In the last 20 years we have reduced the global infant mortality rate by 30 per cent. If we can achieve this in some of the poorest countries in the world, why are infant mortality rates for some Aboriginal children much higher than for all other Canadian children? Why are Aboriginal children generally not as healthy?

Twenty years ago, Canada signed the Convention on the Rights of the Child – committing our nation to the best standard of health we can offer for all our children. We have the resources. We have the technology. We have the knowledge. All Aboriginal children deserve to be as healthy as other Canadian children.

ALL WE NEED IS THE WILL TO ACT.
The fact is, the numbers just don’t add up. In almost any measure of health and well-being, Aboriginal children – including First Nations, Inuit and Métis – are at least two or three times worse off than other Canadian children. As children, they are less likely to see a doctor. As teens, they are more likely to become pregnant. And in many communities, they are more likely to commit suicide. The result is a generation of children whose health and well-being is unjustly compromised.

**WE KNOW THE CAUSES**

We used to think that health was a result of biology and medical causes, coupled with lifestyle choices. Now we know that it’s a lot more than that. Health depends on a web of economic, social, political and environmental factors. Some of the factors affecting Aboriginal children’s health are:

- Poverty
- Lack of education
- Substandard housing
- Poor nutrition
- Lack of access to health care and other social services
- A legacy of family, community and cultural breakdown left by residential school policies

**ALL PARENTS TAKE PRIDE IN MEASURING THEIR CHILDREN’S DEVELOPMENT.**

How does our progress for Aboriginal children stack up?

1 in 4: The number of children in First Nations communities living in poverty.

1 in 9: The number of Canadian children on average living in poverty.

5: Infant deaths per 1,000 born in Canada.

16: Infant deaths per 1,000 born in Nunavut (where 85 per cent of the population is Inuit).

3 out of 177: Canada’s ranking in the Human Development Index (HDI), a widely used United Nations standard to measure a country’s achievements in three basic aspects of human development: health, knowledge, and a decent standard of living.

68 out of 177: The ranking of Canada’s First Nations communities using the HDI.

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If you are a First Nations child, on average, you receive 22 per cent less funding for child welfare services than other Canadian children. That's not right. But it is a matter of children's rights.

This year marks the twentieth anniversary of the Convention on the Rights of the Child, a legally binding international document that sets out children’s rights and protections, which Canada ratified in 1991. One of the Convention’s guiding principles states that no child should be treated unfairly on any basis, including race, religion, where they live or whether they are rich or poor. In 2003, the UN Committee on the Rights of the Child told Canada it was deeply concerned about the health of its Aboriginal children. This year, Canada is due to report to the Committee on its progress.

WHY SHOULD ALL OF US CARE?

“There can be no keener revelation of a society’s soul than the way in which it treats its children.”

– Nelson Mandela

- In Canada, under the Convention on the Rights of the Child, we have agreed that it is every child’s right – without discrimination – to enjoy the highest attainable standard of health.

- As a country, we are only as strong as our most vulnerable citizens – our children. Each of them deserves the very best we can give. Families and communities need to be supported to raise children who will develop to their fullest potential – potential that will define our success as a nation.

- Aboriginal children are the fastest growing segment of the Canadian population. They represent about one-third of the entire Aboriginal population, far higher than the 19 per cent of children in the non-Aboriginal population. They have the potential to make a significant impact on our education system and labour force. Their destiny is Canada’s destiny.

It’s not just that we should give Aboriginal children the same chances as other Canadian children. We can give them those chances right now. UNICEF has helped to make extraordinary gains in child health and well-being throughout the developing world, even in countries where geography, poverty, war or disaster are a challenge. As one of the most affluent countries in the world, we have the resources, technology and knowledge to do much more.

For statistical sources, please refer to UNICEF’s full report, Aboriginal children’s health: Leaving no child behind, at www.unicef.ca/leavingnochildbehind.
ONE LITTLE BOY COULD CHANGE THE LIVES OF MANY CHILDREN

Jordan River Anderson was born with many health complications and spent his first two years in a Winnipeg hospital. When, at age two, he was ready to return to his family’s home in Norway House Cree Nation, the federal and provincial governments began arguing about who would pay for Jordan’s home-care costs. The dispute dragged on and Jordan, then age five, died in hospital. He never returned home. Because Jordan was a First Nations child, he was denied the same health care services that non-Aboriginal children automatically receive. Jordan’s family and supporters discovered that hundreds of Aboriginal children were being affected by these disputes. They introduced ‘Jordan’s Principle,’ to put the child’s interests first above any governmental argument.

You can help to pass Jordan’s Principle into law by adding your support at www.fncfcs.com/more/jordansPrinciple.php.

WHAT SHOULD CANADA BE DOING?

- Invest in culturally appropriate health services accessible to Aboriginal families and communities.
- Increase Aboriginal people’s capacity to actively govern their own social, health and education initiatives.
- Remove boundaries to health services so that federal and provincial governments can clearly and transparently coordinate their responsibilities.
- Collect more data of better quality on all areas of Aboriginal health and well-being to address the huge gaps in knowledge.
- Allocate greater resources and funding for research, policy development and services.

WHAT CAN I DO?

Find out more.
Read UNICEF’s full report, Aboriginal children’s health: Leaving no child behind at www.unicef.ca/leavingnochildbehind. Written by Canadian experts on Aboriginal children’s health, it offers insights and more detailed actions for improving the lives of First Nations, Inuit and Métis children.

Register your individual or organizational support for Jordan’s Principle – a child-first principle to resolve inter-governmental jurisdictional disputes affecting the lives and health of Aboriginal children. (www.fncfcs.com/more/jordansPrinciple.php)

Contact your elected federal and provincial representatives to register your concern about the inequities for Canada’s Aboriginal children. Ask them what they are doing to raise the issues in Parliament and in provincial legislatures. Find out if they will support child-first legislation based on the recommendations made in Jordan’s Principle (www.fncfcs.com/more/jordansPrinciple.php) and encourage others in your community to do the same.

Support the Many Hands One Dream principles to guide improvements that will result in healthier Aboriginal children and young people. (www.manyhandsonedream.ca)

Learn about the United Nations Convention on the Rights of the Child and other UNICEF campaigns. Talk to others (friends, family, children, young people, and your government representatives) about children’s rights and how important they are to all children in Canada. (www.unicef.ca/thisgeneration)