

The health and wellbeing of Indigenous adolescents: a global collective for an equitable and sustainable future



Indigenous peoples, comprising almost 500 million individuals from across 90 countries, hold the longest continuous cultures on this planet.¹ Despite the negative impacts of colonisation, Indigenous peoples have survived and continue to nurture and live their Indigenous knowledges, languages, and cultural practices. Indigenous peoples have made substantial contributions to global health. For example, the parts of the health sector controlled by the Indigenous community in Australia helped shape the principles of primary health care in the pivotal Alma-Ata Declaration in 1978,² which is a foundation of universal health coverage. The Southcentral Foundation's Nuka System of Care, based in Alaska, USA, is an example of Indigenous community-driven overhaul of the health system to enable care that is holistic, sustainable, and aligned with community needs.³ More recently, Indigenous communities have exemplified effective, evidence-based strategies to respond to COVID-19.⁴⁻⁸ The potential for Indigenous knowledge and wisdom to manage complex ecosystems, amassed through stewardship of biologically diverse lands over thousands of years, can also help address the global climate crisis.¹⁹ Yet, Indigenous peoples have been largely excluded from health policy and action, both globally and locally. Where Indigenous peoples are included, it has mostly been to address health inequities that stem from colonisation and associated genocide and subjugation, systemic racism, and forced displacement from family, community, land, and culture—determinants largely not controlled by Indigenous people.^{10,11}

Existing efforts to address health inequities experienced by Indigenous people have mostly focused on infancy and early childhood,¹²⁻¹⁴ or adulthood where health disparities and premature mortality are most apparent.¹⁵⁻¹⁸ There is, however, growing recognition of the need to bring a focus to adolescents and youth, particularly given the profound demographic transitions that have resulted in a third of global Indigenous communities being aged 10–24 years.¹⁹ As a pivotal stage of development, adolescence coincides with marked changes in health needs and new challenges with health-care access; it marks a time when health inequities widen substantially.²⁰ Crucially, adolescence is defined by profound changes in social roles within

education, employment, interpersonal relationships, and identities (including cultural), all of which shape the underlying determinants of health intergenerationally and across the life course.²¹ Indigenous young people also have unique skills and perspectives that can help build a better future,^{21,22} and have shown their ability to contribute to meaningful policy dialogue when provided the opportunity. For example, Indigenous young people have addressed the UN Human Rights Council, including Anishnaabe:kwe Autumn Peltier from Canada in 2018 and Arrernte/Garrwa Djuwan Hoosan from Australia in 2019, the youngest person to ever address the council. As such, we strongly believe that investing in, and empowering, Indigenous young people will build a better future for all. Ensuring the health and wellbeing of Indigenous young people is inextricable from this task.

To drive global advocacy and evidence-based action in Indigenous adolescent health, we have formed the Global Collective for Indigenous Adolescent Health and Evidence-Based Action. This collective will allow us to identify and develop solutions and strategies to overcome the inequities that exist for Indigenous young people and will provide a transnational and global platform for the sharing and translation of knowledge, wisdom, and practices. Importantly, this global collective positions individual Indigenous communities, which are typically framed as minority groups within settler-colonial borders,

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as a global force for good. Initially, this collective will focus on Indigenous adolescents in the Euro-settler nations of Australia, Aotearoa New Zealand, Canada, the USA, Greenland, Norway, and Sweden, given the common colonial histories, data systems, and policy platforms for response. A first task of this collective will identify the priorities and needs of Indigenous adolescents across nations, define policy relevant indicators to ensure these can be monitored, and assemble the best evidence for actions to enable responses. We aim to publish the new knowledge generated by the work of this collective in a two part Series on Indigenous adolescent health in *The Lancet*.

This collective is led by Indigenous people and seeks to do things differently. First, we seek to bring a focus to evidence-based actions; too many Indigenous and adolescent health programmes are based on good intentions alone. We will take a broader and more comprehensive view of what constitutes evidence beyond colonial constructs to elevate the deep relational wisdom of Indigenous peoples. Second, we will engage young people as equal partners. Much has been written about the need to engage young people in research and public health, yet youth remain largely excluded from efforts beyond advisory activities. The need for greater youth engagement is a crucial step to empowerment.²³ For our collective, empowerment will be the means, not just the result, of engagement.²⁴ We commit to building the research capacity and capability of young Indigenous peoples, to serve a foundation for youth leadership in relation to Indigenous health and wellbeing locally and for populations across the globe.

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Global Collective for Indigenous Adolescent Health and Evidence-Based Action

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