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WORKING GROUP ON INDIGENOUS POPULATIONS
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Agenda Item 5:
General statements, including on land issues, education, and health



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Madam Chairperson,

WHO's Health and Development programme is happy to have this opportunity of addressing the 19th WG on Indigenous Populations.

We note with satisfaction the advances recently made in indigenous affairs through the establishment of the UN Permanent Forum, and through the appointment of a Special Rapporteur on the Fundamental Rights and Freedoms of Indigenous Peoples.

WHO looks forward to close involvement with the work of both these mechanisms to advance the interests of indigenous peoples worldwide. Recognizing the strong links between rights, development, and health, WHO is participating in measures to concretize and formalize inter-agency support for the Permanent Forum, particularly in its initial phases.

During the 57th Session of the Human Rights Commission in April this year, we expressed concern that the often unsatisfactory health status of many indigenous peoples, in comparison with that of other population groups, demonstrates failure of their right to enjoyment of the highest attainable standard of health, as laid down in the WHO Constitution. The right to food and adequate nutrition, to culturally appropriate health care, and to decent living conditions, are often similarly lacking. Together, they translate into a failure of the right to development.

Mme Chairperson, at this year's World Health Assembly, the Secretariat underlined to Member States that systematic and organized work on accurately identifying and documenting health disparities between indigenous and tribal peoples, and other population groups, was not taking place in the majority of countries, and had only recently begun in some of the highly industrialized nations. It was pointed out that without a systematic accumulation of evidence – which should be credible to all concerned - it will be difficult to achieve significant change in the fundamental causes of indigenous peoples' poor health status at either policy or intervention level.

With a view to future work on strengthening the evidence base on indigenous health status through participatory health research, we are now completing two preparatory activities. The first, carried out in collaboration with an indigenous research institution in Canada, is the preparation of a ethical guidelines on participatory research management. This will spell out the rights, obligations and responsibilities of all parties involved in health research activities. A draft will be ready by end of August and comments are invited from all interested indigenous organizations.

The second preparatory task is the compilation of a Compendium of Research Institutions addressing indigenous health issues. This is intended to provide information to both indigenous institutions and Member States about ongoing activities, and to facilitate and foster networking and partnerships. An initial draft has been prepared and is available for comments and suggestions. A final version will be published in English, Spanish and French later this year.

Our most important task, however, lies ahead. The WHA has now requested us to prepare, for its next meeting in May 2002, an **outline** for a global plan of action on indigenous health. This plan should involve a broad range of stakeholders and should be prepared in collaboration with governments and indigenous organizations. It will set out strategic directions for Member States wishing to tackle issues in relation to the health of indigenous peoples.

As a first step, we will work with our six WHO Regional Offices to prepare, before the end of the year, a report setting out the situation with regard to data on the health of indigenous peoples in the countries of their respective regions. Our concern is to determine the extent to which data are available from national or sub-national systems which document the present health status of indigenous or tribal peoples.

Consultation with Indigenous and tribal organizations will be required in the production of these documents. A synthesis of all information acquired would provide the basis for the required outline, which would subsequently be further fleshed out. Proceeding in a step-wise fashion, we hope to complete a more detailed global plan of action for consideration by the WHA in 2003, outlining the roles of WHO and other actors and stakeholders. Activities to implement the plan can thus be started before the end of the UN Decade in 2004.

To summarize, Madam Chairperson, WHO is now engaged in four areas of work on indigenous peoples' health. **Firstly**, we are providing support to the preparations for the Permanent Forum. **Secondly**, we are preparing to strengthen the existing evidence on health disparities through a participatory health research programme. **Thirdly**, we are promoting efforts to improve ethnicity measurement in national data collection systems. And **fourthly**, we are taking initial steps to establish a global plan of action on indigenous health.

Thank you, Madam Chairperson.