



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
103rd Session
Provisional agenda item 8

EB103/30
8 December 1998

International Decade of the World's Indigenous People

Report by the Secretariat

Submitted to the Executive Board for information

BACKGROUND

1. This report is submitted in accordance with resolution WHA51.24. This resolution, cosponsored by 18 Member States, built on those of previous years; the principal difference being that it was based on recommendations presented by indigenous peoples at the third Healing Our Spirit Worldwide Conference (New Zealand, February 1998), and cosponsored by WHO. The resolution emphasized greater collaboration and technical support from WHO for indigenous peoples' initiatives, the participation of indigenous people in WHO and the issue of traditional healing and medicines.
2. Poor socioeconomic conditions together with the loss of cultural cohesion have adversely impacted on the health of indigenous people. A considerable gap remains between good intentions and action, and indigenous people still experience serious problems and represent a high proportion of the poor. Access to health services and to health promotion and prevention programmes for indigenous people are limited, inadequate and frequently culturally inappropriate. Experience also indicates that programmes that ensure indigenous ownership and leadership and incorporate culturally specific approaches, including training, prove to be the most effective.
3. The principles of WHO's current policy and strategy on the International Decade of the World's Indigenous People are compatible with the health concerns of indigenous peoples, and could form the basis for developing appropriate health systems for them. To secure positive outcomes at national level, international initiatives need to be implemented in such areas as the development of intersectoral dialogue and concordant public policy, recognition of indigenous peoples as social actors, and education of the public.
4. During the sixteenth session of the working group on indigenous people (Sub-Commission on Prevention of Discrimination and Protection of Minorities, United Nations Commission on Human Rights, July 1998), WHO organized a forum on indigenous peoples and health, moderated by the co-chairman of the Committee on Indigenous Health, aiming to reach a better understanding of the respective roles of the Committee, indigenous nongovernmental organizations and WHO during the Decade. The forum set out

to clarify the health concerns of indigenous peoples so as to enable the Committee to recapitulate their health needs; to reach a better understanding of WHO's commitment and position; to understand the relationship between traditional medicine and health institutions and public policy; and to make recommendations to WHO and other organizations of the United Nations system.

5. The forum concluded that:

- indigenous peoples and their perspective on health should penetrate the policy-making process;
- the existing expertise and experience of voluntary organizations should be built upon and their role enhanced by involving them in monitoring programmes and initiatives;
- new communication technology, although held in suspicion, can be used in positive ways, e.g., to exchange ideas and views and to develop political energy to make the changes in health systems, programmes and policies identified by indigenous people.

6. During the working group session, the Committee acknowledged WHO's commitment to indigenous health. It did, however, express concern that as the mid-decade review approached, a comprehensive programme of action, with sufficient and appropriate resources and priority, had not yet emerged from the focal point for indigenous health during the International Decade. Moreover, interagency and intersectoral cooperation had so far failed to set clear goals and strategies to reduce health and related social disparities for the world's indigenous peoples.

7. Lastly, the Committee recommended, *inter alia*, that:

- the working group should re-examine and consider the recommendations of the Committee, as reflected in the report of the working group on indigenous people on its fifteenth session, in order to ensure the establishment of a comprehensive programme of action on indigenous health in consultation with representatives of indigenous peoples;
- the organizations and bodies of the United Nations system concerned with activities relating to health must share information on relevant programmes on a regular basis with the Committee and with organizations of indigenous peoples;
- health issues should remain a permanent item on the agenda of the working group to ensure that it continues to monitor closely progress regarding indigenous health issues.

ISSUES

8. Many of the activities outlined in the report of the Director-General on the International Decade to the Fifty-first World Health Assembly are being carried out according to plan.¹ Some examples for the Board's information are provided below.

¹ Document A51/22.

9. WHO's activities in traditional medicine in cooperation with WIPO have been developing a new focus on holders of indigenous and traditional knowledge of medicine. A feasibility study has started on the establishment of databases of traditional knowledge of medicine.

10. At the biennial meeting of the International Union for Health Promotion and Education (Puerto Rico, June 1998), WHO associated itself with the two main thrusts that emerged, namely, that in promoting the health of indigenous people it was important that governments should integrate such areas as education, social support and the physical environment; and that indigenous people should be included when engaging societies in action aimed at health promotion. Such intersectoral approaches will be taken forward in the intervening period and up to the next meeting of the Union in Paris in 2000.

11. The world's indigenous people continue to be affected disproportionately by diabetes mellitus. The disease is particularly prevalent in indigenous Americans and Pacific Island populations, in which more than one-third of all adults may be affected. Diabetes may be accompanied by severe complications, but the risks can be substantially reduced by appropriate measures. Therefore, establishment of comprehensive diabetes programmes remains a priority for many indigenous communities.

12. Phase III of WHO's project on indigenous peoples and substance use is currently being implemented with the assistance of an indigenous advisory group. Indigenous experts have visited communities in Argentina, Australia, Canada, New Zealand, Nicaragua, Philippines, Thailand and Tonga to provide technical assistance for the development of community-based programmes and policies for substance abuse prevention and treatment.

13. PAHO/WHO has focused on the development of processes and technical capacity to identify, monitor and eliminate inequities in health status and in access to basic health services by indigenous peoples. The 1998 edition of *Health in the Americas* includes an expanded section on the health of indigenous peoples, and information on health conditions of indigenous peoples in 17 countries. The subject of the mental health of indigenous peoples was addressed during a working group on mental health programmes and services in indigenous communities, organized by PAHO and WHO's Nations for Mental Health initiative (Bolivia, July 1997).¹

14. In order to consolidate and strengthen these efforts, a consultative process is under way between WHO and institutions concerned with indigenous health, and indigenous representatives with a view to deciding upon the broad focus of a comprehensive programme of action for the remainder of the International Decade and beyond. A consultation foreseen in the first half of 1999 will bring together these and other partners from the international community, including ILO and the Centre for Human Rights to address the social, economic and political determinants of the health of indigenous peoples, and ways of circumventing obstacles that perpetuate their exclusion from the benefits of development and health.

= = =

¹ See document OPS/HSP/HSO/98.12.