NACIONES UNIDAS **E**

Consejo Económico y Social

Distr.
GENERAL

E/CN.4/2005/63
10 de diciembre de 2004

ESPAÑOL
Original: INGLÉS

COMISIÓN DE DERECHOS HUMANOS
61º período de sesiones
Temas 6, 7, 10, 12, 13, 14 y 15 del programa provisional

EL RACISMO, LA DISCRIMINACIÓN RACIAL, LA XENOFOBIA Y TODAS LAS FORMAS DE DISCRIMINACIÓN

EL DERECHO AL DESARROLLO

LOS DERECHOS ECONÓMICOS, SOCIALES Y CULTURALES

INTEGRACIÓN DE LOS DERECHOS HUMANOS DE LA MUJER Y LA PERSPECTIVA DE GÉNERO

LOS DERECHOS DEL NIÑO

GRUPOS E INDIVIDUOS ESPECÍFICOS

LAS CUESTIONES INDÍGENAS

Comunicación presentada por escrito por la Organización Mundial de la Salud (OMS)*

La Organización Mundial de la Salud (OMS) acoge con agrado la oportunidad de proporcionar a la Comisión de Derechos Humanos por escrito información sobre las iniciativas y actividades de la OMS que guardan relación con el programa del 61º período de sesiones de la Comisión. Habida cuenta del gran número de actividades pertinentes de la OMS, se han seleccionado en este documento ejemplos de trabajos en curso relacionados con los temas 6, 7, 10, 12, 13, 14 y 15 del programa provisional de la Comisión.

* Se reproduce como se presentó, en inglés únicamente.

Annex

United Nations Commission on Human Rights

Sixty-first session

Written submission by the World Health Organization (WHO)

Items 6, 7, 10, 12, 13, 14 and 15 of the provisional agenda

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General Information

The relationship between health and human rights

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, as enshrined in WHO's constitution adopted over 50 years ago.[1]

WHO recognizes that there are complex linkages between health and human rights:

- Violations or lack of attention to human rights can have health consequences;
- Health policies and programmes can promote or violate human rights in the ways they are designed or implemented;
- Vulnerability and the impact of ill health can be reduced by taking steps to respect, protect, and fulfil human rights.

WHO's health and human rights work areas

WHO is actively strengthening its focus on human rights and has identified five broad areas of work for 2005-6, as follows:

1. Develop a WHO health and human rights strategy
2. Enhance the knowledge base of rights-based approaches to development and their application to health
3. Develop tools to integrate human rights in health development policies and programmes
4. Strengthen WHO's capacity to adopt a human rights-based approach in its work through policy development, research and training.
5. Advance the right to health in international law and international development processes through advocacy, input to UN mechanisms and development of indicators.

Agenda item 6: Racism, racial discrimination, xenophobia and all forms of discrimination

Since 1999, PAHO[2] has been carrying out activities on the issue of racism, racial discrimination, xenophobia and all forms of discrimination[3] at its Headquarters (HQ) and Representative Offices (PWRs). Work has mainly focused on the health of indigenous peoples and the Afro-descendants community, as part of the mandates arising from the Durban Declaration and Programme of Action following the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance, August 2001.

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[1] *Basic Documents*, Forty-third Edition, Geneva, World Health Organization, 2001. The Constitution was adopted by the International Health Conference in 1946.
[2] Regional Office for the Americas/Pan American Health Organization (AMRO/PAHO).
[3] For issues specifically related to stigma, discrimination and HIV/AIDS, please refer to page 10.

Core areas of work include:
(1) To increase coordination with relevant stake-holders to follow-up on the Millennium Summit Declaration with the purpose of producing indicators that account for ethnic sensitivity corresponding to the Millennium Development Goals (MDGs).
(2) To collaborate with the institutions in charge of obtaining statistical information and with ministries of health to introduce ethnic variables into the national statistics.
(3) To collect and disseminate best practices in the field of information and organization of services.
(4) To support ministries of health in designing policy plans and health programs which are sensitive to ethnicity.
(5) To promote the introduction of an ethnic perspective in the health plans of the poverty reduction strategies (PRSP) in implementing countries.

Agenda item 7: The right to development

WHO is committed to the Millennium Declaration and work on the MDGs is an integral part of its core activities[4], which includes:

1. **Design of indicators** - WHO has worked with other organisations of the United Nations system and with the Department of Economic and Social Affairs to identify indicators associated with each health-related goal and target.

2. **Reporting** – WHO shares lead-agency responsibility with UNICEF for reporting on child mortality, maternal health, childhood nutritional status and immunization coverage, malaria-prevention measures and access to clean water; WHO and 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, UNDP, and UNFPA. WHO, as the lead authority for health content of the Development Goals within the United Nations system country team, will play an important role in the country consultative process and in ensuring that conflicting health data are not reported through parallel channels. All levels of the Organization will collaborate closely at each of the steps of the reporting process[5].

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[4] WHO's commitment to the MDG was reaffirmed by resolution WHA55.19 (World Health Assembly Resolution 'WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration', May 2002).

[5]

- Setting data quality standards: WHO is taking the lead in implementing a validation process for health information that guarantees five quality criteria for core health indicators[5].
- Developing measurement tools, maintaining a data-collection platform, and strengthening the capacity to generate and use the information. WHO builds on ongoing work to improve local capacities to conduct surveys and to analyse and use the data generated by the World Health Survey.
- Consulting with countries. Several country-consultation initiatives will merge in order to establish a consolidated WHO process for the validation of country–based data.
- Reviewing and validating the data. WHO will provide corporate support in the final analysis, inventory, cataloguing, validation and release of all WHO-generated data. WHO's validation of health data for the MDG's will be undertaken through global peer review.
- Disseminating Data. Data will be made available through WHO's country web sites and the *World Health Report*.

3. **Health and Poverty –** The MDGs help to shape WHO's work on health and poverty, which aims to identify pro-poor health interventions and to convince policy-makers of the benefits of investing in health, including reproductive health. WHO will provide support to countries for building capability to analyse data from all available surveys and to provide evidence on matters related to inequality and its determinants. Sound comparative data on the costs and benefits of interventions is needed for priority-setting and decision-making: at the microeconomic level, to estimate the costs of health care to individuals and families; at the macroeconomic level, to demonstrate the relationship between health interventions, poverty reduction and socioeconomic development. WHO also promotes the inclusion of the MDGs in the health component of relevant department frameworks and such instruments as Poverty Reduction Strategy Papers.

There is a growing recognition that achieving the MDG's will require a significant increase in resources for health. WHO continues to be a strong and vocal advocate of additional resources for the health sector, and to provide estimates of the resource needs.

Agenda item 10: Economic, social and cultural rights

The right to health

In recent years, WHO has strengthened its work on health and human rights. In 2005-2006, WHO is focusing on the process of developing an Organization-wide health and human rights strategy , which will serve as a policy platform for WHO and ensure that human rights become further "institutionalized" in our everyday work.

WHO is actively working to increase awareness and understanding of the scope, content and application of the right to health (shorthand for "the right to the highest attainable standard of physical and mental health"). Training for WHO staff on health and human rights was initiated in 2002 and has continued in 2003 and 2004. Recently, consultations on health and human rights took place between WHO headquarters, regional and country offices.

As part of basic building-blocks to develop a solid foundation for WHO's emerging work on health and human rights, a global database on health and human rights actors has been developed and is now available on the website. WHO is also undertaking a global study to assess the extent that the right to health has been enshrined in national constitutions and other legislative frameworks, as well as developing an annotated bibliography on health and human rights.

A workshop was convened in April 2004 to advance the process of identifying relevant right to health indicators. The importance of bringing multi-disciplinary actors in health and human rights together and of seeking common ground on how to monitor the right to health was emphasized, and both public health experts and human rights practitioners were invited. This work will continue with a series of consultations planned over the next couple of years.

WHO regularly makes use of opportunities to articulate health as a human right and advance other health-related rights on the international human rights agenda, as well as the broader development agenda. This includes streamlining and co-ordinating WHO's input to the UN human rights treaty bodies, collaborating with, and supporting the work of, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and participating in the annual sessions of the Commission and Sub-Commission on Human Rights.

Agenda item 12: Integration of the human rights of women and the gender perspective

Although a number of achievements have been made over the last 10 years since the Fourth World Conference on Women regarding women's status, such as the increasing recognition of women's specific health needs, a number of challenges still remain. Although there is greater awareness of the barriers women face in accessing health services, women in many countries, particularly in rural areas, find it very difficult to obtain the health care they require. Gender inequality greatly affects the ability of women and girls around the world to realize their right to the highest attainable standard of mental and physical health. WHO is deeply concerned about the impact of gender equality on women's health and use of health care. Therefore, in addition to integrating gender issues into the various policies and programmes of the Organization, WHO is working on specific projects that address women's health and human rights. For example, WHO is developing a reference guide on CEDAW to assist WHO staff and national level partners in addressing women's health issues in the various CEDAW processes. WHO is also working on specific public health issues that have strong inequality dimensions and greatly affect the health and wellbeing of women and girls.

Women and HIV/AIDS

Gender based inequalities put women and girls at increased risk of acquiring HIV and also affect women's access to and interaction with health services, including those for HIV prevention and AIDS care. Therefore, the goal of WHO's work on gender and HIV/AIDS is to improve knowledge of and the response to the impact of gender inequality on HIV prevention, treatment, care and support by developing practical guidance on how HIV/AIDS policies and programmes can address and monitor these issues effectively. This will improve the coverage and quality of the diverse types of HIV/AIDS programming and best address the needs of both women and men as well as young girls and boys. In addition, as equity in access to HIV treatment is a critical element of the WHO/UNAIDS '3 by 5' initiative (that seeks to provide 3 million people with anti-retroviral therapy by 2005) WHO is working to ensure that gender inequality issues that can hinder access to AIDS treatment and care are addressed in the scaling up of AIDS services so that women have equitable access to ARVs and AIDS care services.

Violence against Women

Violence against women still affects millions of women around the world and adversely impacts both mental and physical health, as well women's productivity and ability to participate as active members of society. Therefore, WHO is working on a number of activities to address the different aspects of violence against women.

The WHO Multi-country Study on Women's Health and Domestic Violence is the first study to gather data on the prevalence of violence against women and women's health that is comparable across countries. The results of the study will be used in countries and globally to

generate policies and strategies to respond effectively to this important public health and human rights issue. In addition, the WHO is hosting a sexual violence research initiative (SVRI) supported by the Global Forum for Health Research and other partners. The SVRI aims to build an experienced and committed network of researchers, policy makers, activities and others to ensure that sexual violence is addressed from the perspective of different disciplines and with a multicultural outlook. The SVRI will enable approaches and interventions to combat sexual violence against women to be documented, evaluated and shared, research and evaluation methodologies to be developed and successful programmes to be implemented.

WHO is also developing normative guidance on improving the health sector response to violence against women. For example, *Guidelines for medico-legal care for victims of sexual violence* are currently being pilot tested in several countries. These guidelines are designed to enable health workers to provide comprehensive care for the medical and psychological needs of survivors of sexual assault and to carry out appropriate forensic examinations. Guidelines are also being developed for management of sexual violence in emergency settings.

The intersections between violence and HIV infection in women and girls are being increasingly documented and are cause for great concern. Therefore, WHO is working closely with UNAIDS, UNIFEM and many NGOs on this issue and, along with the Center for Women's Global Leadership (CWGL), is a co-convener for the Global Coalition on Women and AIDS' theme on Violence Against Women and its links to HIV/AIDS.

Sexual and reproductive health and human rights

There is increasing recognition that achievement of the MDGs, and of the ICPD and FWCW targets related to sexual and reproductive rights, requires governments to take both immediate and progressive steps to respect, protect and fulfil the human rights of their population. Therefore, WHO is continuing to pay special attention to promoting and protecting human rights related to sexual and reproductive health. WHO develops and evaluates strategies and mechanisms for promoting gender equality and human rights in reproductive health research, programming and technical support and supports countries to ensure that reproductive health programmes and policies respect, protect and fulfil human rights and promote gender equality.

In the area of technical assistance to countries, a human rights tool, *Using human rights for maternal and newborn health: a tool for strengthening laws, policies and standards of care*, has been designed to facilitate a multi-disciplinary analysis of the legal, policy and health system determinants of maternal and neonatal mortality and morbidity and the interventions to address them. Regarding regional and national capacity building, a training manual on gender and rights, *Transforming health systems: gender and rights in reproductive health*, has been developed and used in several regions to train health programme managers to enable them to develop policies and programmes that address gender inequalities and the respect, protection and fulfilment of human rights. The extensive work with the Human Rights Treaty Monitoring Bodies aims to ensure that sexual and reproductive health and rights issues are included in the Committees' concluding observations so that WHO Regional and Country Offices can use this mechanism for supporting country-based programmes.

Agenda item 13: Rights of the child

Currently, an estimated 10.8 million children under the age of five, and close to 1.5 million adolescents continue to die each year, mainly due to causes which are either preventable or treatable. Following the adoption of the *Strategic directions for improving the health and development of children and adolescents,* by the 56th World Health Assembly in May 2003, WHO has continued unabated to support countries in reducing infant and child mortality, and to address adolescent health and development. WHO has stepped up its efforts to increase political and financial commitment among its Member States and partners, and to provide technical assistance through policy development and accessible and cost-effective interventions. Taking a leadership role in defining and addressing child health inequities, WHO and the World Bank produced a background paper that spells out the approaches of both agencies in relation to child health and poverty. Together with a group of international partners, WHO worked to revitalize child survival efforts in order to assist governments in reaching the MDGs for reducing child mortality, and included the creation of the Global Partnership for Child Survival.

Following the adoption in 2002 of the Global Strategy for Infant and Young Child Feeding by the World Health Assembly and the UNICEF Executive Board, implementation efforts have started in all Regions. Planning meetings at sub-regional or national level have led to the adoption of the WHO recommendation on the optimal duration of exclusive breastfeeding for 6 months, renewed interest in revitalising the BFHI and the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions, and accelerated training of health workers. Since 2002, WHO and partners have developed a set of tools on HIV and infant feeding for policy-makers, health care managers, researchers and health care providers. Work is under way on a set of indicators for complementary feeding to provide guidelines for local adaptation and planning, and guiding principles for non-breastfed children 6-24 months. A Planning Framework for supporting the implementation of the Global Strategy will be ready in 2005.

Tens of thousands of children are killed by violent acts every year. Among children under 15, those aged zero to four are at highest risk of being murdered. For every child killed by violence, countless others are injured - even disabled - and suffer psychological consequences that can last well into adulthood. WHO is an active partner in the Secretary-General’s Study on Violence against Children and welcomes the Study as an opportunity to engage States in dialogue on violence prevention as a means of fulfilling children's rights. In collaboration with the International Society for the Prevention of Child Abuse and Neglect, WHO has been developing a framework for the prevention of child maltreatment. The framework takes a health and human rights approach and seeks to involve the health, legal and social sectors in promoting a systematic and evidence-based approach in their responses to child maltreatment. The framework has undergone peer review and will be released in 2005. In 2004, WHO published a tool that will aide States’ efforts to prevent and respond to child maltreatment: *Preventing violence, a guide to implementing the recommendations of the World report on violence and health*. The document provides conceptual, policy and practical suggestions on how to implement each of the six country-level recommendations of the *World report on violence and health*. These recommendations target risk factors common to multiple types of violence, and accordingly their implementation should lead to reduced rates of child maltreatment.

WHO has advanced its work in the area of child and adolescent rights, and is aiming at increasing its technical support to Member States in national and sub-national level rights-based programming for child and adolescent health.

Training of government officials, health professionals and other partners continues at country level, and further workshops were held in Indonesia, Maldives and Romania. The workshops further advanced the understanding of how to develop tools and job-aids that assist in rights and equity-sensitive planning and programming within the legal and normative framework of the Convention on the Rights of the Child. Tools are currently being finalized for rights-based programming for child health at district level, and for adolescent sexual and reproductive health. Early application of these tools will take place in early 2005. WHO also continued to provide technical input to the reporting process of the United Nations Committee on the Rights of the Child, and assisted the Committee on the development and adoption of a General Comment on Adolescent Health and Development in the Context of the CRC. Technical workshops on the reporting process and WHO assistance at country level are planned for 2005.

Agenda item 14: Specific groups and individuals

a) Migrant workers

Approximately 175 million people - not including the increasing number of irregular or undocumented migrants- currently live temporarily or permanently outside their countries of origin. They leave their homes in search for a better life or to avoid persecution and discrimination. These people, often disadvantaged socially and economically at home, normally find themselves even more vulnerable in the countries in which they arrive. When undocumented, they often have no social safety nets and are unfamiliar with the operation of health and other social services in their new country of residence. Migrants often have to accept high-risk and low-paid jobs in order to survive and are, therefore, susceptible to many more health risks than are nationals.

On the eve of the International Day of Migrants, WHO in conjunction with the International Labour Office (ILO), the Office of the High Commissioner for Human Rights (OHCHR), the United Nations High Commissioner for Refugees (UNHCR), the International Organization for Migration (IOM), the International Centre for Migration and Health (ICMH), the Ethical Globalization Initiative (EGI), December 18 and the Instituto Mario Negri (IMN) launched the publication “International Migration, Health and Human Rights”. This report draws attention to important human rights issues that migration poses for health policy-makers. These issues include:

- The magnitude of, and reasons for, migration
- Migrating health professionals or “the brain drain"
- Forced migration and its health implications
- Detaining and screening at the borders
- Health and human rights issues of migrants once in the host country
- The most vulnerable categories of migrants

"International Migration, Health and Human Rights" also examines important topical developments, including emerging infectious diseases such as Severe Acute Respiratory Syndrome (SARS) and international trade agreements, including WTO's General Agreement on Trade in Services (GATS). It recognizes the global economic benefits of liberalizing migration and urges that migration policies and programmes promote the health and human rights of migrants.

d) Other vulnerable groups and individuals

By addressing discrimination on the basis of race, ethnicity, sex, religion and other internationally recognized grounds, vulnerability to ill health can be reduced. The grounds for non-discrimination in international human rights law have evolved and expanded over time and in light of changing realities. Physical and mental disability, and health status in general, including HIV/AIDS, have been explicitly incorporated in the list of proscribed grounds for non-discrimination in health in General Comment on the Right to Health adopted by the Committee on Economic, Social and Cultural Rights in May 2000.

Persons with disabilities

WHO estimates that between 7 and 10% of the world population – almost 600 million people experience disability. Approximately 80% of people with disabilities live in developing countries, less than 5% of these persons have access to health or rehabilitation services. Women, immigrants, refugees and elderly suffer the most. Appropriate information related to various health issues including HIV-AIDS, is lacking to many disabled persons especially those who are blind or deaf.

WHO in collaboration with other United Nations Organizations and its Specialized Agencies, has promoted Community Based Rehabilitation (CBR) for twenty five years. CBR has proven to be an effective strategy on the promotion of equal opportunities, participation and development for persons with disabilities in many WHO Member States. Following recommendations of the International Consultation to Review CBR, in Helsinki in May 2003, WHO convened on 1st and 2nd November 2004, a Meeting on the Development of Guidelines on CBR. Many stakeholders, NGOs, Disabled Peoples Organizations, researchers involved in CBR participated in this meeting. These Guidelines would strengthen CBR and greatly contribute to promote the rights of all people with disabilities. A "Joint Position Paper on Community Based Rehabilitation: a Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities" (ILO-UNESCO-WHO), was launched during this meeting. The document is currently being translated into other languages.

WHO continues its active participation on the process related to the "Comprehensive and Integral International Convention on the Protection and Promotion of the Rights and Dignity of Persons with Disabilities". WHO has established a focal group for the coordination of the work done by the Organization. The focal group also participates in meetings with other United Nations bodies based in Geneva, which is an informal reference group for interagency information sharing and collaboration.

WHO is promoting the development and strengthening of rehabilitation services including medical rehabilitation as well as assistive technology in Member States to ensure the rights of all persons with disabilities to have access to those services. In this regard, in March 2004, WHO

participated in the 11th World Congress of the International Society for Prosthetics and Orthotics, where it was recommended that the joint WHO and ISPO publication on "Developing Prosthetics and Orthotics training Guidelines for Developing countries" should be finalized. WHO has convened two informal meetings on Medical Rehabilitation as preparatory steps for the planned Expert Advisory Committee Meeting that will produce a technical report on the issue for WHO Member States. A document on Strengthening National Rehabilitation Services has been finalized. WHO is promoting the empowerment of persons with disabilities so that professionals would work in partnership with them and not only be seen as "prescribers". This project for "Strengthening self management activities for persons with disabilities", will promote equal rights and a better quality of life of persons with disabilities. It will be implemented in one country in each WHO region. It is presently being discussed in Tanzania, Jordan and El Salvador.

In addition, WHO is addressing some of the issues raised in the Millennium Development Goals, in particular poverty alleviation which affect persons with disabilities.

WHO Executive Board adopted a draft Resolution on "Disability, including prevention, management and rehabilitation", which urges Member States:
To strengthen national programmes, policies and strategies for the implementation of the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities, to develop their knowledge base with a view to promoting the rights and dignity of persons with disabilities and ensure their full inclusion in society and to include a disability component in all health policies and programme.
At the same time requests the Organization to support Member States, in collecting more reliable data on all relevant aspects, including cost-effectiveness of interventions for disability prevention, to organize a meeting of experts to review the health and rehabilitation requirements of persons with disabilities and to produce a World report on disability and rehabilitation based on the best available scientific evidence.
As part of its mental health Global Action Programme (mhGAP), WHO is developing guidance material on mental health legislation. It will provide technical guidance on human rights and the development and implementation of mental health legislation. The manual is currently in draft form and has had two international reviews with over 100 national and international user, family, professional, governmental and non governmental organisations, ministry of health representatives and individual experts.

WHO hosted an International Forum on Mental Health, Human Rights and Legislation in November 2003. One hundred and five participants from 56 countries attended. The event provided an opportunity for countries to gain technical knowledge on mental health and human rights and provided support and guidance in the development mental health legislation.

WHO has also conducted a number of regional workshops and is providing intensive technical assistance to countries in the development and implementation of national legislative measures to better promote and protect the rights of people with mental disorders.

HIV/AIDS

By addressing discrimination on the basis of race, religion, gender and other internationally recognized grounds, vulnerability to ill health can be reduced. This is particularly the case in the context of the HIV/AIDS, an epidemic in which fear, stigma, discrimination and violations of human rights remain major impediments to the prevention of HIV transmission and the provision of treatment, care and support for people living with HIV/AIDS. On the other hand, initiatives aimed at reducing HIV/AIDS-related stigma and discrimination and protecting the human rights of those vulnerable to infection are recognized as highly important components of any effective response to the HIV/AIDS epidemic.

The cartoon “HIV/AIDS Stand Up for Human Rights" was launched in December 2003 and is designed to empower young people to promote human rights in relation to HIV/AIDS. It aims to raise awareness of the key linkages between HIV/AIDS and human rights and to combat the myths and taboos associated with HIV and AIDS.

The Fédération Internationale de Football Association (FIFA) has agreed to help stimulate awareness of human rights and HIV/AIDS by supporting the reprint of the cartoon and its distribution through national football associations. Events will be organized in five high burden countries - South Africa, Botswana, Uganda, Ghana and Zambia - in the coming months. The opportunity of these events will be used to promote education/awareness-raising among youth.

Agenda item 15: Indigenous issues

Resolution WHA 54.16, passed in 2001, requested the WHO Secretariat to outline a Global Strategy on the Health of Indigenous Peoples, with a focus on the needs in developing countries. This Global Strategy, prepared in close consultation with WHO’s Regional Offices, was presented to and adopted by the World Health Assembly in May 2002. The Strategy, which employs flexible terminology to facilitate the engagement of as wide a range of developing countries as possible, envisages a broad, multistakeholder approach, involving governments, WHO and other UN partners, NGOs, and local actors.

WHO's work on indigenous peoples health is located within the team working on Health and Human rights, recognizing the interrelationship between the realization of human rights and the health of indigenous peoples. In collaboration with the Health Equity team, a data analysis is underway to consider health disparities among ethnic groups. A publication is planned that will highlight the health situation of marginalized ethnic population groups, including indigenous and tribal peoples, from a human rights perspective. WHO is proposing to establish a Commission on the social determinants of health. The Commission will assemble relevant evidence on the social factors that lead to widespread ill-health in disadvantaged communities. The Commission's overarching goal is to increase vulnerable people's chances to be healthy by promoting a core policy emphasis on the social determinants of health in countries, at WHO, and among global health actors.
