.
Bibliography


