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Organisation mondiale de la Santé**

FIFTY-FIRST WORLD HEALTH ASSEMBLY

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**Collaboration within the United Nations system
and with other intergovernmental organizations**

International Decade of the World's Indigenous People

Report by the Director-General

This report is submitted in accordance with resolution WHA50.31, which requested the Director-General:

- (1) to continue to facilitate the work of the focal point for the International Decade of the World's Indigenous People;
- (2) to submit to the Fifty-first World Health Assembly a report reviewing progress in finalizing a comprehensive programme of action for the Decade, developed in consultation with national governments and organizations of indigenous people;
- (3) to further encourage countries to develop health programmes for indigenous people, taking into account both the need for active participation at the local level in the whole health process, and the need for cultural sensitivity of health services and the participation of health care workers of indigenous origin.

It informs the Health Assembly about United Nations activities in support of the Decade, and about the outcome of the fifteenth session of the working group on indigenous populations (Sub-Commission on Prevention of Discrimination and Protection of Minorities, United Nations Commission on Human Rights); it reviews the situation with respect to WHO's programme activities; and it outlines steps being taken to consolidate a comprehensive programme of action for the Decade. The Health Assembly is invited to note the report.

INTRODUCTION

1. There are over 300 million indigenous people in the world, from the Arctic to the South Pacific. Their health conditions are generally considered to be worse than those of the overall population in the countries, both developing and industrialized, in which they live; they have higher infant mortality rates, lower life expectancy, greater morbidity and more chronic illness proportionally than the nonindigenous.
2. The International Decade of the World's Indigenous People (1995-2004) was launched by the General Assembly of the United Nations in 1995. Its principal goal is to increase international cooperation to improve the lives of indigenous people in such areas as health, development, education, the environment and human rights. Its theme is "Indigenous people: partnership in action". An objective of the Decade is to promote and protect the rights of indigenous people and to enable them to retain their cultural values, languages, traditions and forms of social organization while participating fully in political, economic and social life.
3. In WHO the concern of Member States is reflected in their commitment to the Decade as expressed in past resolutions of the Health Assembly and endorsement of reports by the Director-General to the Assembly and the Executive Board on progress. This commitment should be followed up by action as part of WHO's health-for-all strategy for the twenty-first century.

FIFTEENTH SESSION OF THE WORKING GROUP ON INDIGENOUS PEOPLE (SUB-COMMISSION ON PREVENTION OF DISCRIMINATION AND PROTECTION OF MINORITIES, UNITED NATIONS COMMISSION ON HUMAN RIGHTS)

4. The rights of indigenous people have mobilized concern in the United Nations since the formation of the working group on indigenous populations in 1982. The working group is composed of independent human rights experts from different regions of the world, and has taken many initiatives for the rights of indigenous people, including establishment of the International Year and Decade, and the draft United Nations declaration on the rights of indigenous people. The working group's annual meeting in Geneva is the world's largest international gathering of indigenous people's representatives. Its mandate is to review national developments on the human rights and fundamental freedoms of indigenous people and to develop international standards on indigenous rights. The working group continues to be the main source of initiatives and information concerning the situation of indigenous people throughout the world.
5. Each year, the working group focuses on a theme; in 1996 it was health, which was kept on the 1997 agenda at the request of its Committee on Indigenous Health formed to examine and report on the effect of global phenomena such as environmental degradation on the health and well-being of indigenous people. The Committee recognized and appreciated WHO's commitment to indigenous people's health, and the many programme activities already under way, and noted the current scarcity of its resources. The aim is thus to continue exchanges in order to facilitate programme implementation should more resources become available.
6. Health is given priority both in the draft declaration on the rights of indigenous people and by the working group. The Committee on Indigenous Health therefore recommends that health issues remain a permanent item on the working group's agenda, as there is currently no international forum for discussion of the health issues of indigenous people. As a result, there has been no full-scale collaborative effort by communities, nongovernmental organizations and the agencies concerned, such as WHO, the United Nations (see, for example, the Convention on Biological Diversity), FAO, WIPO, UNEP and UNESCO to bring together indigenous people.

OTHER RELATED ACTIVITIES OF ORGANIZATIONS AND BODIES OF THE UNITED NATIONS SYSTEM

7. The attention of the Health Assembly is drawn to the draft declaration on the rights of indigenous people, prepared by the working group (see above). It is expected that the United Nations General Assembly will adopt the declaration during the International Decade of the World's Indigenous People. The draft declaration itself aims to set "minimum standards for the survival, dignity and well-being of the indigenous peoples of the world"; health considerations include:

- Article 22: ... the right to special measures for the immediate ... improvement of social conditions ... including health ...;
- Article 23: ... the right to determine and develop priorities and strategies ... for health programmes affecting them;
- Article 24: ... the right to their traditional medicines and health practices

8. The Health Assembly's attention is drawn to the provisions of ILO Convention 169 on indigenous and tribal people, adopted in 1989, which is legally binding once ratified by governments. It is the most comprehensive and up-to-date international instrument on the conditions of life of indigenous and tribal peoples. Provisions for social security and health in this Convention include the following:

- governments will gradually expand the coverage of social security schemes, which are applicable to all citizens, so as to encompass indigenous and tribal peoples;
- governments are required to provide indigenous and tribal peoples with adequate community-based health services, drawing upon their traditional preventive and healing practices and medicines (this constitutes a recognition of the value of traditional medicine and of the need to preserve and further develop it);
- indigenous and tribal peoples shall participate in the planning and execution of these services, or undertake overall responsibility and control over health services; in both cases it is the State's responsibility to supply the needed resources; local community health workers should be given training and employment on a preferential basis.

9. The World Bank's policy on indigenous people originally focused on the protection of land rights and the provision of health services, particularly for forest-dwelling indigenous groups in lowland South America. A revised policy extended the definition of indigenous peoples to include a much wider array of groups who maintain social and cultural identities distinct from those of the national societies in which they live, have close attachments to their ancestral lands, and are susceptible to the disadvantages of the development process. Particular reference was made to the rights of indigenous peoples to choose the manner and level of participation in development projects.

10. The UNESCO Institute for Education has continued to focus on adult education, two noteworthy examples being: an international seminar on "New perspectives on adult education for indigenous peoples" (Oaxaca, Mexico, January 1997) and a panel for indigenous peoples at the Fifth International Conference on Adult Education (Hamburg, Germany, July 1997).

11. UNAIDS is producing a bibliography of ethnological, epidemiological, health administration, and political documents concerning HIV/AIDS and indigenous peoples.

12. The proposal to establish a permanent forum for questions concerning indigenous peoples within the United Nations system was made by the World Conference on Human Rights in 1993, and is still under debate. WHO

has indicated its position on the permanent forum, and the establishment of the Committee on Indigenous Health has provided an opportunity for collaboration. It is also worth noting that, acting on an initiative of Denmark and Spain, the European Commission is drafting a policy paper on collaboration and support for indigenous peoples as a first step in considering a coherent policy on indigenous peoples in developing countries.

CURRENT WHO PROGRAMME ACTIVITIES

13. In the Region of the Americas the Health of the Indigenous Peoples Initiative is the result of a resolution adopted by the PAHO Executive Committee in 1993. The Initiative was reaffirmed in June 1997 in a resolution deploring the inequities which indigenous peoples suffer and seeking to remove existing barriers to health care delivery. Evaluation of progress is difficult as few countries collect and analyse statistics according to ethnic groups. There are thus insufficient baseline data to permit assessment of the health and living conditions of indigenous people in the Region. The 1995-1998 plan of action is well under way, and involves the organization and delivery of health services in multicultural communities and the production and dissemination of scientific, technical and public information material. The Initiative gives high priority to mental health programmes and services in indigenous communities; mental health problems affect large numbers of indigenous persons of all ages who, moreover, have great difficulty in getting culturally appropriate care. Directors of national mental health services are being urged to work closely with indigenous communities to ensure better coverage in future. Strategic orientations for the Initiative in the coming years were addressed during a meeting at PAHO/WHO in December 1997. While reaffirming the principles embodied in the 1993 Winnipeg Consultation and resolution CD37.R5 of the XXXVII Directing Council, consensus was reached on the following: (1) political will and national processes: strengthening of indigenous leadership; (2) strategic alliances: mobilization of technical and financial resources; (3) indicators and information: monitoring and evaluation of processes, results and goals; systematization, distribution and information exchange; (4) development of health systems and services: traditional medicine traditional health systems. The report of this meeting includes a preliminary list of indicators for each of the above orientations.

14. In the Western Pacific Region, two countries have particularly active programmes. In Australia, the health status of indigenous peoples is significantly worse than that of the general population, and death rates are higher for almost all causes of death. Their life expectancy in 1994 was about 15-20 years lower than that of their non-indigenous fellows. Strategies to combat this problem include increasing access to general medical practitioners and improving health services for sexually transmitted diseases, including HIV/AIDS. A national training and employment strategy involving Aboriginal communities supports the development of a workforce for health service delivery to indigenous communities, especially those in rural and remote areas. The Government of New Zealand plans to make the health sector more responsive to Maori health needs through resource allocation priority-setting. It is essential to accelerate the training of professional Maori health care providers in order to help upgrade the health status of the Maori. Maori health care providers have increased from 20 in 1993 to over 200 in May 1997.

15. The preparation of case-study reports on indigenous communities in 11 countries is an outcome of Phase I of WHO's indigenous peoples project on substance abuse. Phase II is now in progress, and an indigenous project team has been established. Primary health care mechanisms have been put in place to help indigenous communities to design and implement unique, culturally appropriate programmes for the management of their own substance abuse problems.

16. In WHO's malaria control programme, only limited data are available on the status of indigenous peoples, although some, for example in the Amazon region and in several Asian countries, may be high-risk groups. Identifying indigenous peoples at high risk of malaria morbidity and mortality and making them the focus of the control programme is an important factor in achieving the goals of the global malaria strategy. The recent World Bank project in India, developed in cooperation with the WHO Regional Office for South-East Asia, specifically focuses on malaria control in tribal areas.

17. A WHO consultation (London, January 1998) drew up a plan of action and identified sources of funds and support for affordable oral care for disadvantaged communities. This concerns, *inter alia*, the provision of appropriate oral care for tribal and indigenous peoples. Noma (*cancrum oris*) strikes communities, including indigenous peoples affected by poverty, malnutrition, immunosuppression and infections and has a mortality rate between 70% and 90%. Most cases occur in children, and WHO is studying the disease in four sites in West Africa with a view to establishing early detection and intervention mechanisms, national surgical treatment facilities, and public education and training.

18. Diabetes mellitus is commonest among the world's indigenous people, especially in North America and the Pacific islands. The disease was rare in traditional indigenous societies, but dietary change and reduction in physical activity, which invariably accompany "westernization", are to blame for the current epidemic. Control should focus on primary prevention and on reducing the serious complications of diabetes. Because of their low socioeconomic status and limited access to health care, indigenous people often suffer from a higher incidence of these complications. Indigenous communities should therefore be given special consideration in the planning of national diabetes programmes.

19. Health promotion is another challenging area. At the Fourth International Conference on Health Promotion (Jakarta, July 1997) specific mention was made of indigenous people in the Jakarta Declaration: "Investment for health should reflect the needs of particular groups such as women, children, older people, and indigenous, poor and marginalized populations".

20. During the third Healing our Spirit Worldwide Conference, Rotorua, New Zealand, February 1998, the Government of New Zealand and WHO organized a one-day technical meeting in order to brief representatives of indigenous peoples on the work of WHO and to discuss how closer collaboration could be developed. The results of this meeting, and the background document prepared on the health of indigenous peoples, will be shared during the forthcoming interagency meetings referred to in paragraph 22 below.

WHO PROGRAMME OF ACTION FOR THE DECADE

21. It is evident from the foregoing that considerable action is already being taken by WHO to define and combat the specific problems of the world's indigenous people. However, a more coherent policy and strategy for joint programmes at country level should be established involving WHO, national authorities, nongovernmental organizations and representatives of indigenous groups. National plans of action should include country goals for improving the health status of indigenous peoples and reducing the disparities between them and the rest of the population. WHO will mobilize external resources to support such a comprehensive programme.

22. During annual interagency meetings on indigenous and tribal peoples, WHO will present its proposals and goals for reducing health and related social disparities, with a view to enlisting the support and contributions of other agencies to the realization of these goals. WHO is willing to act as host to an interagency meeting in the near future in order to mobilize support to deal with this intersectoral issue. Organizations of the United Nations system can then use their good offices to alert their counterparts at country level, including nongovernmental organizations, so as to ensure effective interagency action.

MATTERS FOR THE PARTICULAR ATTENTION OF THE HEALTH ASSEMBLY

23. The Health Assembly is invited to note the report.