

processes and policies of the University. Her research centre, the Centre for Health Education and Health Promotion of the Faculty of Medicine is the Pearl River Region Liaison Office of Northern part of Pacific Region of IUHPE. The Centre, founded in 1988 by a team of professionals and academics and has dedicated to promote health via the 'Healthy Schools Programme' through education, research, services and activities with aims to enhance students' physical, mental and social health through a holistic approach, will take the lead as the host organisation and will collaborate with several national and international organisations.

## RESOLUTIONS

Finally, the General Assembly debated and established positions on the resolutions which were presented on different topics related to the mission, goals and objectives of the IUHPE. The following resolutions were adopted:

### 1) Resolution for support of action on behalf of Indigenous Australian Populations

*The General Assembly of IUHPE 2004,*

- taking note of the reports on successful health promotion activities developed in various parts of the world in partnership with Indigenous communities,
- records with interest the innovative approaches of health promotion, especially those fields of HIV/AIDS, maternal and child health, including those developed by aboriginal and Torres Strait Islander communities.
- fully supports and encourages further collaborative initiatives of this type,
- encourages further developments by the Australian Government to recognise the specific needs of the Indigenous Australian population resulting from losses experienced over many generations,
- invites the Australian Government to support the creation of a global network of Indigenous health promotion practitioners and researchers to develop and influence local, national and where applicable global policies for the health of Indigenous populations.

### 2) Resolution to support action towards achieving equity in indigenous peoples' health

*Whereas the General Assembly of IUHPE:*

- has a stated mission to "...contribute to the achievement of equity in health...within countries of the world..." and the 18<sup>th</sup> World Conference on Health Promotion and Health Education has a theme of "...setting an agenda for indigenous peoples' health", and
- the disparities between the health status and experiences of indigenous peoples' relative to other population groups within the same country are notable, and
- indigenous peoples' have aspirations for good health, for control over their own development and have confidence in their own distinctly indigenous approaches to improving their position as articulated in the United Nations Draft Declaration on the Rights of Indigenous Peoples, the 1996 Statement by the Indigenous Caucus at the 14th Session of the United Nations Working Group on Indigenous Populations, and the Geneva Declaration on

the Health and Survival of Indigenous Peoples (WHO 1999), and

- the IUHPE has already taken positive steps including the participation of indigenous peoples on the Governance bodies of some regional offices, the increasing participation of indigenous peoples and profile of indigenous peoples' issues at the IUHPE Global Conferences and the first formal Indigenous Gateway Event to a World Conference (New Zealand April 2004), and
- there is an opportunity for a mutually beneficial partnership relationship between the IUHPE and indigenous peoples that has the potential to enhance the IUHPE's value as a global membership organisation that is linked to governments, global bodies including WHO and UNESCO and other key stakeholders and to enable the Union to better meet its mission and goals in a comprehensive, inclusive and rigorous way, and
- acknowledge that it is the final year of the International Decade of the World's Indigenous People (1995-2004).

*Be it Resolved that the Board of Trustees:*

- position the IUHPE as a vehicle for facilitating indigenous peoples' leadership in indigenous health promotion by, for example, supporting indigenous-led capacity building in indigenous health promotion and the creation of a global network of indigenous health promoters, and
- strengthen indigenous participation in IUHPE governance structures and processes, and
- acknowledge and advocate for the validity of indigenous peoples own models and approaches to indigenous health promotion, and
- ensure that an indigenous focus is incorporated into key areas of IUHPE work, including activities around the health promotion effectiveness, and
- support the development of a programme of activities in the field of health promotion led by, and in partnership with, indigenous peoples in order to respond to the specific needs, preferences and aspirations of indigenous peoples.

### 3) The health of Indigenous Peoples: the Kutching statement for action

**Adopted at the 6th World Rural Health Congress Santiago de Compostela, Spain, 2003.**

Further to the Durban Declaration and the Kutching Statement 1999, which calls for a Global Initiative of Health For All Rural People, we as rural health professionals from around the world who were present at the Sixth WONCA World Conference on Rural Health at Santiago de Compostela, Spain, note with concern that:

- In spite of cultural and ethnic diversity, there are striking similarities between the problems, health disparities and interests of Indigenous Peoples around the world;
- The health status of Indigenous Peoples in many countries is significantly worse than that of the population as a whole;
- Indigenous Peoples largely represent the most marginalised and poorest subpopulations of the world;
- Many of the health problems of Indigenous Peoples arise from a disadvantaged socio-economic status;

- The forced relocation of Indigenous Peoples without consultation or informed consent has an ongoing detrimental effect on the health and cultural well being of these communities and their members.

Consequently, we affirm that:

## 1. Definition of Indigenous Peoples

- A. The term “Indigenous”<sup>1</sup> refers to those who, while retaining totally or partially their traditional languages, institutions, and lifestyles which distinguish them from the dominant society, occupied a particular area before other population groups arrived.

## 2. Definition of self-determination

The Charter of the United Nations, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights affirm the fundamental importance of the right of self-determination of all peoples.

- A. Self-determination is when peoples can freely determine their political status and freely pursue their economic, social and cultural development<sup>2</sup>;
- B. Indigenous Peoples, as a specific form of exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, including culture, religion, education, information, media, health, housing, employment, social welfare, economic activities, land and resources management, environment and entry by non-members, as well as ways and means for financing these autonomous functions.

## 3. Rights

The rights of Indigenous Peoples have been affirmed in the Universal Declaration on Human Rights.

- A. Equal health for Indigenous Peoples is a basic human right. To achieve this additional effort and resources are required.
- B. Partnership, commitment and political will are needed to improve the health status and well being of Indigenous Peoples. Partnership requires participation where there is recognition of interdependence, a need for integrity and balance in the power relationship between all stakeholders.
- C. The health and well being of Indigenous families requires special attention. A child born to poverty, exposed to inadequate living and housing conditions and poor access to food continues the poverty cycle and predisposes to chronic ill health and disability. Every child has a right to an environment conducive to the child’s physical, mental, spiritual, moral and social development.<sup>4</sup>

- D. Indigenous Peoples have the right to culturally appropriate health services preferably in their own language. All people have the right and duty to participate individually and collectively in the planning and implementation of their health care.<sup>5</sup> Indigenous community control in matters of health, particularly in the delivery of primary health care<sup>6</sup> provides the foundation for the delivery of appropriate and acceptable health care. Health professionals and governments must acknowledge the importance of alternative and Indigenous therapies including traditional healers and medicines.

## 4. Indigenous community control

- A. It is essential that Indigenous Peoples are actively involved in improving their health status, through public and private initiatives. Indigenous Peoples must be engaged in the design, execution and evaluation of health services.<sup>7</sup>
- B. Indigenous peoples must always be involved in national and international forums concerned with rural health issues.
- C. Indigenous Peoples must be educated and trained as health professionals.

## 5. Health professional involvement

- A. Health professionals have a duty to advocate for policy and programmes that will address the social, environmental and economic determinants of health in order to improve the health status of Indigenous Peoples.
- B. Health professionals have a duty to advocate for holistic non-health sector policy and programmes which address Indigenous health determinants.
- C. Health professionals must receive education and training in Indigenous health, including cultural awareness, and negotiating policies and programmes that will address Indigenous health determinants. Indigenous peoples must be engaged in the design, execution and evaluation of education, including vocational training schemes.<sup>8</sup>

## 6. Recommendation to WONCA

That WONCA agree the revised *Kuching Statement for Action 2003*, be recommended for action to the United Nations and Governments.

This statement must be used in its entirety. No individual element of this Statement must be taken in isolation or used to deny any of the principles highlighted in this document.

## 4) Resolution for support for the World Health Organization Global Strategy on Diet, Physical Activity and Health

*The General Assembly of the IUHPE,*

- Recognising the large and growing global burden of non-communicable diseases, in particular cardiovascular diseases, diabetes, certain types of cancer, and obesity, and the profound shift in the balance of the major causes of death and disease under way in most countries, and
- Considering the significant potential for physical activity

1. International Labour Organisation, 1989  
 2. Draft United Nations Declarations on the Rights of Indigenous Peoples  
 3. Universal Declaration on Human Rights 1948  
 4. Article 27 Convention on the Rights of the Child  
 5. Alma Ata WHO 1978  
 6. International Labour Organisation 1989  
 7. International Labour Organisation 1989  
 8. International Labour Organisation 1989

and healthy eating to contribute to reducing the burden from these diseases.

- Notes and fully supports the World Health Organization's Global Strategy on Diet, Physical Activity and Health, and the unique opportunity it provides to formulate and implement an effective strategy for substantially reducing deaths and disease worldwide by improving diet and promoting physical activity.
- Recognises that the Strategy is both timely and important for global public health.
- Recognises that following the Executive Board's decision to agree to a period of time to enable countries to provide comment, the text as revised 17 April 2004 is a reasonable compromise between differing interests. While it is not ideal from a health point of view we urge that it be adopted by this World Health Assembly.
- Strongly encourages the full implementation of the strategy in a timely manner, as the problem is urgent.

## 5) Resolution on the role of health promotion in road traffic injury prevention

*The International Union for Health Promotion and Education notes that:*

1. Road traffic injuries are a major cause of morbidity and mortality worldwide with more than 3,000 deaths on the roads daily.
2. It is projected that road traffic injuries will be the third leading cause of disability and death globally by the year 2020.
3. A healthy and prosperous society is one in which citizens have access to safe environments free of accidents and violence.
4. Road traffic injuries represent an important source of health inequity, with 85% of the world's road traffic deaths occurring in low-to middle income countries where the most vulnerable road users have the least influence over their conditions of living.
5. National governments have a responsibility to promote educational programmes, community programmes and legislation supporting effective injury prevention and safety promotion. However, injury prevention and safety promotion are not the exclusive responsibility of any one organisation or government. Improved cooperation between the population, government, non-governmental organisations (NGOs) and other stakeholders is needed.
6. A comprehensive, integrated health promotion approach to road safety is necessary.
7. Specifically, 'health promotion' refers to planned actions which aim to empower people to control their own health by gaining control over its determinants (the underlying factors which influence health). The main determinants of health are people's cultural, social, economic and environmental conditions and the social and personal behaviours which are strongly influenced by those conditions. Consequently, a key characteristic of health promotion is that it seeks to orchestrate a wide range of complementary actions at the individual, group, community and macro levels. Its core activities are health education, and advocacy for policies in all sectors of society which help to improve health and, conversely, to prevent it being threatened and undermined. The effectiveness of these activities is enhanced and underpinned by collaboration and alliance building among different sectors of society, applied research to improve the quality and effectiveness of health promotion, and training people to help them acquire skills to engage effectively in health promotion work.
8. Health promotion programmes have proven successful in many different settings, with specific population groups and specific health issues. A sound base of evidence exists for the effectiveness of health promotion internationally.

*The International Union for Health Promotion and Education therefore commits to:*

9. Supporting WHO's recommendations for improving road safety internationally.
10. Addressing road safety and injury prevention as a global issue within the context of health promotion and education.
11. Integrating injury prevention and safety promotion more effectively through its global and interdisciplinary network and existing projects, i.e., in research studies, conferences, community health and effectiveness initiatives.
12. Supporting the use of the term "safety promotion" and the establishment of the safe community network, which represent good practices on how to link the two fields, and encouraging injury prevention and health promotion organisations worldwide to do likewise.
13. Serving as a resource for good practices in injury prevention and safety promotion.
14. Promoting and strengthening "Safe Community Programmes" which emphasise the coordination of local injury prevention efforts, including areas of traffic, work, home, school and leisure, and are rooted in municipality planning and decision-making. This integrated approach has led to injury reduction of up to 30%.
15. Complementing public health education campaigns and programmes in injury prevention with advocacy initiatives for legislation and community involvement. For example, supporting legislation for bicycle and motorcycle helmet wearing and efforts to harmonise motor vehicle safety standards, worldwide.
16. Providing educational opportunities through scholarships or fellowships for students and professionals in road safety and injury prevention, especially in areas related to research, advocacy, communication and promotion skills.
17. Encouraging placing road traffic injuries on the Global Development Agenda as an issue of social justice.
18. Collaborating with the World Health Organization (WHO) and the United States' Centers for Disease Control and Prevention (CDC), and other international organisations, in celebrating World Health Day on Road Safety, April 7<sup>th</sup>, 2004, and in implementing strategies and initiatives outlined in the *World Report on Road Traffic Injury Prevention*.
19. Disseminating the *World Report* and related materials to the health promotion community through its global network, publications, and communication links.