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HEALTH OF THE INDIGENOUS POPULATION IN THE AMERICAS

The cultural diversity in the Region of the Americas is determined, to a great extent, by the presence of approximately 45 million indigenous people belonging to more than 400 different ethnic groups spread throughout 24 countries (Pan American Health Organization, 2002).

While average mortality rates across the Region have decreased in recent years, health indicators for indigenous peoples (where available) demonstrate that urgent action is needed. In comparison with nonindigenous communities, most indigenous communities suffer from illiteracy, higher levels of poverty, unemployment, and lack of access to basic health services.

The Pan American Health Organization (PAHO) has supported a number of interventions regarding indigenous health. In compliance with Resolutions CD37.R5 (1993) and CD40.R6 (1997), PAHO launched the Health of the Indigenous Peoples Initiative. Despite notable progress in many areas, achieving equity in health is still pending for most indigenous peoples in the Americas. Thus a strategy to promote and protect the health of the indigenous peoples is of the utmost importance.

This document lays out PAHO's strategy to promote indigenous health over two periods of five years. Four strategic lines of action are proposed: (a) To ensure incorporation of indigenous perspectives into the MDGs and national health policies; (b) To improve information and knowledge management on indigenous health issues to strengthen regional and national evidence-based decision-making and monitoring capacities; (c) To integrate an intercultural approach into the national health systems of the Region as part of the primary health care strategy; and (d) To develop strategic alliances with indigenous peoples and other key stakeholders to further advance the health of the indigenous peoples.

This report is submitted for the consideration of PAHO's Governing Bodies in order to: (a) analyze the progress made to date; (b) seek guidance on the strategic lines of action proposed; and (c) renew the political commitment to the health of the indigenous peoples of the Americas.

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Current Situation

1. Between 45 and 50 million indigenous persons belonging to more than 400 unique ethnic groups live in the Americas today. Comprising almost 10% of the total population and 40% of the rural population of Latin America and the Caribbean (Inter-American Development Bank 2003, PAHO 2004), indigenous peoples add considerable vibrancy and diversity to the 24 countries in which they live, and they safeguard much of the Western Hemisphere's cultural heritage and biodiversity (Annex A). Despite their invaluable contributions, indigenous peoples[1] are highly vulnerable within the nations they inhabit, and their human rights, as well as their social, political, and economic equality, are compromised or denied.

2. The incidence of poverty and extreme poverty is much higher among indigenous groups in the Americas than among nonindigenous groups. This poverty is intertwined with other complicating factors such as significantly higher illiteracy levels, unemployment, lack of access to or availability of social services, human rights violations, displacements due to armed conflicts, and environmental degradation.

3. Traditionally, indigenous populations have suffered from disproportionately high rates of maternal and infant mortalities, malnutrition, and infectious diseases. However, as these populations become more mobile, less isolated, increasingly urban, and located in border areas, issues such as use of drugs and alcohol, suicide, sexually transmitted diseases, and loss of influence of traditional health practices have become increasingly important.

4. Although their disease burden and transitional-stage epidemiological profile is similar to other disadvantaged groups in the Region, their poor health status is compounded by discrimination and inequity within the health system. Indigenous populations comprise the majority in several countries and geographic areas, but 40% of the indigenous population lacks access to conventional health-related services and 80% rely on traditional healers as their principal health care provider.

5. Although low quality health service provision exists in many developing country contexts, these issues are more acute in areas inhabited by indigenous peoples. Persistent issues of poor quality service provision such as limited staff competency, noncompliance

[1] ILO Convention 169, Article 1, concerning Indigenous and Tribal Peoples in Independent Countries (1989) recognizes as "indigenous" that distinct section of the national community which is understood to consist of: ". . . peoples in independent countries who are regarded as indigenous on account of their descent from the populations which inhabited the country, or a geographical region to which the country belongs, at the time of conquest or colonization or the establishment of present state boundaries and who, irrespective of their legal status, retain some or all of their own social, economic, cultural, and political institutions."

with evidence-based treatment protocols, medication shortage and poor staff retention are common in many of the remote locations in which indigenous peoples live. Additionally, geographic barriers prevent the indigenous from gaining access to health care due to distance, means and affordability of transportation, and seasonal geographic isolation. Although health care services are largely free to indigenous peoples, the *real* cost of care, including the out-of-pocket costs of transportation, food, accommodation, family care, medication, and loss of workdays, poses a threat to health care access.

6. Cultural barriers present the most complicated challenge since there is little understanding of the social and cultural factors deriving from the knowledge, attitudes, and practices in health of the indigenous peoples. The bias towards Western medicine and intervention can be offensive or inappropriate for practitioners of traditional medicine. Finding health staff that speaks and understands indigenous languages is difficult, and poor communication between providers and clients at all levels compromises access to quality care. Moreover, indigenous people are often discriminated against in health centers by nonindigenous staff; and both fear and distrust caused by the attitudes and behaviors of health care workers prevent indigenous people from seeking the health care they need.

7. At the policy level, the lack of vital statistics or breakdown by ethnic groups, gender, and age makes the generation of policies and managerial processes based on evidence more difficult, which jeopardizes the formulation of priorities and appropriate monitoring and evaluation systems for indigenous populations. National policies and international agreements guide some countries in their development of indigenous-focused programs and designate funding specifically for indigenous social services. However, implementation of these policies is largely uncoordinated and does not include consistent indigenous participation in the formation or implementation of these efforts. Lack of communication, as well as the disintegration and duplication of efforts at all levels, impede the dissemination of lessons learned and restrict the systematization and use of information to deliver end products to society. In addition, issues such as collective property rights, patents, biodiversity protection, and conservation have not adequately been addressed.

8. Aware of health disparities, countries committed themselves to reducing gaps through the achievement of the Millennium Development Goals (MDGs) in the year 2000. However, evaluations in the Americas and recent projections show that although there have been some gains in the health sector, expected results will not be reached in time or form, especially among indigenous populations, unless certain current strategies are reoriented. For instance, poverty reduction and economic development strategies do not consider indigenous identities, world views, and cultures; the right to self-determination; the right to control their territories and resources; and the indigenous peoples' holistic perspective of health (Annex B). Currently, the assessment of progress

toward the MDGs is based on averages but not disaggregated data; the progress (or lack thereof) of indigenous populations is, therefore, lost in the calculations.

9. The dynamic economic and social changes that transformed much of Latin America over the last decades largely ignored the needs of indigenous peoples, and both their health and socioeconomic development remain poor. As links between health and economic development are clear, interventions that increase access to quality health care for indigenous people should be prioritized and immediate action taken for both short-term and long-term improvements in their health and quality of life. Working with indigenous populations is sensitive in nature and requires that adequate respect be demonstrated towards indigenous societies and culture, especially regarding the legacy of both historical conflicts and colonization.

History, Process, and Main Results of PAHO's Activities.

10. In 1992, the Subcommittee on Planning and Programming proposed a more careful consideration of the health and well-being of the indigenous peoples in the Americas. Following a consultation workshop held in Winnipeg, Canada, with the participation of representatives of indigenous populations, governments and others from 18 countries, recommendations were incorporated into a proposal, the Health of Indigenous Peoples Initiative, which was subsequently presented to the Governing Bodies of the Organization and approved at the 37th Directing Council (1993).

11. The recommendations of the Winnipeg workshop and Resolution CD37.R5, ratified in 1997, establish five principles for work with indigenous communities; these principles guided the work, provided criteria for monitoring, and established the basis for evaluation at the end of the Decade in 2004. The principles are:

- The need for a holistic approach to health
- The right to self-determination of indigenous peoples
- The right to systematic participation
- Respect for and revitalization of indigenous cultures
- Reciprocity in relations.

A Summary of the Health of Indigenous Peoples Initiative

***Goal*:** To improve the health of the indigenous peoples.

***Purpose*:** In collaboration with the indigenous peoples themselves, to find realistic and sustainable solutions to the serious problems of poor health and substandard living conditions that are the reality of many of the indigenous peoples throughout the Region.

***Lines of work*:** National policies and international agreements, networks of interinstitutional and intersectoral collaboration, primary health care and intercultural approach to health, information analysis, monitoring, and management.

***Strategies*:** (a) to promote joint efforts and shared responsibility by PAHO and its Member States and the indigenous organizations and communities, in conjunction with national and international agencies and organizations (governmental and nongovernmental); (b) to develop adequate knowledge and information to be generated during action, as well as making it possible to systematically store up the knowledge and information gained through experience; (c) to formulate proposals that respond both to particular situations and contexts which vary from country to country and develop approaches according to common issues at regional levels with the involvement of the entire Organization and all Member States in this process.

***Areas of Work*:** Building capacity and alliances; working with Member States to implement national and local processes and projects; projects in priority programmatic areas; strengthening traditional health systems; and scientific, technical, and public information.

12. Taking into consideration indigenous resources, perspectives, practices, therapies and medicine, as well as concrete experiences in Member States, PAHO has been working to implement the above Initiative. Details of PAHO's technical cooperation actions are included in Annex C.

13. More recently, PAHO carried out several events which had substantial repercussions in the progress of the technical cooperation:

(a) The evaluation of the Health of the Indigenous Peoples Initiative within the framework of the International Decade of Indigenous Peoples of the World;

(b) The Strategic Planning Workshop regarding Health of the Indigenous Peoples (held in October 2005 in Panama), where 19 experts from ministries of health, academic institutions, indigenous organizations, and PAHO reviewed the first version of the new lines of action, and

(c) The Regional Meeting "Health of the Indigenous Peoples of the Americas: Achievements and Future Directives" (held in December 2005 in Nicaragua), where experts presented the regional and national evaluations of the Initiative.

14. The recommendations of indigenous experts, public health officials, and PAHO advisors who took part in these processes resulted in a reorientation of the strategic and programmatic lines of action.of the Initiative.

Evaluation of the Health of the Indigenous Peoples Initiative within the framework of the International Decade of Indigenous Peoples of the World

15. The evaluation, in which 19 countries participated, displayed a range of achievements and challenges including (see Table 1):

(a) Countries claim to have at least a general legal directive as a policy framework on the indigenous peoples. However, the process and impact of implementing these policies is limited, particularly in relation to compliance with the MDGs, as none of them take into account the social and economic disparities in areas where the indigenous peoples live.

(b) Most countries have implemented policies or replicated experiences that promote the incorporation of indigenous perspectives, therapies, and medicines into the national health system. Several countries have considered the topic fragmentally, whereas others have undertaken a more widespread observation of the intercultural approach to health through specific projects.

(c) Most countries report the existence of technical units dedicated to indigenous health affairs in their ministries of health. However, several of these units do not have the political support, staff, or adequate budgets to respond to the demands for technical cooperation.

(d) All of the 19 participating countries report the presence of national programs/projects regarding the health of indigenous peoples. However, in general terms, these initiatives are mainly benefiting geographical areas that already have good access to health services.

(e) Although studies and estimates have been set forth, there is not an adequate characterization of the indigenous peoples of the Region, and certainly not a reliable system of information, monitoring, and evaluation of their health conditions.

(f) When reporting on mechanisms for developing technical capacity in terms of the health of indigenous peoples, 6 participating countries report programs dedicated to research. Only 5 of the 19 countries report having scholarships specifically for indigenous students to pursue tertiary education.

(g) Most countries describe the existence of local networks on malaria, children's health, maternal mortality, HIV/AIDS, and water and sanitation. However, at subnational levels, coordination among different indigenous health networks and programs/projects is limited.

(h) Despite laudable efforts, there is still little national or subregional coordination on indigenous health issues and initiatives.

Table 1.- Results from Country Evaluations of the Initiative

Countries that signed and ratified Resolutions CD37.R5 and CD40.R6: 35		
Countries with indigenous populations: 24		
Countries that answered the evaluation: 19		
Countries		**Category**
Percent	**Number**	
100	19	Public policies that promote the well-being of the indigenous peoples
95	18	Technical indigenous health units in the ministries of health
100	19	National projects on health of the indigenous peoples
84	16	Local networks or topics
79	15	Policies and experiences on the incorporation of the prospects, therapies, and indigenous medicines in the national health systems
32	6	Research programs
26	5	Fellowships for indigenous students and professionals
53	10	Approximation to the development of information systems, monitoring, and evaluation in health that incorporate the variable of ethnic group
National Challenges • Coordination • Systematization and analysis of experiences under way • Development of intercultural social policies		

16. In addition, the country evaluation reports reveal a number of barriers to PAHO's continued work to promote the health of indigenous peoples, including:

(a) Lack of intercultural training for health care workers and for other crucial decision-makers.

(b) High level political and economic decisions made without participation of the indigenous peoples.

(c) Persistent poverty and lack of access to land.

(d) Stagnant economic development of the poorest nations, which impacts mainly the most vulnerable population groups such as the indigenous.

(e) Fragmentation, rivalries, and power struggles among the different leaderships and organizations that represent the indigenous communities.

17. Because of their sustained struggle, the indigenous peoples are now more visible than before. PAHO has supported the integration of the voice of the indigenous into the policy-making arena, leading to increased participation of indigenous groups in a number of agreements, covenants, and articles of political constitutions. Indigenous participation in the democratic processes has resulted in the self-management of a few local governments, some of which are led by indigenous leaders and show a high level of popular participation.

18. Finally, and from PAHO's organizational and programmatic perspective, the lessons learned include:

(a) PAHO has been able to build legitimacy among the indigenous peoples through work that has stressed close consultation and collaboration with indigenous representatives and communities.

(b) Resource mobilization efforts have been less successful than anticipated. Emphasis by donors on vertical and programmatic interventions has inhibited funding for comprehensive and integrated projects to address the health needs of the indigenous communities.

(c) The Initiative's lack of a specific organizational structure at PAHO has restricted not only the progress of developing technical cooperation at the pace it was needed but also its ability to mobilize additional financial resources.

(d) Few countries routinely collect and analyze vital or service statistics by ethnic group, so it has been difficult to develop good baseline data for countries and to have an adequate assessment of the health and living conditions of the indigenous peoples of the Region. This has limited the Initiative's strategic planning and processes reorientation.

Proposed Strategic Lines of Action

19. In December 2004, the General Assembly of the United Nations Permanent Forum of Indigenous Issues adopted a resolution (A/RES/59/174) for a Second International Decade of the World's Indigenous Peoples (2005 – 2015). Objectives of this second U.N. decade are detailed in Annex D.

20. In this context, the growing demand for technical cooperation in the matter of indigenous peoples' health emphasizes the need for strategic restructuring. The health-related MDGs are now an integral part of PAHO/WHO's priorities and are connected with its commitment to health equity between and within countries and to the development of health policies with measurable outcomes. They are part of the national health development process and rely on the degree of extension of social protection in health (Resolution CE134.R8). The renewed approach to primary health care (PHC) is viewed as an essential condition for meeting the commitments of the Millennium Declaration, addressing the social determinants of health, and achieving the highest attainable level of health for everyone (Document CD46/13).

21. Acknowledging the priorities of the indigenous peoples, PAHO recognizes the urgent need to identify innovative and respectful ways of working with the indigenous representatives and to show clear results that can demonstrate the reduction of barriers of access to quality health care in the communities. In developing these strategic lines of action, PAHO has undertaken a careful and thorough consultative process with the indigenous peoples, national governments, academic institutions, public health professionals, and others.

22. Specifically, the following strategic lines of action are proposed for PAHO's technical cooperation:

(a) To ensure incorporation of indigenous perspectives into the MDGs and national health policies;

(b) To improve information and knowledge management on indigenous health issues to strengthen regional and national evidence-based decision-making and monitoring capacities;

(c) To integrate an intercultural approach into the national health systems of the Region as part of the primary health care strategy; and

(d) To develop strategic alliances with indigenous peoples and other key stakeholders to further advance the health of the indigenous peoples.

23. The proposed strategic lines of action have a time horizon of five years, between 2007 and 2011. Annex E includes baseline and target indicators.

Strategic Line of Action 1: To ensure incorporation of indigenous perspectives into the MDGs and national health policies.

Objective

- To support countries in implementing international agreements through the formulation, development, and evaluation of public policies for the benefit of the indigenous peoples and the strengthening of health systems oriented towards the achievement of the MDGs.

Indicators

- Adoption of legislation addressing the needs and rights of the indigenous.
- MDG progress indicators for indigenous health agreed upon with the indigenous peoples and implemented at the national and subnational levels.

Activities

24. The intent is the generation of frameworks and legal instruments incorporating the indigenous perspective and facilitating achievement of the MDGs and other directives. Activities include:

(a) Development of a conceptual framework and tools to incorporate the holistic perspective of the indigenous peoples in the MDGs and national policies.

(b) Develop together with the indigenous peoples a set of indicators to measure the progress of the execution of the MDGs.

(c) Support for the formulation of legislation that emphasizes indigenous peoples' health, needs, and rights consistent with international human rights treaties and standards.

(d) Promote dialogue among national authorities, indigenous populations, and civil society concerning the effectiveness and cultural relevance of the policies and national programs toward the improvement of the health of the indigenous peoples.

(e) Promote the fulfillment of the decisions of the Permanent Forum of the United Nations on Indigenous Issues in regard to the fulfillment of the MDGs.

(f)

Strategic Line of Action 2: To improve information and knowledge management on indigenous health issues to strengthen regional and national evidence-based decision-making and monitoring capacities.

Objective

- To develop quantitative and qualitative information, knowledge, and adequate evidence for dynamic learning, decision-making and the formulation of priorities, as well as monitoring and evaluation of actions in favor of improving the health of the indigenous peoples with special attention to respect, understanding, and protection of the ancestral knowledge.

Indicators

- Number of countries with indigenous populations that develop health and vital statistics that are capable of monitoring and evaluating the health of indigenous peoples.
- Availability of a regional virtual library on health of the indigenous peoples and the intercultural approach to health.

Activities

25. The intent is to foster the systematization and analysis of available information for the creation of baselines and conceptual and methodological development, facilitating the incorporation of ethnic-belonging as a variable into the systems of information, monitoring, and evaluation. Likewise, the development of cultural sensitivity, as well as analytical and managerial skills by the health care professionals, is fostered. An operative research agenda contributing to better understanding of the action lines using ancestral knowledge, as a referent, should be encouraged. Specific activities will include:

(a) Compile, classify, update, and evaluate existing information on the health of the indigenous peoples in order to develop baselines.

(b) Develop methodology, instruments, and indicators that incorporate the variable of ethnicity into the health and vital statistics and information systems of the countries.

(c) Develop a training module on addressing inequity and discrimination based on ethnic ownership.

(d) Develop a virtual library and publications on indigenous health and issues.

(e) Promote operations research on issues such as the harmonization of indigenous and conventional knowledge in addressing the health of the indigenous peoples.

(f) Incorporate health of the indigenous peoples into the next edition of the publication *Health in the Americas* (2007).

Strategic Line of Action 3: To integrate an intercultural approach into the national health systems of the Region in accordance with the primary health care strategy.

Objective

- To improve access to quality health care by indigenous peoples through the incorporation of indigenous perspectives, practices, and therapies into the national health systems and in accordance with the primary health care strategy.

Indicators

- Inventory of the Region's best practices in incorporating the intercultural approach into the health system.
- Number of countries with certified intercultural health services.
- Methodology to assess safety and efficacy of selected indigenous traditional practices.
- Baseline of access to basic and quality health care services developed and implemented at the national and subnational levels.

Activities

26. The intent is to systematize and analyze ongoing experiences, generate instruments and guidelines for the certification and establishment of the intercultural approach in health services and priority programs in areas with indigenous populations. Present methodologies are to be analyzed in order to evaluate the quality and safety of indigenous traditional medicine practices and to encourage a cultural exchange oriented towards open dialogue and the harmonization of the indigenous health systems with conventional medicine. Specific activities will include:

(a) Development of a system of licensing and accreditation considering PHC principles and the intercultural approach to health.

(b) Development of protocols for culturally appropriate interventions in key areas.

(c) Development of two intercultural best practice models of care to address the needs of rural, urban, and border indigenous populations.

(d) Evaluate the level of access to basic and quality health care services of the indigenous populations.

Strategic Line of Action 4: To develop strategic alliances with indigenous peoples and other key stakeholders to further advance the health of the indigenous peoples.

Objective

- To converge efforts for the benefit of the health of the indigenous peoples, strengthening of indigenous leadership and optimization of the financial and technical resources available in the countries through the development of advocacy strategies and negotiation techniques in order to promote the right to the enjoyment of the highest attainable standard of health and other related human rights of the indigenous peoples.

Indicators

- Number of countries with indigenous populations receiving technical cooperation for capacity building and strengthening of technical units responsible for the health of the indigenous peoples.
- Presence of regional, subregional, and national networks on the health of indigenous peoples and the intercultural approach to health.

Activities

27. The intent is to support sensitivity processes from the authorities and operative personnel; enhancing the technical, administrative, managerial, and political capacity of the countries so as to develop better health care in the Region; and incorporating indigenous health care in national and international political agendas. These activities will result in the establishment of networks relying on the active participation from key stakeholders and indigenous institutions. Specific activities will include:

(a) Development of the Network on Indigenous Peoples' Health with indigenous organizations.

(b) Monitoring compliance of interinstitutional activities with the Inter-American Development Bank, World Bank, Organization of American States, Indian Health Services, Indigenous Fund (Iberoamerica), and other partners.

(c) Insertion of the intercultural perspective in the processes of subregional and regional integration through the incorporation of indigenous health issues in the subregional and regional agendas.

(d) Establishment of advocacy processes for the promotion and protection of the right to the enjoyment of the highest attainable standard of health and other related rights.

28. Annex F summarizes the available regional budget for the implementation of the strategic lines of action.

Organizational and Financial Implications

29. In 2005, consistent with PAHO's policy to foster the development of technical cooperation centered on the countries, a decentralized post of Advisor on Health of the Indigenous Peoples was created and the regional work began in August from the PAHO/WHO Representative office in Ecuador. In addition, regular funds were allocated to carry on activities.

30. Over the course of the next five-year period, the implementation of the proposed strategic lines of action will cost approximately $4.9 million. In the PAHO 2006-2007 biennial regional program budget, $175,000 is available and approximately $1.7 million is unfunded. Currently, PAHO is developing proposals to mobilize additional extrabudgetary funding.

Key Issues for Deliberation

(a) To discuss the progress made and the evaluation of the Health of the Indigenous Peoples Initiative within the framework of the International Decade of Indigenous Peoples of the World.

(b) The need for political commitment and the allocation of adequate resources to support the local, national, and regional efforts to improve the health of the indigenous peoples.

(c) The adequacy of the proposed lines of action for future work and the role of PAHO in its implementation, including the opportunity for developing a Regional Plan on Health of the Indigenous Peoples.

Action by the Executive Committee

34. The Executive Committee is requested to: (a) take note of the progress made to date; (b) give guidance about the new strategic lines of action proposed for PAHO's technical cooperation; and (c) renew the commitment to the health of the indigenous peoples of the Americas.

Annexes

Indigenous Population Estimates in the Americas in Total and As a Percent of the Total of the Population in Selected Countries[2]

	Total Indigenous Population		
Percent	**<100,000**	**100,000 to 500,000**	**>500,000**
More than 40			Peru Guatemala Bolivia Ecuador
5 to 40	Guyana Belize Suriname	El Salvador Nicaragua Panama	Mexico Chile Honduras
Less than 5	Costa Rica Guyana Jamaica Dominica	Argentina Brazil Paraguay Venezuela	Canada Colombia United States of America

Sources: Inter-American Development Bank, 2002. Reports on the Evaluation of the International Decade of the Indigenous Peoples of the World, PAHO, 2004.

[2] The chart refers precisely to the official national statistics showing the indigenous peoples as "majorities" or "minorities"; however, there may be pockets within countries where indigenous populations comprise a majority in that area even though national numbers do not reflect these pockets.

Millennium Development Goals and Inequities

This chart responds to the need for applying the content of the MDGs to different realities and shows the burden of disease and inequity that affect indigenous peoples in the Americas. Real compliance with these statements, as is demanded by the indigenous leaders, will require incorporation of these peoples' visions, i.e. in the concepts of poverty, alliance, and development.

Issue	Country	Indigenous	Not Indigenous
1. Poverty	Canada	34%	16%
	Chile	32.2%	20.1%
2. Illiteracy	Bolivia	19.61%	4.51%
3. Equity between Genders and Women's Autonomy	Guatemala	Illiteracy among indigenous women is between 50% and 90%, and only 43% finish elementary school, 5.8% finish high school, and 1% gets a higher education.	
4. Child Mortality	Panama	84/1,000 live births	17/1,000 live births
5. Maternal Mortality	Honduras	255/100,000 live births (Intibuca)	147/100,000 live births
6. Fighting malaria, HIV/AIDS and other diseases	Nicaragua	90% of the cases of malaria by *falciparum* are concentrated in 24 municipalities with indigenous populations	
7. Sustainability of the Environment and Nutritional Status	El Salvador	95% of surface water sources are contaminated. Malnutrition in children and adults is associated with parasites. 40% of indigenous children suffer malnutrition compared to 20% nationally.	
8. Foster a Worldwide Association for Development		The presence of similar problems among the indigenous peoples (i.e. similar epidemiological profiles, refugees, changes in lifestyles, acculturation, advances in development, loss of territory), particularly those living in boundary areas, all make the coordination of work towards development and/or the application of international and subregional agreements in the Region urgent.	

Source: Data provided by the countries participating in the national evaluation of health achievements within the framework of the International Decade of Indigenous Peoples of the World, PAHO, 2004.

Progress in Technical Cooperation

Health of the Indigenous Peoples Technical Cooperation: Progress
1. Strategic Action Policies and international agreements
Progress ▪ 19 countries with technical units and national initiatives: Argentina, Bolivia, Brazil, Canada, Colombia, Costa Rica, Chile, Dominica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, the United States, and Venezuela. ▪ Resolutions CD37.R5 (1993) and CD40.R6 (1997) and plans and directives of the Health of the Indigenous Peoples Initiative have been the framework in several countries for the development of the initiatives, policies, programs, and national projects. ▪ Permanent participation of indigenous representatives in the actions of technical cooperation. ▪ Focal Points: 1 in WHO, 5 specialized centers and 18 Representative Offices—in 6 the subject is coordinated by the same Representatives. ▪ National policies that prioritize the health of the indigenous peoples (for example, in Bolivia, Brazil, Canada, Chile, Ecuador, Panama, Peru, the United States, and Venezuela).
2. Strategic Action Information, analysis, monitoring, and management
Progress ▪ Web page. ▪ Indigenous newsletter that is being published in English, Portuguese, Spanish, and indigenous languages (i.e. Aymara and Kichwa). ▪ Series *Health of the Indigenous Peoples*, with 14 titles. ▪ Publications on policies, analysis of the situation, intercultural models, indigenous traditional medicine, and action networks (28 titles). ▪ Database on indigenous health with 919 entries available on the Web page of PAHO. ▪ National documents on situation analysis.

Health of the Indigenous Peoples Technical Cooperation: Progress

3. Strategic Action
Primary health care and intercultural approach to health

Progress

- Legal frameworks on indigenous traditional medicine in Ecuador, Panama, and Nicaragua.
- Conceptual and methodological progress:
  - 6 case studies on the incorporation of the prospects, therapies, and indigenous medicines in primary health care in the following types of communities: Araucan Indian (Chile), Nahualt-Pipil (El Salvador), Mayan (Guatemala), Garífuna (Honduras), Ngöbe Buglé (Panama) and Kechwa (Peru).
  - Strategic guidelines for the incorporation of indigenous perspectives, therapies, and medicines in primary health care.
  - Modules of training of human resources in intercultural approach to health in Bolivia, Brazil, Ecuador, Guatemala, Honduras, Mexico, and Nicaragua.
  - Adaptation and development of methodologies and instruments for the intercultural approach of priority problems: Integrated Management of Childhood Illness (IMCI), Roll Back Malaria Initiative, water and sanitation, HIV/AIDS, tuberculosis, malaria control without DDT (Project PAHO-GEF), and matrixes for the evaluation of quality in the development of intercultural models of care, among others.

4. Strategic Action
Interinstitutional and intersectoral collaboration networks

Progress

- Intrainstitutional partnerships: with 14 programs of PAHO: Malaria, IMCI, Reproductive Health, Water and Sanitation, Maternal and Child Health, Virtual Campus, Mental Health, Human Rights, STI/HIV/AIDS, Social Exclusion, Health of Older Adults, Oral Health, Ocular Health, Rehabilitation.
- Interinstitutional partnerships: Inter-American Development Bank, the World Bank, the Organization of American States, bilateral cooperation agencies, the Fund for the Development of the Indigenous Peoples of Latin America and the Caribbean, the Office of Alternative Medicine of the National Institutes of Health of the United States, Health Canada, Indian Health Service, Indigenous Parliament.
- Intersectoral partnerships: partnerships to address subjects such as access to water and sanitation and disability among the Miskito divers of the Atlantic Coast, Honduras, with the participation of the Ministries of Health, Environment, and Agriculture in the first case and with the Ministries of Health, Education, and Work in the second case.
- Participation in international forums: Permanent Forum on Indigenous Issues of the United Nations, Global Conference “Healing our Spirits Worldwide.”
- Tripartite alliances among the PAHO/WHO Representative offices in the countries, the ministries of health, and the national indigenous organizations in Bolivia, Honduras, and Panama.
- Interagency initiatives in the United Nations system in Colombia, Ecuador, Honduras, and Venezuela include the intercultural approach to health.
- Inventory of institutions that work in indigenous health in the Central American countries.

Objectives of the Second International Decade of the World's Indigenous Peoples

The Second Decade has five main objectives:

(1) Promoting nondiscrimination and inclusion of indigenous peoples in the design, implementation, and evaluation of international, regional, and national processes regarding laws, policies, resources, programs, and projects.

(2) Promoting full and effective participation of indigenous peoples in decisions which directly or indirectly affect their lifestyles, traditional lands, and territories, their cultural integrity as indigenous peoples with collective rights or any other aspect of their lives, considering the principle of free, prior, and informed consent.

(3) Redefining development policies that depart from a vision of equity and that are culturally appropriate, including respect for the cultural and linguistic diversity of indigenous peoples.

(4) Adopting targeted policies, programs, projects, and budgets for the development of indigenous peoples, including concrete benchmarks, with particular emphasis on indigenous women, children, and youth.

(5) Developing strong monitoring mechanisms and enhancing accountability at the international, regional, and particularly the national level, regarding the implementation of legal, policy, and operational frameworks for the protection of indigenous peoples and the improvement of their lives.

Measuring the Progress of the Proposed Strategic Lines of Action
Baseline and Target Indicators

Indicators	Baseline[3]	Target - 2011
Strategic Line of Action 1. To ensure the incorporation of indigenous perspectives into the MDGs and health policies.		
Indicators ▪ Analysis of legislation addressing the indigenous needs and rights	3 countries	8 countries
▪ MDGs progress indicators for indigenous health agreed upon with the indigenous peoples and implemented at the national and subnational levels	0 countries	10 countries
Strategic Line of Action 2: To improve information and knowledge management on indigenous health issues to strengthen regional and national evidence-based decision-making and monitoring capacities.		
Indicators ▪ Number of countries with indigenous populations that develop health and vital statistics that are capable of monitoring and evaluating the health of indigenous peoples	3 countries	8 countries
▪ Availability of a regional virtual library on health of the indigenous peoples and the intercultural approach to health functioning.	0 virtual libraries	1 regional virtual library
Strategic Line of Action 3: To integrate an intercultural approach into the national health systems of the Region in accordance with the primary health care strategy.		
Indicators ▪ Inventory of the Region's best practices in incorporating the intercultural approach into the health system	No inventory	A region inventory
▪ Number of countries with certified intercultural health services	0 countries	5 countries

[3] Baseline is based on the 19 country reports of the evaluation of the Decade.

▪ Methodology to assess safety and efficacy of selected indigenous traditional practices	No methodology	Methodology
▪ Baseline of access to basic and quality health care services developed and implemented at the national and subnational levels	No baseline	Baseline
Strategic Line of Action 4: To develop strategic alliances with indigenous peoples and other key stakeholders to further advance the health of the indigenous peoples.		
Indicators: • Number of countries with indigenous populations receiving PAHO's technical cooperation on the organization, maintenance, and strengthening of technical units responsible for the health of the indigenous peoples	18	24
▪ Presence of regional, subregional, and national networks on the health of indigenous peoples and the intercultural approach to health	1 subregional annotated directory	1 regional network 1 subregional network

Budget Action Plan 2006-2011

Strategic Actions	2006 - 2007			2008-2011
	Regional regular funds THS/OS	**Regional Other sources**	**Unfunded activities**	**Required Budget**
Strategic Line of Action 1. Incorporation of the indigenous perspective into the MDGs and health policies	$ 25,000.00	$ 35,000.00	$450,000.00	$850,000.00
Strategic Line of Action 2. Information and Knowledge Management	20,000.00		400,000.00	800,000.00
Strategic Line of Action 3. Primary Health Care and Interculturalism	35,000.00	45,000.00 PAHO-GEF	450,000.00	850,000.00
Strategic Line of Action 4. Strategic alliances, strengthening of the technical capability of the countries, and indigenous leadership	15,000.00		360,270.00	600,000.00
Totals	**$95,000.00**	**$80,000.00**	**$1,660,270.00**	**$3,100,000.00**

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