

Special Rapporteur's Summary on Health of Indigenous Peoples

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First, there are six overarching themes where we have consensus with governments, indigenous peoples and specialized agencies.

1. Indigenous Peoples have acute health needs that cut across socio-economic lines and North and South borders. These critical needs exist in both the developing south and industrial north. In particular, we must address primary health care and distinguish mental and physical health.
2. Indigenous health care must be developed according to indigenous perspectives and therefore incorporate holistic, physical, mental, spiritual and cultural well-being. The earth and environment must be included in these health-based solutions. The interventions have stressed indigenous perspective in designing and delivering health care that has bilingual and cross-cultural services.
3. In order to ensure indigenous perspectives are incorporated into health care delivery systems, indigenous peoples need assistance in strengthening their capacity in the areas of health care planing and health care management. Conversely, states and UN agencies need to abandon western-only programs and engage interactively and cooperatively with traditional planners and healers.
4. There is a direct relationship between land use and indigenous health. For example, military, nuclear, and industrial use of indigenous lands have toxic by-products which contribute to the health problems of the indigenous peoples.
5. There is a direct relationship between poverty and ill health. In order to maintain a state of wellness, the basic need of indigenous peoples for food, nutrition, and affordable shelter and housing need to be met. UN agencies, including the FAO and UNHABITAT, should work collaboratively with the permanent forum and the indigenous peoples to address these relationships in a concerted effort that is part of a global plan for indigenous health. Interventions stressed that indigenous wellness correlates with the capacity of indigenous peoples to maintain their traditional diets.
6. The special needs of indigenous women and children in the areas of reproductive rights, sterilization, domestic abuse, addiction and children/infant mortality and immunization and must be stressed at the highest level.

Specific recommendations:

1. The permanent forum should expand the interagency support group to include UNAIDS and the Global fund for Aids.

2. The permanent forum and ECOSOC should issue a directive to all UN agencies requesting them to identify a focal point for indigenous peoples and to ensure that their special areas of concern prioritize the needs of indigenous women and children. Special reference was made to Human Rights Commission Resolutions 1993/30 and 2002/31, which contained directives relating to focal points and which identify the right to health as a priority human right. In addition, all UN agencies should provide to the permanent forum information on internal policies on indigenous peoples including policies relating to indigenous health so the forum might assess and identify the strengths and weaknesses of these policies and work collectively with the UN agencies so that their efforts might be better coordinated.

3. The Global Plan of Action on Indigenous Health, adopted at the outset of the decade has failed to meet its goals. There is a call for the United Nations to declare a second decade of the world's indigenous peoples. There is a need to renew the focus on indigenous health and revisit the outcomes and recommendations of the 1st International Consultation on Indigenous Health held in Geneva in 1999. This means a more integrated approach with states, government agencies, WHO, indigenous peoples organizations and the permanent forum.

4. The forum should recommend to ECOSOC that there be a technical seminar with representatives from WHO, UNICEF, UN Population Fund, the Indigenous Peoples Health Caucus, Permanent Forum members, Indigenous peoples' delegates and observer states in order to address and plan a strategy for the health needs of indigenous women including reproductive rights, sterilization, domestic abuse, and addiction.

5. UNHABITAT must begin to address the relationship between homelessness and ill health in indigenous communities and that they undertake the development of programs and projects, in consultation with indigenous peoples and permanent forum representatives, to address the needs of indigenous peoples for communal housing alternatives. At present, UNHABITAT does not have any program to address the specific needs of indigenous peoples for housing.

6. There is a direct relationship between food and nutrition and indigenous health and wellness. FAO must address this. Studies indicate that indigenous peoples who are able to maintain their native traditional diet have a healthier profile, this means that indigenous peoples must have access to traditional food sources and the capacity to continue cultural practices, such as fishing, planting and hunting. The World Food Summit should adopt a clear statement supporting the preservation and promotion of indigenous peoples traditional means of subsistence as a high priority in all policies, programs and actions taken in furtherance of food security.

7. The WHO, UNESCO, UNICEF, the Permanent Forum and representatives of the indigenous health caucus should sponsor a technical seminar to address the need to expand programs relating to the immunization and vaccination of marginalized indigenous communities and indigenous children globally. One topic for discussion

should be the establishment of guidelines and safety protocols in order to ensure that immunizations are safe for indigenous children and to prevent historic abuses which allowed the testing of unapproved drugs on indigenous communities and children.

8. There is a critical need to establish participatory research guidelines relating to all fields of medical research in order to ensure that indigenous peoples are protected and benefit directly from such research. Standards currently being developed by WHO in this area should be circulated widely for the input of indigenous peoples and medical experts alike. Similar guidelines and standards should also be developed for genetic research and research being conducted by the Human Genome Project. This will require an collaborative effort between the WHO, the Convention on Biological Diversity, indigenous peoples, representatives of the Permanent Forum, and other specialized agencies.

9. Informed Consent is a significant issue which arises in many areas including medical and genetic research. Note: Issues of Informed Consent have also been raised in other thematic areas within the purview of the Permanent Forum including socio-economic development and the policies of the World Bank. The Permanent Forum should create a working group on Informed Consent, which should examine and propose solutions for all thematic areas where informed consent is an issue. This working group should meet twice annually and should be comprised of members of the World Bank, the Permanent Forum, the indigenous peoples health caucus, indigenous peoples organizations, WHO, other specialized agencies and states in order to study and propose mechanisms and standardized approaches to ensure that indigenous peoples right of informed consent is protected and preserved. The indigenous health caucus has called for a moratorium on individual agency undertakings which are developing separate guidelines based on their individual mandates in order to ensure a more collaborative effort in this area.

10. In order to address the special need of marginalized indigenous peoples, who have no access to medical services or primary health care services such as the indigenous peoples and the nomadic people of the Sahara, the WHO, Red Cross, members of the Permanent Forum and other specialized agencies including the World Bank should work collectively to conceptualize a plan for mobile health services and primary health care outreach. This may be achieved through a technical seminar or the formation of a working group.