

- 26 Royal Society for Public Health. Our vision for the next government. 2024. <https://www.rsph.org.uk/static/f1f63dac-7ed1-4f2d-8f75023c971ffb0/8d1c5229-958a-4a72-9b0ccae2cd758ff8/RSPH-2024-general-election-vision.pdf> (accessed July 5, 2024).
- 27 Faculty of Public Health. The public health workforce. <https://www.fph.org.uk/policy-advocacy/what-we-think/fph-policy-briefs/the-public-health-workforce/> (accessed July 5, 2024).
- 28 The Health Foundation. Why greater investment in the public health grant should be a priority. Oct 5, 2021. <https://www.health.org.uk/news-and-comment/charts-and-infographics/why-greater-investment-in-the-public-health-grant-should-be-a-priority> (accessed July 5, 2024).



Every day is Earth Day: Indigenous Peoples and their knowledges for planetary health

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Indigenous Dene Elder Francois Paulette from northern Canada talked about climate change at the 2015 Parliament of the World Regions and warned “Your way of life is killing my way of life.”¹ He ended his speech with the words: “Rise! It’s time to stand up for our future.”¹ More than 8 years after this speech, an estimated 68% of the Northwest Territories, Canada, which includes the Dene Peoples territory, was evacuated due to 238 wildfires.² Communities lost their homes and hunting and food-foraging areas and were exposed to poor air quality for months on end.³ Elder Francois’ words still ring true today for many Indigenous Peoples around the globe. We are still far away from the world understanding the impacts of climate change on Indigenous communities and the need to move towards efficient and comprehensive action for planetary health.

Indigenous Peoples have experienced historical and ongoing colonialism, ecocide, epistemicide, racism, and severe marginalisation and are disproportionately affected by poverty and reduced life expectancy.⁴ Yet despite these challenges they continue to protect and

steward about 80% of all the remaining biodiversity on Earth.⁵ For Indigenous Peoples, every day is Earth Day, with the basis of their lives underpinned by a healthy relationship with the planet and extensive Indigenous Traditional Knowledges (ITK) developed over millennia.⁶ However, Indigenous leadership within planetary health practice to shape research, policy, and practice is still challenged by a multitude of factors.

ITK is increasingly informing climate and biodiversity solutions.⁷ Although this is positive for Indigenous recognition, Indigenous Peoples who hold this knowledge are not usually directly involved in leading such efforts due to structural marginalisation. Implementation movements need to ensure that Indigenous Peoples and their rights are platformed first and foremost within any discussion around ITK. Additionally, ITK is often deemed myth or legend, or faces erasure within western-based institutions, despite it being replete with practical understandings of ecology, meteorology, and the relationship to the environmental rhythms gained over generations of observation and experimentation.⁸ Scientific disciplines, including within the medical and health sciences fields, therefore continue to largely marginalise ITK and there are expectations that it should conform to a western standard of evidence as the sole grading rubric of validity—a demonstration of the continuing effects of colonisation. This assumed western knowledge superiority persists despite evidence⁹ that the poor health of the planet is perpetuated by an extractive colonial worldview that disconnects humans from the planet and seeks to control and shape the environment for human benefit.^{9,10} Keeping ITK in a liminal space to maintain the systemic status quo has proven and will continue to be the wrong answer for the planet.¹¹

Indigenous Peoples within climate change and health movements have continued to be regarded

Panel: Priority areas for ensuring the respect for Indigenous Peoples’ knowledges in climate change and health research, policy, and practice

- National governments to equitably and explicitly recognise Indigenous Peoples and their knowledges
- Institutions and organisations to adopt recognition for the equitable scientific and technical validity of Indigenous knowledges and systems
- National governments, institutions, and organisations to establish paid, Indigenous led governance boards to guide the implementation of Indigenous knowledges
- National governments, institutions, and organisations to establish transparent procedures for the substantial engagement of Indigenous Peoples in pertinent initiatives
- Institutions and organisations to create structures that ensure the respect for, and ability to incorporate, Indigenous research methodologies and practices
- National governments, institutions, and organisations to formally adopt cultural safety¹⁵ as an approach across all departments and units

Some text in this panel is adapted from the 2024 study from the UN Permanent Forum on Indigenous Issues.¹³

as stakeholders, vulnerable communities, and where solutions are needed. Indigenous Peoples instead need to be acknowledged as rights holders, communities of strength, and a place where the solutions lie.¹² Indigenous Peoples are not merely recipients of aid but have the potential to be leaders and partners with appropriate supports in place, including the removal of the structural barriers inherent within colonial systems that continue to marginalise them. For example, insufficient representation and engagement of Indigenous Peoples in technical, policy, and decision-making groups in relation to climate change and health research, policy, and practice needs to be rectified. Additionally, inadequate access to disaggregated health data for Indigenous Peoples impedes the application or expansion of culturally safe Indigenous planetary health interventions.¹³ Without meaningful engagement and data representation, Indigenous initiatives are sidelined or neglected. Indigenous Peoples and their knowledges should not just be “considered” within climate change and health discourse and practice, which is typically the case now, but platformed as the optimal way forward.

There are, however, some encouraging developments. In 2021, for the first time, the US Government committed to elevating Indigenous Traditional Ecological Knowledge (ITEK) in federal scientific and policy processes.¹⁴ Although it is still too early to gauge how successfully ITEK will be platformed in the operationalisation of this memorandum on ITEK and federal decision making, it is a step in the right direction. Similarly, a member study published by the UN Permanent Forum on Indigenous Issues with the Indigenous Determinants of Health Alliance in 2024 advanced key recommendations for the implementation of ITK in national and international health work.¹³ These recommendations can be easily adapted to climate change and health-related work (panel).¹³

Despite the aspirations of Earth Day, there is a continued need to mobilise an ongoing recognition that every day needs to be Earth Day. A planetary health approach in all policies and practice is warranted. This approach must recognise that the health of humans cannot be disconnected from the health of the planet—an understanding that is inherent within many Indigenous communities. Therefore, for planetary health to be appropriately and successfully mobilised, Indigenous Peoples and their knowledges cannot continue to be marginalised, disconnected, and discounted from within

government and scientific institutions.¹⁶ Researchers, practitioners, and policy makers need “to see from one eye with the strengths of Indigenous ways of knowing, and to see from the other eye with the strengths of western ways of knowing, and to use both of these eyes together”¹⁷ for the survival of our planet. We need to understand that *Ko au te awa, ko te awa ko au* (I am the river, and the river is me).

GR reports travel support from the National Indian Health Board (NIHB) to attend meetings on the Indigenous determinants of health, an NIHB conference, and the World Health Assembly. NR and GR were volunteer coauthors of the UN study,¹³ that is discussed in this Comment. All other authors declare no competing interests.

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- 1 YouTube. Francois Paulette talks climate change at the 2015 Parliament. 2015. <https://www.youtube.com/watch?v=VxHGDUHUVxS> (accessed March 20, 2024).
- 2 Howard C, Redvers N, Cook S. The awful fires in the Northwest Territories can light the way to a better, healthier future. *The Globe and Mail*. Aug 25, 2023. <https://www.theglobeandmail.com/opinion/article-the-awful-fires-in-the-northwest-territories-can-light-the-way-to-a/> (accessed March 20, 2024).
- 3 Redvers N. Communities in Northern Canada are feeling the health system implications of climate breakdown. *BMJ* 2023; **383**: 2173.
- 4 UN Department of Economic and Social Affairs. Indigenous Peoples. 2018. <https://www.un.org/development/desa/indigenouspeoples/mandated-areas1/health.html> (accessed March 20, 2024).
- 5 Convention on Biological Diversity. Indigenous communities protect 80% of all biodiversity. 2022. <https://www.cbd.int/kb/record/newsHeadlines/135368?FreeText=protected%20areas> (accessed March 20, 2024).
- 6 Warbrick I, Makiha R, Heke D, Hikuroa D, Awatere S, Smith V. Te Maramataka—an Indigenous system of attuning with the environment, and its role in modern health and well-being. *Int J Environ Res Public Health* 2023; **20**: 2739.
- 7 UNESCO. Local and Indigenous knowledge systems and climate change. 2023. <https://www.unesco.org/en/climate-change/links> (accessed April 11, 2024).
- 8 Skerrett M, Ritchie J. Ara mai he tetekura: Māori knowledge systems that enable ecological and sociolinguistic survival in Aotearoa. In: Cutter-Mackenzie-Knowles A, Malone K, Barratt Hacking E, eds. *Research handbook on childhood nature*. Cham: Springer, 2020: 1099–118.
- 9 Beery T, Stahl Olafsson A, Gentin S, et al. Disconnection from nature: expanding our understanding of human–nature relations. *People Nature* 2023; **5**: 470–88.
- 10 Redvers N, Celidwen Y, Schultz C, et al. The determinants of planetary health: an Indigenous consensus perspective. *Lancet Planet Health* 2022; **6**: e156–63.
- 11 Redvers N. The determinants of planetary health. *Lancet Planet Health* 2021; **5**: e111–12.
- 12 Ford JD, King N, Galappaththi EK, Pearce T, McDowell G, Harper SL. The resilience of Indigenous peoples to environmental change. *One Earth* 2020; **2**: 532–43.
- 13 UN Economic and Social Council. UN Permanent Forum on Indigenous Issues. Improving the health and wellness of Indigenous Peoples globally: operationalization of Indigenous determinants of health. 2024. <https://undocs.org/Home/Mobile?FinalSymbol=E%2FC.19%2F2024%2F5&Language=E&DeviceType=Desktop&LangRequested=False> (accessed March 20, 2024).

- 14 The White House. White House commits to elevating Indigenous knowledge in federal policy decisions. 2021. <https://www.whitehouse.gov/ostp/news-updates/2021/11/15/white-house-commits-to-elevating-indigenous-knowledge-in-federal-policy-decisions/> (accessed March 20, 2024).
- 15 Curtis E, Jones R, Tipene-Leach D, et al. Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *Int J Equity Health* 2019; **18**: 174.
- 16 Macinnis-Ng C, Ziedins I, Ajmal H, et al. Climate change impacts on Aotearoa New Zealand: a horizon scan approach. *J Roy Soc New Zealand* 2024; **54**: 523–46.
- 17 Bartlett C, Marshall M, Marshall A. Two-Eyed Seeing and other lessons learned within a co-learning journey of bringing together Indigenous and mainstream knowledges and ways of knowing. *J Environ Stud Sci* 2012; **2**: 331–40.



The 2024 Wakley–Wu Lien Teh Prize Essay: women and health



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Wu Lien Teh (1879–1960)

In the 2015 *Lancet* Commission *Women and Health: The Key for Sustainable Development*, Ana Langer and her colleagues proposed “the multifaceted pathways through which women and health interact, moving beyond the traditional exclusive focus on women’s health to address the roles of women as both users and providers of health care, highlighting the potential for synergy between them”.¹ The authors also recognised the evolution of women’s health from a focus on maternal and child health to a broader framework, inclusive of sexual and reproductive health, and a holistic life-course perspective.

There has been progress in understanding women’s comprehensive health needs and their vital roles in health-care services, families, and communities over the past decade, but notable gaps persist. It is now an opportune moment to reflect on the advancements and challenges of the women and health agenda. The designation of women and health as a focus for *The Lancet* in 2024 underscores our commitment to advancing sex and gender equity in medical research.

For the 2024 Wakley–Wu Lien Teh Prize Essay competition, we are seeking submissions that explore the theme of women and health. We encourage thoughtful reflections on the intricate relationship between women and health, strategies to promote sex and gender equity in health care and research, opportunities for enhancing efforts in this field, and an examination of the challenges and barriers hindering progress towards sex and gender equity. We also invite insights on key questions. How should medical research better represent and include women to enhance health outcomes for all? What roles can technology and innovation play in advancing women’s health and fostering sex and gender equity? How can science and medicine better support women in leadership roles and address sex and gender disparities in leadership positions? What are the impacts of social and environmental factors, such as education and climate change, on women’s health and wellbeing? How can

health systems be enhanced to address the unique and diverse needs of women and girls throughout various life stages, including, but not limited to, puberty, pregnancy, menopause, and ageing? How can violence and other forms of injustice against women and girls be eliminated? These questions and approaches are just a starting point, and we look forward to being inspired by your innovative and thought-provoking ideas on women and health.

The essay should be rooted in reality and eloquently expressed in Chinese. Essays must be original and should not have been previously published elsewhere in print or online. Only one submission per author is allowed and essays should not contain any information that might identify individual patients. Anyone who works in a health-related field, at any career stage, can enter the Wakley–Wu Lien Teh Prize competition, and you can be a doctor, a nurse, a medical student, a researcher, or a public health professional to take part.

Please submit your essay through *The Lancet’s* online submission system no later than Oct 31, 2024, stating in your covering letter that the submission is in response to this call. Please choose the Wakley–Wu Lien Teh Prize as the submission category. The length of the essay should be 1600–2000 Chinese characters. Entries will be anonymised and judged by *Lancet* editors, as well as an external board established by our Chinese partners. The winner of the Wakley–Wu Lien Teh Prize will receive £2000, and the essay will be published online on *The Lancet’s* website in January, 2025. We look forward to reading your essays and being inspired by your new thoughts about women and health.

We declare no competing interests.

Helena Hui Wang, Esther Lau, Richard Horton

The Lancet, Beijing 100738, China (HHW); The Lancet Child & Adolescent Health, London, UK (EL); The Lancet, London, UK (RH)

¹ Langer A, Meleis A, Knaul FM, et al. Women and Health: the key for sustainable development. *Lancet* 2015; **386**: 1165–210.

To submit your **Wakley–Wu Lien Teh Prize Essay** go to <https://www.editorialmanager.com/thelancet/>