

UN Commission on Human Rights

Agenda Item 15: Indigenous Issues



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World Health Organization**

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Mr Chairman,

The World Health Organization greatly appreciates this opportunity to address the 57th Session of the Commission on Human Rights on the question of Indigenous Issues.

WHO notes with grave concern the dearth of reliable data and information on indigenous peoples' health, which impedes a broad national and global understanding of the range and extent of health issues affecting indigenous peoples' everywhere. While much is known informally, scientifically accurate and widely available knowledge on indigenous health is incomplete and fragmented.

This information gap obstructs regional and national efforts to proceed with the establishment of workplans on indigenous peoples' health, as called for in World Health Assembly Resolution 53.10 in May 2000, as the necessary evidence-base and infrastructural foundation for creating such plans is absent. Even in industrialized countries where considerable health research has taken place, a consistent national assessment of indigenous peoples' health status is hard to obtain and wide discrepancies in estimates and statistics are common.

Despite the data gaps, some consistent patterns emerge. These show that indigenous peoples everywhere have generally higher morbidity and mortality patterns than other population groups, lower life expectancy, and higher infant and child mortality rates. Basic services such as water, sanitation, transport, and energy – all strongly linked to health status – tend to be less frequently available to indigenous communities. Environmental quality is frequently low in areas where indigenous peoples reside.

Trends also show that indigenous and tribal peoples in a wide range of developing countries suffer overwhelmingly from malaria, tuberculosis, respiratory and diarrhoeal disease, as well as from nutritional deficiencies. Injuries and disabilities affect high proportions of indigenous peoples everywhere. The non-communicable and lifestyle diseases commonly associated with indigenous peoples – diabetes, mental health issues, substance use, and violence-related injuries – occur almost exclusively in a small number of industrialized countries. Health issues typical of developing countries – malnutrition, malaria, TB, and diarrhoeal disease – are found among indigenous and tribal peoples in developed countries.

The common denominators linking the types of ill-health experienced by indigenous peoples everywhere are poverty and marginalization, exacerbated by lack of access to culturally competent health services. These signal indigenous peoples' inability to exercise the enjoyment of the right to the highest attainable standard of health, to adequate food and nutrition and, overall, to an adequate standard of living.

Overt or implicit discrimination violates one of the fundamental principles of human rights and often lies at the root of poor health status. Systematic and wide-spread discrimination over centuries has manifested itself in poor living conditions and poor health of indigenous peoples all over the world. It continues to manifest itself through unequal access to health services.

The provision of and access to health-related information is considered an "underlying determinant of health" and an integral part of the right to health (General Comment 14 adopted by the Committee on Economic, Social and Cultural Rights, May, 2000). Systematic information on the types of ill-health affecting indigenous peoples in both developed and developing countries is needed, as the scattered and fragmented patterns characteristic of indigenous peoples' health research initiatives do not permit aggregation or comparison. The present small scale of most studies, the inconsistency of methodological approaches, and the incomparability of results regionally or globally impedes identification of the common and consistent root causes of indigenous peoples' poor health – causes often linked to the neglect or violation of basic human rights.

As the right to participation is a guiding principle for our work in this area, WHO intends to work with Member States as well as indigenous partners to strengthen systematic data collection by ethnicity, gender and age, and to develop a comparative operational health research programme with strong capacity-building and training components. In this way, the evidence-base on health disparities between indigenous and other population groups will be expanded and strengthened, which in turn will enhance the capacity of WHO and its Member States to develop specific plans of action in accordance with recent WHA Resolutions on the issue of indigenous health.

To conclude, WHO can play an important role in contributing to the protection and promotion of indigenous peoples' rights world-wide, through the creation and use of a sound evidence-base. This may serve as an important step towards making the enjoyment of the highest attainable standard of health for indigenous peoples worldwide a reality.

Thank you.