

Table of Contents

| | |
|--|----|
| Executive Summary | 1 |
| Introduction..... | 2 |
| A NAHO Strategy for Policy Research and Analysis | 3 |
| The Central Role of Indigenous Knowledge | 3 |
| The Importance of Balance and Respect | 4 |
| NAHO’s Involvement in Health Policy Research and Analysis | 5 |
| Vision..... | 5 |
| Objectives | 6 |
| Policy Research and Analysis – Role and Scope of Activity | 6 |
| Policy Research and Analysis Goals | 7 |
| Guiding Principles for Policy Research and Analysis | 8 |
| Policy Research and Analysis activities will be of use to Aboriginal communities | 8 |
| Policy Research and Analysis activities will be culturally appropriate..... | 9 |
| NAHO will lead, respond and collaborate with others..... | 9 |
| Policy Research and Analysis will be evidence-based..... | 9 |
| Policy Research and Analysis activities will be strategic..... | 9 |
| NAHO will communicate its policy research and analysis activities openly and clearly..... | 9 |
| Priority Health Challenges and Related Policy Research and Analysis Issues | 10 |
| Self-determination | 10 |
| Physical and human environments..... | 11 |
| Access to effective and appropriate services | 13 |
| Policy Research and Analysis Strategies..... | 14 |
| Self-determination | 15 |
| Physical and human environments..... | 16 |
| Access to effective and appropriate services | 17 |
| Conclusion | 18 |
| Bibliography | 19 |
| Glossary | 22 |
| List of Acronyms | 27 |

Executive Summary

Health-related policies have an immense impact on the everyday lives and on the immediate and long-term health of Aboriginal Peoples. Policies can take many forms: international conventions and agreements; federal, provincial and territorial legislation, regulations, new initiatives and programs; research protocols and funding priorities; educational and health program criteria, and professional standards and regulations. Policy making and policy influence are a complex process.

NAHO's role in health policy research and analysis affecting Aboriginal Peoples is to provide evidence-based knowledge and documentation that is grounded in Indigenous values and principles, and is based on real Aboriginal experience. NAHO might be considered a knowledge management organization, where policy research and analysis delivers "strategically useful knowledge and expertise, the availability of which facilitates effective and timely decision-making" (Villegas, n.d., quoted in Dion Stout and Kipling, 2001, p.5).

Winds of Change: A Strategy for Health Policy Research and Analysis is intended for use primarily inside the organization to guide policy research and analysis activities. The purpose of the strategy is to ensure a common understanding of NAHO's role and scope of activity related to policy research and analysis; help determine priorities for resource allocation; define the key policy issues related to selected priority health challenges; and provide options for who to influence, who to work with, and what general activities to undertake.

The strategy emphasizes the central role of Indigenous knowledge in health policy research and analysis, and the importance of integrating values of balance and respect in an Aboriginal understanding of health.

Guiding principles for NAHO policy research and analysis activities are:

- policy research and analysis activities will be of use to Aboriginal communities
- policy research and analysis activities will be culturally appropriate
- NAHO will lead, respond and collaborate with others
- policy research and analysis will be evidence-based
- policy research and analysis activities will be strategic
- NAHO will communicate its policy research and analysis activities openly and clearly.

Priority health challenges identified are:

- self-determination
- physical and human environments
- access to effective and appropriate services.

NAHO intends the policy research and analysis strategy to be a living document that changes and evolves as knowledge grows. Your comments and insights are welcome.

Introduction

Health policies have an immense impact on the everyday lives and on the immediate and long-term health of Aboriginal Peoples. Yet the policy-making process in governments, international bodies, professional regulatory associations, educational and research institutions, and research funding bodies is largely remote and inaccessible to most people. Too often, the realities, experiences, and the knowledge of the people affected by health policies do not reach decision makers.

Health policy has been defined as

A formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures.

(World Health Organization, 1998, p.10)

Policies can take many different forms, including: international conventions and agreements; federal, provincial and territorial legislation and regulations; government throne speeches, budgets and funding commitments; directional documents and frameworks; new initiatives and programs; research initiative protocols and funding priorities; educational and health program criteria and professional standards and regulations.

As a knowledge-based organization, the National Aboriginal Health Organization (NAHO) can play a critical role in ensuring that evidence-based knowledge on First Nations, Inuit and Métis health issues influences policy makers and affects policy outcomes. In creating a Policy Research Unit, NAHO recognizes the important link between policy research and analysis and change.

Health research and policy research: two distinct concepts, yet both are linked in purpose. Health research strives to validate or reproduce results, with the end-goal of producing knowledge about causal factors related to health. ... Policy research “provides ideas, insight, evidence and intelligence for the design of policy options, as well as assessment of those choices.”

(National Aboriginal Health Organization, 2001c, p.5)

In October 2001, NAHO held a two-day consultation with Aboriginal scholars and policy researchers to explore ways that NAHO could most effectively address Aboriginal health challenges. Key messages from the consultation included the need to “think outside the box” by adopting an Aboriginal holistic approach to health, respecting Indigenous knowledge; acknowledging the historical trauma, but also the resulting resiliency and strength of Aboriginal Peoples, increasing Aboriginal Peoples’ sense of control over their lives, and emphasizing values which promote health and well-being (Dion Stout, Stout and Rojas, 2001).

In April 2002, Policy Research Unit staff met for a two-day strategic planning session where they discussed and debated the key points of a policy research and analysis strategy for NAHO. They subsequently met with Inuit, First Nations and Métis Centre staff to further discuss issues and approaches. This document is the result of that process.

A NAHO Strategy for Policy Research and Analysis

All organizations need to set a direction and make strategic choices in order to achieve their goals. This is especially important in a new organization with a broad mandate and ambitious goals.

This document builds upon the values, principles and priorities presented in a companion document – *Ways of Knowing: A Framework for Health Research*, but goes a step farther in setting specific policy research and analysis priorities, and the strategies for addressing them. *Winds of Change: A Strategy for Health Policy Research and Analysis* is intended for use primarily inside the organization to guide policy research and analysis activities. The purpose of the strategy is to:

- ensure a common understanding of NAHO's role and scope of activity related to policy research and analysis
- help determine priorities for resource allocation among the many pressing health challenges and demands on the organization
- further define the key policy issues related to selected priority health challenges
- provide options for intended audiences, partners, and methods and activities to address these issues and priorities.

The remainder of the document will address:

- the central role of Indigenous knowledge, and the importance of balance and respect, in policy research and analysis activities
- NAHO's policy research and analysis mandate, vision, goals and objectives
- guiding principles
- priority health challenges and related policy research and analysis issues
- policy research and analysis strategies.

The Central Role of Indigenous Knowledge

To be effective for Aboriginal Peoples, efforts to improve health must be grounded in Indigenous knowledge, values and principles.

First Nations, Inuit and Métis Peoples comprise the Aboriginal, or Indigenous, population in Canada. Indigenous Peoples throughout the world have been described as those with

... a social and cultural identity distinct from the dominant society where they live, who have a close attachment to their ancestral lands ...

Indigenous societies represent cohesive systems of life, imbued with a shared world view. Every aspect of indigenous life is governed by sets of rules and values, and sustained by a sound knowledge base. Indigenous peoples have achieved harmonious integration with the environment and have sustained this relationship over the centuries.

(Alderete, 1999, p.7)

Indigenous health knowledge is part of a complex knowledge system passed from generation to generation for thousands of years. However, colonialism, the suppression of language and culture, and epidemics of disease and death have resulted in the permanent loss of some knowledge and the need to rebuild, protect and transmit community Indigenous knowledge throughout Canada.

The need to preserve and use Indigenous knowledge has never been greater. Canadian Aboriginal communities are facing rapid change and daunting symptoms of imbalance such as community and family violence, suicide, high levels of infectious and chronic diseases and tragic levels of childhood deaths, youth injuries and adult disabilities (First Nations and Inuit Regional Health Survey National Steering Committee, 1999; Health Canada, 1999; Statistics Canada, 1996; National Aboriginal Health Organization, 2001b; Kinnon, 2002; Smylie, 2001). While some Aboriginal communities are gaining greater control over social and economic development and health programs, even these are often based on non-Indigenous values, approaches, structures and methods. By and large, research on Aboriginal health concerns has been built upon European values and Western scientific principles, rather than upon those of the people themselves.

However, there is now great opportunity for change as Aboriginal communities work to exercise more control over our present and our future. Many communities and organizations are working to ensure that Indigenous knowledge and useful, appropriate Western approaches are given equal respect in addressing the needs of Aboriginal communities. According to participants in a roundtable on Aboriginal health policy

Aboriginal people must maintain the integrity of their traditional knowledge, but also they should draw on it as a powerful lens through which to promote health and well-being.

(Dion Stout, Stout and Rojas, 2001, p.2-3)

The Importance of Balance and Respect

Balance and respect are important values in Aboriginal policy research and analysis.

There are as many different visions of health and wellness as there are different Aboriginal cultures in Canada. There are, however, some common themes that can be found throughout these diverse communities that provide a view of health and wellness that is distinctly Aboriginal. Two key principles are balance and respect, and it is the Elders and Aboriginal scholars whom we need to look to as authoritative voices concerning these fundamental beliefs.

Health, from an Indigenous perspective, is not seen as separate and distinct from other aspects of life or a person. A person is not just a physical being; equally important are the mental, emotional, social, and spiritual aspects of that person. Individuals are a part of, and are greatly affected by, the natural and built environments in which they live, as well as by the spirit world, their families, their communities, and their nations. Maintaining health requires keeping or regaining a balance in the different aspects. Treatment of illness involves an understanding of all the factors, inside the person and in the world, that disturb balance. Methods used to restore this balance will vary according to the healer or community. Traditionally, these methods have included healing circles, sweat lodges, traditional medicines, songs, dancing, feasts, and other ceremonies. At present, Aboriginal communities consider efforts toward self-determination, community and economic development, family healing, and personal change as ways of restoring balance and health.

In order for healing to take effect, we must foster the principle of respect. For changes to take place in people's health, they must have respect for themselves and their position in all of the systems mentioned above. This respect will form the foundation of all interactions and will also direct or guide any attempts to make changes in order to improve or restore health. Again, the methods and means for this restoration will be as diverse as the cultures that developed them (Smylie, 2001; Dion Stout and Kipling, 2001).

When considering the values that will guide the research and policy agenda that NAHO hopes to influence, as a national organization, it is critical that NAHO be inclusive and respectful of all Aboriginal Peoples and their cultures, practices and traditions. By honoring the values, beliefs and views of all Aboriginal Peoples in its research and policy-related activities, NAHO can build a collective of knowledge to support its case to influence the policy development of varying levels and types of decision makers.

(National Aboriginal Health Organization, 2001c, pp.10-11)

NAHO's Involvement in Health Policy Research and Analysis

In planning strategies, it is important to be clear on the mandate, vision and objectives of the organization, as well as the nature and scope of the activities being planned.

Vision

The National Aboriginal Health Organization is an Aboriginal-designed and -controlled body dedicated to improving the physical, mental, emotional, social, and spiritual health of Aboriginal Peoples. It is our fundamental belief that the advancement and sharing of knowledge in the field of Aboriginal health is the key to empowering Aboriginal Peoples.

(National Aboriginal Health Organization, 2001a, p.3)

Objectives

- To improve and promote health through knowledge-based activities
- To promote understanding of health issues affecting Aboriginal Peoples
- To facilitate and promote research and develop research partnerships
- To foster participation of Aboriginal Peoples in delivery of health care
- To affirm and protect Aboriginal traditional healing practices

Policy Research and Analysis Role and Scope of Activity

NAHO's role in health policy research and analysis is to provide evidence-based knowledge and documentation that are grounded in Indigenous values and principles, and based on real Aboriginal experience. NAHO might be considered a knowledge management organization, where policy research and analysis delivers "strategically useful knowledge and expertise, the availability of which facilitates effective and timely decision-making" (Villegas, n.d., quoted in Dion Stout and Kipling, 2001, p.5). NAHO aims to provide policy research and analysis products and processes that have an impact on the physical, social, mental, emotional, and spiritual health of Aboriginal Peoples.

NAHO staff, board and committee members will work actively and collaboratively with each other, as well as with its member organizations: Assembly of First Nations, Congress of Aboriginal Peoples, Inuit Tapiriit Kanatami, Métis National Council, and Native Women's Association of Canada. NAHO also will draw on the expertise and support of Aboriginal community members, Aboriginal scholars, researchers and allied organizations, working in strategic partnerships to address priority issues.

NAHO will have as its *primary policy research and analysis focus* ("in scope" activities):

- *key* health determinants for Aboriginal people, according to the evidence
- *poorest* health outcomes among Aboriginal people, according to the evidence
- "upstream" issues (larger policy research issues and systems change, with a population health and prevention focus)
- initiatives in federal government departments with a significant role in health policy research (e.g., Health Canada, Human Resources Development Canada, Environment Canada, Indian and Northern Affairs Canada)
- the provincial and territorial governments with significant initiatives affecting Aboriginal people
- parliamentary bodies (e.g., standing and senate committees, commissions)
- bureaucracy (e.g., senior governmental staff, political staff, advisory and working groups, interdepartmental working groups)
- other national organizations (e.g., Aboriginal organizations, research bodies, health issues and health professional groups)
- international bodies (e.g., United Nations, World Bank, Indigenous and environmental groups)

- legal system on issues impacting Aboriginal health
- educational institutions.

NAHO policy research and analysis activities with only an *occasional or discretionary focus* (“out-of-scope” activities) include:

- regional and local governments and non-governmental organizations (e.g., regional health authorities, local health departments)
- federal government departments with a less direct role in health policy (e.g., Department of Foreign Affairs and International Trade, Revenue Canada)
- program-level initiatives, program-specific advisory and working groups, etc.

NAHO will engage in policy research and analysis by:

- creating and sharing credible, evidence-based knowledge (“value-added” analysis)
- providing support and materials to member organizations and Aboriginal governing bodies
- identifying issues and potential areas of influence, and collaborating with member and other organizations to address them
- responding to others’ requests and policy research and analysis initiatives
- using various means of communication (in person, documents, telecommunications, Internet)
- working with others (e.g., creating common positions, finding supporters, joining and forming coalitions, influencing partners) or working independently, as appropriate to the task.

Policy Research and Analysis Goals

Within the broader context of NAHO’s vision and objectives, specific goals for policy research and analysis have been developed (they are a combination of how the work will be done, the process, and what the organization hopes to accomplish, namely, the outcomes).

Within its initial 5 year mandate, NAHO intends to:

- have a clear policy vision and working strategy that is grounded in Indigenous knowledge principles
- have developed close working relationships among staff, board and committee members, and between NAHO and its member organizations
- be producing credible, evidence-based documents
- be seen as a leader in the field
- have an increasing profile at the community, national and international levels.

In 10 years, NAHO intend to:

- have had an impact on community wellness

- have seen improvements in Aboriginal health status
- have contributed to better use of Indigenous knowledge within health institutions and organizations
- have strong collaborative policy relationships with member organizations
- be a recognized leader in the Aboriginal health policy research and analysis field
- be seen as useful to Aboriginal communities.

Guiding Principles for Policy Research and Analysis

Principles serve as a guide in how we live and work, and describe the essence of what we believe to be important.

Policy research and analysis activities will be guided by NAHO's overall statement of principles. NAHO will:

- continue to be committed to unity, while respecting diversity
- gather, create, interpret, disseminate, and use knowledge on Aboriginal traditional and Western contemporary healing and wellness approaches
- view community as the primary focus and see research methodologies as tools for supporting Aboriginal communities in managing health
- reflect the values and principles contained in traditional knowledge and practices.

Just as our understanding of policy research and analysis continues to evolve, principles are intended to be dynamic and adaptable to change as we learn better ways of working on our goals. Ideas in this section build upon those presented in *Ways of Knowing: A Framework for Health Research*, and those presented in Dion Stout and Kipling (2001) and Aboriginal Healing Foundation (2000).

The six main principles guiding NAHO's policy research and analysis activities are:

1. Policy research and analysis activities will be of use to Aboriginal communities.
2. Policy research and analysis activities will be culturally appropriate.
3. NAHO will lead, respond and collaborate with others
4. Policy research and analysis will be evidence-based.
5. Policy research and analysis activities will be strategic.
6. NAHO will communicate its policy research and analysis activities openly and clearly.

1. Policy research and analysis activities will be of use to Aboriginal communities

In keeping with the approach on which NAHO was founded, it will continue to consult with and respond to Aboriginal communities (both geographic communities and those based on common interests and experiences), and ensure their needs and perspectives inform all policy research and analysis activities. NAHO will use a variety of means to maintain a dialogue with a diversity of community representatives and Aboriginal

governing bodies, through member organizations and the Métis, First Nations and Inuit Centres, as well as direct communication through consultations, conferences and telecommunications.

2. Policy research and analysis activities will be culturally appropriate

Whenever possible, Indigenous knowledge will inform the values, principles, approaches and ideas presented in policy research and analysis products (e.g., research papers, syntheses, briefs, fact sheets and Web-based materials) and activities (e.g., presentations, conferences, partnerships and education campaigns). Policy research and analysis will be culturally appropriate and will strive to reflect the diversity of Métis, Inuit and First Nations cultures and experiences.

3. NAHO will lead, respond and collaborate with others

The nature of the government policy process makes it necessary for NAHO to be able to respond to new directions and initiatives as they arise. However, in order to ensure that emerging issues and community-driven concerns also are addressed, NAHO must take the lead in researching and analyzing policy issues and generating support for them. NAHO will combine a proactive and reactive approach for maximum effect. NAHO will seek advice and information, as well as share knowledge and resources in a collaborative process designed to strengthen other Aboriginal organizations and draw on their expertise.

4. Policy research and analysis will be evidence-based

NAHO policy research and analysis activities will be based on the best evidence available that is culturally appropriate and methodologically and ethically sound. Consideration will be given to evidence that is based on a variety of accepted research methods, including qualitative research and quantitative research, oral tradition research and analysis (i.e., storytelling), participatory research and community-based research, as well as biomedical research and statistical analysis.

5. Policy research and analysis activities will be strategic

NAHO will choose its policy research and analysis priorities based on an assessment of the potential to have the greatest positive impact, while making most effective use of available resources. NAHO will monitor opportunities for influence and for strategic partnerships as well as member organization activities and needs and will respond accordingly.

6. NAHO will communicate its policy research and analysis activities openly and clearly

In keeping with its general philosophy, NAHO will actively share policy research and analysis information and materials through a variety of means with member

organizations, other Aboriginal organizations, allies, and partners. NAHO is committed to clear communication, employing a language level that is understandable to community leaders.

Priority Health Challenges and Related Policy Research and Analysis Issues

For policy research and analysis activities to be effective and empowering, they need to address the highest priorities and most critical issues facing Aboriginal Peoples.

Drawing on results of the consultation process leading up to the creation of NAHO, on-going Centre consultations with Métis, Inuit and First Nations communities, environmental scans and discussion papers prepared for the organization and national syntheses reports, NAHO has identified six key health challenges facing Aboriginal Peoples in Canada:

- self-determination
- physical and human environments
- emotional and mental health
- chronic diseases and disabilities
- healthy childhoods
- access to effective and appropriate services.

However, conscious of finite resources and the need to be strategic, NAHO has selected three challenges as our policy research and analysis priorities: self-determination, physical and human environments, and access to effective and appropriate services. Each of these challenges is briefly presented below, together with a description of the related specific policy analysis issues to be addressed.

1. Self-Determination

Self-determination is the opportunity and ability to direct one's own life. For an individual, it includes the freedom and the resources to make economic, health and personal decisions in one's own best interests; for communities, it is the ability to create an environment that supports the well-being of its citizens; and for nations and peoples, it is sovereignty over the land and its inhabitants; in other words, independence in exercising power and the authority to govern. It is well known that populations that have more direct control over their own lives, and the resources for meaningful participation in decision-making processes, tend to have better health outcomes than those who have little control (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994).

Over the course of history, Indigenous Peoples throughout the world have been denied self-determination as nations, communities and individuals. A return to self-determination and self-sufficiency, including the exercise of inherent rights, self-government, economic stability, sound community infrastructure, and removal of barriers

to empowerment are central to improving the health status of Aboriginal Peoples in Canada (Alderete, 1999; Barsh, 1993; Gray et al., 1995, cited in Smylie, 2001; Royal Commission on Aboriginal Peoples, 1996).

Policy research and analysis is required to further explore the relationship between Aboriginal social, political and economic self-determination and health, effective ways to foster better understanding of the inherent right to and value of self-government for Aboriginal Peoples, ways to remove barriers to personal empowerment, and effective leadership and participation in decision making.

Key policy research and analysis issue: Transfer and control of power and resources

Legislation affecting Aboriginal people needs to be culturally appropriate and based on a belief in the inherent rights of Indigenous Peoples to be self-governing. In supporting and providing evidence for the importance of self-determination in achieving health, NAHO will promote full legal and administrative authority for decision making by Aboriginal communities, including the power to make funding allocations. One key activity will be documenting the need for a comprehensive, national Aboriginal health policy inclusive of Métis, First Nations and Inuit peoples.

Key policy research and analysis issue: Make an evidence-based case for the importance and meaning of self-determination in health and health research

NAHO can play a critical role in advancing thinking related to the importance of self-determination in health, and in health research, by creating and transferring new knowledge on the issue. Methods might include sharing information on best practices, sponsoring experiential knowledge transfer opportunities, contributing to research ethics guidelines, and fostering policy research and analysis internships.

Key policy research and analysis issue: Barriers to empowerment

Empowerment of communities, families and individuals is a key to collective and individual self-determination. Aboriginal people currently face many barriers to empowerment which NAHO can help address: promoting equitable access to socio-economic determinants of health and access to culturally appropriate services and culturally competent service providers; sharing knowledge of traditional healing practices; fostering individual and community capacity to act on health needs; promoting more effective recruitment and retention of Aboriginal health care providers; and participating in health infrastructure development.

2. Physical and Human Environments

Environmental health is of increasing concern in Canada (Canadian Public Health Association, 2002; Canadian Institute of Child Health, 1997). The health of Aboriginal people is particularly affected by contaminants in the air, soil and water, because of their close relationship to the land, conditions in Canada's North and Aboriginal people's

work in occupations such as forestry and mining. Individuals and communities that rely on hunting or fishing for a major food source have increased levels of contaminants in their bodies. Children are especially sensitive to environmental contamination (Ship, 1998; Bethunes, 1998). International threats to biodiversity, and the destruction or appropriation of medicinal plants, are also significant environmental concerns.

Built environments, such as homes, schools, workplaces, neighbourhoods, and urban landscapes, also have their effect on health outcomes. Aboriginal people often live in both poor-quality and overcrowded housing, resulting in high levels of respiratory ailments and communicable diseases (Assembly of First Nations, 2001a; Indian and Northern Affairs Canada, 2001). Because of high levels of poverty and living in the North, Aboriginal people are also exposed to poorly constructed and often unsafe buildings. There is also increasing awareness and concern about the negative health effects of subtle and overt racism and discrimination that Aboriginal people face in their human environments (Royal Commission on Aboriginal Peoples, 1996; Bartlett, 2001).

There is a need for policy research and analysis to explore and document the long- and short-term health outcomes of, and the links between, environmental contaminants, unhealthy buildings, and high levels of racism and discrimination, as well as effective ways of preventing and responding to these conditions. Knowledge that contributes to preservation of biodiversity and traditional medicines and practices, and prevents further damage to the physical environment is also needed.

Key policy research and analysis issue: Natural environment as a key determinant of health

Since the natural environment is a key determinant of Aboriginal health, NAHO will work at the international and national levels to promote environmental protection, biodiversity and sustainable development that are based on Indigenous knowledge. NAHO will continue to participate in the international Convention on Biodiversity, promote environmental issues through communications, and create background documents for member organizations and community groups.

Key policy research and analysis issue: Preservation of traditional medicines and practices

Concern is growing among Indigenous Peoples throughout the world about the destruction of natural environments and its effect on sources of traditional medicines. Also of concern is the take-over, often for profit, of traditional medicines and healing practices, and therefore the need to address intellectual property rights. Legal liability in traditional healing is also an emerging issue. NAHO can begin its involvement by holding a meeting on traditional healing issues, conducting policy research and analysis, and creating discussion papers on identified issues.

Key policy research and analysis issue: The necessities of life: air, water, food, shelter

Like many communities in the developing world, a shocking number of Aboriginal people in Canada lack the basic necessities of life: clean air, clean water, adequate and safe food, and adequate shelter. These basic health needs must be met. NAHO can work to refocus attention on these issues, conduct policy research and analysis, disseminate knowledge, and build relationships with allies in order to raise the standard of living in Aboriginal communities.

3. Access to Effective and Appropriate Services

In spite of considerable improvements over recent decades, most Aboriginal people do not yet have equitable access to the full range of disease prevention, health protection, primary health care and specialist services, and home and community care taken for granted by other Canadians. Barriers to care are numerous and well documented, and include Métis jurisdictional issues, geographic isolation, shortages of Aboriginal and non-Aboriginal health care providers, cultural and language barriers, administrative problems, and competition for funding (Statistics Canada, 1996; Archibald and Grey, 2000; First Nations and Inuit Regional Health Survey National Steering Committee, 1999; Hanrahan, 2002; Kinnon, 2001, National Aboriginal Health Organization, 2001b; Métis Centre, National Aboriginal Health Organization, 2002).

Policy research and analysis is needed on ways to effectively address barriers to services, and to balance disease prevention, health protection and acute health care services, community-based and distant health interventions, Indigenous and Western healing approaches, and Aboriginal-specific and culturally appropriate mainstream services that are proven effective in serving a distinct yet diverse population.

Key policy research and analysis issue: Recruitment and retention of Aboriginal health workers

NAHO has an important role to play in examining the barriers to recruitment and retention, training and utilization of Aboriginal health workers, and in advancing efforts to inform Aboriginal people about health careers, improve education and training opportunities, and support Aboriginal students and health care providers in their chosen careers. NAHO will begin by carrying out a national environmental scan and identifying possible follow-up activities.

Key policy research and analysis issue: Aboriginal involvement in population health planning

Aboriginal Peoples are under-represented in many decision-making bodies affecting their health, such as regional health authorities, local health departments, and provincial and territorial advisory bodies. NAHO can play a role in promoting greater Aboriginal involvement in the governance and management of all services used by Inuit, First Nations and Métis people. A useful first step is to transfer existing knowledge by creating and distributing a best practices document.

Key policy research and analysis issue: The need for primary health care reform that respects Indigenous knowledge

Primary health care reform is having a significant effect on the delivery of health services in Aboriginal communities. The primary health care model is very compatible with the Aboriginal holistic and integrated approach to health. It is critical that changes in primary health care delivery reflect Indigenous knowledge in the communities served and that reform leads to services that are more accessible, culturally appropriate, and supportive of greater Aboriginal self-determination in health. NAHO believes that the main direction for reform must come from Elders and traditional healers; therefore, crucial first steps are national and regional gatherings to seek advice and develop an action plan.

Policy Research and Analysis Strategies

Forming strategies involves deciding what you are going to do, who you want to influence, who you will work with, and what activities and methods will work best to accomplish your goals.

The following tables present a summary of proposed strategies for the key policy research and analysis issues identified in the previous section. Presented for each key issue are key audiences, potential partners and allies, and suggested activities.

Policy Research and Analysis Strategies: Key Issues, Audiences, Partners and Activities

| 1. SELF-DETERMINATION | | | |
|---|---|--|---|
| Policy Research and Analysis Issue | Audience | Partners and Allies | Activities and Methods |
| <p><i>Transfer and control of power and resources</i></p> <p><i>(promote full authority for decision making and funding allocations by Aboriginal communities, as well as culturally appropriate legislation)</i></p> | <ul style="list-style-type: none"> - Parliament and Senate - F/P/T Health Ministers and Deputy Ministers - F/P/T Ministerial Council on Aboriginal Affairs - Commissions (e.g., Romanow) - media - public | <ul style="list-style-type: none"> - member organizations - bureaucracy - Privy Council Office - policy institutes (e.g., PRI, CPRN) - other Aboriginal health organizations | <ul style="list-style-type: none"> - build relationships - create position papers - promote a national Aboriginal Health Policy Research agenda - hold/participate in think tanks - conduct opinion polls and release to media and public |
| <p><i>Make an evidence-based case for the importance and meaning of self-determination in health and health research</i></p> <p><i>(create and transfer knowledge on the issue)</i></p> | <ul style="list-style-type: none"> - federal Departments of Health and Industry - universities - national research institutes (e.g., CHSRF, CIHR) - individual researchers - students | <ul style="list-style-type: none"> } } } partnerships } } - member organizations - Aboriginal governing bodies and health organizations - Tri-Council policy initiative on research ethics | <ul style="list-style-type: none"> - create a research framework - develop co-funding partnerships - share knowledge of best research practices - sponsor experiential (interactive) knowledge transfer opportunities - create/contribute to research ethics guidelines - foster policy research internships, mentorships, etc. |
| <p><i>Remove barriers to empowerment</i></p> <p><i>(support communities and individuals by fostering key determinants of health, a strong health infostructure, knowledge of rights, culturally appropriate services and community capacity)</i></p> | <ul style="list-style-type: none"> - community leaders - individuals - community service providers - legal services providers - P/T departments of health | <ul style="list-style-type: none"> - Aboriginal governing bodies and health organizations - colleges and universities - community organizations - public legal education organizations - cultural institutes | <ul style="list-style-type: none"> - advance recruitment and retention of Aboriginal health care providers - participate in health infostructure development - distribute information through Web site, media releases, etc. - create and distribute information on rights - co-ordinate staff education on |

| | | | |
|--|--|--|--------------------|
| | | | empowerment theory |
|--|--|--|--------------------|

| 2. PHYSICAL AND HUMAN ENVIRONMENTS | | | |
|--|---|--|---|
| Policy Research and Analysis Issue | Audience | Partners and Allies | Activities and Methods |
| <p><i>Natural environment as a key determinant of health</i></p> <p><i>(promote environmental protection, biodiversity and sustainable development based on Indigenous knowledge)</i></p> | <ul style="list-style-type: none"> - Convention on Biodiversity (CBD) - UN Indigenous Peoples initiatives - federal Departments of Health and Environment - industry associations - public - communities | <ul style="list-style-type: none"> } } partnerships } } | <ul style="list-style-type: none"> - participate in CBD - create report and use for public education - promote issue on Web site, in newsletter and through media - address at Elders gatherings - create background documents for member organizations and community groups |
| <p><i>Preservation of traditional medicines and practices</i></p> <p><i>(preserve natural environments, and address legal liability in healing and intellectual property rights)</i></p> | <p>(exploratory stage)</p> <ul style="list-style-type: none"> - federal Office of Natural Health Products, Industry Canada, Department of Foreign Affairs and International Trade - UN Permanent Forum on Indigenous Issues - F/P/T Departments of Health - Aboriginal health centres | <ul style="list-style-type: none"> - healers, practitioners - Indigenous healers organization - other countries | <ul style="list-style-type: none"> - hold a meeting on traditional healing issues - conduct research - create a discussion paper |
| <p><i>The necessities of life: air, water, food, shelter</i></p> <p><i>(ensure access to clean air, clean and safe water, adequate and safe food, adequate and healthy shelter)</i></p> | <ul style="list-style-type: none"> - all relevant F/P/T departments - environmental groups - Centre for Indigenous Peoples Nutrition and Environment (CINE) - CIHR relevant institutes - International bodies (e.g., UN, UNESCO, WHO, PAHO) | <ul style="list-style-type: none"> } } } partnerships } } } - member organizations - communities | <ul style="list-style-type: none"> - conduct research and create discussion papers - create fact sheets for wide distribution - build relationships - develop a communications strategy |

| 3. ACCESS TO EFFECTIVE AND APPROPRIATE SERVICES | | | |
|--|---|--|---|
| Policy Research and Analysis Issue | Audience | Partners and Allies | Activities and Methods |
| <p><i>Recruitment and retention of Aboriginal health workers</i> <i>(advance recruitment and retention efforts)</i></p> | <ul style="list-style-type: none"> - Aboriginal people interested in health careers - individual Aboriginal students and student associations - universities and colleges - health professional associations - Health Canada | <ul style="list-style-type: none"> } partnerships | <ul style="list-style-type: none"> - carry out a national environmental scan of opportunities for Aboriginal people to enter health careers - identify possible activities based on the results of the scan |
| <p><i>Aboriginal involvement in population health planning</i> <i>(promote greater involvement at the governance and management levels in all services accessed by Aboriginal people)</i></p> | <ul style="list-style-type: none"> - P/T Ministers of Health and Aboriginal Affairs - Aboriginal Health Authorities - P/T affiliates of member organizations (to assist in influencing regional health authorities) | <ul style="list-style-type: none"> } partnerships - member organizations - Aboriginal governing bodies and health organizations | <ul style="list-style-type: none"> - create and distribute a best practices document |
| <p><i>Primary health reform that respects Indigenous knowledge</i> <i>(ensure changes to health care delivery reflect local Indigenous knowledge)</i></p> | <ul style="list-style-type: none"> - F/P/T Ministers and Deputy Ministers of Health - Health Canada - Primary Health Transition Fund | <ul style="list-style-type: none"> } partnerships | <ul style="list-style-type: none"> - take direction from traditional healers through national and regional gatherings, then develop activities |

Conclusion

NAHO has already accumulated a considerable body of expertise on Aboriginal health and the policy research and analysis process. As a national knowledge-based organization, it has the potential to become a respected and important source of information and expertise for its member organizations, other Aboriginal organizations and communities, and allied non-Aboriginal organizations. Strategic use of resources will contribute to Aboriginal people having a greater voice, and ultimately greater self-determination in the decisions that so directly affect them.

NAHO is committed to working with other Aboriginal organizations in ways that increase the mutual capacity for information and knowledge transfer and the ability to influence health policy, by drawing on and promoting the wealth of expertise and collective knowledge in the Aboriginal community.

NAHO has begun a planning process that can help it continue to make strategic choices about key issues and opportunities for influence. Similar to its research framework, this policy research and analysis strategy is intended as a living document, one that changes and evolves as the organization gains experience and knowledge. Your comments and insights are welcome.

Bibliography

Aboriginal Healing Foundation. *Ethics Guidelines for Aboriginal Communities Doing Healing Work* (revised May 2000). Ottawa, 2000.

Alderete, Ethel (Wara). *The Health of Indigenous Peoples*. Geneva: World Health Organization, 1999. http://whqlibdoc.who.int/hq/1999/WHO_SDE_HSD_99.1.pdf

Archibald, Linda. *Health System Renewal: Towards an Understanding of Inuit-Specific Approaches by Inuit Organizations*. Ottawa: Renewal Secretariat, First Nations and Inuit Health Branch, Health Canada, 2001.

Archibald, Linda and Roda Grey. *Evaluation of Models of Health Care Delivery in Inuit Regions*. Ottawa: Inuit Tapirisat of Canada, 2000.

Assembly of First Nations. *First Nation Vision for Housing*, 2001.
www.afn.ca/Programs/Housing/HS/housing.htm.

Barsh, Russell Laurence. *Aboriginal Self-Government in the United States: A Qualitative Political Analysis*. Ottawa: Royal Commission on Aboriginal Peoples, 1993.

Bartlett, Judith G. *Multigenerational Chronic Stress and Non-Insulin Dependent Diabetes Mellitus in Aboriginal Populations, An Hypothesis*. 2001.

Bethunes, David N. "Contamination of Aboriginal Water Resources." *In Touch*, 8, 2 (1998): 11-15.

Brascoupé, Simon and Howard Mann. *A Community Guide to Protecting Indigenous Knowledge*. Ottawa: Research and Analysis Directorate, Indian and Northern Affairs Canada, 2001.

Canadian Institute of Child Health. *A National Symposium on Environmental Contaminants and the Implications for Child Health*. Ottawa, 1997.

Canadian Public Health Association. Quebec City Consensus Conference on Environmental Health Indicators, *Canadian Journal of Public Health*, Vol. 93, Supplement 1, (September/October 2002).

Canadian Task Force on the Periodic Health Examination. *Report on the Canadian Task Force on the Periodic Health Examination*. Ottawa, 1980.

Davis, Michael. *Biological Diversity and Indigenous Knowledge* (research paper 17). Melbourne: Science, Technology, Environment and Resources Group, Parliament of Australia, 1998.

de Wolfe, Gaelan Dodds, et al. *Gage Canadian Dictionary 2000 Edition*. Toronto: Gage Educational Publishing Company, 2000.

- Dion Stout, Madeleine. *Strategic Directions for an Evidence-Based Decision Making Framework at NAHO*. Ottawa: National Aboriginal Health Organization, 2001.
- Dion Stout, Madeleine and Gregory Kipling. *Establishing a Leading Knowledge-Based Organization*. Ottawa: National Aboriginal Health Organization, 2001.
- Dion Stout, Madeleine; Roberta Stout and Aluki Rojas. *Thinking Outside the Box: Health Policy Options for NAHO to Consider, Roundtable Report*. Ottawa: National Aboriginal Health Organization, 2001.
- Edmonds, Mark. *The Canadian Health Care Glossary: Terms and Abbreviations*. Ottawa: Canadian Healthcare Association, 2000.
- Federal, Provincial and Territorial Advisory Committee on Population Health. *Strategies for Population Health: Investing in the Health of Canadians*. Ottawa: Minister of Supply and Services Canada, 1994.
- First Nations and Inuit Regional Health Survey National Steering Committee. *First Nations and Inuit Regional Health Survey National Report 1999*. St. Regis, Quebec, 1999.
- Garner, Bryan A., ed. *Black's Law Dictionary*. St. Paul: West Publishing, 1979.
- Hanrahan, M. "Identifying the Needs of Innu and Inuit Patients in Urban Health Settings in Newfoundland and Labrador." *Canadian Journal of Public Health*, 93, 2 (2002): 149-52.
- Health Canada. *A Second Diagnostic on the Health of First Nations and Inuit People in Canada*. Ottawa, 1999.
- Indian and Northern Affairs Canada. "First Nations Housing." 2001.
www.ainc-inac.gc.ca/pr/info/infor104_e.html
- Inuit Tapiriit Kanatami. *The Nine Qulliqs of Inuit Health; An Inuit Health Policy* (March 2002 draft). Ottawa, 2002.
- Kinnon, Dianne. *Improving Population Health, Health Promotion, Disease Prevention and Health Protection Services and Programs for Aboriginal People*. Ottawa: National Aboriginal Health Organization, 2002.
- Mailloux, Louise and Peter Gillies. *Inuit Health Information Initiative Discussion Paper*. Ottawa: Pauktuutit Inuit Women's Association and Inuit Tapirisat of Canada, 2001.
- Martin Hill, D. *Critical Issues in Traditional Medical Practice: Environmental Scan*. Ottawa: National Aboriginal Health Organization, 2002.
- Métis Centre, National Aboriginal Health Organization. *Métis Health Policy Forum Proceedings*. Ottawa: The Métis Centre, National Aboriginal Health Organization, and Métis National Council, 2002.

Milne, Glen. *Making Policy: A Guide to the Federal Government's Policy Process* (June 8th 2001 edition). Ottawa, 2001.

National Aboriginal Health Organization. *Briefing Notes: Convention on Biological Diversity (CBD)*. Ottawa, n.d.

National Aboriginal Health Organization. *Annual Report 2000-2001*. Ottawa, 2001a.

National Aboriginal Health Organization. *Making a Difference, National Aboriginal Health Organization Submission to the Commission on the Future of Health Care in Canada*. Ottawa, 2001b.

National Aboriginal Health Organization. *Who's Doing What? An Environmental Scan of Select Provincial, National and International Health-Related Organizations/Initiatives that May Influence Aboriginal Health Policy* (draft November 5). Ottawa, 2001c.

Nutbeam, Don. "Health Promotion Glossary." *Health Promotion International*, 13, 4 (1998): 349-64.

Office of Health and the Information Highway, Health Canada. *Resources: Glossary of Terms*. 2002. www.hc-sc.gc.ca/ohih-bis/res/defin_e.html#I

Piquemal, Nathalie. Four Principles to Guide Research with Aboriginals. *Policy Options*, (December 2000): 49-51.

Primary Health Care Transition Fund, Health Canada. *Frequently Asked Questions: What Exactly is Primary Health Care?* 2002. www.hc-sc.gc.ca/phctf-fassp/english/faq.html

Royal Commission on Aboriginal Peoples. *People to People, Nation to Nation: Report of the Royal Commission on Aboriginal Peoples*. Ottawa: Minister of Supply and Services Canada, 1996.

Ship, Susan J. "Environmental Damage and Aboriginal Health." *In Touch*, 8, 2 (1998): 2-6.

Smylie, Janet. *A Guide for Health Care Professionals Working with Aboriginal Peoples*. Ottawa: Society of Obstetricians and Gynaecologists of Canada, 2001.

Statistics Canada. *A Profile of the Métis*. Ottawa. Catalogue no. 89-547-XPE, 1996.

Waldram, James B., D. Ann Herring and T. Kue Young. *Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives*. Toronto: University of Toronto Press, 1995.

World Health Organization. *Health Promotion Glossary*. Geneva, 1998.

Glossary

Aboriginal healing practices

Promotion of wellness, prevention of disease and treatment of illness that is based on Indigenous knowledge and is designed to restore balance and physical, mental, emotional, social, and spiritual well-being. Aboriginal healing practices vary from culture to culture and include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counselling and the accumulated wisdom of Elders (Adapted from Royal Commission on Aboriginal Peoples, 1996, Vol. 3, p.348).

Aboriginal Peoples

The collective name for all of the original peoples of Canada and their descendants. The *Constitution Act* of 1982 specifies that the Aboriginal Peoples in Canada consist of three groups – Indians, Inuit and Métis.

Biodiversity

The range of organisms in the environment, and the numbers and types of different species, or the genetic variations within and between species, that can be found on Earth (also referred to as biological diversity). The loss of biodiversity is at the forefront of discussion concerning the effect of human activities on the environment (National Aboriginal Health Organization, no date, p.1).

Capacity

The ability of individuals, communities and organizations to learn and to do. Capacity building for self-determination in health services involves building upon an individual and community development process. It is developing and applying abilities to govern and manage, make informed evidence-based decisions, plan strategically, identify and set priorities, evaluate, manage human and fiscal resources effectively and efficiently, and take responsibility for the success and failures of health interventions. Capacity building also implies the capacity for working with external agencies, organizations, institutions and departments to share knowledge and experiences (Adapted from Mailloux and Gillies, 2001, p.24).

Community

A specific group of people, often living in a defined geographic area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community had developed over a period of time (World Health Organization, 1998). A community can be based on shared history and culture, or on common experiences and interests.

Community-based research

Research that is conceived and conducted by a community. Community members, usually through community organizations, service agencies or coalitions, undertake or direct research in order to provide information and analysis on issues that are of concern to them, and use the results to develop effective responses or influence change.

Culturally appropriate

Programs, services or activities that are grounded in the culture in which they operate. Aboriginal initiatives that are culturally appropriate have been developed from a base of local Indigenous knowledge and incorporate the values and traditions of the culture or cultures represented. They are holistic and integrated in the community, and delivered by individuals who are culturally competent.

Culturally competent

Service providers and community leaders who are knowledgeable about and respectful of cultural differences, and skilled in working with people in a way that strengthens cultural identity and builds cross-cultural understanding.

Determinants of health

The factors and conditions that are known to have an influence on health and which determine the health status of individuals and populations. Commonly used categories include income and social status, education, employment and working conditions, social environments, physical environments, gender, culture, biology, and health services (Federal, Provincial and Territorial Advisory Committee on Population Health, 1994).

Disease prevention

Measures not only to prevent the occurrence of disease, such as risk factor reduction, but also to arrest its progress and reduce its consequences once established. Primary prevention is directed towards preventing the initial occurrence of a disorder. Secondary and tertiary prevention seeks to arrest or retard existing diseases and their effects through early detection and appropriate treatment (World Health Organization, 1998, p.4).

Empowerment

A process through which people gain greater control over decisions and actions affecting their health (Nutbeam, 1998, p.354).

First Nations

One of the three recognized Aboriginal peoples of Canada. First Nations live in all parts of Canada and comprise over 50 distinct cultural groups.

Health infostructure

The application of communications and information technology in the health sector to allow the people of Canada (the general public, patients and caregivers, as well as health care providers, health managers, health policy makers and health researchers) to communicate with each other and make informed decisions about their own health, the health of others, and Canada's health system (Office of Health and the Information Highway, Health Canada, 2002).

Health outcome

A change in health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status (World Health Organization, 1998, p.10).

Health policy

A formal statement or procedure within institutions (notably government) which defines priorities and the parameters for action in response to health needs, available resources and other political pressures. (World Health Organization, 1998, p.10)

Holistic

A central belief among Aboriginal people that all things are interrelated. Everything in the universe is a part of a single whole. Everything is connected in some way to everything else. Health is an interaction of physical, mental, emotional, and spiritual dimensions of the person, and people are healthy in relation to the environment in which they live.

Indigenous knowledge

An ancient, communal, holistic and spiritual body of information and understanding that encompasses every aspect of human existence. Indigenous knowledge is unique to a culture and territory. Knowledge is passed on through traditional teachings, ceremonies, healing practices and everyday living. In Canada, Indigenous knowledge is being applied in scientific, genetic and medical research, resource management and environmental monitoring (Adapted from Brascoupé and Mann, 2001, p.3).

Indigenous people

The original inhabitants of a geographic area, who have a social and cultural identity distinct from the dominant society where they live, and who have a close attachment to their ancestral lands (Adapted from Alderete, 1999, p.7).

Inherent right

A right which abides in a person and is not given from something or someone outside itself. An inherent right is one which a person has because he or she is a person (Garner, 1979, p.704).

Refers to the right of Aboriginal people to self-government, which cannot be given or taken away by someone else.

Inuit

One of the three recognized Aboriginal Peoples of Canada. They are the Indigenous people of Canada's Arctic.

Métis

One of the three recognized Aboriginal Peoples of Canada. Every person who (a) identifies as Métis and (b) is accepted as such by the nation of Métis people with which that person wishes to be associated, on the basis of criteria and procedures determined by that nation to be recognized as a member of that nation for the purposes of nation-to-nation negotiations and as Métis for that purpose (Royal Commission on Aboriginal Peoples, 1996, Vol. 4, p.203).

Participatory research

Participatory research is a systematic inquiry with the active involvement of those being studied. Participatory research is usually action-oriented, where those involved in the research process work together to define the research, collect and analyze the data, produce a final product and then act on the results.

Primary health care

The first point of contact individuals have with the health system and the first element of a continuing health care process. Primary health care includes prevention, diagnosis and treatment of common illness and injury, support for emotional and mental health, ongoing management of chronic conditions, protection from infection, advice on self-care, ensuring healthy environments and communities, and co-ordination for access to other health care services and providers (Primary Health Care Transition Fund, Health Canada, 2002).

Qualitative research

Research that uses descriptive information to examine and interpret an issue, in order to discover underlying meanings and patterns.

Quantitative research

Research that uses numerical information to quantify an issue, in order to describe its nature and magnitude.

Research ethics

A system of rules or standards that distinguishes between acceptable and unacceptable research practices. Health research ethics guidelines usually deal with issues such as the nature of the relationship between researchers and subjects, ownership of and access to data, conflict of interest, consent to research, privacy, confidentiality, and measures to preserve human dignity.

Self-determination

The opportunity and ability to direct one's own life. For an individual, it includes the freedom and the resources to make economic, health and personal decisions in one's own best interests; for communities, it is the ability to plan and create an environment that supports the well-being of its citizens; and for nations, it is sovereignty over the land and its people. Evidence suggests that self-determination, or locus of control, has been shown to be a determinant of health. Empowerment is a means to greater self-determination.

Sovereignty

Supreme power or authority of a people over their interests and territory, independent of the control of other governments (de Wolfe, Gregg, Harris et al., 2000).

Self-government

Results when a people or nation govern themselves. Self-government for Aboriginal communities requires the power, the resources and the legitimacy to make collective decisions affecting the economic, social and political future of their members. Aboriginal people trace their existence and their systems of government to long before contact with Europeans, and their right to self-government was never relinquished. As a result, Aboriginal people have a constitutionally protected and internationally recognized right to govern themselves. Aboriginal visions of self-government are as varied as their traditions, circumstances and aspirations (Adapted from Barsh, 1993; Royal Commission on Aboriginal Peoples, 1996).

List of Acronyms

| | |
|--------|--|
| CBD | Convention on Biodiversity |
| CHSRF | Canadian Health Services Research Foundation |
| CIHR | Canadian Institutes of Health Research |
| CINE | Centre for Indigenous Peoples Nutrition and the Environment |
| CPRN | Canadian Policy Research Networks |
| F/P/T | Federal/Provincial Territorial Governments |
| NAHO | National Aboriginal Health Organization |
| PAHO | Pan American Health Organization |
| PRI | Policy Research Initiative (federal government) |
| P/T | Provincial/Territorial Governments |
| UN | United Nations |
| UNESCO | United Nations Educational, Scientific and Cultural Organization |
| WHO | World Health Organization |