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World Bank Statement on Indigenous Peoples Health Issues

Statement by

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Mr. Chair, members of the Permanent Forum, distinguished observers:

There is no doubting the central importance of today's topic, the health of Indigenous Peoples. As Ms. Trask of the Permanent Forum phrased it powerfully just yesterday, what good are all the advances in securing benefits and other advances for Indigenous Peoples if individual Indigenous People and their children are in ill health and die young? This puts this critical issue in needed perspective.

"Health, Nutrition, and Population" is a critical sector of the World Bank's work with Indigenous People. Eighteen projects supporting Indigenous Peoples are currently being implemented, while another six new such projects are being prepared and the number and reach of such projects is increasing.

Overall, three fundamental principles guide the World Bank's approach to Indigenous Peoples' health issues:

1. *Inclusion*: To insure the full inclusion of Indigenous Peoples in all projects affecting their health;
2. *Culturally Appropriate*: The need to fit projects to best match the cultural needs and patterns of each individual Indigenous People; and
3. *Respect*: The need to show full respect for indigenous healthcare systems.

The first critical element in confronting Indigenous Peoples' health needs is the absolute necessity of insuring that public health initiatives related to Indigenous Peoples truly reach Indigenous Peoples. Experience has taught the World Bank that special measures are often needed to ensure that Indigenous Peoples are included in health projects because:

1. Indigenous Peoples are often demographically and epidemiologically at greater risk;
2. Indigenous Peoples are often geographically and socially isolated—far from central health facilities;
3. Indigenous Peoples often lack trust in or awareness of formal institutions such as health facilities where they are sometimes not treated with the respect due them as both individuals and members of proud cultural traditions; and
4. Indigenous Peoples often lack resources to be able to access cost-based interventions (including transportation costs).

The second principle in approaching Indigenous Peoples' health needs refers to the necessity for culturally tailoring benefits to be adjusted to the lifeways and values of Indigenous Peoples. As many speakers yesterday and today have emphasized, health projects affecting Indigenous Peoples must be tailored to their cultures.

Experience has also taught the World Bank this important understanding: It is not enough to say projects will benefit people. Thus, we have learned, and will continue to learn as we have been during this session of the Permanent Forum, that we must tailor projects to be culturally appropriate.

But how do we tailor benefits and projects? Three examples from the World Bank's work with HIV/AIDS programs might shed light on this question:

1. From epidemiology we learn that certain disease interactions with AIDS may make Indigenous Peoples more vulnerable. For example, a Peruvian epidemiological survey revealed that populations of Indigenous Peoples had disease risks different from majority populations and that therefore prevention and treatment strategies had to be specifically targeted for each group even when treating the same illness.
2. Epidemiological surveillance systems must match circumstances of Indigenous Peoples. In many developing countries health officials track the prevalence of HIV/AIDS through health clinic testing of pregnant women. If Indigenous Peoples do not regularly use the formal health care system, the severity of HIV/AIDS in their communities will go underreported. There is thus a great need to know the contemporary healthcare system that Indigenous Peoples use, as for example their reliance on traditional healers.
3. Outreach efforts must be culturally appropriate: we should use Indigenous Peoples languages, Indigenous Peoples healers, and integrate an understanding of Indigenous Knowledge and cultural approaches to wellness/illness to devise effective outreach to overcome lack of information, resistance, and the social stigma of HIV/AIDS.

And--before I go on to elaborate on the third major principle of the World Bank's approach to Indigenous Peoples' health issues—let me say a few words about that critical health challenge posed by HIV/AIDS to Indigenous Peoples' communities.

The World Bank takes this danger extremely seriously and has made a commitment of US\$ 1.2 billion to fight this global scourge. Furthermore, the Bank has taken steps to ensure that Indigenous Peoples are directly targeted by HIV/AIDS initiatives because we have learned that here again the inclusion of Indigenous Peoples is pivotal. We have absorbed the important lesson that HIV/AIDS projects prepared without an understanding of Indigenous Peoples' cultures and circumstances will fail.

New anti-HIV/AIDS projects must now follow a new strategy which includes the following:

1. When HIV/AIDS programs and projects potentially involve Indigenous Peoples, an action plan will be developed focusing on promoting inclusion of Indigenous Peoples in project activities and providing for benefits from programs and projects that are tailored to the needs of indigenous communities,
2. The framework or action plan should describe how HIV/AIDS initiatives will specifically target Indigenous Peoples for inclusion and how outreach programs will be tailored to effectively deliver prevention and treatment messages and programs, and
3. The framework or action plan should specify the actions to be taken for inclusion of Indigenous Peoples, include a budget, and provide a plan for the monitoring and supervision of such actions.

Mr. Chair:

The third main principle in approaching Indigenous Peoples' health issues is the need to respect Indigenous healthcare systems. Perhaps this can be illustrated by a Good Practice example from one of our health projects. A number of years ago, a nationwide effort to attack tuberculosis in India was the subject of a World Bank-financed project. Since there were a number of Indigenous groups and tribals that were affected, the project was designed not to rely solely on mainstream health centers run by Ministry of Health to deliver benefits. Instead it used Indigenous Peoples' health approaches, traditional healers and women's groups to reach tribal peoples and to advance health outreach.

The principle this taught us was that projects work best when they make the best joint use of indigenous health and healing practices combined with Western medicine—fully respecting both—to enhance indigenous health.

Lastly, let me briefly point out that our new draft Indigenous Peoples Policy incorporates our lessons learned when it:

- Strengthens the emphasis on the necessity for culturally tailoring benefits, and
- Emphasizes that the health and welfare of women and their children are issues critical to the overall development of Indigenous Peoples.

Thank you, Mr. Chair.