

**QUESTIONNAIRE FOR THE UN SYSTEM AND OTHER  
INTERGOVERNMENTAL ORGANIZATIONS REGARDING WRITTEN  
CONTRIBUTIONS TO THE UNPFII**

1. At its tenth session in 2011, UNPFII will review its recommendations in relation to (a) Economic and Social Development; (b) Environment; (c) Free, Prior and Informed Consent.

(i). Please provide information on how your agency is dealing with this important issue in the seven regional areas of the Permanent Forum<sup>1</sup>.

Please find below responses from several departments in WHO.

*Dept. Ethics, Equity, Trade and Human Rights*

The department ETH organized the Inter-Agency Support Group Meeting on Indigenous Peoples' Issues at WHO HQ, 16-17 September 2010, which served to address the link between indigenous peoples' health and economic and social development in a broader context. For more information see the Health and Human Rights website: <http://www.who.int/hhr/news/en/>.

*Dept. Making Pregnancy Safer*

In view of the various factors which influence woman being able to better care for herself and her newborn and to access needed skilled care throughout pregnancy, childbirth and after birth, the Department of Making Pregnancy Safer supports regions and countries to develop participatory planning approaches at the district level, ensuring intersectoral participation as well as the voices of women, men, vulnerable groups and other key actors to determine priority problems and integrated solutions. In those places where traditional birth attendants (TBAs) are still the main providers of childcare services, efforts are made to integrate TBAs into the formal system and to discuss with them the role they can play in supporting improved mother and newborn health. In this approach, emphasis is also placed on strengthening coordination between the national level and local levels of the health system, allowing for scaling-up and sharing of experiences. Many strategies recommend community and intersectoral participation and we have developed clear and practical guidance to support programmes in operationalizing this. This has been used in countries in the seven regions except North America and the Arctic.

*Regional Office for Americas (AMRO PAHO)*

Since 2008 PAHO has been conducting a number of consultations to exchange ideas in order to facilitate the implementation of policies, programmes and projects aiming at assessing and addressing health inequities taking into account the recommendations made by the WHO Commission on Social Determinants of Health.

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<sup>1</sup> UNPFII's seven socio-cultural regions are Africa; Asia; Central and South America and the Caribbean; the Arctic; Central and Eastern Europe, Russian Federation, Central Asia and Transcaucasia; North America; and the Pacific.

WHO has issued a publication on indigenous peoples and participatory health research. For more information see the health and human rights website: [http://www.who.int/hhr/activities/indigenous\\_peoples/Indigenous%20Peoples%20and%20Participatory%20Health%20Research.pdf](http://www.who.int/hhr/activities/indigenous_peoples/Indigenous%20Peoples%20and%20Participatory%20Health%20Research.pdf)

(ii). What are some of the obstacles your agency has encountered in implementing the recommendations of the Permanent Forum, including those addressed specifically to your agency?

Lack of resources and adequate data on indigenous health as well as the structure of the organization (health topics rather than population group focused). Despite the tremendous increase of efforts and commitment at global level, there is still not enough capacity to work on all the challenges faced by the countries.

(iii). What are some of the factors that facilitate your agency's implementation of the recommendations of the Permanent Forum, including those addressed specifically to your agency?

Partnerships with other UN agencies.

2. Given the Forum's recommendation for the adoption of policies on indigenous peoples' issues, please specify whether your agency has:

(i). A policy or other similar tool on indigenous peoples' issues; Through a number of World Health Assembly (WHA) resolutions, WHO is mandated to devote special attention to the issue of indigenous peoples' health. These resolutions set out areas of focus for WHO's work in protecting and promoting the right of indigenous peoples to the enjoyment of the highest attainable standard of health. These resolutions include: WHA 54.16, 53.10, 51.24, 50.31, 49.26, 48.24 and 27.27, all of which are specific to the International Decade of the World's Indigenous People.

In 2006 PAHO AMRO approved its Resolution on indigenous people's issues CD 47. R18 (2006) and its 5 lines of action: (i) ensure incorporation of indigenous perspectives in attainment of MDGs and national health policies; (ii) improve information and knowledge management on indigenous health issues; (iii) strengthen regional and national evidence-based decision-making and monitoring capacities; (iv) integrate the intercultural approach into national primary health care health systems; and (v) develop strategic alliances with indigenous peoples and other key stakeholders to further advance the health of the indigenous women/men. PAHO has been consistently using the human rights approach to protect and promote the right to health of indigenous peoples. PAHO's Strategic plan incorporates in **Strategic Objective 7, RER 7.6**: "Member States supported through technical cooperation to develop policies, plans and programs that apply and intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well being of indigenous peoples"

However, there is no policy as such.

In the preamble to the WHO Framework Convention, deep concern is expressed about indigenous peoples' use of tobacco, and alarm expressed about the increase in girls' and women's use, gender-specific risks and the escalation in smoking among children

and youth. These concerns permeate Article 4 of the Framework Convention, which delineates its guiding principles. Article 4 states that the participation of indigenous individuals and communities, the recognition of gender-specific risks and the engagement of civil society in all efforts under the Framework Convention are all critical to developing appropriate and gendered tobacco control strategies and policies.

(ii). Recent programmes on indigenous peoples' issues;  
WHO's Health and Human Rights Team has a work plan to move forward on the areas of focus mentioned in the WHA resolutions that touch on indigenous peoples' health.

(iii). Budgetary allocations for indigenous peoples' issues;  
WHO is actively seeking resources to implement this work plan

(iv) Projects/activities on indigenous peoples' issues,

Please find below projects/activities of several departments in WHO.

*Dept. Reproductive Health and Research*

- Through research and collaborative discussions, WHO is mapping the needs of indigenous and marginalized peoples with particular attention to their rights to accessible sexual and reproductive health (SRH) care. Whether it is evaluating iron levels in indigenous pregnant women who live at high altitudes in the mountains of Peru, improving access to SRH care for indigenous groups in Cambodia, or discussing with field researchers the stigma of infertility among indigenous groups in Africa, these issues of SRH are critical to both the health and survival of indigenous cultures.

*Dept. Making Pregnancy Safer*

- In El Salvador in Nahuizalco, work is being done to address the barriers to use of care by the indigenous populations and quality of care of Maternal and Newborn Health services is being addressed through discussions with women and leaders in these groups
- WHO seeks to support countries in achieving the aim of MDG5 in ensuring skilled attendant at birth. Nonetheless the value of the traditional birth attendant (TBA) is recognized. WHO has identified as a key intervention working with TBAs to define new roles for TBAs so that this important resource is better integrated into the formal health system and can continue to contribute to improve maternal and newborn health. WHO is currently conducting a systematic review to identify interventions to ensure this transition and their outcomes. An example of country work, in Nigeria the government has developed a concept paper to work with TBAs, local authorities and women and community leaders at the local level to define new roles and develop guidelines to ensure the continued support of TBAs.

*Dept. Traditional Medicine*

- Since 2004, a foundation in cooperation with WHO has supported a project in Mongolia, using Traditional Medicine to reach out to the residents of rural areas who do not have adequate access to health services and medicines. The most benefited people from this project are those who are living at remote areas or poor groups including indigenous people. WHO will continue to provide technical support to this on-going project and promote the use of traditional medicine in primary health care, particularly to poor people including indigenous people.

*Dept. Ethics, Equity, Trade and Human Rights*

- As part of the work on measurement and monitoring of both health inequities and social determinants, including the impact of policies, a paper has been commissioned on the measurement of the health of Indigenous Peoples, and the issues therein.

*Dept. Mental Health and Substance Abuse*

- Firstly, a collaboration centre in Australia is working on suicide prevention research for indigenous peoples, including collaboration with Canada and Colombia to build specific strategies for suicide prevention of indigenous peoples. Secondly, in the context of the WHO Mental Health GAP Action Programme (mhGAP) a systematic review on effective interventions for the prevention of suicide among indigenous peoples was commissioned. The mhGAP Intervention Guide, including the priority condition suicide, was published and is considered to be tested in indigenous communities.

*Dept. Tobacco Free Initiative*

- WHO in collaboration with a national advocacy programme works in the areas of gender which include indigenous women's smoking in order to programme to raise awareness on tobacco use by females.

*Stop TB Partnership Secretariat and Stop TB Department*

- During the past two years consultations with representatives of indigenous communities and TB experts have resulted in the creation of the Global Indigenous STOP TB Initiative (GISI). This has had the support of the UN Permanent Forum on Indigenous Issues and the Global STOP TB Partnership, and is directed by a high level steering committee. The steering committee's mandate is to promote and oversee the development, implementation and monitoring of the Global Indigenous Stop TB Initiative. The purpose of this initiative is to describe the burden of tuberculosis in indigenous peoples globally, promote partnerships between national TB programs and their respective indigenous citizens, and to support community based initiatives that aim to address TB prevention and control programs in indigenous communities. The Stop TB Partnership has also started to commission a few case studies, in order to have a better understanding of the actual epidemiological situation of TB in indigenous peoples and prepare with WHO adequate recommendations.

*WHO Regional Office for Americas (AMRO PAHO)*

- WHO has developed an interprogrammatic proposal to promote the health of indigenous youth with effective interventions, with a focus on rights, gender and intercultural. Countries will organize interdisciplinary and interagency teams to address the needs of youth. particularly focusing on Bolivia, Ecuador, Guatemala, Honduras and Nicaragua. Examples of country work include Ecuador where a base line study was conducted on Sexual and reproductive health, HIV(Aids and tobacco consumption among indigenous youth in priority cantons. In Chile, they have now put into place a methodology to adapt the national Adolescent Friendly Health Services standards to meet the needs of indigenous youth.

- AMRO/PAHO is also conducting a qualitative and quantitative study regarding health of older indigenous peoples in Ecuador including disaggregated data and proposals to improve health of older indigenous peoples.
- AMRO/PAHO has also been actively in the inter-agency working group on indigenous peoples to disseminate the UN Declaration of the Rights of Indigenous Peoples and the ILO Convention 169.
- HIV/AIDS conducted a consultation on SRH and prevention of HIV/STI among indigenous peoples in Venezuela. The outcome was a publication proposing strategies and lines of action for governments and stakeholders.
- In Honduras HIV/AIDS conducted a regional consultation in collaboration with the World Bank and SICA aimed at planning a strong health promotion, prevention and health-seeking prevention plan aimed at indigenous and afro-descendent peoples in Central America.
- WHO is carrying out big projects in Colombia, Ecuador, Peru and Bolivia on indigenous peoples' health. These projects focus on indigenous adolescents, HIV care, healthcare system and intercultural medicine.

*WHO Regional Office for South East Asia (SEARO)*

- Project on malaria control in ethnic minorities in the GMS in which Thailand and Myanmar have been involved as Mekong countries.
- WHO also has established the institute in India as WHO Collaborating Center for conducting research related ethnic minorities. The institute name is Regional Medical Research Centre for Tribals (RMRCT) a Regional Centre of the Indian Council of Medical Research (ICMR), Ministry of Health and Family Welfare, Government of India, in Jabalpur, Madhya Pradesh State
- WHO has supported the following studies "Tuberculous infection in Saharia, a primitive tribal community of Central India"<sup>2</sup> and "Annual risk of tuberculosis infection among tribal population of central India"<sup>3</sup> through the MDP project with Tuberculosis Research Centre (TRC) at Chennai, in collaboration with RMRCT.

*WHO Regional Office for Western Pacific (WPRO)*

Malaysia:

- March- August 2009: WHO supported the Sarawak State Health Department, Ministry of Health Malaysia to undertake a study to improve the health care delivery system to the Penan population in Long Urun, Belaga District, Sarawak, Malaysia. This activity was in line with the National Development Policy which covers the period 1991-2000, which stated "the needs of certain groups within the Bumiputra community such as Orang Asli and indigenous groups in Sabah and Sarawak..... will be given due attention to enable them to benefit equitably from the growth of the economy and the implementation of the development programmes"

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<sup>2</sup> Trans R Soc Trop Med Hyg. 2008 Sep;102(9):898-904. Epub 2008 Jul 15. Tuberculous infection in Saharia, a primitive tribal community of Central India. Rao VG, Gopi PG, Yadav R, Sadacharam K, Bhat J, Subramani R, Anvikar AR, Tiwari BK, Vasantha M, Bhondeley MK, Gadge V, Eusuff SI, Shukla GP. Regional Medical Research Centre for Tribals, Indian Council of Medical Research, Nagpur Road, P.O. Garha, Jabalpur 482 003, India.

<sup>3</sup> Trop Med Int Health. 2008 Nov;13(11):1372-7. Epub 2008 Oct 6. Annual risk of tuberculosis infection among tribal population of central India. Rao VG, Gopi PG, Yadav R, Subramani R, Bhat J, Anvikar AR, Sadacharam K, Tiwari BK, Gadge V, Bhondeley MK, Shukla GP, Ukey M, Jain S, Wares DF. Regional Medical Research Centre for Tribals, Jabalpur, India.

- January - December 2009: WHO provided support to the Sabah State Health Department to develop a methodology and training module/manual for Intensified Case Finding (ICF) of TB among the remote populations in Sabah.  
Viet Nam:
- In Viet Nam, strictly speaking the majority ethnic group, *the Kinh*, are indigenous. They have not been moved or subdued as a result of any of the wars they have suffered against China, Cambodia, France or the US and they were in this territory even before some of the ethnic minority groups. One very significant event related to ethnic minorities was the ten-day visit in July 2010 of the Independent Expert on Minority Issues (Ms. Gay McDougall) to Viet Nam.

*(In order to facilitate the quantification of data by the Forum, please indicate the number of programmes and projects/activities devoted to indigenous peoples issues in the past year).*

3. Does your agency have regular or ad hoc capacity-building programmes on indigenous peoples' issues for staff, or a plan for capacity-building activities in this area, at headquarters or in the field?

WHO is planning to convene a working group on Indigenous Peoples' Health.

4. Does your agency have a focal point on indigenous issues? If so, please provide the name and contact information of this person.

1. Helena Nygren-Krug  
Health and Human Rights Adviser  
Health and Human Rights  
Department of Ethics, Equity, Trade and Human Rights  
Innovation, Information, Evidence and Research (IER/ETH)  
World Health Organization  
20 Avenue Appia, CH 1211, Geneva 27  
Switzerland  
Tel: +41 (22) 791 2523  
Email: [nygrenkrugh@who.int](mailto:nygrenkrugh@who.int)  
Website: [www.who.int/hhr](http://www.who.int/hhr)

2. Nyree Celebi-Barkmeijer  
Technical Officer  
Health and Human Rights  
Department of Ethics, Equity, Trade and Human Rights  
Innovation, Information, Evidence and Research (IER/ETH)  
World Health Organization  
20 Avenue Appia, CH 1211, Geneva 27  
Switzerland  
Tel: +41 (22) 791 5411  
Email: [celebin@who.int](mailto:celebin@who.int)  
Website: [www.who.int/hhr](http://www.who.int/hhr)

5. Please provide a list of conferences and other meetings organized or supported by your agency on indigenous issues for the current year as well as next year.

-WHO hosted the Inter-Agency Support Group on Indigenous Issues (September 2010)