



**United Nations Permanent Forum on Indigenous Issues**

**Tenth Session**

**Statement by the World Health Organization**

**23 May 2011**

**Statement on behalf of the Inter-Agency Support Group on indigenous issues**

**UN-Permanent Forum on Indigenous Issues at its 10<sup>th</sup> Session**

16-27 May 2011

*Saludos a nuestra ancestralidad, a la distinguida presidencia de la Comisión Inter-agencias de Asesoría y Apoyo al Foro Permanente de las Naciones Unidas sobre los Problemas Indígenas del Mundo.*

*Madame Chairperson, Mienna Cunningham*

**Mr Chairperson, distinguished members of the Permanent Forum, indigenous representatives, delegates, colleagues, ladies and gentlemen, Ms Chandra Roy-Henriksen and the team in the Secretariat of the Permanent Forum**

It is a great honour for WHO as the current chair of the Inter-Agency Support Group on Indigenous Issues (IASG) to address the UN Permanent Forum on Indigenous Issues (UNPFII) at this tenth session and to report on the last meeting of the IASG, which was hosted by WHO at its Headquarters in Geneva, 16-17 September 2010.

The IASG was established to promote the mandate of the UN Permanent Forum on Indigenous Issues within and across the United Nations system. Currently it consists of over 30 members, mainly UN agencies but also the World Bank, the Inter-American Development Bank (IADB), the European Union, and many others. It meets annually, providing an opportunity to discuss ways and means to advance issues of concern to indigenous peoples and reinforce collaboration. WHO was tasked with organizing last year's get-together. All ISAG members were invited and over 20 participated.

The theme of the IASG meeting was "indigenous peoples' health". Through a number of World Health Assembly (WHA) resolutions, WHO is mandated to devote special attention to the promotion and protection of the right of indigenous peoples to the enjoyment of the highest attainable standard of health.

Before I report on the IASG meeting itself, let me take this opportunity, on behalf of WHO, to thank the members of the IASG as well as the Chair and the Secretariat of the UNPFII for their continuous support. WHO would also like to acknowledge the support provided by the outgoing Chairs, UNEP and UN-HABITAT, in helping WHO to organize the IASG meeting. Thanks to all your efforts, I am able to report that the IASG meeting was a success.

In conjunction with the IASG meeting, moreover, WHO hosted an official visit of UNPFII members, Mr Carlos Mamani Condori, Ms Victoria Tauli-Corpuz and Ms Liliane Mbela Muzangi, to WHO. They met with a range of WHO departments dealing with different health challenges of interest and concern to indigenous populations and explored ways of enhancing collaboration between the UNPFII and WHO. WHO would like to express gratitude to the UNPFII members for taking part in this visit.

The IASG convened on the eve of the Summit on the Millennium Development Goals (MDGs). The importance of going beyond averages, when measuring progress in achieving the MDGs and other health goals, was echoed across the IASG presentations. In both poor and industrialized countries in which they live, the health status of indigenous peoples is invariably lower than that of the overall population. Across a range of health challenges- suicide, tuberculosis, injuries and violence, shocking statistics demonstrate the discrepancies. For example, in Canada the current smoking rate is 18%, while the current smoking rate among Inuit is 71%. In Australia, the current daily smoking rate is 20%, while the current daily smoking rate among Aboriginal peoples is 50%. Another key message, which emanated from the IASG deliberations was the need to ensure disaggregated data across countries in all regions. Such data still remains scarce. Yet without the data, it is difficult to make the case for increasing efforts in indigenous health and to generate the necessary change.

Myrna Cunningham of Fondo Indigena gave a comprehensive overview of the health situation of the world's indigenous peoples and shared some important findings from her extensive work in this area. To improve the health situation of indigenous peoples, she explained, there must thus be a fundamental shift in the concept of health so that it incorporates the cultures and world views of indigenous peoples as central to the design and management of state health systems. This relates to the indigenous concept of health, which articulates physical, mental, spiritual and emotional elements, from both individual and communal points of view. She also underscored the importance of linking efforts to improve the health situation of indigenous peoples to their collective rights, such as rights to land and natural resources and to conserve and practice traditional knowledge.

UN agencies shared experiences on how to raise the profile of indigenous issues within their organizations and how to mainstream an indigenous perspective into their work. In this context, the IASG meeting discussed specific agency policies and experiences; the most recent being FAO's policy on indigenous peoples' issues, adopted in August 2010. The adoption of a policy or strategy was highlighted as a way of ensuring that organizations address indigenous issues effectively and

systematically. The process behind the development of such a policy/strategy was also highlighted as essential to ensure that there is ownership to support its successful implementation.

An important finding from all the presentations was that effective interventions to improve indigenous health must be culturally sensitive and culturally appropriate. Many UN agencies spoke of the need to adopt an intercultural approach. In this regard, the importance of working with local communities as well as sharing and respecting traditional knowledge were highlighted as important elements along with community empowerment.

The IASG also included a session on good practices in addressing indigenous peoples' health. There is a need to harvest good practices in the area of indigenous health and a panel was devoted to exploring the meaning of a "good practice" in this context. Human rights need to underpin any action taken to improve the health of indigenous peoples. These include the rights to self-determination and to practise cultural traditions and customs as well as the right to participate in decision-making processes. IASG participants discussed the idea of developing a compilation of good practice examples, illustrating how UN agencies and other stakeholders in the field of health can and should work in cooperation with indigenous populations to improve indigenous health globally. This could guide and inspire health policy-makers and practitioners to strengthen their efforts and to work in a way consistent with human rights. We now need to explore how to take this idea forward among the IASG as well as other organizations working on indigenous health issues and indigenous peoples themselves.

On the second day, IASG followed up on the recommendations of previous sessions of the UNPFII, discussed preparations for the 10<sup>th</sup> session of the UNPFII and other IASG tasks and priorities.

The report of the annual IASG meeting is available on the UNPFII website.

To conclude, WHO is grateful for having been given the opportunity of organizing the IASG meeting. WHO looks forward to keeping up the momentum that this meeting generated for action on indigenous health and to continue working closely with the IASG, the UNPFII and its Secretariat and indigenous communities in all parts of the world.

Thank you.