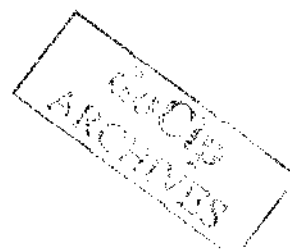


Agenda Item 4c: Health
Permanent Forum on Indigenous Issues
Third session
May 2004



STATEMENT
Committee on Indigenous Health
(International Indigenous Peoples' Caucus on Health)

D. Roy Laifungbam

Respected chairman, my brothers, sisters and friends, the international Committee on Indigenous Health, commends this session for its focus on the issues of indigenous women. We are pleased to report to the Forum that, in continuation of our commitment and support to the work of the Forum since its very first session, the committee organised a special side-event panel discussion on the health of indigenous women and girls. In the panel discussion that was moderated by Mililani Trask, a member of this forum, several speakers noted the absence of the world's premier health rights organisation the World Health Organisation by either a report or a representative to this forum advising ECOSOC.

Mr. Chairman, after WHO had communicated the development of a global policy on the health of indigenous peoples to this forum last year, it has also reported progress made on the global policy on the health of Indigenous Peoples to the 60th session of the Commission on Human Rights (E/CN.4/2004/120). However, it appears that WHO is not making a report to this forum on this matter, despite several specific queries raised regarding this to WHO. We would like to register our deep and increasing concern at the lack of substantive progress over the last two years on the issues of indigenous health despite the best efforts and strong recommendations of this forum.

Our over-riding concern relates to the response of the WHO in its continuing marginalising of the basic principles of a sound policy and programming to ensure the health of our peoples. Despite the resolution WHA 54.16, passed in 2001 and repeated recommendations from this forum, the WHO has not addressed the key issues of its global policy which includes the process of its development envisaged as

the result of close cooperation and consultation with indigenous peoples enunciated in WHO's stated commitment for the Decade in 1995.

The gaping lacunae of this policy which fails to name indigenous peoples as such, and justifies this failure as "flexible terminology to facilitate the engagement of as wide a range of developing countries as possible". This failure to name us explicitly reinforces the persistent practice of exclusion which our peoples are suffering and is yet another example of the continuing denial of our right to self-determination. We had raised these concerns explicitly in our statement last year to this forum. If as WHO assures us, human rights are inextricable from health, then we expect to see this conviction incorporated in all their policies relating to indigenous peoples. It is also noteworthy that the WHO in listing stakeholders with whom further dialogue is intended does not mention indigenous peoples even in flexible terminology. This is inevitable in the on-going exclusion the "flexible terminology" of the policy document has initiated and facilitated.

We strongly urge this forum to raise this concern in its advice to the Council and once more with the WHO, which, regrettably does not appear to have delegated representation to this meeting.

We also request the Forum to make the following recommendations to the WHO and other UN agencies with a mandate that encompasses health concerns on the issue of indigenous women's health. It is critical for this Forum to recall that the international consultation on the health of indigenous peoples held by WHO in Geneva, 1999 made a very clear connection between health and the survival of indigenous peoples.

These will include UNICEF regarding the health of women and girls, UNFPA, UNAIDS and others.

- To develop innovative strategies and approaches in delivering universally accessible, adequate and appropriate health care services to indigenous women informed by indigenous concepts and understanding of health, healing, illness, disease and sexuality

- To ensure full recognition and accreditation of indigenous medicinal and health care knowledge of indigenous health practitioners and to protect this knowledge from commercial exploitation and promote it as a viable and appropriate alternative.
- To fully incorporate the principle of health as inalienable from human rights in all health policy and programming with appropriate and adequate financial and structural support. This includes terminating all programmes or policies that implicitly supports genocide including forced sterilizations and abortions, conscious policies of neglect or inappropriate interventions that intend to replace indigenous systems whether of nutrition or of health services that have negative repercussions in the health of the indigenous people.
- To systematically build support for indigenous women to design, administer, manage and implement their own health care programmes including appropriate accreditation of care providers and ensuring that full access to information necessary to sound decisions making is available to indigenous women.
- To ensure that decisions relating to indigenous peoples health and particularly indigenous women's health are made by indigenous women or in close consultation with indigenous women, according to indigenous values and cultural conceptions of health including concerns of familial social and political violence against women
- To include adequately supported and appropriate community and primary health services to ensure public health, clean water and sanitation, nutrition supplements programmes, reproductive and sexual health (including on HIV/AIDS) promotion and illness prevention services and which are critical to women and to women's health related responsibilities in the communities
- To ensure adequate financial and technical support for health education programmes at community level accepting both traditional indigenous and western medical components as required in information content
- To incorporate indigenous and traditional healing approaches and systems into national systems of health care
- To ensure adequate legal and administrative protection mechanisms including the participation of indigenous people and women in these mechanisms and systems, to ensure legislative and policy protection from contamination, pollutions and

environmental destruction and to ensure rights to safe housing and clean water air and land.

- To provide appropriate health services and protection services including safe housing, appropriate temporary shelter and outreach programmes to displaced, migrant, trafficked and refugee indigenous women
- To set up at appropriate levels monitoring and reporting mechanisms to ensure that abuse and violence in health systems is appropriately addressed by national health and human rights monitoring authorities
- To recall and re-affirm the recommendations of the international consultation on the health of indigenous peoples held in Geneva at WHO in 1999, with special attention to the recommendations on the health of women and girls and the role of women in health care, indigenous knowledge and service provision.
- Of particular criticality is the establishment of an Indigenous Peoples' Health Advisory Group at WHO which process of establishment and the functioning of which must respect indigenous peoples' rights to recommend advisors, set mandates and monitor outcomes.