

**DRAFT - Indigenous Health and Human Rights Workplan
March 8, 2006****Background and Rationale**

There are over 300 million indigenous peoples in the world, from the Arctic to the South Pacific. Their health conditions are generally considered to be worse than those of the overall population in the countries, both developing and industrialized, in which they live; they have higher infant mortality rates, lower life expectancy, greater morbidity and more chronic illness proportionally than the non-indigenous.¹

The World Health Organization (WHO) has been mandated to move forward on the issue of indigenous health through a number of WHA resolutions, most notably, WHA 55.35 which set out a framework for a global plan of action to improve the health of indigenous peoples.

This global strategy had been purposely set out as a broad framework so as to span the widely disparate health needs and interests of indigenous peoples worldwide. It identified and outlined major areas (as follows: health and demographic data and information, health promotion, health systems and access to care, influencing the determinants of health) and made suggestions for specific actions. These areas make the basis of the actions set out below.

Overall Project Goal:

To catalyze action towards implementing the Global Strategy at both international, regional and country levels in partnership with all relevant stakeholders in order to improve the health of indigenous peoples.

Activities**1. Indigenous Health and Human Rights Publication**

WHO has been mandated to promote the health of indigenous peoples². An important component will be the raising of awareness of the health issues faced by indigenous peoples³. This publication will advocate for a greater focus on the health rights of indigenous peoples and will increase the availability of high-quality information to support action in this area.

Objective: To prepare, publish, and translate a Indigenous Health and Human Rights publication as part of the Health and Human Rights publication series (see: <http://www.who.int/hhr/activities/publications/en/index.html>) in collaboration with other relevant stakeholders such as the UNPFII, ILO and the OHCHR.

Activities: Develop a publication on Indigenous Health and Human Rights through a consultative process with relevant stakeholders and disseminate widely.

2. Training Module

Objective: To build the capacity of health policy makers to successfully address indigenous peoples health issues through the development of a training module. Such a

¹ WHA Resolution A51/22.

² WHA Resolution 54.16

³ UNPFII Recommendation 89a.

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

Activities: Develop and collect regional input on a training program to be used to inform health policy makers of the importance of integrating indigenous peoples and issues of ethnicity into their work.

The training module would be piloted before being distributed. To ensure its sustainability, the module once finalized will be available on CD-ROM for long-distance learning as well as be downloadable from the WHO Health and Human Rights website.

3. **Data disaggregation**

WHO has never before disaggregated data in relation to marginalized ethnic populations. Lack of disaggregated data seriously impedes amelioration of health in marginalized and disadvantaged populations and prevents countries from framing effective and meaningful policy in areas relating to the health of indigenous peoples.

The need for disaggregated data was endorsed by the January 2004 Data Disaggregation Consultation sponsored by the United Nations Permanent Forum on Indigenous Issues (UNPFII). 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.

The World Health Survey (WHS) 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 and other relevant variables such as geographical area, poverty and language was reported as part of this survey. Through a process of consultation with our national counterparts, this information will be deciphered and classified. Once unlocked it will be the key to many interesting health research opportunities including health disparities, health system responsiveness and the applicability of health policies.

Objective: Through the lens of ethnicity (or other relevant variables) use information to support countries in their efforts to design appropriate health policies and programs.

Activities: Engage with national data collection bodies to review existing data in the context of its disaggregation, or potential for disaggregation, in relation to ethnicity and other relevant variables (geographical area, poverty, language spoken etc.); review and classify this information and draw conclusions for health policy making.

4. **Health System Responsiveness Analysis**

Health system responsiveness data is collected as part of the World Health Survey. Using the lens of ethnicity explored in item 3, investigate the responsiveness of health care systems to the health care needs of indigenous peoples.

Objective: To identify how health systems can be more responsive to indigenous peoples using methodologies acquired through the World Health Survey project (see item 3 above) and make these findings available to health policy makers in countries through dissemination of good practices as well as the integration of these and other findings into the above-mentioned training modules.

5. **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.

Objective: To link and integrate indigenous considerations into Poverty Reduction Strategy processes and Millennium Declaration Goal work.

Activity: To engage with WHO's main partners and identify ways and means to integrate indigenous health issues into health development plans at national and international levels. This may entail consultations with partners, including indigenous communities, as well as possible guidelines to support health policy makers.

Organizational structure of the work

The Health and Human Rights Team, which is one of the four teams which constitute the Department on Ethics, Trade, Human Rights and Health Law within the Sustainable Development and Healthy Environment Cluster, serves the Organization-wide focal point on indigenous issues.

The work of this Team is outlined under Area of Work "Policy-making for Health in Development" in WHO's Programme and Budget of 2006-2007. This work, outlined under Organization-Wide Expected Results number four, reads "Implementation of WHO's strategy on health and human rights initiated in order to advance globally the concept of health as a human right; capability strengthened at regional level to provide support to Member States for integrating a human-rights approach into health-related policies, laws and programmes".

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. To implement this project, close cooperation is envisioned with the Department on Equity, Poverty and Social Determinants in the Evidence and Information for Health Cluster as regards the data disaggregation and data analysis component.

The Health and Human Rights Team was reduced last year to two professional staff. Currently there is no staff dedicated to the particular issue of indigenous health and human rights. At the moment this work is undertaken sporadically by periodic fellows funded by the Canadian government through the Canadian Society for International Health.

Implementation:

There are two possibilities for staffing envisioned:

1. A position could be contracted full time for 2 years with the responsibility of implementing the areas of work and to organize and undertake the activities outlined above under the oversight of Health and Human Rights.
2. An independent consultant could be hired to work in partnership with the Health and Human Rights Team to organize and undertake the activities outlined above.

These two possibilities would depend upon the preference of funders, although depending on the method may have some effect on the sustainability of the work.

Partners:

WHO is responsible for developing and implementing this project. Support and guidance continues to be provided by colleagues at other UN organizations including UNPFII, ILO, OHCHR. Additional indigenous partners may be sought to develop specific activities.

Sustainability

Many of the projects outlined in this plan are concrete and catalytic in that they can be considered both finite and yet potentially could spark additional work in their respective areas. The completion of these projects would encourage additional activities as well as build the

capacity of health policy makers in integrating indigenous health and human rights into the work to strengthen health systems

Reporting:

Reporting schedules and content would be determined and tailored with funders to ensure that appropriate information to meet their needs are provided.

Budget:

ACTIVITIES	US \$
<i>Overall Project Implementation</i>	
Supervisor position - STP P4 - 2 months	13,644
One full-time position – STP P1 or P2 - 12 months	93,424
<i>Coordinate the development of Indigenous publication</i>	
Coordinate submissions and finalize publication	8,000
Layout, printing and dissemination	33,000
Translation of booklet into French, Spanish	7,000
<i>Develop and deliver training program</i>	
Development and consultation of training program	9,000
Delivering pilot training	7,000
Develop CD-ROM and long distant learning tool	40,000
<i>Sub-total</i>	211,068
<i>WHO Programme Support Costs 13%</i>	27,438
TOTAL	238,506

Specific financial reporting requirements (i.e. auditing) would have to be included as separate financial costs.

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