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World Health Organization

Summary

The purpose of the present paper is to share information on various aspects of the work of the World Health Organization (WHO) which may be of interest and relevance to the Permanent Forum on Indigenous Issues. It covers salient features of the outline Global Strategy on health of marginalized ethnic populations adopted by the World Health Assembly in May 2002 and outlines activities being undertaken by WHO Regional Offices. Background on health data issues is given and attention is drawn, inter alia, to a new multistakeholder initiative on children's environmental health, in which a place for indigenous children can be envisaged.

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* E/C.19/2003/1.

I. Outline global strategy on health of marginalized ethnic populations

1. At the request of the Governing Body of the World Health Organization (WHO), the World Health Assembly, an outline of a Global Strategy was prepared in consultation with all WHO Regions and presented to the fifty-fifth World Health Assembly in May 2002. This outline Strategy was adopted by the Assembly, with the recommendation that the secretariat work closely with interested member States and the Permanent Forum on Indigenous Issues in elaborating it further.

2. Five areas are recommended for action in the outline Strategy:

(a) Health and demographic data and information;

(b) Health promotion;

(c) Health systems and access to care;

(d) Influencing the determinants of health;

(e) Promoting enhanced political commitment and national capacity.

3. The outline Strategy is based on a linked health and development approach. It aims to provide a broad multistakeholder framework which can be adapted to national and local situations and context. A number of suggested activities in each area have been included and work at both policy and technical levels is proposed. The suggested activities reflect the appropriate respective roles of national and international actors. At the international level, strong emphasis is placed on common United Nations mechanisms now being put in place, such as the Millennium development goals, the Poverty Reduction Strategy process and the WHO Country Focus Initiative. The outline Strategy can be consulted on the WHO web site at http://www.who.int/gb/EB_WHA/PDF/WHA55/ea5535.pdf.

The role of the World Health Organization within a global strategy

4. The work of WHO will take account of ethnicity as it is taken forward within countries and when specific subject areas are being pursued, including child health, women’s health, health and HIV/AIDS, food and nutrition issues and environmental health.

II. Regional activities

Western Pacific Region

5. Reviews of the health situation of indigenous peoples or ethnic minorities are being undertaken in three countries by the WHO Western Pacific Regional Office — the Philippines, Malaysia and Viet Nam. The first two reviews are expected to be completed by August 2003. Agreement over the Vietnamese review has only recently been reached and final results are not expected before early 2004.

African Region

6. In follow-up to the outline Global Strategy, and in the context of its work on health and poverty, the African Regional Office plans a series of subregional

assessments on health and ethnicity. Headquarters is seeking funding to support those assessments, which will focus on identifying at-risk ethnic populations and data gaps in respect of such populations. This preliminary work will identify countries interested in specific follow-up work, based on the outline Strategy. National and local non-governmental organization partnerships will also be investigated.

Pan American Health Organization

7. One of the many roles of the Pan American Health Organization (PAHO) is to function as the WHO Regional Office for the Americas. In its capacity as an independent organization, PAHO will report separately on recent activities of its Indigenous Health Initiative. WHO Headquarters provided limited financial support to PAHO in the course of 2002 to help advance work in the area of data disaggregation by ethnicity. WHO and PAHO will continue to support each other in that important area. The Country Profiles available on the PAHO web site provide analyses by population groups and are a major resource for data and information on indigenous peoples' health status in the region (http://www.paho.org).

III. Data collection and disaggregation

8. WHO already disaggregates health information with respect to gender, age and, in many cases, poverty. Where appropriate, within a national setting, information will also reflect ethnicity. All WHO work with countries reflects agreed WHO cooperation strategies. At the same time, it is also designed to help national authorities pursue and then realize the Millennium development goals.

9. WHO anticipates supporting country work to disaggregate data with respect to relevant variables. That effort will contribute to the Forum's own priorities. However, as indicated in the United Nations system joint paper on that topic (E/C.19/2003/4), there are a number of technical and political constraints to accessing reliable data disaggregated by ethnicity. The efforts of WHO in that direction from 2001 to date are briefly outlined below.

Report to the World Health Assembly in 2001

10. The WHO report to the World Health Assembly in May 2001 showed that beyond a small number of developed countries and some countries in Latin America, systematic information on demographics and health statistics concerning indigenous peoples or ethnic populations is scarce. Even in Latin America, data is often considered incomplete. Data and evidence from research on issues of health and ethnicity is sporadic, often small-scale and methodologically inconsistent. Results are therefore not generalizable and are insufficient to inform policy. Data quality varies greatly. Nevertheless, a general pattern indicates that indigenous peoples and marginalized ethnic populations in many countries have lower life expectancy and health status than other population groups.

World Health Survey

11. A tool that has the potential to improve current levels of information on ethnicity is the evolving *World Health Survey*. Until recently, WHO drew its data from secondary sources, for example national health surveys. In creating its own

survey system, WHO intends to generate systematic, comparable, consistent and reliable data to help identify health inequalities and track performance against investment in health. In time, the *World Health Survey* is expected to become a major health survey mechanism worldwide. It will also serve as an instrument through which progress on the health-related Millennium development goals will be monitored.

12. Data instruments have been set up, tested and modified in 61 countries. In the test phase, representative samples of populations are being surveyed, pending national exercises when the testing is complete. Countries chosen for the test surveys are those where little or no data is available, or where significant changes affecting health are taking place.

13. A major goal is to improve the currently weak capacity for data analysis in developing countries. WHO is currently organizing data analysis workshops and report-writing workshops aimed at training nationals to transform the data findings into appropriate policy measures.

14. A question has been included in the *World Health Survey* on ethnic/racial/cultural group and on mother tongue(s). It is also envisaged that components on particular issues can be added to the "core" elements of the survey. That could provide an opportunity for interested member States to expand and refine data collection instruments in relation to ethnicity.

Millennium development goals

15. As noted by the Forum, the data collection and reporting exercises being put in place in pursuit of the Millennium development goals are relevant to the quest for data on ethnicity.

16. WHO shares lead-agency responsibility with the United Nations Children's Fund (UNICEF) for reporting on child mortality, maternal health, childhood nutritional status, malaria-prevention measures and access to clean water; WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) collaborate in the achievement of HIV-prevention targets. Country consultation for the validation of data on development goals will take place in partnership with UNICEF, the United Nations Development Programme and the United Nations Population Fund. WHO, as the lead authority for health content of the development goals within the United Nations country teams, will play an important role in the country consultative process and in ensuring that conflicting health data are not reported through parallel channels. The reporting process will go through the following steps:

- Setting data quality standards
- Developing measurement tools, strengthening national health information systems and national capacity to analyse and use data
- Consultation within countries
- Reviewing and validating data, ultimately through global peer review
- Dissemination of data through WHO country web sites and the annual *World Health Report*.

Ways to include ethnicity as a criterion for national-level reporting will need to be sought across the United Nations system and at the country level.

Data on non-communicable diseases

17. A series of workshops on data in relation to the major risk factors which predict serious non-communicable diseases is currently being held in 10 Pacific Island countries (American Samoa, the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, the Marshall Islands, Nauru, Palau, Samoa and Tonga).

18. The latest in those workshops, held in February 2003, addressed the current availability of data in respect of tobacco and alcohol use, physical inactivity, consumption of fruit and vegetables, high blood pressure, obesity and diabetes. The workshops aim to help those countries develop a plan for establishing a surveillance system for those risk factors, for managing and analysing the data and for turning the data into policy and programme action. In due course, it will be possible to compare the distribution of risk across adult Polynesian and Melanesian populations.

IV. Healthy Environments for Children Alliance

19. During the World Summit on Sustainable Development, held in Johannesburg, South Africa, in September 2002, WHO introduced the concept of a new alliance to act for children — the Healthy Environments for Children Alliance. That Alliance, which forms a central part of the WHO response to the World Summit, is being developed through the joint efforts of national Governments, agencies and organizations of the United Nations system, intergovernmental bodies and non-governmental organizations. It provides an opportunity for intensified, multistakeholder action worldwide on the environmental risks to children's health that arise from the settings where they live, learn, play and sometimes work.

20. Millions of children die each year from ill-health conditions resulting from household water insecurity, poor hygiene and sanitation, air pollution, insect vectors of disease, unsafe use of chemicals and accidents and injuries. A substantial proportion of the global burden of disease can be attributed to environmental risk factors and over 40 per cent of that burden falls on children under 5 years of age. That unacceptable burden has prompted WHO, UNICEF and the United Nations Environment Programme, together with a wide range of other partners and stakeholders, to initiate the Healthy Environments for Children Alliance. WHO acts as the secretariat for the Alliance.

21. A Task Force is now being formed to identify future directions, methods of work and next steps for the Alliance. They will focus strongly on intersectoral action and community participation.

22. In simultaneously addressing issues of health, environment, children and poverty, the Healthy Environments for Children Alliance can provide a broad operational platform inside and outside the United Nations system. WHO envisages a focus on indigenous children within that work.

V. Planning and management of participatory research

23. A draft document on issues requiring particular attention in planning and managing participatory research with indigenous peoples will shortly be issued by WHO and the Centre for Indigenous People's Nutrition and Environment in Canada.

The document incorporates comments from English speakers. The draft is being translated into Spanish to facilitate a further round of comments. Funding for translation into other languages is being sought.

VI. Policy for relations with non-governmental organizations

24. The principles governing relations between WHO and non-governmental organizations are currently being reviewed. A new policy is being considered, consisting of elements of accreditation and collaboration. That may, if approved by the WHO Governing Bodies, replace the current system, which is now felt to be insufficient to meet the current needs of WHO and the aspirations of civil society. Information about WHO work with civil society and the proposed new policy can be found at http://www.who.int/governance/civilsociety/en/. The Forum will be kept informed of progress in that respect.