# WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)

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Indigenous peoples are the caretakers of some of the world's most diverse territories. However, in many countries, they face discrimination and conflict on a daily basis. One of the major achievements in recent years was the adoption of the United Nations Declaration on the Rights of Indigenous Peoples, which was voted for in the General Assembly in 2007. This year' session will devote a half day to discuss some major issues pertaining to North America. In the USA and Canada, indigenous peoples face discrimination and live with legacy of historical abuse related to colonization and forced assimilation policies. Some challenges faced by indigenous peoples of North America include disproportionately high levels of unemployment, lack of access to clean water supply, physical and social isolation, substandard and crowded housing and attacks on indigenous peoples' cultural identity. The discrepancies between the lives of aboriginal and other North American women are quite daunting. Indigenous women in North America face disproportionately high rates of physical and sexual violence, and are often five times more likely to experience violent death than other North American women. In addition, environmental concerns are widespread among indigenous peoples in the North American region. Rapid industrialization of the land and water has altered the natural relationships that have sustained indigenous peoples and their communities for centuries. As a result of these changes, health problems related to toxic chemicals and pollution have increased significantly. The United Nations Permanent Forum on Indigenous Issues (UNPFII) was established by the United Nations Economic and Social Council (ECOSOC) resolution 2000/22 on 28 July 2000. To substantiate this work, the Permanent Forum was called upon to provide expert advice and recommendations on indigenous issues to the United Nations system and to raise awareness and promote the integration of relevant activities within the UN system.

One of the most common issues faced by indigenous peoples across the world is the barriers which prevent them from becoming custodians of their own land. Developmental activities continue to impose large infrastructure projects on their lands without their free, prior and informed consent. As a result, poverty, inequality and massive environmental devastation ensue. This has often been cited as a gross violation of their human rights. Indigenous peoples can be hesitant towards such Western concepts as "globalization" and "development". For many indigenous peoples globalization is viewed as "an aggressive attempt to shape national economies to mimic the economic system of the industrialized countries and which is grossly unjust and has promoted further inequality and environmental devastation within a short period of time". Furthermore, indigenous peoples' own governance, economic, social, education, cultural, spiritual and knowledge systems and their natural resources have sustained them through generations. Rupturing the fabric of their social life through these violating tendencies often harms indigenous communities. Obstetricians and gynecologists in developed and developing countries can work to reduce the health disparities by collaborating with maternal-child health and UN agencies in your country to identify the health needs of indigenous peoples. Share your professional expertise as a member of an advisory committee or task force focused on improving the health of these women. Advocate for availability of safe, legal, and accessible child birth facilities and contraceptive services. Encourage and participate in efforts to utilize effective telemedicine technologies to expand and improve services for indigenous peoples. One of the objectives of our initiative **WomensHealthSection.com** is to address the diversity of indigenous people which necessitates local solutions to local problems.

Indigenous Peoples And Violation Of Their Rights

*Rita Luthra, MD*

## Your Questions, Our Reply:

How can reproductive health and rights of indigenous communities be improved?

**Putting Rights into Practice:** Since the 1990s, more emphasis has been placed on securing the rights of historically neglected and marginalized groups, including the indigenous communities in Latin America and elsewhere. Indigenous people number about 370 million in some 70 countries. They frequently have inadequate access to clean water and other resources and may be pushed into fragile or degraded ecosystems. Compared to the general population of their countries, they have higher rates of infant and maternal mortality, less access to education and limited participation in the government and social systems that affect their lives. Fortunately, an international human rights framework that has been evolving since the 1990s offers greater protection for these vulnerable groups. In the last decade, legally-binding conventions, world programs of action, the international human rights treaty bodies and special reports have brought increasing attention and protections to advance their rights. Practical guidelines and human rights standards for implementation of national policies and programs have been developed. In some regions, such as in Africa, Asia and the Americas, specific conventions and forums focusing on the rights of indigenous people have highlighted discrimination against these groups. Civil society networks have mobilized and established advocacy groups to protect their rights. The International Indigenous Women's Forum, for instance, is a platform for advocacy and mobilization on their rights.

International standards regarding health have implications for reproductive health care that guide almost every aspect of the delivery of care, defining what services (including information, education and counseling) must be offered, to whom and in what fashion. Three principles are key in the right-based approach to reproductive health:

- Individuals have the right to control their sexual and reproductive lives and make reproductive decisions without interference or coercion. This principle underpins provision of family planning services as well as efforts to prevent child or coerced marriages, sexual violence, HIV/AIDS and other sexual transmitted diseases as well as to treat reproductive tract infections that cause infertility.
- The right to non-discrimination and respect for difference requires governments to ensure equal access to health care for everyone and to address the unique health needs of women, men and adolescents. The right to non-discrimination implies that reproductive health services should be accessible to all groups, including adolescents, unmarried women, indigenous people and migrants, including refugees. It also implies that services should be available to meet the distinct needs of women and men.
- Governments are obliged to make comprehensive reproductive health services available and remove barriers to care, in order to fulfill people’s rights to life and health. This principle is crucial in reducing maternal mortality, preventing HIV and ending pre-natal sex selection. When they allocate budgets and implement policies, States should address the rights to reproductive health of the most vulnerable women, men and youth.

A human rights-based approach works for the reinforcement of the health system as a whole, through legislation that complies with international standards, effective mechanisms for law implementation, and accountability and monitoring tools. A human rights-based approach to reproductive health services looks also for alliances to provide affordable, acceptable and comprehensive health services for the people, with particular focus on the most vulnerable sectors of the population. This approach also empowers clients (who are the subjects of rights) to define what kinds of information and services they need, enabling them to seek out and claim them.

## 63rd Annual UN DPI/NGO Conference concludes with NGO Declaration: "Advance Global Health: Achieve the MDGs"

The 63rd Annual United Nations DPI/NGO Conference, held in Melbourne, Australia from 30 August to 1 September, concluded with the NGO Declaration "Advance Global Health: Achieve the MDGs." The Declaration, supported by 1,600 participants representing over 350 NGOs from more than 70 countries, underlines that "it is unacceptable that so many children and adults in low income countries continue to suffer preventable illness, disability and premature deaths each year." Three delegates from Women's Health and Education Center (WHEC) participated in the conference – two representatives were from Australia. Dr. Tom Hale from The Royal Melbourne Hospital and Dr. Georgina Hale from University of Sydney were among the participants from WHEC. Ms. Alexis Cooper, Senior Communication Officer, Office of the Chief Scientist with Australian Government and Mr. Niall Byrne Creative Director with Science in Public; Australian Media representatives were very supportive of our initiative womenshealthsection.com We are looking forward to long-term collaboration with Australian Government and Australian Media.

The Declaration recognizes the relationship between the Millennium Development Goals (MDGs), health challenges and human rights. It notes that billions of people around the world still lack access to adequate and appropriate food; to improved sanitation; and to safe drinking water. It underscores that almost 9 million children die before the age of five; while several hundred thousands of women continue to die each year of pregnancy-related causes. These are just a few examples in the Declaration, which also notes that many more people (i) die of insufficient access to health care, health care professionals, and medicines or of non-communicable diseases; or (ii) face discrimination and poverty as a result of their disabilities. Therefore, the Declaration calls upon governments, UN agencies, corporations and individuals to deliver on their human rights obligations, and to provide adequate financial resources and political will to achieve the MDGs. They should ensure that national health and nutrition plans prioritize integrated and evidence-based health promotion, illness prevention and treatment services for all people; and actively support, encourage and resource community voices – representing women and men, children, youth and older persons, indigenous peoples, the disabled and marginalized groups – in program planning, implementation and evaluation.

To access the Declaration, click here.

## About NGO Association with the UN:

UN Partner on Millennium Development Goals (MDGs)
*A Gateway to the UN System's Work on MDGs*

Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries & Small Island Developing Countries – OHRLLS

The United Nations Office of the High Representative for the Least Developed Countries, Landlocked Developing Countries and the Small Island Developing States (UN-OHRLLS) was established by the United Nations General Assembly in 2001 through its resolution 56/227 with functions recommended by the Secretary-General in paragraph 17 of his report A/56/645. In this same resolution the General Assembly requested Member States, all United Nations system organizations, and other relevant multilateral organizations to extend full support and cooperation to the Office of the High Representative.

The key functions of the Office of the High Representative in accordance with the Secretary-General's report A/56/645 are as follows:
(a) To assist the Secretary-General in ensuring the full mobilization and coordination of all parts of the United Nations system, with a view to facilitating the coordinated implementation of and coherence in the follow-up and monitoring of the Program of Action for the Least Developed

Countries at the country, regional and global levels;
(b) To provide coordinated support to the Economic and Social Council as well as the General Assembly in assessing progress and in conducting the annual review of the implementation of the Program of Action;
(c) To support, as appropriate, the coordinated follow-up of the implementation of the Global Framework This Global Framework has now been replaced by the Almaty Declaration and Program of Action, 2003 for Transit Transport Cooperation between Landlocked and Transit Developing Countries and the Donor Community and the Program of Action for the Sustainable Development of Small Island Developing States;
(d) To undertake appropriate advocacy work in favor of the least developed countries, landlocked developing countries and small island developing States in partnership with the relevant parts of the United Nations as well as with the civil society, media, academia and foundations;
(e) To assist in mobilizing international support and resources for the implementation of the Program of Action for the Least Developed Countries and other programs and initiatives for landlocked developing countries and small island developing States;
(f) To provide appropriate support to group consultations of Least Developed Countries, Landlocked Developing Countries and Small Island Developing States.
Making Globalization Work for the Least Developed Countries

## Collaboration with World Health Organization (WHO):

Health of indigenous peoples

Indigenous concept of health and healing: Health is defined in WHO's Constitution as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This definition extends beyond the traditional Western biomedical paradigm which treats body, mind and society as separate entities and reflects a more holistic understanding of health. Indigenous peoples have a similar understanding of health, as well-being is about the harmony that exists between individuals, communities and the universe. In all regions of the world, traditional healing systems and Western biomedical care co-exist. However, for indigenous peoples, the traditional systems play a particularly vital role in their healing strategies. According to WHO estimates, at least 80% of the population in developing countries relies on traditional healing systems as their primary source of care. "Children born into indigenous families often live in remote areas where governments do not invest in basic social services. Consequently, indigenous youth and children have limited or no access to health care, quality education, justice and participation. They are at particular risk of not being registered at birth and of being denied identity documents." (Source: United Nations Permanent Forum on Indigenous Issues, Fourth Session, UN Document E/C.19/2005/2, Annex III, Item 13)

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. The relevant WHA resolutions, which all relate to the first International Decade of the World's Indigenous People (1995-2004), include:
WHO's mandate on indigenous peoples

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## Collaboration with UN University (UNU):

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics:*

Non-state Sovereign Entrepreneurs and Non-territorial Sovereign Organizations

We propose two new concepts, of non-state sovereign entrepreneurs and the non-territorial sovereign organizations they form, and relate them to issues pertaining to state sovereignty, governance failures, and violent social conflict over the appropriation of the powers that accrue to states in modern international law. The concepts deal with the rise of trans-boundary non-state actors, as they impinge on and aim to supplement or supersede certain powers of state actors. We provide examples to show that non-state sovereign entrepreneurs and their organizations already exist. We are interested in their potential role in conflict transformation. Diagnostically, the paper revolves around the concept of non-state sovereign entrepreneurs. We first focus on the concept of the sovereign, particularly the sovereign state, inasmuch as it relates to local and global governance and, in turn, pertains to violent social conflict. Finding that state sovereignty lies at the crux of the inability to deal with violent social conflict in a timely manner, we then shift our attention to consider a different solution approach, namely that of non-state sovereign actors and the entrepreneurship required to form non-territorial sovereign organizations that might address violent social conflict effectively, efficiently, and reliably. The next section discusses varieties of entrepreneurship, followed by a section that contains a diagnosis of why violent social conflict proves hard to contain under current state-based arrangements. The new foundational concepts of non-state sovereign entrepreneurs (NSEs) and the non-territorial sovereign organizations they form (NSOs), emphasize the difference between these organizations and non-governmental organizations (NGOs) are discussed. The section also provides and discusses a number of historical and contemporary examples of NSOs. The last section summarizes and concludes.

In addition to commercial, political, and social entrepreneurship, a fourth type is sovereign entrepreneurship. It is well-known that states offer different baskets of services at different prices (tax rates). So long as freedom of movement (migration) is guaranteed, people and corporations sort themselves into jurisdictions—sovereignties—of their choice based, in part, on the particular mix of services and costs a sovereign provides. For example, some Caribbean states are favorite off-shore locations for financial firms and due to more flexible operating conditions and tax structures, shipping companies are flagged in Liberia or Panama. Likewise, states compete for skilled workers generally (e.g., Canada, Australia, New Zealand) or for particular skills specifically (e.g., in health services). Within and between states, jurisdictions advertise communal amenities, natural beauty, cultural offerings, educational opportunities, or restful quietude. Others offer effective, efficient, and reliable commercial regulation. Entities such as Hong Kong and Dubai have been entrepreneurial in carving out specific roles for themselves in the international market place. Some see this type of sovereign competition as a threat to sovereignty, while others believe that this type of competition can motivate sovereigns to provide better governance.

The United Nations General Assembly's Friendly Relations Declaration of 24 October 1970 states that 'no State or group of States has the right to intervene, directly or indirectly, for any reason whatsoever, in the internal or external affairs of any other State'.
Non-interference of one sovereign in another's affairs is a prerequisite for self-determination and thus for the realization of all the other rights and values a community seeks. As seen in the Charter of the United Nations, the Westphalian system demonstrates a belief that armed interventions are almost always predatory in nature. Therefore, the principle of state sovereignty now largely operates to protect weak states from predation by the strong, hence the vociferous resistance by some states to the United States' war started in 2003 against Iraq and the equally determined resistance by states to grapple effectively and decisively with cases such as Sudan and Zimbabwe. Thus the purpose of external state-to-state voluntary, mutual agreements also is governance, in this case the governance of state-to-state relations within the international system of sovereign states.

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Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development).

*(Details of the paper can be accessed from the link of UNU-WIDER on CME Page of WomensHealthSection.com)*

## Constitution Of The World Health Organization:

*(Continued)*

CHAPTER VII – THE SECRETARIAT

Article 30
The Secretariat shall comprise the Director-General and such technical and administrative staff as the Organization may require.

Article 31
The Director-General shall be appointed by the Health Assembly on the nomination of the Board on such terms as the Health Assembly may determine. The Director-General, subject to the authority of the Board, shall be the chief technical and administrative officer of the Organization.

Article 32
The Director-General shall be ex-officio Secretary of the Health Assembly, of the Board, of all commissions and committees of the Organization and of conferences convened by it. He may delegate these functions.

Article 33
The Director-General or his representative may establish a procedure by agreement with Members, permitting him, for the purpose of discharging his duties, to have direct access to their various departments, especially to their health administrations and to national health organizations, governmental or non-governmental. He may also establish direct relations with international organizations whose activities come within the competence of the Organization. He shall keep regional offices informed on all matters involving their respective areas.

Article 34
The Director-General shall prepare and submit to the Board the financial statements and budget estimates of the Organization.

Article 35
The Director-General shall appoint the staff of the Secretariat in accordance with staff regulations established by the Health Assembly. The paramount consideration in the employment of the staff shall be to assure that the efficiency, integrity and internationally representative character of the Secretariat shall be maintained at the highest level. Due regard shall be paid also to the importance of recruiting the staff on as wide a geographical basis as possible.

Article 36
The conditions of service of the staff of the Organization shall conform as far as possible with those of other United Nations organizations.

Article 37
In the performance of their duties the Director-General and the staff shall not seek or receive instructions from any government or from any authority external to the Organization. They shall refrain from any action which might reflect on their position as international officers. Each Member of the Organization on its part undertakes to respect the exclusively international character of the Director-General and the staff and not to seek to influence them.

*To be continued…..*

## Top Two Articles Accessed in August 2010:

1. Ultrasound Screening for Neural Tube Defects;
   http://www.womenshealthsection.com/content/obsdu/obsdu007.php3
   WHEC Publications. Special thanks to our writers/editors for compiling the review.

2. World Health Organization's Commission On Macroeconomics And Health: A Short Critique; http://www.womenshealthsection.com/content/heal/heal007.php3
   Author: Debabar Banerji; Professor Emeritus; Jawaharlal Nehru University; B-43 Panchsheel Enclave, New Delhi 110017 India

## From Editor's Desk:

On 9 August the world observed the International Day of the World's Indigenous People. Under the theme "celebrating indigenous film making," the Secretariat of the United Nations Permanent Forum on Indigenous Issues in cooperation with the NGO Committee on the International Decade of the World's Indigenous Peoples organized an observance at UN headquarters in New York on this day.

The issues of Indigenous Peoples, called by any name, ethnic peoples, tribal, are terms that have been around with us pre-dating the inception of the United Nations. At the heart of the challenge we all face is how to break down barriers of communication and perceptions of injustice, rejection and reconciliation on both sides of the divide. How to make possible opportunities of restoring human dignity, empowerment to maintain ones identity and yet participate in the promise of a better political and economic life. There is growing evidence that in Asia and the Pacific region, as in other parts of the world, indigenous peoples and ethnic minorities often bear the greatest burden of poverty. This implies that indigenous populations, particularly women, are isolated not just economically but politically and culturally. For us at UNFPA and in the Asia and the Pacific Region in particular, our concern is to ensure that these communities, who do not have access to reproductive health services; screening for HIV/AIDs and Sexually Transmitted Diseases; or protection from Gender Based Violence are included in the broader investment programs of their respective Governments and the International Donor Community.

In many instances, experience shows, that perspectives, motives and actions by governments are often attenuated by sheer frustration of not being able to reach communities. In defense of many governments, it isn't because they do not try! The frustration often simply has to do with badly planned assumptions and stereotypes of indigenous and or ethnic communities, resulting in textbook mistakes in attempts to help. Indigenous peoples' realities are often informed by their historic memory of exclusion and disempowerment at many different levels. Efforts at help planned and designed in the heart of central ministries are often met with hostility and indifference by local communities. What is at play is the cycle of mistrust that is continually fed with bad plans and recurring accusations by governments of bad faith on part of communities, resulting ultimately in neglect and marginalization of many communities. Some governments have finally concluded that it requires more than just good intentions and plans, to engage and overcome the fear and hostility of indigenous peoples and communities. We in UNFPA welcome this development and see it as an important break in the thinking, methodology and philosophical approach of many governments.
International Day of the World Indigenous People

## Special Thanks:

WHEC thanks Ms. Marilyn Rice, Senior Advisor in urban health and determinants of health, Pan American Health Organization (PAHO) / World Health Organization (WHO) Washington, DC; USA for her support, friendship and contribution. Thanks again.

## Words *of* Wisdom:

If you can imagine it;
You can achieve it.

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*Monthly newsletter of WHEC designed to keep you informed on the latest UN and NGO activities*