

Joint Oral Intervention of Mr Suhas Chakma, on behalf of Asian Indigenous and Tribal Peoples Network, Kabager Te Ked-Inged (Lumad Peoples Movement for Peace) and Hill Watch Human Rights Forum

Thank you Mr Chairperson,

It may seem heartless, Mr Chair, unfortunately, there would not have been more appropriate time to discuss about indigenous peoples right to health at a time when SARS – severe acute respiratory syndrome – has been devastating Asia. As SARS claims more lives, the economic costs of SARS is being calculated. The Asian Development Bank estimates SARS could end up costing US\$ 16 billions in Asia.

Mr Chairman, other diseases to have been taking more varied toll. Malaria can do lasting cognitive damage and many sufferers die young. Similarly, AIDS have been taking its toll on the work force, especially, in Africa.

Mr Chair, improving health conditions can be done cheaply. The vaccines protecting children against measles and polio cost little. Yet, a large number of indigenous areas are not covered by vaccination programmes; a large majority of indigenous children are not immunised. The World Health Organisation's Commission on Macroeconomics and Health states every country should spend at least \$34 per person each year for basic health care. This is paltry compared with the US\$ 2,000 annual average per person in wealthy nation. But the average in poor countries is US\$ 13.

Indigenous peoples who belong to the lower strata of the society continue to suffer from lack of basic health care facilities. A large majority of indigenous peoples live in tropical areas, infested by malaria. Yet, many indigenous peoples do not have the resources to buy a mosquito net, not to mention about other costly programmes for eradication of malaria. They do not often figure in governments' schemes of programmes on health. There are no doctors or Primary Health Centres. Even health problems such as dysentery can be fatal as there are no doctors or medicines.

Mr Chair, what I have said so far is pure rhetoric that you have been listening to and will continue to listen.

In our view, the challenge for the Permanent Forum is whether will it continue to debate without having any effects on indigenous peoples' health or is there way to contribute towards improving the health conditions of indigenous peoples. If the debates ultimately do not lead to substantive improvement in the health conditions, the Forum may be seen as a failure. Of course, Permanent Forum should not be considered as another Specialised UN agency to deliver health care facilities.

Mr Chair, as I mentioned above indigenous peoples in poorer countries do not figure in the government schemes of programmes. Yet, in these poorer countries United Nations agencies and

multilateral agencies play the crucial role in formulating and funding programmes for improving the health conditions. The World Health Organisation and UNICEF play extremely important role in many countries in the South. Recently, the Global Fund to Combat AIDS, Tuberculosis and Malaria has started massive programmes across the world.

However, indigenous peoples do not necessarily figure in the programmes of these organisations or agencies. At country level, it depends on the predilection of individual officer whether he/she has interest or "sympathy" for indigenous peoples. Often, health services are delivered through the government agencies as also the case with Global Fund. This despite that channeling of funds only through government may mean oiling an old machine – the same problem of not including indigenous peoples or other marginalised groups.

While the NGOs or indigenous organisations cannot replace the edifice of the state structure to provide health care services, in many countries NGOs and civil society groups provided better health care facilities with excellent coverage. This is important considering that in many countries such as India, the problem is not only the lack of resources but also mismanagement of funds and non-inclusion of indigenous peoples. While the approval of a grant of couple of millions dollars can help image-management of the Global Fund or other similar agencies and may reduce administrative costs, most indigenous peoples afflicted by malaria are not included in the schemes of things.

Often multilateral funding agencies argue against the administrative cost of managing small funds that can be given to NGOs. In this cost benefit analysis in micro-economic terms, indigenous peoples or their organisations often are excluded. Certainly, it is a shame that multilateral funding agencies are increasingly funding huge projects as a matter of policy to reduce administrative costs but which never reaches out to indigenous peoples or under which indigenous organizations do not qualify. There is a need to re-consider the entire funding policies by these agencies.

As we have stated earlier, developing *Principles on Integration of Indigenous Peoples Issues in the United Nations system* may be one of the effective ways to include indigenous peoples' priorities in the health care services provided by the UN agencies.

Thank you, Mr Chairperson.

For any further information, please contact:

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