



International Decade of the World's Indigenous People

Report by the Secretariat

1. This document responds to the request contained in resolution WHA51.24 to report annually to the Health Assembly on progress on indigenous health initiatives. It highlights the lack of accurate data and health research in this area, that hinders response to resolution WHA53.10 calling for preparation of regional and global plans of action, and outlines some of the regional activities undertaken.
2. Despite increasing international attention to the question of indigenous people, **accurate information** on their number is lacking and knowledge about their health status is incomplete and fragmented. Not all countries with indigenous or tribal populations systematically include ethnicity as a category in national reporting systems, and few include it in national health surveys and analyses. Even where ethnicity is included in censuses or other reporting systems, the results may not be accurate because of such barriers as the stigmatization frequently associated with indigenous or tribal status which affects self-reporting; physical inaccessibility; communication problems; and disagreement over definition of indigenousness and the groups that fall into this category.
3. For all these reasons, discrepancies between official and independent statistical estimates can be considerable. Researchers on indigenous issues therefore tend to rely on proxy indicators such as geographic location or language use within a country. Moreover, the wide variation in types of ethnic categories used prevents comparison across countries and impedes the identification of common health risks and problems globally.
4. Lack of national data on ethnicity, and scarcity of comprehensive research on health risk and disparities in indigenous people in many countries are serious obstacles to establishment of regional and global plans of action on the health of indigenous people. Moreover, health research to date has often failed to include indigenous people adequately in the research process. To be comprehensive, it should involve indigenous people and incorporate their viewpoint. Lack of data also prevents countries from framing effective and meaningful policy in areas relating to the health of indigenous people – a serious issue for countries where indigenous people either represent a high proportion of the population, or have a strong separate ethnic identity.
5. None the less, some general patterns related to the health of indigenous people emerge, as indicated in the Annex. A variety of positive measures are being taken by governments to improve health disparities in their indigenous populations, but few details are available.
6. The sum of data so far indicates that indigenous people die younger, and generally have a lower health status, than other population groups. If this situation is to change, immediate steps are needed to

broaden the evidence required for remedial action. These are: preparation of a WHO working definition of indigenous people, systematic collection of health and population data, and comparative operational health research that will lay the basis for an upward trend in the health of indigenous people.

7. In order to advance the preparation of comprehensive plans of action, it is proposed to use the **definition** contained in ILO Convention 169 on Indigenous and Tribal Peoples (1989) until such time as there is an agreed definition in the United Nations system. Article 1 of the Convention reads as follows:

1. *This Convention applies to:*

(a) *tribal peoples in independent countries whose social, cultural and economic conditions distinguish them from other sections of the national community, and whose status is regulated wholly or partially by their own customs or traditions or by special laws or regulations;*

(b) *peoples in independent countries who are regarded as indigenous on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonisation or the establishment of present state boundaries and who, irrespective of their legal status, retain some or all of their own social, economic, cultural and political institutions.*

2. *Self-identification as indigenous or tribal shall be regarded as a fundamental criterion for determining the groups to which the provisions of this Convention apply.*

3. *The use of the term **peoples** in this Convention shall not be construed as having any implications as regards the rights which may attach to the term under international law.*

8. WHO will collaborate with Member States on collection of data and on a relevant research agenda.

9. Among **regional activities**, WHO/PAHO launched the Initiative on the Health of Indigenous People of the Americas in 1993. It represents the contribution of the Region of the Americas to the Decade of the World's Indigenous Peoples, and its commitment to working with indigenous people to improve their health and well-being, crucial in a region containing approximately 43 million indigenous people from over 400 different groups.

10. The direction and activities of the Initiative have been guided by consultations at country level and with indigenous people that focused on promotion of the health and well-being of indigenous people through support to countries for equity in health and access to basic health services. Work under the Initiative is currently concentrating on three key areas: strategic planning and alliances; intercultural frameworks and models of care; and information to detect and monitor inequities.

11. In other regions, a variety of country- or area-specific activities could provide the basis for developing a sound plan of action on indigenous health. The Inter-American Development Bank and the Asian Development Bank are supporting a number of initiatives on indigenous issues in countries, including mapping of the health status of indigenous people.

12. Agreement has recently been reached to establish, under the aegis of the Economic and Social Council, a **Permanent Forum for Indigenous Issues** which will provide advice in this domain to bodies of the United Nations system. The Forum will comprise 16 independent experts, half of whom

will be indigenous representatives and half nominated by governments; it is expected to start its work in 2002. WHO will be required, together with other organizations of the United Nations system, to submit information on a regular basis to this body.

ACTION BY THE HEALTH ASSEMBLY

13. The Health Assembly is invited to take note of this report.

ANNEX

SOME FACTS ON THE HEALTH OF INDIGENOUS PEOPLE IN SELECTED REGIONS

The Americas

- 31% of First Nations People in Canada report some form of disability, linked to high accident rates, poor housing, substance abuse, and chronic disease such as diabetes (PAHO, 1999)
- Life expectancy among the Maya of Guatemala is 17 years shorter than for non-indigenous population groups (Document WHO/MNH/NAM/99.1). In 1989, 91% of indigenous people in Guatemala lived in extreme poverty, compared to 45% of non-indigenous people (PAHO, 1999)
- Life expectancy at birth for the indigenous population of Mexico was estimated in 1995 to be more than three years shorter than the rest of the population, and the infant mortality rate of 54:1000, almost double (PAHO, 1999)
- In Peru, indigenous people are one-and-a-half times more likely to be poor and almost three times more likely to be extremely poor than non-indigenous people (UNFPA: Day of 6 Billion Fast Facts, 2000)
- Alaskan natives have the highest rates of smoking prevalence (42%), births to teenagers (86/1000) and unintentional injury death rates (3.3 times the national average), and the second highest rates of homicide (17.8/100 000), compared to all other ethnic groups (Health Status in Alaska, 2000)
- The suicide rate among indigenous Hawaiians reached 29.2 per 100 000 by 1982, compared with 18.5 per 100 000 for the white population (Blaisdell, 1993)

South-East Asia

- Over half the tribal children in the Indian state of Bihar have been shown to be deficient in calorie intake (Alderete, 1999)

Europe

- Populations in developing countries such as Brazil, China and Thailand now have more favourable life expectancies than Inuits. Life expectancy for an Inuit infant in Greenland is still far shorter than that of a Danish infant (Statistics Greenland. Statistical Yearbook, 1997)
- Studies in the Russian Federation show that the socioeconomic and health status of the indigenous population of the extreme north-east has drastically deteriorated in recent years (Arctic Monitoring and Assessment Programme, Oslo, 1998)

Western Pacific

- Life expectancy at birth of aborigines and Torres Strait islanders is up to 20 years shorter than for non-indigenous Australians (Australian Institute of Health and Welfare. Older Australia at a Glance, 1999)
- In the Lao People's Democratic Republic and Viet Nam, indigenous people have higher infant mortality rates than other groups (Asian Development Bank. Policy for the Health Sector, 1999)
- Life expectancy is 67.2 years for Maori men and 71.6 for Maori women, compared to 75.3 and 80.6 for non-Maori men and women (Our Health Our Future. The Health of New Zealanders, 1999)
- Hospitalization rates for cervical cancer among Maori women are three to four times higher than among European or other women (Our Health Our Future. The Health of New Zealanders, 1999).

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