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World Health Summit Regional Meeting for the Asia-Pacific: Indigenous People in the Spotlight

The first ever World Health Summit Regional Meeting for the Asia-Pacific was held between April 22-24, 2024 in Melbourne's Monash University and its partners in the M8 Alliance, the academic foundation of the World Health Summit. It brought together more than 1250 participants from academia, policy, industry, and civil society from 40 nations from Australia, the Pacific region and worldwide. "Despite all differences and where we come from, we all have one wish in common: good health. We have a lot of responsibility here to strengthen this", stated Axel R. Pries, World Health Summit President. Director-General of the World Health Organization, Dr Tedros Adhanom Ghebreyesus, and Australia's Minister for Foreign Affairs, Senator the Hon Penny Wong in their opening address stressed on the importance of such a regional meeting to support dialogue on the health concerns of the Asia-Pacific region.

The conference theme was Shape the future of health across Asia and the Pacific and other key themes included:

1. Impact of climate change on health
2. Impact of geopolitical insecurity on health
3. How to achieve thriving communities and health.

Discussions covered the issues of the health of indigenous people, health equity for women and girls, Artificial Intelligence and its impact on traditional knowledge, global pandemic preparedness and the

challenge of misinformation, sustainable healthcare practices and strengthening healthcare financing, priorities for education, training and a future-proof health workforce, minimizing harm and unintended consequences of the drug policy and putting lived and living experiences at the centre of mental health care. We focus on the two main issues of indigenous people and the systemic inequity that mars access to health for all.

Indigenous People

Sophia Zoungas, President of the World Health Summit Regional Meeting 2024 noted that the conference would help focus on “issues faced by our First Nations people” and “how do we provide self-determination?” The opening ceremony had a traditional smoking ceremony by Mandy Nicholson and Djirri dancers.

Ramsay Hospital Research Foundation underlined the need to place importance on advancing indigenous people’s rights and facilitating their access to clinical trials and to co-design activities. Francis Nona, health professional and academic, Torres Strait Islander, Australia, and a participant at the conference speaking to [abc radio pacific beat](#), shared what was up for discussion at the conference and why it was important, “What do we see as evidence? Indigenous knowledge passed down from generation to generation – local adaptation, holistic approach, sustainable practices. We are drawing up policies but not drawing from indigenous people and regions. These knowledge systems have to be put into policies for sustainable change. Indigenous people are among the most vulnerable communities and among the first to be affected by climate change. So, we have to be given equal space. Many indigenous scholars are showing the evidence. In Australia, there is need for attention to chronic diseases, cardio-vascular and renal. Practices of health delivery in remote regions becomes critical. In Parliament I had said, ‘Even if you work with us or fight us in the courts we have come to a place where this is an urgent issue.’”

A report on [Health: A political choice – Advancing Indigenous peoples’ rights and well-being](#), a publication by the Global Governance Project and the World Health Organization was released at the summit.

Inequity

Addressing the summit, Dr Saia Ma’u Piukala, the World Health Organization’s (WHO) Regional Director for the Western Pacific, pointed out that even as the world contends with multiple crises such as conflicts to recovering from the pandemic, there continue to be two types of healthcare systems – one for the rich, and one for the poor. “Two out of every five people living in the Western Pacific still can’t get essential health services and that is a staggering 782 million out of the 1.9 billion people in the region that are struggling to find the basic care they need.” He pointed out that engagement with diverse communities was an imperative to improve equitable access to healthcare. Adapting to local solutions and mutual trust and respect to build solidarity would also be key [1].

Professor Ilona Kickbusch, Founding Director, Global Health Center, Graduate Institute of International and Development Studies, Geneva, and Co-chair, Council of the World Health Summit, stressed the need for trust in public health: “As public health professionals, I think we need to strengthen that public health perspective on trust and to start seeing low public trust as a risk factor and that risk factor of low public trust is linked to the social determinants of health. It is linked to the lack of fairness. And democracies must consider how to address that because a democracy cannot function with an increasingly divided community and if we are not listening to those, that through their distrust, are actually expressing to us that their needs are not being met.”[1]

Burnet Director and CEO Professor Brendan Crabb speaking of the COVID 19 response pointed out that, “it was a grossly inequitable response, whether it related to the availability of personal protective equipment or vaccines....it also wasn’t smart to give preference to the developed world for vaccines, because the reason we still have COVID-19 today is because the virus was able to mutate so rapidly, due to spread in unvaccinated parts of the world.”[2]

Professor Caroline Homer, Burnet Deputy Director Gender Equity, Diversity, and Inclusion spoke of the need for “healthcare workers, especially those on the frontline” to have “access to ongoing training and education in women’s health issues” and for the involvement of women in clinical trials including pregnant and breastfeeding women though this is a challenge but “they need a tailored approach to their healthcare needs”. [2]

Professor Adeeba Kamarulzaman, CEO of Monash University Malaysia spoke about the key challenges in the Southeast Asian region, namely, non-communicable disease burden and an ageing population; antimicrobial resistance and the rise in mental health issues. She called for rebuilding and shaping health systems “that is patient-centred, that integrates infectious diseases and non-communicable diseases, all the way from prevention, diagnosis, treatment and care” rather than merely following legacy systems. [1]

Conclusion

Lana Formoso, Mayor of the Greater Dandenong City Council, Australia, called for thinking “GLocally” pointing out that, “culture, human behavior, governance, politics, law, regulations and institutional frameworks are equally key aspects of global health.”[4]

Given that the World Health Organization is trying to get member states to arrive at a consensus on revamping the current global models of governance and cooperation, and with the pandemic accord mired in uncertainty, the Regional Meeting showed that dialogue is possible in an environment of mutual respect and shared purpose as pointed out by the host, Monah University.[4]

In the words of Caterina Giorgi, CEO, Foundation for Alcohol Research and Education, “as we move forward – the connections that we make are important. Making space to come together is important. It’s the many incidental interactions where we can connect and build trust [that lead to] opportunities to collaborate and make a difference. These events (WHSMelbourne2024) don’t give us all the answers – but they allow us to learn from each other and share.”[4]

Sources for the direct quotes:

1. Online journal, [ANMJ](#)
2. Research Organization, [Burnet](#)
3. World Health Summit [newsletter](#)
4. Host, [Monash University](#)

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