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STRATEGIC FRAMEWORK AND 1999-2002 ACTION PLAN

HEALTH OF THE INDIGENOUS PEOPLES

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1. OBJECTIVE

To develop a Strategic Framework that will outline the guiding principles and overall direction for the Health of Indigenous Peoples Initiative. The Action Plan for 1999-2002 will set out how this Framework will be operationalized.

2. OVERVIEW OF INITIATIVE

Over the past several years, there has been a growing concern throughout the world with respect to the poor health and social conditions experienced by the majority of indigenous peoples.

The Health of Indigenous Peoples Initiative, which was initiated in 1993, signifies a commitment by PAHO and Member States to work with indigenous peoples to improve their health and well being. It is also recognition of the value and need to conserve indigenous cultural heritage and knowledge.

The direction and activities undertaken for the Initiative have been guided by consultations at the country level and with indigenous peoples themselves. As such, work relating to the Initiative has been guided by two Resolutions from Directing Council (see Annex 1).

Resolution CD40.R6, the most recent of the Directing Council Directives (September 1997) reaffirmed the commitment to the goals of the Decade of the World's Indigenous Peoples and:

- Urged Member States, in the process of the implementation of health sector reform to detect, monitor and reverse inequities in health status and access to basic health services for vulnerable groups, including indigenous peoples.
- Reiterated that the renewal of the goal of *Health for All* requires that sustainable solutions be found to address the economic, geographic and cultural barriers to adequate care for vulnerable groups.
- Requested that the Director continue his effort to implement the Health of Indigenous Peoples Initiative.

3. PROGRESS

Initiative related work has been guided by a Plan of Action for 1995-1998. The activities have focused on:

- building capacity and alliances;
- working with Member States to implement national and local processes and projects;
- programs in priority programmatic areas;
- strengthening traditional health systems;
- scientific, technical and public information.

There have been a number of success stories. In fact, in the recent UNDP document *Guidelines and Policies for Support to Indigenous Peoples*, PAHO's work was identified as being one of the most comprehensive - particularly in the area of indigenous participation and monitoring and evaluation.

Overall, the efforts to date have been effective in raising not only awareness of indigenous health issues but also in establishing processes at the country levels to begin to address these inequities. Some of accomplishments and ongoing efforts through the Initiative include:

- Sub-regional workshops on the Initiative which for 17 Member Countries, resulted in the designation of individuals responsible for the Initiative within their respective countries and reports of efforts underway on behalf of indigenous peoples. These individuals are active at the country level in advocating for the health indigenous peoples.
- Promotion of the Initiative in all countries using a phased in approach – seven countries in 1995, four in 1996, seven in 1997 and all remaining countries in 1998. These activities have resulted in the creation of indigenous health units in the Ministries of Health for a number of countries including Argentina, Brazil, Honduras and Ecuador.
- Collection, development and dissemination of scientific and technical information on the indigenous people's health in the Region. A total of 47 publications, including twelve documents in the Series, *Health of the Indigenous Peoples*, have been produced. In addition, the Initiative website has been updated.
- Eighteen countries included a section on indigenous health in the 1998 edition of *Health in the Americas Vol. II*. A section in Vol. I analyzed the evidence of inequities in health status and access to basic health services experienced by the Region's indigenous peoples.

- Projects in countries addressing priority areas underway i.e. indigenous women (Guatemala), water and sanitation (Bolivia and Peru) and mental health (Peru and Ecuador).
- An international network of individuals working on indigenous peoples' issues which includes indigenous rights.
- An agreement with the Indigenous Parliament of the America which formed the basis for work in setting national policy and advocacy for indigenous health.
- Grant to International Indigenous Institute for a document on ethnic groups in the Americas.

In 1997 a report was prepared that reviewed the progress of Initiative related work. Despite the numerous successes, it is also important to acknowledge a number of difficulties that have impeded efforts. These include problems mobilizing resources and in the collection and analysis of statistics by ethnic groups at the country level.

4. CONTINUED IMPLEMENTATION OF THE INITIATIVE

Before establishing the direction and activities for the coming four years it is useful to briefly review not only the need for continued work but also the opportunities and constraints that will influence the progress.

4.1 RATIONALE FOR RENEWED COMMITMENT

- *Serious health and social problems still exist for indigenous peoples.* An estimated forty-three million indigenous peoples live in the Americas. Recent World Bank Studies have indicated that these peoples are among the most poor and disadvantaged.
 - Poverty rates for indigenous peoples are often higher than for the general population e.g. the percentage of people living below the poverty line in Mexico is 80.6% for indigenous populations but only 17.9% for non-indigenous populations. In Peru, 79% of indigenous peoples but only 49.7% of non-indigenous people live below the poverty line (8).
 - Morbidity and mortality profiles of indigenous populations are indicative of the most under-privileged socio-economic groups: in Honduras, life expectancy for indigenous men is 36 compared to 65 for all men and 43 for indigenous women compared to 70 for all women (10).
 - Most indigenous peoples face lower life expectancy and higher rates of diseases, including chronic diseases, accidents and violence: in Canada, the 1990 age-standardized rate of death from accidents and violence for indigenous people is 81 per 100,000 population compared to 46 per 100,000 for the general population (6).
- *Negative impact on children's health.* The majority of indigenous peoples are children or young adults. For example, nearly 50% of indigenous peoples in Peru and 33% of Native-Americans in the United States are younger than 15 years. Most countries in the Americas report higher mortality and morbidity rates for indigenous children - the leading causes of which are largely preventable e.g. communicable, vector-borne and parasitic diseases. Indigenous children also are adversely affected by poverty and its effects: in Honduras, an estimated 95% of indigenous children under 14 years are affected by malnutrition, in Ecuador, 76% of indigenous children live in poverty (8).
- *Lifestyle and environmental changes.* Encroaching urbanization and economic development have induced destruction of natural environments. This has forced rapid changes for many indigenous communities e.g. pollution of land and waterways, destruction of traditional hunting areas and spread of such diseases as malaria and tuberculosis. Many indigenous communities do not have direct access to safe drinking water or sanitation.

- *Accessibility problems.* While health sectors in many countries of the Region have been unable to provide full and comprehensive coverage to their entire populations, indigenous peoples lack access to basic health services in virtually every country – an estimated 40% of the 100 million persons who are without regular access are indigenous (8). Ensuring equitable access is not only a question of physical proximity to health services and to health prevention and promotion programs. Other factors that can minimize the effective use of health services include structural and economic factors such as location of health care facilities, the isolation of many indigenous communities and the lack of health insurance or economic capacity to pay for services. Other less obvious but equally important factors include differences in language, illiteracy, disregard for indigenous peoples and their beliefs, lack of understanding and respect for traditional health systems and healing practices.
- *Continued marginalization.* Indigenous peoples have often been marginalized which is evident in high rates of poverty, low salaries, high unemployment levels, high illiteracy and school dropout rates and high levels of unmet basic health and social needs. In addition, increases in seasonal migration for indigenous peoples have exacerbated the problem of school dropouts and difficulties in receiving health care – particularly preventative.
- *International commitment to improving health.* Director General, WHO, indicated achieving healthy populations is dependent on ensuring that the least healthy and the most vulnerable are given priority (October '98 letter regarding “Toward a Global Partnership for South-South Cooperation”). The majority of indigenous peoples would meet both these criteria. In addition, for PAHO, we have been mandated by Member Countries to continue efforts to implement the health of indigenous peoples. As such, we are accountable to demonstrate tangible evidence of improvements in the health and well being of this population group.

4.2 OPPORTUNITIES

- *Reduction of Inequities – Strategic and Programmatic Orientations 1999-2002* centers around a goal of reducing unjust inequities between and within countries. The Director of PAHO has made the search for equity the pillar of his current four-year term and has committed to make a significant impact in diminishing the systemic barriers to access and coverage by health systems and services that are faced by indigenous peoples.
- *Improve Effectiveness of Health Systems* – Since most countries are engaged in health sector reforms, it is opportune to ensure that indigenous peoples are active participants and beneficiaries in these processes. The experience of such countries as the U.S. and Canada have demonstrated that improvements in aboriginal health status can be achieved and sustained if indigenous peoples themselves participate in decisions affecting their health and well being.
- *Improvements in Data Collection and Dissemination* – Although there is a growing recognition of the need for accurate and complete health information, particularly with respect to sub-populations, few countries can desegregate ethnicity as a variable in their

data collection. There are also often difficulties in obtaining data from rural or isolated regions – areas where many indigenous communities are located. Given these challenges, there is an opportunity to work collaboratively with countries to improve the knowledge about the living conditions and health status of indigenous peoples. This will help to ensure that resources and programs are targeted appropriately to achieve maximum benefits. For example, developing performance indicators for health systems and services will help to ensure evidenced-based decision making.

4.3 CHALLENGES

- *Related social and economic problems* – As previously indicated the majority of indigenous peoples face severe social problems such as poverty, lack of education, environmental impacts, etc. Therefore, given that health status is strongly affected by these socio-economic factors, finding appropriate solutions to improving the health of indigenous people requires decidedly more complex integrated approaches.
- *Interrelated priorities* - Indigenous organizations and communities often place priority on other issues not specifically related to health such as community land and resources - issues that are not likely resolved in the short or medium term. Although the indigenous cosmovision includes community land and resources as fundamental components of health and well being, actual negotiations for land ownership can sometimes delay addressing specific health problems such as equitable access. Therefore, the challenge for PAHO will be to assist countries in find systemic approaches to move the health agenda forward.
- *Lack of homogeneity among Indigenous populations* - Within the Americas, there are more than 400 different indigenous groups. This ethnic and cultural heterogeneity of indigenous peoples which include differences include geographic (rural, isolated, and urban) as well as differences in cultures, traditions and languages, makes it difficult to adopt single programs or national health care models and strategies.

5. STRATEGIC FRAMEWORK FOR ACTION

Persistent inequities both in health status and access to basic health services support the need for continued efforts within the Initiative. With the *Strategic and Programmatic Orientations 1999-2002* focus on reducing inequities, this framework also provides an added opportunity to direct the next four years to supporting Ministries of Health in addressing equitable health status and access to health care for indigenous peoples within the context of health sector reforms.

Specifically, the work of the Initiative PAHO will concentrate on working with countries to develop and implement the necessary systems to identify and eliminate those factors that create barriers to accessing needed health programs and services for indigenous peoples. That is, the work will assist in the development of those processes, methodologies, tools and models of care that countries require in their efforts to achieve equitable health status and access to health.

Although countries will respond to inequities within their respective priorities and needs, there are a number of challenges and requirements that are common to most countries. These include:

- *Public Policies:* Strategies and public policies are the cornerstone to strengthening health systems to ensure equitable access to comprehensive, integrated health services that respond to the needs and priorities of the population. With respect to indigenous peoples, appropriate public policies are essential for ensuring that their cultures, rights and traditional health systems are recognized and protected. Comprehensive public policies are essential to ensure linkages between:
 - health system development and financing;
 - capacity building for human resources;
 - community participation;
 - health care, health promotion and disease prevention programs development and delivery;
 - comprehensive integration of western health systems with traditional health systems and the national information and monitoring and evaluation systems.
- *Alliances and Intersectoral Cooperation:* The development of cross-sectoral alliances to address shared objectives of alleviating inequities for indigenous peoples are critical for the implementation, effectiveness and sustainability of needed programs and services. For example, since public policies regarding other socio-economic conditions such as education, employment, environment and development also impact health, there is a need to ensure appropriate linkages with policy development in other sectors. Conversely, from the perspective of the non-health sector, there is a growing recognition that social inequities, particularly related to health, impede broader goals such as economic growth

and human development. As a result, there is an opportunity to promote new approaches to policy development that are based on a comprehensive range of complementary activities and strategies (e.g. health public policy, partnerships and alliances and community development). As a component of this work, there is also a need to develop indicators to monitor and evaluate the impact of the interventions on critical issues such as health status equity, quality and efficiency of programs and services.

- *Developing Strategies to Diminish Barriers to Equitable Access:* Identifying and addressing barriers to access to health care is a key challenge for most countries. Whatever the nature of the deterrents, if services are not provided and utilized in an appropriate and timely manner, their value to the system and client is diminished significantly i.e. poor cost-benefit ratio. Therefore, to maximize the benefit of services, barriers or systemic inefficiencies must be identified and removed. As such, many countries are looking to develop indicators for measuring access to health services and for methodologies for eliminating, or at least minimizing, the effects of these barriers.
- *Models Integrating Western and Traditional Health Systems:* The benefits resulting from increased understanding of traditional health care systems and how they can be effectively linked with national health systems to provide comprehensive health care to indigenous communities have not been maximized. For example, Indigenous communities have long relied on their community-based traditional health services to meet their needs. These systems are strongly based on the indigenous values and beliefs. More importantly, for communities, traditional health is more accessible, available and affordable. However, this system has not been able to fully respond to new health challenges including new and emerging diseases or the cost and availability of prescription drugs. Strategies are therefore needed on developing and implementing public policies and standards at the national and international levels that promote collaboration between the western and traditional health systems.
- *Human Resource Capacity Building:* In order to maximize the effectiveness of health care delivery, health providers must understand the culture of their clients. For health care services for indigenous clients, this can be achieved by improving understanding of the social conditions and the complexity of the values and beliefs systems of indigenous peoples. For example, the project on the Incorporation of an Intercultural Approach to Health into both the Education and Training of Human Resources and into Models of Health Care seeks to address the problem of low utilization rates for government provided health services by indigenous populations. Potential outcomes include enhanced efficacy of the health care delivery and improved health outcomes.
- *Health Risk/Benefit Analysis:* Virtually every country in the Americas is struggling to respond to tremendous social and economic shifts caused by changing health needs and emerging information on the various factors that contribute to health and escalating costs. As a result, there is a need to balance expenditures in the formal health system with investments in other factors and conditions that determine health. Ministries of Health are faced with the challenge of developing approaches for assessing conditions of risk and benefit in order to maximizing health impact and minimizing health risk. A component of this is to develop new models that address financing and affordability issues.

- *Measuring Impacts of Health Sector Reform:* Reform activities are underway in most countries. Governments are faced with the challenge of responding to the health care needs of all their citizens. As such, work needs to be undertaken to look for new models of care and methodologies specifically related to equity and in particular, with the need to equalize the disparities in health status. This includes offsetting potential negative impacts to ethnic groups that may result from the reform process. For example, since the catalyst for many reforms is cost reduction and improving cost efficiencies. Therefore, services are more likely to be reduced than expanded. Consequently, there is a need to develop appropriate health status indicators and to explore alternative approaches such as insurance or other options to provide coverage for basic health services.
- *Developing Culturally Appropriate Approaches for Priority Problems:* Countries also require strategies on how to best respond to specific priority health issues. These can range from health promotion, disease prevention and treatment to specific health topics such as child and maternal health and mental health. Developing approaches to identify and effectively meet specific health priorities of indigenous communities is necessary to ensure the implementation and delivery of quality health services. Experience has demonstrated that effective programming must be culturally appropriate and recognize indigenous cosmovision of health and belief systems. In addition, evaluations of these methodologies can provide the basis for establishing best practices that can then can service as models for technical cooperation.
- *Ensuring Adequate Health Information:* The development of data information systems are critical for evidence-based decision making and for ensuring that scarce resources are targeted appropriately and to evaluate the effectiveness of interventions. For example, health system organizational development, health resources development and management and health care delivery represent a continuum, involving community development for health and are supported by national health information systems and health system research. In addition to data collection, there is also a need to access information on practical experiences or research related to indigenous peoples.

6. GUIDING PRINCIPLES

The following principles will continue to guide ongoing and future work:

- All activities relating to the health of indigenous peoples must respect their values and beliefs. This includes an appreciation that the indigenous health system is based on a holistic approach where wellness is viewed as a balance or harmony between the physical, spiritual and mental aspects of the individual and community.
- The participation of indigenous peoples in both the determination and implementation of activities within the Initiative continues to be a priority. Implicit to this is the need for increased human resource development and capacity building for indigenous peoples. This will ensure that indigenous peoples themselves have the required skills and expertise necessary to make informed decisions regarding their health and well being.
- Member countries are ultimately responsible to ensure an equitable health status of all their citizens, including indigenous peoples and other ethnic groups. For these improvements in health status to be sustainable, they must be undertaken within the context of each country's respective realities and priorities i.e. within the goals, priorities and timeframes established within each country.
- PAHO has a role as facilitator and promoter of the indigenous development processes. Therefore, efforts will continue to maximize the mechanisms of technical cooperation in supporting Member Governments in their efforts to improve the health status of indigenous peoples. With respect to the types and levels of services provided, we are seeking to achieve allocational efficiency. That is, where services are provided based on the preferences of members of that community. In addition, since availability of resources will continue to be an important factor in the success of Initiative related work, efforts will continue with respect to resource mobilization.
- Efforts will continue to establish new working relationships between other programs and organizations. For example, other areas are working to improve the health of neglected sub-populations, most of which also include indigenous peoples. Increased partnering will maximize the effectiveness of existing resources through enhanced collaboration and reductions of overlap and duplication. It will also result in the creation of teams that can provide more comprehensive assistance to countries.
- Improving the health status of indigenous peoples requires an integrated approach. Since the factors that effect health status are diverse, public or population health aspects must also be included i.e. social, development and poverty issues. In addition, Initiative related activities should support country efforts of evidence-based decision making processes – particularly in support of guidelines on methodology, policies, processes and evaluations.
- The assessment of equitable access to health care services will be a function of the realities within each country. For example, indigenous peoples should have horizontal equity in that they have access to a level of service that is equitable to other non-

indigenous peoples in similar circumstances. For example, equitable access would not imply that an indigenous person living in rural areas would have access to the same level of services as someone living in a larger metropolitan area.

7. PLAN OF ACTION - 1999-2002

The goal of the *Plan of Action 1999-2002* is to promote the health and well-being of indigenous peoples by assisting countries in ensuring equity in health and access to basic health services within the context of health sector reform.

The work to develop those needed systems or models will be directed to three interrelated lines of action:

1. *Strategic Planning and Alliances*: 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*: To support 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 Inequalities*: To improve information collection, analysis and dissemination on the health and social conditions of indigenous peoples.

These lines of action will be the major emphasis of the Initiative's work. The collective results of these activities should provide a comprehensive approach to improving the health status of indigenous peoples by facilitating equitable access to quality health services that are sustainable and culturally appropriate.

7.1 STRATEGIC PLANNING AND ALLIANCES

This line of action recognizes the importance of strengthening country capacities to develop intersectoral national public policies and alliances to support comprehensive and sustainable health systems. Fundamental to this multi-sectoral approach to improve the health status of indigenous peoples is the recognition of the determinants of health.

Health status in general is influenced by a number of determinants, which include such factors as ethnicity, ecosystems, availability of health and social services, education, poverty and economic development. That is, the state of health is determined by many decisions made in sectors other than where health care services are provided. Therefore, there is a need to work collaboratively with both health and non-health sector participants. For example, other international agencies such as the World Bank and Inter American Development Bank also have an interest in indigenous issues. While these do not have a health focus, the potential for interagency and international cooperation should be maximized. Looking to develop organizational structures that integrates the public, private, non-government organization (NGO) communities to improve the comprehensiveness of health and social systems

Within countries, government policies and strategies related to indigenous issues provide the foundation for the development and sustainability of needed programs and services. As such, the development and implementation of necessary legislation, strategies and public policies are fundamental to increasing participation by indigenous peoples and in implementing real change.

7.1.1 Recommendations

To advocate for the incorporation of the indigenous health perspective as a component of other indigenous health or community related development initiatives.

Expected Results

- The development of strategies for integrating indigenous health into the goals and priorities of other organizations with a focus on indigenous issues.
- The development of guidelines for incorporating indigenous health issues into other health related projects.

7.1.2 Recommendations

To support countries in the development of national plans and policies relating to indigenous health.

Expected Results

- Enhanced knowledge regarding existing methodologies, strategic plans and public policies relating to the health of indigenous peoples in the Americas.

7.2 INTERCULTURAL FRAMEWORKS AND MODELS OF CARE

This line of action focuses on supporting countries in designing and implementing comprehensive plans, programs and services for indigenous people that reflect an intercultural approach. In the Americas, most countries deal with the challenge of accommodating the needs of a range of different ethnic populations and cultures. An intercultural approach recognizes and respects the unique and diverse characteristics of each sub-population and seeks to create an environment where these differences can co-exist.

For indigenous peoples, an intercultural approach to health recognizes of the value and scope of their holistic perspective to health. Indigenous health systems utilize different approaches to health and healing that must be respected and accommodated in health programs and services targeted to indigenous communities. For example, since indigenous peoples view health as a way of life rather than a segregated or specialized activity, if this holistic perspective is not suitably reflected in a program's design and delivery, it is unlikely

that the program will be effective. Therefore, an intercultural approach to health should include a comprehensive mix of interrelated components including:

- policies that support the intercultural approach;
- models to identify and address inequities in health status and access to health services;
- capacity building for human resources;
- models for the integration of western and traditional health systems;
- health care models for primary health care, including disease prevention and health promotion;
- models of care and “best practices” for the development and delivery of services targeted to specific priority health problem.

7.2.1 Recommendation

To assist countries in developing models to identify, monitor and reverse barriers to equitable health and access to basic health services for indigenous communities.

Expected Results

- To develop models for identifying and monitoring barriers to access for indigenous peoples.
- To support the development of alternative health system models which will increase the comprehensiveness of health services for indigenous peoples.

7.2.2 Recommendation

To develop a framework and models of care for improving the effectiveness of health programs and services targeted to indigenous communities.

Expected Results

- To develop a framework of tools and methodologies for designing and implementing health programs and services for indigenous peoples.
- To develop guidelines for enhancing the integration of western medical systems and traditional health systems and medicines in primary care models.

7.3 INFORMATION TO DETECT AND MONITOR INEQUITIES

Improvements in data collection, analysis and dissemination are necessary to monitor health status inequalities and evaluate the effectiveness of interventions.

This line of action emphasizes the need for quality and timely information and data on the health and living conditions of indigenous peoples and on processes for the development, monitoring and evaluation of interventions targeted to improving the health and well-being of indigenous peoples. This includes not only data collection but also the production and dissemination on information.

Limited available data on indigenous peoples makes it difficult to get a true indication of the magnitude of their health situation. For example, few countries can identify ethnicity as a variable in their data. This data limitation also makes it more difficult to target projects to address priority areas or even to assess the impact of interventions. In addition there is little knowledge of national policy frameworks that promote health equity and improved access to health services for vulnerable groups, including indigenous peoples.

At this time, there is no formal network for sharing data and experiences relating to indigenous health issues or for disseminating new and existing information of research or studies related to indigenous people. As a result, opportunities for collaboration are not realized and similar projects may be developed without the knowledge gained in other countries. Expansion of data collection and analysis capacity for even a limited number of countries or projects would benefit all countries through the increased knowledge about this population.

7.3.1 Recommendation

To improve the collection, analysis and dissemination of information on indigenous health and on the development of strategies, policies and models that favor and support equity in health and access to health services.

Expected Results

- To develop new approaches to improve the collection and analysis of information on the health and living conditions of indigenous peoples in the Americas, including the systematization, monitoring and evaluation of the national processes and experiences of countries.

7.3.2 Recommendation

To redesign the PAHO Initiative Website in order to enhanced the production and dissemination of technical research and information on the health of indigenous peoples in the Americas.

Expected Results

- Modifications to the existing Initiative Website to enable it to serve as an important source of information not only about the Initiative but also on issues relating to inequities in the health of indigenous peoples.

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ANNEX

ANNEX I

BACKGROUND

International Activities

Over the past several years there has been a growing concern throughout the world regarding the poor health and social conditions that are experienced by the majority of indigenous peoples. While many countries are taking direct action to address the problems, there is general agreement that the magnitude of the situation also requires international attention. Current international activities and cooperatives include:

- United Nations: The International Decade of the World's Indigenous Peoples.
- United Nations: ILO: C169 Indigenous and Tribal Peoples Convention, 1989.
- Organization of American States (OAS): American Declaration on the Rights of Indigenous Peoples.
- International Banks: both the International Development Bank and the World Bank each have initiatives targeted to development in indigenous communities within the Americas.

The OAS is also committed to improving the standard of living for indigenous peoples. For example, through the Summit of the Americas, the OAS is promoting greater participation of indigenous populations in society through adequate access to education, health care, and occupational training.

OVERVIEW OF THE INITIATIVE

The Health of Indigenous Peoples Initiative signifies not only a commitment by PAHO and Member States to work with indigenous communities to improve their health and well being but also a recognition of the value and need to conserve indigenous cultural heritage and knowledge.

The direction and all activities undertaken for the Initiative have been guided by consultations with indigenous peoples themselves and by reciprocity among the partners involved. PAHO Member Countries have supported these recommendations.

CHRONOLOGY

1992

PAHO Subcommittee on Planning and Programming initiated consultations regarding what PAHO and Member States could do to improve the health and well-being of indigenous peoples in the Americas. During these consultations it was recognized that the health of indigenous peoples was one of the most technically complex and politically difficult of the current health issues.

1993

April - First Indigenous Peoples and Health Workshop was held in Winnipeg, Manitoba, Canada.

- Outlined principles for work with indigenous communities:
- 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.

September - recommendations from the Workshop culminated in the approval of Resolution V of the Governing Bodies of PAHO. This Resolution urged Member Countries to:

- Include indigenous peoples in the establishment of technical bodies that would formulate health and environment policies, strategies and activities relating to indigenous peoples.
- Strengthen capacity of existing institutions responsible for indigenous health.
- Promote development of models of care that include indigenous (traditional) approaches.
- Promote disease prevention and health promotion programs for indigenous peoples.

Resolution V also requested the Director, within the limits of available resources, to:

- Promote the participation of indigenous persons and their communities in all aspects of PAHO's work on the Initiative.

- Mobilize existing and new technical cooperation resources for implementation and evaluation of the Initiative.
- Coordinate the regional effort by promoting the establishment of information and mutual cooperation networks.
- Promote collaborative research on high priority health issues.
- Expand the evaluation of living conditions and the health situation to include indigenous peoples.

1994

Sub-regional workshops in Santa Cruz, Bolivia and Quetzaltenango, Guatemala ratified the principles of the Winnipeg workshop and provided training for PAHO staff and others.

1995

Plan of Action for 1995-98 was developed and implemented. The Plan identified a timetable for rolling-out by those countries with the greatest immediate need. It also identified four key areas for expected results over the four years:

1. Coordination, promotion, dissemination and exchange of scientific and technical information.
2. Plans, policies, processes and human resources.
3. Projects for priority problems and vulnerable populations.
4. Development and strengthening of traditional health systems.

1997

July - Progress Report on the Initiative was prepared. Report verified that activities had focused on:

- Strengthening the capacity and development of alliances.
- Collaboration with Member States to implement national and local processes and projects.
- Projects in priority program areas.
- Strengthening traditional health systems.

- Scientific, technical, and public information.

The Report also proposed that work for 1997-98 focus on:

- Strategic planning and management.
- Priority programs.
- Organization and delivery of health services in multicultural communities.
- Production and dissemination of scientific, technical and public information.

September - Directing Council reviewed the Progress Report and reiterated concern of continuing inequalities in the health status of indigenous peoples. Resolution CD40.R6 reaffirmed the commitment to the goals of the Decade of World's Indigenous Peoples and:

- Urged Member States, in the process of the implementation of health sector reform to detect, monitor and reverse inequities in health status and access to basic health services for vulnerable groups, including indigenous peoples.
- Reiterated that the renewal of the goal of *Health for All* requires that sustainable solutions be found to address the economic, geographic and cultural barriers to adequate care for vulnerable groups.
- Requested that the Director continue his efforts to implement the Health of indigenous Peoples Initiative.

December – A workshop on Strategic Orientations for the Implementation of the Health of Indigenous Peoples Initiative was held in Washington, D.C. Participants included representatives from indigenous groups, ministries of health, government agencies, regional parliaments, international cooperation agencies and advisors from PAHO and WHO. The following were recommended for 1999-2002:

1. Facilitating national processes with an emphasis on strengthening indigenous leadership.
2. Developing programs, health systems and services, traditional medicine/traditional health systems.
3. Enhancing health information: monitoring and evaluation of processes, results and goals, as well as systematization, dissemination and exchange of information.
4. Encouraging strategic alliances and the mobilization of technical and financial resources.