

WHO Statement.

The WHO Constitution recognises the right to health as a fundamental human right, and its approach is therefore to pursue the universal enjoyment of the highest achievable standard of health. WHO focuses on vulnerable countries and population groups as an integral part of its activities.

At last year's meeting of the Permanent Forum on Indigenous Questions, the critical importance of both health and education to indigenous peoples was highlighted.

A number of WHO programmes have been already carrying out activities of relevance to indigenous peoples' health for some years, in areas such as substance abuse, traditional medicine, and mental health, AIDS etc. However, the organization needs to strengthen its institutional capacity to respond to a wider range of major issues and challenges to indigenous peoples' health on a world-wide basis. We have now started to act in response to this need.

In May 1998, a Resolution on the Health of Indigenous Peoples was passed at the 51st World Health Assembly. This required the organization to increase its attention to the health needs of indigenous populations in a comprehensive and systematic way, as an active contribution to the UN Decade for Indigenous Peoples. As a first step, WHO has produced a document on "The Health of Indigenous Peoples." Prepared by WHO in consultation with an indigenous person, this document is a first attempt to draw together a picture of the health status of most indigenous nations and communities throughout the world. Like all first efforts, this is doubtless incomplete and will require further revision and expansion, but it is a start in an area painfully lacking in research and data.

You are all better aware than I of the many health issues and problems which beset indigenous populations; however, let me briefly restate a few of the major issues:

- the health status of indigenous peoples is often below that of the general population
- indigenous peoples are over-represented among the poor
- life expectancy at birth may be as many as 10 to 21 years less for IP than for the general population
- malnutrition and communicable diseases affect a large proportion of IP world-wide
- access to health care for IP is insufficient due to barriers which include geographical access, lack of health insurance, lack of income, lack of cultural sensitivity in health care systems, and lack of an integrated approach to health services.

For all these reasons, WHO is ready to make a real commitment to the health of indigenous peoples.

We have the technical expertise to advise governments and Ministries of Health on specific

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health issues but now our goal is also to promote and to protect health as a cornerstone of sustainable development. Emphasis is placed on breaking the vicious circle of poverty, food insecurity, malnutrition, environmental degradation and contamination, factors of vulnerability, and disasters.

We will work in close collaboration with sister UN agencies, institutions, civil society organizations, NGOs and interested countries but mostly with Indigenous Peoples organisations. WHO will hold a consultation on the health of indigenous peoples in November ^{this year} 1999. This consultation will serve as a forum to develop an action plan and implementation strategies for future work, including policy directions for recommendation to governments., and those involved at policy level.

WHO will seek advice and input from IP at all levels of preparation of this consultation, which is the initial step towards a long-term programme of work. ~~I am happy to know that the~~ Committee on Indigenous Health will have a major role to play in this respect, ~~and fully supports~~ the position that indigenous peoples and their perspective on health should be part of all policy processes which affect them.

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