



**United
Nations**

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Addressee: Member States, UN agencies, funds and programmes, WHO, UNICEF, UNFPA

Paragraph #89 Session #3 (2004)

Full Text

The goals of the Forum in this area are the promotion of cooperation, the exchange of information and the development of partnerships, as well as to improve coordination by facilitating regular contacts and reports. The Forum intends to address and report on this theme on an annual basis. The Forum, reaffirming its recommendations on health made at its first and second reports, in the spirit of the theme of its third session (Indigenous women), recommends that all relevant United Nations entities, especially WHO, UNICEF and UNFPA, as well as regional health organizations and Governments:

- (a) Fully incorporate the principle that health is a fundamental human right in all health policies and programmes, and foster rights-based approaches to health, including treaty rights, the right to culturally acceptable and appropriate services and indigenous women's reproductive rights, and stop programmes of forced sterilization and abortion, which can constitute ethnic genocide;
- (b) Further develop and disseminate information about innovative strategies in health services to indigenous women, informed by indigenous concepts and understanding of health, wellness, healing, illness, disease, sexuality and birthing so as to ensure universal and accessible health-care services for indigenous women and girl children, and make available adequate financial and technical support for comprehensive, community-based, primary health services and health education, incorporating traditional indigenous components;
- (c) Train and employ qualified indigenous women to design, administer and

- manage their own health-care programmes;
- (d) Set up monitoring mechanisms for indigenous communities to report abuses and neglect with the health system to national health authorities, and put in place the legal framework to effectively address these issues;
 - (e) Encourage States to include and accredit traditional, indigenous health practitioners (physicians), including traditional birth attendants (midwives), and integrate them into state health-care systems, and give full recognition to the medicinal knowledge and medicines of these indigenous practitioners;
 - (f) Augment HIV/AIDS programmes by providing educational materials in indigenous languages and by using specially trained indigenous HIV/AIDS health workers to conduct outreach services and home care to indigenous communities, including voluntary testing for HIV/AIDS;
 - (g) Ensure that indigenous peoples, especially women, have access to all information relating to their medical treatment and to secure their prior informed consent to medical treatment;
 - (h) Provide appropriate health services and protection services, including safe houses, to displaced refugee and migrant women and women and girl children victimized by trafficking for prostitution;
 - (i) Implement the recommendations of the international consultation on health of indigenous peoples, held in Geneva at WHO in 1999, with special emphasis on the recommendations concerning the health of women and girls and the role of women in health care, indigenous knowledge and service provisions;
 - (j) Develop, in conjunction with indigenous women health providers, programmes to inform and sensitize indigenous women and men about cultural practices which have negative impacts on health, including female genital mutilation, child marriages and violence against women and the girl child in the domestic context, in order to encourage them to take precautions and safeguard the health and well being of the indigenous family;
 - (k) Ensure that the treatment of diseases is balanced by the promotion of health through the support of physical activity, sports and physical education in order to address escalating health concerns through prevention.

Comments

Governments - The Government of Canada reports the following:

At the special meeting of first ministers and aboriginal leaders, on 13 September 2004, federal, provincial and territorial ministers responsible for health and aboriginal affairs were tasked to work in partnership with aboriginal leaders to

develop a blueprint on aboriginal health and to report back within one year. The objectives of the aboriginal health blueprint is to improve the health status of aboriginal peoples and health services in Canada through concrete initiatives for: (1) improved delivery of and access to health services to meet the needs of all aboriginal peoples through better integration and adaptation of all health systems; (2) measures that will ensure that aboriginal peoples benefit fully from improvements to Canadian health systems; and (3) a forward-looking agenda of prevention, health promotion and other upstream investments of aboriginal peoples.

The Government of Canada has also announced the following initiatives at the special meeting: 1) an Aboriginal Health Transition Fund (\$200 million); 2) an Aboriginal Health and Human Resources Initiative to increase the number of aboriginal people choosing health care professions (\$100 million); 3) Programs for health promotion and disease prevention (\$400 million); and through Health Canada, the Government is committed to working with its aboriginal partners organizations, including women's organizations, on all of these initiatives.

(e) Through its Pan-Canadian Health Human Resources Strategy, Health Canada is working with aboriginal organizations to address midwifery issues and to ensure that midwifery is incorporated into the new Aboriginal Health and Human Resources Initiative. The Primary Health Care Transition Fund recently funded the Aboriginal Midwifery Education Program, a partnership between the University of Manitoba, the Government of Manitoba and the College of Midwives. It is the first aboriginal midwifery curriculum in Canada.

(f) Health Canada provides funds annually to the Canadian Aboriginal AIDS Network for the development and implementation of a national aboriginal AIDS awareness campaign for World AIDS Day. The materials for these campaigns are printed in English, French, and Inuktituk. Health Canada also funds on a project-by-project basis, the activities of the national Inuit women's association in prevention education. All materials of the association are printed in Inuktituk. In Canada, provincial governments have the responsibility for HIV testing. Provincial health providers therefore carry out the majority of testing for aboriginal people. The HIV/AIDS program run by Health Canada's First Nations and Inuit Health Branch is currently planning to further develop its care, treatment and support component. Health Canada employs a number of specially trained aboriginal HIV/AIDS health-care workers to deliver health-care services on reserve, although it is facing a challenge owing to the overall low number of nursing graduates.

The Government of Finland reports that the Constitution of Finland and the health care legislation ensures that all citizens living in Finland have the right to health

care and medical treatment of high quality that is appropriate to individual health conditions.

The Government of Mexico reports the following:

(b) Indigenous women's health centers have been established with the objective to promote an intercultural model for the relationship between community health resources and local health-care providers that strengthens the capacity of the indigenous population to promote health and sexual and reproductive rights, prevent violence in the community and interact with health and justice departments in order to foster the establishment of a framework of rights and equity in indigenous regions. The project is aimed at organizations of midwives and/or women health outreach workers at the microregional, local and community levels. Indigenous women in the regions served by each health center also benefit indirectly from the projects as they have access to services in the areas of reproductive health and domestic violence. Under the project, five health centers have been set up in four states. The centers promote reproductive rights, provide health care (particularly mother and child health, family planning, pregnancy, childbirth, the post-partum period and maternal mortality) and detect, prevent and address cases of domestic violence.

(c) The health centers carry out promotional, training and dissemination activities and case referral within the regions they serve. They also gather information and documentation on the prevailing situation in their respective municipalities.

(d) as a result of this project, linkages have been established between the centers and the health and justice sectors in their regions. Violence has come to be seen as a public health issue and specific cases have been dealt with.

(e) Midwives and outreach workers have receive training in priority areas of their work such as recognizing risks to pregnancy, early detection of cervical cancer, management and links with the institutions related to their work.

WHO - WHO is implementing a Strategic guidelines and action plan 2003-2007 on the Health of Indigenous peoples at the regional level through PAHO. In summary, the Health of the Indigenous Peoples initiative has been characterized by its capacity to convene the efforts of the programs promoted by PAHO and the proposals of countries themselves. 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 exclusions, and access to water and sanitation.

(b) The conceptual and methodological development of an intercultural approach to health based on the concrete experiences of member States has been an important reference for health care in indigenous communities. , while taking into consideration indigenous resources, prospects, practices, therapies and medicines. This became evident, for instance, in six case studies on the incorporation of the practices, therapies and indigenous medicines in primary health care carried out with the Mapuche of Chile, Nahuatl-Pipil of El Salvador, Mayan of Guatemala, Garifuna of Honduras, Ngobe-Bugle of Panama and Kechwa of Peru. The results of the case studies and an extensive literature review on the subject gave rise to the formulation of strategic guidelines for the incorporation of indigenous practices, therapies and medicines in primary health care.

(i) An international consultation on the Health of Indigenous Peoples was held at WHO headquarters in November 1999. A series of recommendations aimed at improving the health of indigenous populations was made by indigenous participants and the indigenous caucus. WHO is currently working to further develop its Global Strategy on Indigenous peoples through consultations at the regional and country levels.

(a) UNICEF's programmes aim to promote the realization of the right to access to quality health services for all women and children. In indigenous communities, this right can only be fulfilled if health services take into account indigenous cultures and if discriminatory attitudes towards indigenous people are eliminated. UNICEF has been very active in supporting governments and among indigenous communities in developing and implementing local and national intercultural public policies for pre-natal and post-natal care.

In Peru, UNICEF's activities have a focus on maternal health. In 2004, UNICEF supported the training of personnel at health facilities. This involved teaching indigenous health workers the basics of proper care during pregnancy and childbirth, as well as how to recognize and refer cases involving obstetric and perinatal emergencies.

(f) UNICEF has played a role in helping to build capacities within indigenous communities in areas such as malaria prevention to maternal health and HIV/AIDS awareness. In Fiji in 2004, UNICEF supported a Pacific Regional Workshop on Accelerating Actions against HIV/AIDS in the Pacific co-hosted with the Fiji Great Council of Chiefs held in Vuda Village. The workshop brought together government and non-government personnel from 16 Pacific Island Countries to look at gaps and overlaps in regional programmes, and to consider progress toward meeting international commitments. Three key advocacy areas have been

identified: Women and HIV/AIDS; youth education and HIV/AIDS; stigma, discrimination and HIV/AIDS

Area of Work

Health