WORLD HEALTH ORGANIZATION

FIFTY-FIFTH WORLD HEALTH ASSEMBLY A55/35
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International Decade of the World's Indigenous People

Report by the Secretariat

1. In resolution WHA54.16 the Fifty-fourth World Health Assembly requested the Director-General "to complete, in close consultation with national governments and organizations of indigenous people, a framework for a global plan of action to improve the health of indigenous people, with particular emphasis on an approach geared to the needs of those in developing countries and the determinants of health ..." This report complies with a further request, namely, to submit the action plan to the Fifty-fifth World Health Assembly.

2. Evidence shows that ethnicity, particularly in conjunction with poverty, contributes strongly to disparities in health between population groups. However, the feasibility of designing and implementing a global strategy solely on indigenous people's health[1] has to be considered for various reasons. First, Member States worldwide frame the issue of indigenous people's health in very different ways. Secondly, the health sector focuses on the disparities in health between disadvantaged population groups and others, rather than on ethnic identity *per se*. Thirdly, even though WHO can identify broadly applicable general principles, an effective global plan requires close involvement by countries themselves.

3. Any global strategy on this topic will, therefore, be a general, multistakeholder instrument spanning widely disparate needs and interests. Its function will be to provide broad direction and guidance. Its evolution, with the agreement of all stakeholders, will take time. To be implemented, it must be refined and interpreted in country-specific context, particularly with respect to the needs, beliefs, and practices of marginalized ethnic populations.

4. Stakeholders in a global strategy will include governments, members of the United Nations family, representatives of ethnic populations, donors, and critical parties defined in local context. Action at both policy and technical levels will depend on the present health infrastructure, present ability within countries to collect data, and any existing work on health and ethnicity issues.

5. Last year, WHO undertook intensive organization-wide consultations to build on previous work and to develop a framework for consultation with other stakeholders. As a result, five major interrelated areas were identified that require strengthening if issues of ethnicity and health are to be

[1] There is a continuing debate on terminology and definitions. For example, some people find the current definitions too limited and argue that a broader definition would enable the issue to be addressed in a wide variety of country contexts. The counterargument is that a change in terminology may weaken the need for focused action.

dealt with successfully. This report outlines these areas and makes preliminary suggestions for specific actions. The list of potential actions is illustrative, neither exhaustive nor prescriptive.

ISSUES AND CHALLENGES

Health and demographic data and information

6. The **goal** of activities in this area will be to improve countries' health and demographic information systems in order to provide more comprehensive information and analyses on demographic patterns, health trends and disparities, and emerging health issues among and between ethnic and other population groups.

7. Strong national information systems are crucial for evidence-based decision-making, to ensure optimal use of scarce resources, and to facilitate evaluation of interventions. The weak health and demographic information systems in most developing countries do not permit accurate, systematic and routine measurements and monitoring of demographic indicators or health trends and status of different population groups. Data and information on populations in remote areas or informal settlements – where marginalized populations are often concentrated - are particularly scant. Problems are compounded by the varied definitions and terminology in many countries. This information deficiency seriously impedes amelioration of health in marginalized and disadvantaged populations. Although implementing the necessary improvements will have financial and opportunity costs, the expected benefits include clearer knowledge of health trends among disadvantaged groups. Information systems should be regularly updated by new data and evidence from participatory and applied health research, in order to foster a mutual learning and capacity-building approach to the health problems of marginalized ethnic populations.

8. **Potential activities. National** actions could include identification of existing statistics and information on health and ethnicity at country, provincial and district levels, and examination of current constraints on the capability of national and subnational data-collection systems to measure and monitor ethnicity and of ways of overcoming them. Possible activities that could be undertaken with **international assistance** include:

- developing methods for identifying marginalized populations
- examining ways of systematically monitoring health trends among ethnic populations, and investigating their linkages to socioeconomic determinants of health (e.g. gender, age, income and rural or urban residence)
- strengthening generation of information through participatory and applied research on priority health issues, conditions and determinants identified in collaboration with marginalized ethnic populations
- building capacity through networks of research institutions and experts dealing with health and ethnicity issues in regional and country contexts.

Health promotion

9. The **goal** of health promotion activities will be to increase availability of, and access by marginalized ethnic populations to, high-quality health information and education, by drawing on and

incorporating traditional health knowledge, so enabling such populations to participate more actively in national measures to protect and promote their health.

10. Closely linked to the need for good data and information described above is the issue of access to appropriate knowledge and information, which has been identified as a fundamental human right and a critical determinant of health. Generally, the capacity to access, adapt and apply information on the prevention, control and treatment of disease at community level in effective, culturally appropriate ways remains inadequate. Similarly, knowledge is lacking within the health sector on the positive influences of culture on health, effective indigenous medical systems, and designing programmes that meet the health needs of multicultural and marginalized populations. More effective methods of both acquiring and communicating traditional knowledge and health information are needed. Close collaboration at national and subnational levels between marginalized ethnic populations, the health sector and other agencies working on traditional knowledge will facilitate closer integration between traditional and allopathic medical systems, mutual learning, and greater decision-making capacity for disadvantaged populations.

11. **Potential activities** at **national** level could include: preparation and dissemination of culturally appropriate health materials in local languages; inclusion of traditional leaders/healers in health promotion approaches; and promotion of mutual learning, capacity building and information sharing through workshops on traditional knowledge, medicine and healing practices.

Health systems and access to care

12. The **goal** of activities relating to health systems and access to care will be to improve national and local health systems' capacity to identify and meet the health needs of marginalized ethnic populations, particularly through targeted approaches, scaled-up responses, more equitable allocation of existing resources and more effective linkages with traditional health and knowledge systems.

13. The collective disadvantages of many marginalized ethnic populations provide additional justification for working towards health systems that favour the poor within an overall national perspective of poverty reduction. In many developing countries, health systems are in disarray because of long-standing underinvestment, and cannot provide even basic coverage, in particular at the periphery and for the most disadvantaged in terms of human development. Marginalized ethnic populations, often distanced both physically and culturally from mainstream society, face additional difficulties in accessing effective and culturally appropriate health care. In developing countries, marginalized ethnic groups are among those particularly susceptible to such conditions associated with poverty as malaria, tuberculosis, HIV/AIDS, diarrhoeal and respiratory diseases, malnutrition, high infant and maternal mortality rates, and low life expectancy at birth. These conditions and other specific health problems defined in collaboration with local communities could be targeted through initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria. Other initiatives aimed at scaling up responses to infectious disease should also be harnessed, with inclusion of the promotion of traditional medicine or other alternative medical systems.

14. **Potential activities** at the **national** level could include:

- mapping and documenting existing institutional arrangements for health care available to marginalized ethnic populations (traditional and allopathic medicine)

- identifying and exploring methods of overcoming cultural barriers to access to care

- encouraging closer links between traditional and allopathic health systems
- training community health workers from marginalized ethnic populations
- reducing financial barriers by decreasing or waiving charges for health care
- establishing appropriate staffed and equipped health centres in areas with large poor and underserved ethnic populations
- strengthening incentives for private service provision in underserved locations
- training health professionals in cultural sensitivity.

15. Activities that could be undertaken with **international assistance** include targeting identified health risks and conditions in marginalized ethnic populations, reallocating financial and human resources in favour of poorer geographical areas, and ensuring that national proposals made to the Global Fund to Fight AIDS, Tuberculosis and Malaria reflect the needs of marginalized ethnic populations.

Influencing the determinants of health

16. The **goal** of activities that work on determinants of health will be to improve the formulation and coordination of public policies outside the health sector relating to those determinants that affect the poor and marginalized, through poverty-reduction strategies and other national development plans.

17. Understanding the crucial role of health in national development is critical to the health of marginalized people. Health status depends on combined economic, social, environmental, cultural and political factors, and cannot be addressed in isolation from them. Reducing health inequities between various population groups relies on the actions and policies of sectors such as education and literacy, food and nutrition, water and sanitation, energy, and transport. Health needs a central place in national development strategies and in the thinking of marginalized ethnic populations themselves. In addition to the intersectoral technical planning and action required to identify and act on the determinants of health, national development policies and strategies need to be harmonized, taking into account ethnicity among other important variables such as age and gender. Support for this approach can be drawn from internationally agreed development objectives or frameworks such as the United Nations Millennium Development Goals, the World Bank's Poverty Reduction Strategy process and WHO's Country Cooperation Strategy.

18. **Potential activities** at **national** level could include:

- identifying determinants outside the health sector of the health status of marginalized ethnic populations (together with the participatory research described in paragraph 8)
- analysing existing health, social and development policies for relevance to issues of health and ethnicity, and identifying areas where cross-sectoral harmonization of policies could advance health goals for underserved and marginalized populations
- investigating ways of strengthening support for nutrition, environmental health and other preventive public health measures.

19. Potential activities with **international assistance** could include linking health and ethnicity initiatives with equity-oriented development initiatives such as the Poverty Reduction Strategy process, implementation of the United Nations Millennium Declaration, and other national and international mechanisms, and working with important international, regional, and national bodies to promote policies and strategies that meet the health needs of marginalized ethnic populations.

Political commitment and national capacity

20. The **goal** of activities in this area is to strengthen national commitment and capacity for creating and delivering policies and programmes aimed at reducing poverty and health inequity.

21. Despite considerable evidence that public services and public resource allocation in many countries favour better-off citizens and urban-based populations, and consistently fail to reach the poorest 20%, efforts to meet the health and development needs of poor and marginalized populations are still insufficient. This shortcoming stems from in part weak political commitment and financial constraints, but also restricted national capability to design and implement the policies, strategies and programmes needed to reduce the socioeconomic inequities often manifested in poor health outcomes. Increased commitment and national capacity are essential in order to satisfy the health and development needs of marginalized ethnic populations, but should be supported by international efforts to foster a more sensitive policy environment, including coordinated United Nations responses to the health and related problems of marginalized ethnic populations.

THE WAY FORWARD

22. The effectiveness of a global strategy will ultimately depend on the priority which the health of marginalized ethnic populations is given at national level. At international level, measures can be taken to create a more favourable political climate to support a global strategy, to advocate for it, and to assist in strengthening the regional and country-level mechanisms through which it can be implemented.

23. It is proposed that, on the basis of this generic outline, interested Member States, working with relevant WHO regional and country offices, should prepare more detailed plans reflecting the specific contexts of the countries concerned and drawing on existing WHO technical programmes of work. In this way, the calls of earlier Health Assembly resolutions for the preparation of regional plans of action would be answered. Recognized representatives of marginalized ethnic populations should participate in drawing up these plans, from which a more comprehensive global strategy can evolve.

ACTION BY THE HEALTH ASSEMBLY

24. The Health Assembly is invited to take note of this report and to comment on the outlined strategy.

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