Health of the Indigenous Peoples Initiative

Strategic Directions and Plan of Action 2003–2007

Pan American Health Organization

Regional Office of the
World Health Organization

CONTENTS

1. INTRODUCTION

The Pan American Sanitary Bureau (PASB) is the Secretariat of the Pan American Health Organization (PAHO). The Bureau is committed to providing technical leadership and support to PAHO Member States as they pursue their goal of Health for All and the values therein. Toward that end, the following values, vision, and mission guide the Bureau's work.

Values include ***equity, excellence, solidarity, respect, and integrity***. In practice, the application of these values implies promoting shared interests, responsibilities, and collective efforts to achieve common goals to eliminate differences that are unnecessary and avoidable; achieving the highest quality in what we do; and in the context that promotes the respect for dignity and diversity of individuals, groups, and countries, and assures transparent, ethical, and accountable performance (PAHO/WHO- CSP26/10-2002).

The ***vision*** of the Pan American Sanitary Bureau is to be the major catalyst for ensuring that all the peoples of the Americas enjoy optimal health and contribute to the well-being of their families and communities. Therefore, PASB ***mission*** is to lead strategic collaborative efforts among Member States and other partners[1] to promote equity in health, to combat disease, and to improve the quality of and lengthen the lives of the peoples of the Americas (PAHO/WHO- CSP26/10-2002).

In this respect the PASB has the responsibility to contribute to achieve general and specific goals to which the Region is committed[2]. The general goals include: reducing extreme poverty; equity in development; human rights and democracy; sustainable human development; and protection of vulnerable groups. Among the specific goals are: reduction in mortality of children under 5 years of age and in mothers; food security and reduction in malnutrition; increase in the population with access to safe water; natural disasters and more recently, bioterrorism; universal access to care; increased access to technology and essential drugs, especially those for treatment of HIV/AIDS; and increased access to information on health (PAHO/WHO- CSP26/10-2002).

Since inequities are to be reduced throughout the life cycle, PASB must work with countries to identify those groups who display inequalities in health outcome and/or access to services. These disparities can then be addressed with available, cost-effective interventions. Therefore, the Bureau will focus on low income and poor populations, ethnic

[1] PAHO Member States include all 35 countries in the Americas; Puerto Rico is an Associate Member. France, the Kingdom of the Netherlands, and the United Kingdom of Great Britain and Northern Ireland are Participating States, and Portugal and Spain are Observer States. While the ministries of health are recognized as primary partners, PASB is free to develop linkages, partnerships, and joint projects with a wide range of sectors and agencies to assist in the achievement of national health-related goals (PAHO/WHO- CSP26/10-2002).

[2] The Millennium Development Goals are an agenda for reducing poverty and improving lives that world leaders agreed on at the Millennium Summit in September 2000. For each goal one or more targets have been set, most for 2015, using 1990 as a benchmark: to reduce halve the proportion of people living on extreme poverty, and those who suffer from hunger and promote gender equality, to reduce child mortality and maternal mortality by two thirds and three quarters respectively, combat HIV/AIDS, malaria and other diseases and ensure environmental sustainability. It also includes the objective to develop a global partnership for development to address the least developed countries' special needs, an deal comprehensively with developing countries' debt problems (UNDP, 2003)

and racial groups, especially indigenous people, women, and children (PAHO/WHO-CSP26/10-2002).

Thus, the processes which have been underway since the Health of the Indigenous Peoples Initiative began in 1993, emphasizing the health of the indigenous populations in the Americas, are increasing in value and gaining relevance.

2. HEALTH OF THE INDIGENOUS PEOPLES INITIATIVE

Cultural diversity In the Region of the Americas is evident and is determined, to a great extent, by the current presence of approximately 45 million people belonging to more than 400 different ethnic groups (OPS, 2002). No analysis of the health and living conditions can put aside the consideration of the multicultural, multi-ethnic and multilingual character of this continent.

In light of this reality, in 1992, the PAHO's 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 and 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 XXXVII Directing Council (1993).

The recommendations of Winnipeg and Resolution CD37.R5 established five principles when working with indigenous communities. These principles provided criteria for monitoring, and established the basis for evaluation at the end of the Decade of the World's Indigenous Peoples in 2004.

Table 1. Principles

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

The Health of Indigenous Peoples Initiative is an opportunity to show that we are serious about the search for equity and the value we place on diversity. It demonstrates our commitment to the goals of the Decade of the World's Indigenous Peoples. It encourages countries to detect and monitor inequities based upon ethnicity and to put programs and processes into place. This will result in improved health status and access to health services for the indigenous peoples of the Americas.

2.1 Progress

The implementation of resolutions CD37.R5 (1993) and CD40.R6 (1997) has followed two plans of action: 1) PAHO/WHO 1995-1998 Plan of Action for Promoting the Initiative in the Region of the Americas and 2) Strategic Framework and 1999-2002 Action Plan of the Health of the Indigenous Peoples Initiative.

Plan of Action - 1995-1998

Activities in this plan focused on building capacity and alliances; working with Member States to implement processes and projects at the national and local levels; developing programs in priority programmatic areas; strengthening traditional health systems; and disseminating scientific, technical and public information.

In 1997, the progress of the Initiative was evaluated. As a result, Resolution CD37.R5 was ratified through Resolution CD40.R6 and the lines of action for the period 1999-2002 were identified.

Plan of Action - 1999-2002

The activities in this Plan have concentrated on three interrelated lines of action:

1. ***Strategic Planning and Alliances***: Activities have been geared to support countries in the formulation and operationalization of integrated public policies and strategies for the development of health and social systems that provide for equitable access for indigenous peoples.
2. ***Intercultural Frameworks and Models of Care***: Activities have been aimed at supporting countries in designing and implementing frameworks and models of care specifically targeted to address the barriers to equity in health and access to health services faced by indigenous peoples.
3. ***Information to Detect and Monitor Inequities***: Activities have been directed towards improving information collection, analysis, and dissemination on the health and social conditions of indigenous peoples together with the use of information for policy and program development.

In 1992, the UNDP document *Guidelines and Policies for Support to Indigenous Peoples*, PAHO's work was identified as being one of the most comprehensive – especially in the area of indigenous participation and monitoring and evaluation. In fact, PAHO is the only UN agency that has specific directives and plans of action aimed at addressing the needs of indigenous peoples.

The concrete results of the Health of the Indigenous Peoples Initiative corresponding to each line of action are summarized in Table 2.

Table 2. Health of the Indigenous Peoples Initiative

Plan of Action 1999-2002: Progress

1. Strategic planning and alliances:

- Regional meeting on Health and "Indigenous Peoples: Achievements and Challenges in the Region of the Americas" (Puerto Varas, Chile 13-15 November 2000)
- 11 countries have Technical Units in charge of the health of the indigenous peoples in the Ministries of Health (Argentina, Bolivia, Brazil, Canada, Chile, Ecuador, the United States, Guatemala, Honduras, Mexico, and Panama).
- 8 countries have directives that prioritize health care of the indigenous population (Argentina, Bolivia, Costa Rica, Dominica, El Salvador, Nicaragua, Paraguay, and Peru).
- Inventory of institutions that work in indigenous health in Central America has been developed and disseminated.
- PAHO is participating in the United Nations Interagency Group for the support of the Permanent Forum on Indigenous Issues.
- 6 informative sessions on indigenous health issues were organized at PAHO headquarters.
- Interinstitutional activities with the IDB, the US. Indian Health Service, and Canadian First Nations and Inuit Health Branch are underway.

2. Intercultural Frameworks and models of care

- First phase of the PAHO-GTZ-CEPIS Project "Health of the Indigenous Peoples: Improvement of water and sanitation in indigenous communities." Results: National Technical Groups in 15 countries, pilot projects in 6 countries, production and dissemination of information.
- 6 Case studies on the incorporation of indigenous perspectives, therapies and medicines into primary health care in 6 different indigenous communities: Mapuche (CHI), Nahualt-Pipil (ELS), Maya (GUT), Garífuna (HON), Ngöbe Buglé (PAN), Quechuas (PER).
- Publication and dissemination of the strategic guidelines for the incorporation of the intercultural approach based on case studies in 6 countries.
- Proposal to develop a course on cultural diversity and health for the Virtual Campus is under way.
- Incorporation of the intercultural approach to health into the Integrated Management of Childhood Illness Strategy (IMCI), Roll Back Malaria Initiative, Reproductive Health, AIDS, among others.
- 14 countries are working with the intercultural approach.
- Technical assistance was provided in the organization of the conference *Indigenous Healing Traditions in the Americas,* in Washington, DC during November 2002 with 300 participants from throughout the Region.
- Management of resources, technical assistance, and logistical support in the assistance of 18 participants of 10 countries in the *Healing our Spirits Worldwide Conference*, in New Mexico, Albuquerque, in September, 2002.
- Basic document and expert consultation on sexual health and prevention of AIDS-STI in indigenous communities.

3. Information to detect and monitor the inequities

- 6 countries have proposals for disaggregation of information on health services, according to ethnic group (Brazil, Colombia, Ecuador, México, Nicaragua, and Venezuela).
- 3 countries (Guatemala, Ecuador and Peru) in the social exclusion project identified indigenous peoples within the excluded groups and pointed out that indigenous women and children were the most affected.
- 22 of 24 countries with indigenous population in the Region included information in Health in the Americas, Edition 2002.
- In collaboration with the Public Policy Program and WHO a project was formulated to support the countries in the information disaggregation according to ethnic group in order to promote the use of information in the definition of policies.
- The Initiative has a Web page
- The first edition of the Indigenous Bulletin has been prepared.
- 11 documents have been incorporated to the list of publications.
- A database on documents on indigenous health with 919 entries is available on PAHO's web page.

2.2 Challenges

Despite the progress and processes underway, there are existing challenges that should be addressed. It is important to point out the following:

- The present epidemiological profile of the indigenous population is associated with high poverty indices, unemployment, illiteracy, migration, exclusion from the mainstream society, lack of land and territory, destruction of the ecosystem, alteration of the dynamic of life, and unmet basic needs.
- In the majority of the countries, State reforms and specifically health sector reforms have not responded sufficiently to inequalities in health.
- The ethnic and cultural heterogeneity of the indigenous peoples emphasizes the need for identifying innovative forms in addressing their health needs, instead of adopting a single program or model of health care.
- The lack of vital statistics or of service statistics disaggregated by ethnic group, gender, and age groups hinders the adequate evaluation of the health situation, living conditions, and health services coverage of the indigenous population.
- Comprehension of the social and cultural factors which shape their knowledge, attitudes, and health practices, are as fundamental as the availability of quantitative data. The public health challenge is to be able to translate the sociocultural information into practical information in order to promote the well-being of indigenous individuals and communities.
- Presence of similar problems among indigenous communities living in border areas urge coordinated efforts among countries and the development and/or application of international and subregional agreements.

- Training of the health workers for the delivery of appropriate services to the sociocultural characteristics of the users, both at the level of the health authority and at sub national level is limited[3].
- Although in several countries there are national health policies that assist indigenous peoples, their application, in general, is reduced, and an impact assessment system of these policies on the health of the peoples is absent.
- The participation of indigenous peoples is a fundamental factor in the achievement of the well-being of the peoples. This participation should be strengthened in PAHO and among Member Countries.
- Addressing the health needs of indigenous peoples and their living conditions is related to issues concerning: human rights, democracy, development, environment, and those related to the comprehension of indigenous culture, identity, and world vision. This requires the political commitment and the responsibility, of the countries in the Americas, of international cooperation agencies, and indigenous organizations. Full participation of all social actors is required for a multisectoral and multidisciplinary approach.

Table 3 shows the challenges that persist in addressing the needs of indigenous peoples.

[3] Within the framework of the "Public health in the Americas" Initiative (1999-2002), the evaluation of the Essential Public Health Functions was made. The Essential Function 8: Human resources development and training in public health, including skills to provide culturally appropriate health care, had a low level of performance (OPS, 2002).

Table 3. Challenges in addressing Health Needs of the Indigenous Peoples. Evidence

Poverty	**Infant mortality**
Ecuador: it is estimated that 76% of the children are poor in rural areas of the mountains and of the Amazon region, where indigenous population is located (OPS, 1998).	Mexico: the infant mortality rate among the indigenous children was 59 per 1,000 live births in 1997, twice higher than the national infant mortality rate (PAHO, 2002).
Illiteracy	**Maternal mortality**
Peru: in the Peruvian Amazon region 7.3% of the population is illiterate compared to 32% in the indigenous communities of this area (INEI-UNICEF, 1997).	Honduras: national maternal mortality rate is 147 x 100mil live births. In the departments of Colon, Copán, Intibucá, Lempira and La Paz, areas with indigenous population, the maternal mortality rate ranges between 255 and 190 x 100,000 live births (OPS, 1999).
Unemployment	**Infectious Diseases**
El Salvador: 50% of the indigenous population was illiterate, and unemployment was 24% (PAHO, 2002).	Nicaragua: municipalities affected by *plasmodium falciparum* are localized in the Autonomous Regions of the Atlantic Coast, area of settlement of indigenous and afro-descendants peoples (OPS-NIC, 2003).
Malnutrition	**Diabetes, obesity, alcoholism**
Guatemala: 67.8% of the indigenous population suffered from chronic malnutrition compared with 36.7% of the non-indigenous population (PAHO, 2002).	The United States: Indigenous people are much more likely than the general population to die from diabetes mellitus related to obesity, and liver disease due to alcohol abuse. (PAHO, 2003)
HIV/AIDS	**Suicide**
Honduras: The Garífuna and English-speaking afro descendants are the groups most affected by HIV/AIDS. (PAHO, 2002)	Canada: the suicide rate is 2–7 times higher among the Aboriginal population than in the general Canadian population, and a cause of concern, especially among young men in Inuit communities (PAHO, 2002).
Basic services	**Location**
El Salvador: only 33% of the indigenous population has the benefit of electrical service, and 64% use oil lamps or candles for lighting. Water is obtained by 91.6% of the indigenous population from wells, rivers, or both (PAHO, 2002).	Indigenous populations are scattered, in some cases mobile, located for the most part in remote areas, in urban fringe, and borders. There are several indigenous multinational peoples, such as the Miskito of Nicaragua and Honduras, the Quechuas of Colombia, Ecuador, Peru, Bolivia, Argentina, etc., (PAHO, 2002).
Ethnic and cultural heterogeneity	**Cultural appropriate health care**
Brazil: The indigenous population in Brazil is estimated at 350,000 people, who belong to some 210 groups and speak more than 170 languages. Although they make up only 0.2% of the total population, indigenous peoples are found in 24 of the 26 states. (PAHO, 2002).	In the evaluation of Public Health Essential Functions, Function 8: Human resources development and training in public health, including skills to provide culturally appropriate health care, had a low level of performance, with an average value of 38%, and 17% for culturally appropriate health care (OPS, 2002).

3. STRATEGIC DIRECTIONS 2003-2007

1. Promoting the development and/or application of the national and international health policies that favor the health and well-being of the indigenous peoples.
2. Strengthening the information systems and country capacity for analysis, management and prioritization of health care in indigenous population. This includes local capacity building in areas with indigenous population and the provision of necessary supplies and equipments.
3. Health personnel and community training in curative and preventive actions, as well as, in rehabilitation and health promotion strategies, taking into account the epidemiological profile, the sociocultural characteristics, and the community resources of the population. This implies the development of models of care adapted to the sociocultural contexts of the population and the generation of knowledge through the operations research.
4. Promoting the joint effort of the countries of the Region in addressing the health problems of the indigenous peoples.

4. PLAN OF ACTION 2003–2007

1. National policies and international agreements

- Formulation and/or implementation of national policies and international agreements
- Development and/or monitoring and evaluation of the implementation of national and institutional programs
- Analysis and evaluation of the existing policies in the Region favoring the well-being of the indigenous peoples and the prioritization of health actions among these peoples.
- Promotion of strategies and policies that address the social exclusion among indigenous populations.

2. Networks of interinstitutional and intersectoral collaboration

- Regional, subregional, and national networks
- Intersectoral associations
- Cooperation agreements
- Strengthening of the indigenous leadership
- Cooperation among countries and mobilization of resources

3. Primary health care and intercultural approach to health

- Incorporating of the intercultural approach to health into the models of care and health personnel training.
- Promotion of the indigenous participation in the management of services
- Adapting of methodologies and integrating comprehensive strategies (IMCI, Roll Back Malaria, maternal and child health, water and sanitation, HIV/AIDS, diabetes, mental health, etc).
- Guidelines for the sociocultural adaptation of clinical protocols
- Incorporation of the indigenous perspectives, therapies and medicines in primary health care.

4. Information, analysis, monitoring, and management

- Incorporation of the variable of ethnicity into information and monitoring systems.
- Analysis of the health determinants
- Local management capacity building (Establishing priorities)
- Creation of an observatory on health of the indigenous peoples in the Americas
- Production and dissemination of public, scientific, and technical information

- Operational research
- Systematization of indigenous knowledge

5. GENERAL BUDGET

Year	Component 1	Component 2	Component 3	Component 4	Regional Coordination
1	250,000	500,000	500,000	250,000	250,000
2	350,000	500,000	500,000	500,000	250,000
3	350,000	500,000	500,000	500,000	250,000
4	300,000	500,000	500,000	500,000	250,000
5	250,000	500,000	500,000	250,000	500,000
Subtotal	1,500,000	2,500,000	2,500,000	2,000,000	1,500,000
Total = 10,000,000					

Contributions		
PAHO[4]	**Countries[5]**	**Donors**
3,000,000	2,000,000	5,000,000

[4] PAHO Headquarters and Countries – Regular and extra budgetary funds
[5] Countries – Ministries of Health and national donors

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7. ANNEXES

7.1 Resolution CD37.R5

Resolution V. "HEALTH OF INDIGENOUS PEOPLES"

Adopted by THE XXXVII MEETING OF THE DIRECTING COUNCIL,

THE DIRECTING COUNCIL,

Having seen Document CD37/20 on the initiative "Health of the Indigenous Peoples of the Americas";

Taking into account the recommendations formulated by the participants at the Working Meeting on Indigenous Peoples and Health, held in Winnipeg, Manitoba, Canada, from 13 to 17 April 1993;

Recognizing that the living and health conditions of the estimated 43 million indigenous persons in the Region of the Americas are deficient, as reflected in excess mortality due to avoidable causes and in reduced life expectancy at birth, which demonstrates the persistence and even the aggravation of inequalities among indigenous populations in comparison with other homologous social groups;

Considering the aspiration of indigenous peoples to take charge of their own institutions and ways of life, the need for them to assert their own identity, and the need to respect their rights with regard to health and the environment;

Recognizing the unique contribution that indigenous peoples make to the preservation of ethnic and cultural diversity in the Americas, to biodiversity and a balanced ecology, and, most especially, to the health and nutrition of society;

Emphasizing the need to take a new look at, and respect the integrity of, the social, cultural, religious, and spiritual values and practices of indigenous peoples, including those related to health promotion and maintenance and the management of diseases and illnesses; and

Reiterating the importance of the strategy for the transformation of national health systems and the proposal for the development of alternative models of care at the level of local health systems as a valuable tactical resource and a fundamental requisite for dealing with current problems relating to insufficient coverage, inadequate access, and the lack of acceptability of health services on the part of indigenous populations,

RESOLVES:

1. To adopt Document CD37/20, which describes the initiative "Health of the Indigenous Peoples of the Americas," and the report of the Winnipeg Working Meeting containing the conclusions and recommendations on which the initiative is based.

2. To urge the Member Governments:

(a) To facilitate the establishment or strengthening of a high-level technical commission or other mechanism of consensus, as appropriate, with the participation of leaders and representatives of indigenous peoples, for the formulation of policies and

strategies and the development of activities in the areas of health and the environment for the benefit of specific indigenous populations;

(b) To strengthen the technical, administrative, and managerial capacity of national and local institutions that are responsible for the health of indigenous populations with a view to progressively overcoming the lack of information in this area and ensuring greater access to health services and quality care, thus contributing to a higher degree of equity;

(c) To implement intersectoral actions, as appropriate in each case, in the areas of health and the environment both in the official sector and through nongovernmental organizations (NGOs), universities, and research centers that work in collaboration with indigenous organizations;

(d) To promote the transformation of health systems and support the development of alternative models of care, including traditional medicine and research into quality and safety, for indigenous populations within the local health system strategy;

(e) To promote the development of disease prevention and health promotion programs in order to address these problems and the most important areas relating to indigenous health in their countries.

3. To request the Director, within the limits of available resources:

(a) To promote the participation of indigenous persons and their communities in all aspects of PAHO's work on the health of indigenous persons;

(b) To identify technical cooperation resources within existing cooperation programs and provide support for the mobilization of additional resources at the international and national level for implementation and evaluation of the initiative "Health of the Indigenous Peoples of the Americas";

(c) To coordinate the regional effort by promoting the establishment of information and mutual cooperation networks between organizations, centers, and institutions whose activities are concerned with the health of indigenous peoples, organizations, and communities, enlisting the Organization's existing mechanisms, initiatives, and programs at the regional level and in the countries and also seeking the cooperation of other agencies and organizations;

(d) To expand the evaluation of living conditions and the health situation to include the indigenous peoples of the Region, with a view to gradually overcoming the current lack of information in this area at both the regional and the country level;

(e) To promote collaborative research at the regional level and in selected countries on high-priority health issues and health care for indigenous peoples

(Adopted at the fourth plenary session, 28 September 1993)

7.2 Resolution CD40.R6

THE XL DIRECTING COUNCIL,

- Having examined the report on the health of indigenous peoples (Document CD40/14);

- Recognizing the growing evidence of inequities in health status and access to basic health services for the estimated 43 million indigenous persons in the Region of the Americas; and

- Considering the economic, geographic, and cultural barriers to the efficient and effective delivery of public health and personal health care services in isolated rural and marginal urban areas in most countries,

RESOLVES:

- To take note of the report on progress in the implementation of Resolution CD37.R5, to reaffirm the commitment to the goals of the Decade of the World's Indigenous Peoples, and to approve the activities proposed in Document CD40/14.

- To urge the Member States, in the process of the implementation of health sector reform, to be persistent in efforts to detect, monitor and reverse inequities in health status and access to basic health services for vulnerable groups, including indigenous peoples.

- To call to the attention of Member States that renewal of the goal of health for all requires that sustainable solutions are found to address the economic, geographic, and cultural barriers to adequate care for vulnerable groups.

- To request the Director to continue his efforts to implement the Health of Indigenous Peoples Initiative.

(Adopted at the eighth plenary session, 25 September 1997.)