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**Information received from the United Nations system****Note by the Secretariat****World Health Organization***Summary*

PAHO's Health of the Indigenous Peoples Initiative has been effective not only in advocating for the well-being the indigenous peoples of the Americas in regional, national, and local forums, but also in forging strategic partnerships and networks that have promoted processes in order to improve the health conditions of Indigenous Peoples. Based on the Health of the Indigenous Peoples Initiative and the evaluation of the International Decade of the World's Indigenous Peoples carried out in 2004, the Health of the Indigenous Peoples of the Americas *Programme* has been established as a new space to deepen, expand and consolidate projects related to the development of the health of the indigenous peoples of the region.

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## **I. UNPFII Recommendations to the World Health Organization**

1. The United Nations Permanent Forum on Indigenous issues invited the World Health Organization to respond to recommendations made during the previous Permanent Forum session. The 4<sup>th</sup> session of the UNPFII recommended WHO to organize, host and report to the Forum on methods, processes, and best practice of integrating indigenous traditional knowledge, medicine, healing and other health practices in mainstream health-care systems and sensitizing health personnel concerning the protection of indigenous knowledge systems. The following text highlights some of the WHO activities relating to these recommendations.

2. A study on Maternity in Quechua Women, Bolivia, conducted by Causananchispaj, a nongovernmental organization, with technical and financial support of AMRO/WHO and Population Concerns, points to health services' failure to appreciate the traditional maternal care practices of community midwives as an important factor in maternal and child mortality in rural and indigenous populations in the Caiza D and Cotagaita municipalities of Potosí. High rates of maternal mortality in Potosí (496 per 100,000 live births) and low use of health services (only 24% of women used health services to give birth) provided the impetus to propose an innovative and alternative strategy for maternal care that is responsive to the viewpoint of women in the area. Ignorance of traditional cultural practices, lack of communication, and conflicts regarding objectives and allocation of resources for the maternal health program were believed to be the reasons behind the poor rates of service usage for pregnant women. A three phased strategy was proposed. The short-term proposal, to create a rapprochement between public health services and traditional service by organizing midwives and developing ties between the two services, was implemented in August 2003. This proposal brought together 65 lay midwives to participate in activities relating to maternity care, timely identification of risks, and hygienic care in childbirth. The midwives indicated the possibility of referring high-risk

cases to conventional services so long as respectful treatment was provided. In addition, 35 health officials from 25 health facilities from the municipality have been working to adapt care to the local culture, exploring traditional medicine, and responding to local health problems with policies that employ the perspective of the social actors involved: mothers, midwives and health services.

3. On November 25, 2005 WHO Headquarters hosted the first informal meeting of UNPFII representatives to WHO Headquarters. Ms. Tauli-Corpez., the Chairperson of the United Nations Permanent Forum met with members of the Health and Human Rights team, the focal point for indigenous issues within WHO Headquarters. She also met with a large number of departments dealing with issues including mental health, suicide and alcohol, HIV/AIDS, traditional medicine, MDGs, diabetes, tobacco, and senior policy officials.

4. Within the AMRO regional office, technical cooperation and the actions of the Member States are based on the principles of the *Health of the Indigenous Peoples Initiative*. These principles are: the need for a holistic approach to health; the right to self-determination of the indigenous peoples; the right to systematic participation; respect for and revitalization of indigenous cultures; reciprocity in relations; and the promotion and protection of the right to health and other related human rights in the context of indigenous peoples' health. PAHO's work has been effective also in promoting health as a human right and protecting indigenous peoples' rights according to international and regional human rights law and standards.

5. Work to date has been concentrated in the following five areas: building capacity and alliances; working with Member States to implement national and local processes and projects; projects in

priority programmatic areas; strengthening traditional health systems; and scientific, technical and public information.

6. Currently, there are projects and/or inter-programmatic activities in the following areas: integrated management of childhood illness, malaria, tuberculosis, reproductive health, water and sanitation, maternal and child health, virtual campus, mental health, alcohol and substance abuse, human rights, sexually transmitted infections — HIV/AIDS, social exclusion, elders' health, oral health, eye health, rehabilitation and access to water and sanitation. The involvement of indigenous representatives in the technical cooperation actions has been a permanent priority.

7. PAHO's Health of the Indigenous Peoples Initiative has been effective not only in advocating for the well-being the indigenous peoples of the Americas in regional, national, and local forums, but also in forging strategic partnerships and networks that have promoted processes in order to improve the health conditions of these peoples. Results to be highlighted include networks of collaboration, policy-making, strategies, plans and projects, as well as institutional, community and human resources development programmes.

8. Based on the Health of the Indigenous Peoples Initiative and the evaluation of the International Decade of the World's Indigenous Peoples carried out in 2004, the Health of the Indigenous Peoples of the Americas *Programme* has been established as a new space to deepen, expand and consolidate projects related to the development of the health of the indigenous peoples of the region. The goal is to contribute to the achievement of equity in the Americas in a context of recognition and respect of cultural diversity of the peoples, in order to obtain complete well-being.

9. A specific example of work related to the health and human rights of indigenous peoples undertaken by PAHO is the work relating to the plight of the Miskitos divers of the Atlantic coasts of Nicaragua and Honduras has been highlighted by PAHO.<sup>1</sup> Traditional lobster fishing has undergone a hasty transition to a large-scale industrial operation. An estimated 9,000 divers are involved in the industry, many of which dive without the proper equipment. 98% of divers are Miskitos and 97% have suffered some kind of decompression-related syndrome or disability. At least 4,200 Miskitos are totally or partially disabled due to the decompression syndrome. PAHO has been working on a training workshop to address these issues around lobster fishing. These included:

- From September 1 to September 3 (2004) PAHO organized a training workshop to disseminate the international and regional human rights norms and standards that protect the human rights of persons with disabilities among the indigenous people known as “Miskito”. The training workshop was organized in the Region of Gracias a Dios (Honduras) where “Miskitos” are becoming disabled due to their deep sea diving and fishing of lobsters. In addition, they do not have access to rehabilitation care, treatment or equipment.
- The training workshop was conducted in Spanish with simultaneous translation into “Miskito” and gathered indigenous leaders, organizations of divers, regional human rights bodies, international agencies, the Ombudsperson’s office, organizations of persons with disabilities, governmental officials, public health personnel, lawyers, family members, among others who receive the international human rights norms and disability standards and were trained in the use of human rights mechanisms in the context of the Inter-American System of Human Rights.

10. The major recommendations of the participants were the following:

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<sup>1</sup> [http://www.paho.org/English/DD/PIN/special\\_050818.htm](http://www.paho.org/English/DD/PIN/special_050818.htm)).

- a. To disseminate among the Ministry of Labor, the Ministry of Education and members of the Judiciary the conclusions of the training workshops;
- b. To inspect and repair the three hyperbaric chambers located in the zone of Kaukira and where the Miskitos could receive medical and rehabilitation care before and after diving. This action is essential to prevent disability and as a consequence protect the rights to life, personal integrity, health and equal protection of the law, among others.
- c. To implement the monitoring procedures as established by the “National Rules on deep sea fishing” especially with regard to the employer’s responsibility of taking injured divers to the closest health centers.
- d. To create a commission that collaborates with the National Committee which is reviewing the situation of the Miskitos in the sea fishing and disability context and to disseminate among the members of such a committee the international human rights treaties ratified by Honduras and the international human rights standards on disability.
- e. To organize local training workshops on disability and human rights in collaboration with the Ombudsperson’s office.

11. As a result of the training workshop, the inter-American Commission is reviewing the particular situation of 30 Miskitos who have become disabled as a consequence of practicing deep sea fishing and not having immediate access to care, treatment, rehabilitation and immediate use of the hyperbaric chambers. The Commission has received information from the Government of Honduras and has interpreted the American Convention on Human Rights in the light of international public health and

disability standards. As a consequence, recommendation “c” (above) is now being implemented by the Government in collaboration with the private sector and the Ombudsperson’s office.

12. For further information relating to indigenous health and human rights at WHO please consult the Health and Human Rights website at: <http://www.who.int/hhr/activities/indigenous/en/> and the PAHO website at: <http://www.paho.org/English/AD/THS/OS/Indig-home.htm>

## **II. Obstacles to implementation of recommendations of the Permanent Forum, or other policies relevant to indigenous peoples.**

12. The largest constraint to implementing recommendations put forth by the Permanent Forum or other policies relevant to indigenous peoples is limited human and financial resources available to complete this work within WHO. There are no current resources, either human or financial at WHO headquarters to move this area forward.

13. WHO's priorities are set by Member States and no reference to indigenous health work has been made in the 2006/07 Global Plan of Work, the document outlining that sets out WHO's priorities for the next two years. Work relating to Indigenous health continues to be undertaken, without resources, under the auspices of the Health and Human Rights team. The Health & Human Rights Team focuses particular attention on the health rights of vulnerable population groups and works closely with other WHO departments in this context.



**III. Other significant information regarding recent policies, programmes, budgetary allocations or activities regarding indigenous issues within your agency/fund/programme/department.**

14. WHO has a clear mandate in regards to indigenous health, most notably WHA Resolution 55.35, which was created in partnership with all WHO regions and which outlines a Global Strategy to improve the health of indigenous peoples. The strategy recommended action in five areas: (a) health and demographic data and information; (b) health promotion; (c) health systems and access to care; (d) influencing the determinants of health; and (e) promoting enhanced political commitment and national capacity.

15. This global strategy outline suggested a number of activities at both policy and technical levels. Some of these suggested activities are now being used and expanded in a workplan being developed to move forward distinct projects in these areas. These activities include:

- a. ***Indigenous Health and Human Rights Publication:*** As a method of raising awareness of the health issues faced by indigenous peoples an Indigenous Health and Human Rights Publication will advocate for a greater focus on the health rights of indigenous peoples by exposing good practices. It will increase the availability of high-quality information to support action in this area. This publication will be prepared and published as part of the Health and Human Rights Publication Series (see: <http://www.who.int/hhr/activities/publications/en/index.html> for other publications in this series) in collaboration with other relevant stakeholders such as the UNPFII, ILO and the OHCHR.
- b. ***Training Module:*** In collaboration with stakeholders, a training module will be developed and made available (on-line or on CD-ROM) to build the capacity of health policy makers to successfully address indigenous peoples health issues. Specifically, it would strengthen

capacity to develop, implement and evaluate programs and services to identify and respond to indigenous peoples health needs and rights.

- c. ***Data Disaggregation:*** The UNPFII has recommended that WHO disaggregate health data to expose the health disparities of indigenous populations globally. Moreover, the need for disaggregated data was endorsed as a core activity of the above-mentioned Strategy adopted by the World Health Assembly. Though WHO does not disaggregate data in relation to ethnicity/indigenous status there is a potential to use data from the 2002 World Health Survey. The World Health Survey was a WHO initiative meant to compile comprehensive baseline information on the health of populations in order to provide evidence to policy makers and to build an evidence base to monitor health. Ethnicity or other relevant variables such as geographical area, poverty and language were reported as part of this survey. **Through a process of consultation with national statistical organizations, it is hoped to decipher and disaggregate this information so as to unlock health research opportunities including the areas relating to health disparities, health system responsiveness and the applicability of health policies.** Through the lens of ethnicity (or other relevant variables) this information can be used to support countries in their efforts to design appropriate health policies and programs.
- d. ***Integrating indigenous health in international and national development frameworks:*** While the Millennium Development Goals (MDGs) and poverty reduction strategies carry potential for assessing the major health problems faced by indigenous peoples, they do not necessarily capture the specificities of indigenous peoples and their visions of health. **Efforts are needed to ensure that these development frameworks take into consideration and are implemented in ways that promote and respect indigenous peoples health and human rights.** This project will aim to link and integrate indigenous considerations into Poverty Reduction Strategy processes and Millennium Development Goal work by engaging with WHO's main partners.

These projects are being pursued as part of a project proposal which is currently being developed.

**IV. Information and suggestions regarding the special theme of the fifth session, “Millennium Development Goals and indigenous peoples: redefining the Goals”.**

16. The Interagency Task Force on health made up of eight international agencies: UNFPA, UNICEF, USAID, Family Care International, the Population Council, the IDB, the World Bank, and PAHO signed an unprecedented commitment to support the reduction of maternal mortality in Latin America and the Caribbean. This commitment recognized that maternal mortality is an obstacle to equity and development.