

## **Health of the Indigenous and Black Peoples of Honduras**

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*Departamento de Atención a las Etnias*  
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*Confederación de Pueblos*  
*Autóctonos de Honduras*  
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*Organización Mundial de la Salud*  
*OPS/OMS*

### **Cultural Diversity and Processes of National Convergence**

#### **Initiative of Health of the Indigenous Peoples**



**Health of the Indigenous and Black Peoples of Honduras  
Cultural Diversity and Processes of National Convergence**

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**Health of the Indigenous Peoples Initiative  
Program of Organization and Management of Health Systems and Services  
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# Preface

The efforts and actions under way in Honduras head toward the achievement of the equity as synonym of social justice. In this regard addressing the health problems of the indigenous and black peoples constitutes a pillar in the impetus of the human, social, economic, and cultural development of the country.

The processes and actions described in the present document constitute an expression of the political will of the Government of Honduras. In this context, there are emphasized the intersectoral processes of convergence that state, are under way in the country within the framework of the reforms the Health Sector Reform and the achievements to date in the expansion of the coverage of the health care in areas with indigenous and black predominant population.

The impetus of the tripartite coordination between the Ministry of Health from the Department of Care for the Ethnic Groups, the indigenous and black peoples of Honduras through its organizations and Headquarters and of the PAHO/WHO Representative Office in Honduras, it is a very important fact. Without a doubt, it has been one of the achievements within the processes of national convergence initiated in July 1994 and strengthened by the present administration of this Government.

However, despite the progress achieved, it is advisable to indicate that this is only the beginning of a long process. There open new requirements of effective support, from the central level up to the site, with technical resources, financial, programs of continuing education for the health workers and the identification of strategies that permit the adaptation of the health care to the real condition and cultural contexts of the Honduran population.

These challenges only can face to the extent that the legal frameworks, the plans, and programs that involve the indigenous and black peoples of Honduras are generated in relation to the interests and needs of these peoples. The government of Honduras has assumed these challenges.

Dr. Plutarco Castellanos  
Minister of Health of Honduras



# Foreword

Health of the indigenous peoples of the Americas has been a constant concern of the Pan American Health Organization (PAHO). For this reason, it pleases to me to present this publication that documents the actions that Honduras is promoting in favor of these peoples within the framework of the Health of the Indigenous Peoples Initiative of PAHO.

In 1992, in the context of the mobilizations of the 500 years of the arrival of the Europeans to the American Hemisphere, the proclamation of the "International Year for the World's Indigenous People", the proclamation of the "Decade of the Indigenous Peoples of the World" on the part of the UN and the delivery of the Nobel Prize de la Paz to Rigoberta Menchú, the Subcommittee on Planning and Programming of PAHO // he proposed that there is provided greater care to health and well-being of the indigenous peoples of the Americas. After an advisory meeting in 1993, which had the participation of representatives of the indigenous peoples, governments, nongovernmental institutions, and academic institutions of 18 countries, the Health of the Indigenous Peoples Initiative was conceived.

The Initiative was adopted by the XXXVII Directing Council through Resolution CD37.R5, being established the five principles that govern the work with the indigenous communities: need for a comprehensive addressing of the health; right of the indigenous peoples to the self-determination; right to the systematic participation; respect for the indigenous cultures and their revitalization; and the reciprocity in the relations. In 1997, Resolution CD37.R5 was ratified through Resolution CD40.R6 that, among other points, urges the Organization and to the Member States that they have initiated the process of health sector reform to be persistent in the efforts to detect, monitor, and eliminate the inequities in the state of health and in the access to the basic health services of the vulnerable groups // , especially of the indigenous peoples.

The equity as ideal has often been cited at the meetings of the Governing Bodies of PAHO and there has been numerous references to the fact that health for all includes the moral commitment to reduce the lack of equity in health as manifestation of social injustice. This is the responsibility that has encouraged Honduras to prioritize the addressing the health of these peoples within a process of intra and intersectoral coordination where it is pointed out the role of the Confederation of `Indigenous` Peoples of Honduras in the defense of its rights to health, as well as the backing and attendance of the Ministry of Health and of the Office of the Representative Office of PAHO in // Honduras, by means of its political directives and technical body.

This publication is a very important milestone that deserves to be emphasized and constitutes an invitation and incentive for the countries of the Region in order to continue in its efforts toward the search for the equity, in a context of recognition and respect for the cultural diversity of all the peoples of the Americas.

Dr. George A.O. Alleyne  
Director of PAHO/WHO



# Introduction

The progress of the countries of the `Region of the Americas` finds expression in the constant improvements of several national indicators of well-being, such as life expectancy, the easy access to drinking water, immunization coverage, and the reduction of the unfavorable results for the health, particularly the reduction of the infant mortality rate from communicable diseases. These changes are presented within a framework of political and economic reforms, and of greater decentralization of the health services. However, the difficult company to create health systems that make it possible to reduce the major existing inequalities among the peoples of Region continues to constitute priority<sup>1</sup>. The socioeconomic changes in this multi-ethnic, multilingual, and multicultural universe challenge the capacity of the national health institutions in order to provide services with effectiveness and equity to the vulnerable sectors of the population, such as the indigenous and black peoples of the Americas.

The present document systematizes the processes under way in Honduras from 1995 in favor of the indigenous and black peoples of the country. In the section devoted to the background of these processes there is included information on the Health of the Indigenous Peoples Initiative, whose principles and guidelines constitute the frame of reference in the task of the Pan American Health Organization (PAHO) and of the Member States of PAHO with regard to indigenous health.

Development that has been registered in the international area of the normative aspects in regard to the rights and duties of the indigenous peoples has generated a favorable framework to construct new spaces of democratic intercultural relations, just, egalitarian, of solidarity and cooperation as necessary for the humankind survival. In Honduras, for example, the ratification of Convention 169 of the `International Labour Organization` (the ILO) and of Resolutions CD37.R5 and CD40. R6 of the Pan American Health Organization (PAHO) the formulation of legal instruments that give continuity to these processes has promoted the progress of the actions in favor of these peoples and has opened the need for being proposed.

In the section devoted to the health and living conditions of the indigenous peoples and ethnic groups of Honduras the inequity that affects these peoples is revealed. Although the health information systems in the national area do not include the variable of ethnic group in the disaggregation of information, the Ministry of Health, from the Department of Care of the Ethnic Groups is found engaged in the systematization of information that supports the characterization of the indigenous and black peoples of the country, both in its epidemiological aspects and in its cultural special features and the taking // of decisions that have an impact on the well-being of these peoples.

Health of the population is a product of the society and at the same time an indispensable contribution to the economic growth and the political stability. In this perspective there is perceived clearly the need that the health sector makes a more effective effort of integration forging partnerships with other public and private actors, including the organizations of civil society<sup>2</sup>. In

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1 Organización Panamericana de la Salud. El progreso en la salud de la población: Informe Annual del Director, 2000. Washington, D.C., USA, 2000.

2 Organización Panamericana de la Salud. El progreso en la salud de la población: Informe Annual del Director, 2000. Washington, D.C., USA, 2000.

the section concerning the processes of national convergence there are emphasized the leadership of the indigenous and black peoples of Honduras and the tripartite coordination between the Ministry of Health, the Confederation of `Indigenous` Peoples of Honduras (CONPAH) and the Pan American Health Organization. In the section concerning the challenges in the operationalization of the intercultural approach to the health there are presented several reflections of participants of different sectors whose vision basically focuses on the need for creating opportunities for consensus-building that they have the indispensable participation of the involved peoples. As well as in the majority of countries in the `Region of the Americas`, the progress in the recognition of the indigenous and black peoples of Honduras, has been the result of the permanent struggle of these peoples by its rights and the maintenance and rescue of its culture.

After the conclusions, there are presented the lines of strategic action identified for the task of the Ministry of Health from the Year 2000 and the progress obtained to date. There is no doubt that in recent decades there has been an important modification in the forms of approximation to the comprehension of the demands and proposals of the indigenous and black peoples in the Region. The predominance that up to hace\* little was given to the social welfare responses, in Honduras has given way gradually to approaches to social and economic character that incorporate the culture as a variable of analysis and the active participation of these peoples in the proposal that involve them.

# 1. Executive Summary

The achievement of the equity presents new and complex challenges that the Pan American Health Organization (PAHO) and the Member States, among them Honduras, have assumed and are committed in actions that will benefit the population of the Region, particularly to the indigenous peoples and ethnic groups of the Americas.

In the framework of the Health of the Indigenous Peoples Initiative of PAHO, the actions aimed at the promotion of strategic alliances, surveillance and detection of inequities, and the formulation of models and frameworks that consider the intercultural approach of the health, there are presented as strategies that will contribute to well-being of the indigenous peoples of the Region and basically to the improvement of the equitable access // to quality care, and to the utilization of the capacity installed in the countries. These strategies are based on the respect for the cultural diversity.

The Government of Honduras, in fulfillment of the taken on commitments, has prioritized the strengthening of the response capacity of the country to the problems of the indigenous peoples and ethnic groups, within the framework of a process of joint effort among the authorities of the country, the national professionals of the Ministry of Health and of PAHO/WHO, Honduras and with the permanent competition of the // National Confederation of `Indigenous` Peoples of Honduras (CONPAH).

In this perspective, it is important to point out the role that the Ministry of Health, through the Department of Care for the Ethnic Groups, has had in communication and coordination at every level, mobilizing at the majority of the entities of the system. This has facilitated, with great success, the actions in favor of the health of the indigenous peoples and ethnic groups of Honduras. In this context there are inserted both the support of the Project of Access to the Health Services SIDA/PAHO/WHO, 1999-2002, and the interinstitutional collaboration of the Indigenous Health Services of the United States (Indian Health Service) that are contributing to the concretion of these processes.

Of the analysis and evaluation of the efforts under way to date, the following ones are the areas that deserve preferential care within the actions in favor of the indigenous peoples and ethnic groups of Honduras:

1. Strengthening and development of the partnerships between the Government of Honduras, the indigenous peoples, and ethnic groups of the country, the municipal governments, NGOs, and other interested actors.
2. Strengthening of the technical, administrative and managerial capability of the indigenous and black organizations of Honduras, as well as the national and local institutions responsible for the health of the indigenous populations. On this line the formation and `human resources development` of the health are favored both in the national area and local.
3. Analysis of the health and living conditions of the indigenous peoples and ethnic groups within the framework of the development of information systems, detection, monitoring, and addressing inequities.
4. Access to the health services. Development of culturally appropriate approaches referring to priority programs. For example, maternal and child health, expansion of the coverage of water and basic sanitation, among others.

5. Etnoepidemiológica and etnocultural characterization of the indigenous peoples and ethnic groups of Honduras that facilitates for the interaction of the official health systems with the traditional in order to find new models of health care.
6. Sharing of national and international experiences.

At this time the country is found in a process of reconstruction after the ravages suffered by the presence of Hurricane Mitch. The commitment of the Ministry of Health is found written in the document Transformation of the Health Sector in the National Reconstruction, where care of the excluded population groups is prioritized, among them the indigenous peoples and the ethnic groups. The challenge is to generate care of efficient and quality health for the entire Honduran population. In this process, the review, evaluation and adjustments of the projects under way, the intrasectoral coordination, intersectoral and incorporation of professionals of different disciplines into the health team, there are presented as fundamental factors.

The present document shows a summary of the processes that are developing in Honduras in care for the indigenous peoples and ethnic groups of the country. It is based on several documents (to see foot of page No. 1) and on the systematization of subjects addressed at different meetings with the authorities and professionals of the Ministry of Health, the District Attorney's Office of the Ethnic Groups, the Representative Office of the Pan American Health Organization in Honduras and the representatives of the indigenous peoples and the ethnic groups of the country and during the Joint Technical Mission // PAHO-Services of Indigenous Health of the United States (Indian Health Service) carried out from 18 to 24 July 1999 in Honduras. The list of participants of the different meetings is found in Annex 5. The conclusions and recommendations contain the contributions of each and every one of the participants in the preparation of this document.

## 2. Background

In compliance with what is agreed upon by the Member States in CD37.R5-PAHO Resolution (Annex 1) and CD37.R6-PAHO (Annex 2), the Pan American Health Organization (PAHO) and the Member Countries they are implementing actions in consistency with the principles and guidelines of the Health of the Indigenous Peoples Initiative. Honduras is one of the countries that high interest has shown in order to promote such Initiative.

### 2.1 Health of the Indigenous Peoples Initiative<sup>1</sup>

The Health of the Indigenous Peoples Initiative arises in PAHO in 1992 in the context of the commemoration of the 500 years of the arrival of the Europeans to the American Hemisphere and as a strategy to address sistematically and in cooperation with the indigenous peoples the health problems that afflicts these peoples.

In 1993 in the I Hemispheric Workshop on Health of the Indigenous Peoples, in Winnipeg, Canada, there were established the principles (Table 1) that govern the work of PAHO and of the Member States with these peoples.

Table 1. Principles

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| <ol style="list-style-type: none"><li>1) Integrated approach to the health</li><li>2) Right to the self-determination of the peoples</li><li>3) Respect and revitalization of the indigenous cultures</li><li>4) Reciprocity in the relations</li><li>5) Right to the systematic participation of the indigenous peoples.</li></ol> |
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In 1993, the Member States of PAHO, among them Honduras, ratified the principles of the Health of the Indigenous Peoples Initiative and signed Resolution CD37.R5 demonstrating its political will in order to prioritize actions that contribute to well-being of the indigenous peoples of its respective countries.

The operationalization of the intercultural approach to the health is based in the mandates of the CD37.R5-PAHO Resolutions and CD40.R6-PAHO (Table 2). The full text of the Resolutions appears in Annex 1 and Annex 2.

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#### 1 Documents of Reference:

- 1) Pan American Health Organization (1998). *Health of the Indigenous Peoples Initiative. Progress report*. Washington, DC: Pan American Health Organization.
- 2) Pan American Health Organization (1998). *Strategic orientations for the development of the Health of the Indigenous Peoples Initiative*. Washington, DC: Pan American Health Organization.
- 3) Pan American Health Organization (1998). *Guidelines for the incorporation of the intercultural approach to the health into the formation and 'human resources development'*. Washington, DC: Pan American Health Organization.
- 4) Pan American Health Organization. (1998). *Health in the Americas* (Vol. I-Vol. II) (1998 DD.). Washington, DC: Pan American Health Organization.
- 5) Pan American Health Organization (1997). *Strengthening and development of traditional health systems: Organization and delivery of health services in multicultural populations*. Washington, DC: Pan American Health Organization.
- 6)

Table 2. Resolutions CD37.R5 and CD40.R6

CD37.R5-PAHO Resolution	CD40.R6-PAHO Resolution
<p>2. Urge the Member States to:</p> <p>b. Strengthen the technical, administrative and managerial capability of the national and local institutions responsible for the health of the indigenous populations, in order to surpass progressively the lack of information in this field and ensure greater access to the health services and to quality care, contributing thus at better levels of equity.</p> <p>d. Promote the transformation of the health systems and to support the development of the alternative models of care of the indigenous population, including traditional medicine and research on its quality and safety.</p>	<p>It resolves:</p> <ul style="list-style-type: none"> <li>- Call on the Member States that have initiated the process of health sector reform to be persistent in the efforts to detect, monitor, and eliminate the inequities in the state of health and in the access to the basic health services of the vulnerable groups, especially the indigenous peoples.</li> <li>- Point out the Member States that the renewal of the goal of health for all requires that solutions are sustainable in order to cope with the economic, geographical and cultural obstacles that prevent from providing assistance adequate to the vulnerable groups.</li> </ul>

## 2.2 Intercultural approach to the health

The `Region of the Americas` is a heterogeneous universe with regard to its economic, social, and cultural aspects. The population of the majority of the countries of the Region, among them Honduras, has a multicultural character, multiethnic and multilingual. The indigenous peoples whose population amounts to 43 million people, belonging to more than 400 different peoples, are part of these cultures and ethnic groups of the Americas and constitute 6% of the inhabitants of the Hemisphere and form 24% of the rural population of Latin America.

Illiteracy, unemployment, the lack of land and territory, the high morbidity for avoidable causes and the major limitations of access and utilization of the services by geographical, economic and cultural barriers, they are problems that affect the majority of indigenous communities.

However, it is necessary to recognize the potentialities cultural, linguistic and of organization and leadership, tied at the beginning ethical community of reciprocity and respect and in ancestral knowledge, that has permitted them these peoples to generate mechanisms of survival in light of adverse situations. For example, the indigenous peoples of the Region have developed a set of practices and knowledge of the restoration and maintenance of the individual and collective well-being, very complex and well structured in its contents and in its internal logic, whose "conceptual axis", or cosmic vision, it is based in the balance, the harmony and the comprehensive nature. This set of practices and knowledge present in the indigenous towns of the Region, has usually been grouped into so-called Traditional Medicine.

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“Medicine Wheel”: Entre muchos pueblos indígenas de los Estados Unidos y Canadá, la “Medicine Wheel” es el símbolo del equilibrio que determina el bienestar del individuo y la comunidad. El círculo representa el *Universo*. La cruz en el centro del círculo señala los cuatro puntos cardinales que están ligados en el centro bajo el poder del *Gran Espíritu*. Las orlas que cuelgan al rededor del círculo representan la *naturaleza*. Foto: Rocío Rojas, 1999.

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In this context, and taking into account the principles of the health sector reform (equity, quality, efficiency, sustainability and social participation), the incorporation of the intercultural approach to the health in the education programs and training of human resources and in the models of care, there is presented as a strategy for the improvement of the equitable access to quality care // on the part of the population of Honduras, particularly of the indigenous and black population of the country. This approach is based on the conviction that health should be understood as the biological, psychological, social, and spiritual well-being of the individual and of the community/society.

*The concept of cultural diversity is understood as a process of equitable interrelationships, respectful of the diversity and political differences, economic, social, cultural, linguistic, of gender, and generational, established in a space determined among the different cultures, essential for the human development.*



# 3. Indigenous peoples and ethnic groups of Honduras

## 3.1 Health and living conditions<sup>3</sup>

Honduras is one of the Central American countries with an estimated population in 5,645,000 inhabitants, of which 564,500 (10%)<sup>4</sup> are of indigenous and black ancestry and they are distributed in nine culturally differentiated peoples (Lencas, Chortis, Tolupanes, Tawahkas, Garífunas, Black English-speaking, Pech, Nahuatl<sup>5</sup> and Miskitos). They come from three basic linguistic trunks, Mayan, Uto Azteca, Hokan Sioux and Africans.

As in other countries of the American Hemisphere that have been utilized in Honduras in order to be a people, since 1985 that arose the indigenous movement though in different documents it is named to then in the case of this document, in accordance with the definition there will be utilized the term of indigenous people considered indigenous by the fact of declining of geographical region to which belonged the country or // of the establishment of the current borders to conserve all its own social institutions, economic activities, ever, in the process of promotion of a better multicultural and multilingual character of the population of the

Mapa 1. América Central – Honduras  
Fuente: [http://www.siscom.or.cr/reg\\_mapa.htm](http://www.siscom.or.cr/reg_mapa.htm)

variables to the health and living conditions of the population, the Pan American Health Organization, as agency of technical cooperation, commits to promoting opportunities for reflection that support the generation of frameworks // conceptual that contribute to achievement of the comprehensive well-being of all the peoples of the Region.

### 3.1.1 Geographical location

The indigenous peoples and ethnic groups of Honduras are disseminated in the entire national territory. Usually, they are found to be in areas postposed, several of which are border both in regard to the borders with the neighboring countries, and in the borders determined by the political and administrative division of the country. For example, the Miskitos and Chortís

Cuadro 1.  
Pueblos Indígenas y Negros de Honduras

Pueblo	No habitantes
Garífuna	250.000
Lenca	100.000
Negros de habla inglesa	50.000
Miskito	40.000
Tolupanes	20.000
Chortí	6.000
Pech	2.586
Nahoa/Nahuatl	2.500
Tawahca	1.200

Fuente: Lic. Adán Barahona, DAE, Secretaría de Salud, 2000

3 Observaciones al Documento "Salud de los pueblos indígenas y etnias de Honduras: Fortalecimiento de la capacidad técnica, administrativa y gerencial". Documento preparado por el Lic. Adán Barahona Pineda, Jefe Dpto. Atención a las Etnias y la Lic. Sonia de Jesús Castellanos, Asistente Técnico del Dpto. Atención a las Etnias.

4 Organización Panamericana de la Salud. La Salud en las Américas. Vol II. OPS/OMS. Washington, D.C., 1998.

5 El pueblo Nahuatl es un pueblo indígena recientemente reconocido dentro del proceso de autoidentificación que los pueblos indígenas de Honduras están siguiendo.

6 Convenio No 169, Artículo 1.

find themselves being part of the border with Nicaragua and Guatemala respectively, and in the west, the Lencas, and the Chortí dwell in the territories bordering Guatemala and El Salvador.

With regard to the location of the indigenous peoples, in accordance with the geographical regions, in the Atlantic Coast there are found the Garífunas, Black English-speaking, Miskitos, Tawahkas, and most of communities Tolupanes and in the Central area there are located some communities Tolupanes, Lencas de Francisco Morazán, Pech, and Nahuatl in the Department of Olancho. Aproximadamente 50% of these peoples dwell in forest regions of softwood, 30% in coastal areas, and 20% in ecological reserves of latifoliado forest of the Reserve Tawahka and the Biosphere of Río Banana.

Map 3 and Table 2 illustrate the location of the indigenous and black peoples of Honduras in accordance with the political division of the country.

Map 3: Distribution of the Indigenous and Black Peoples  
Prepared by Dr. Ismael Soriano, PAHO/WHO, 2000

Table 2. Indigenous Location of the Peoples and Black of Honduras

<i>People</i>	<i>Location</i>
<i>Chortí</i>	<i>Ocotepeque, Copán Ruinas, boundary with El Salvador and Guatemala. Laayoría are located in Guatemala.</i>
<i>Garífuna</i>	<i>Atlantic Coast, Courteous Port, Marka up to Plapaya, Department of Cortés, Atlántida and Thanks to God</i>
<i>Lenca</i>	<i>Intibucá, Lempira, La Paz, Southern Francisco Morazán, Southern Holy Bárbara</i>
<i>Miskito</i>	<i>Thanks to God</i>
<i>Nahoa/Nahualt</i>	<i>Municipio of Catacamas</i>
<i>Black English-speaking</i>	<i>Islands of Bahía</i>
<i>Pech</i>	<i>Olancho: 6 tribes in Sweet Name of Culmí and 1 tribe in San Esteban; 1 tribe in Columbus and 1 in Thanks to God in the María</i>
<i>Tawahca</i>	<i>Region of Patuca Medio in both banks of the river Patuca. Reserva Tawahca Sagni</i>
<i>Tolupanes</i>	<i>Yoro, North of Francisco Morazán (Mountain of the Flores)</i>

Source: Mr. Adán Barahona, DAE, Ministry of Health, 2000

### 3.1.2 Economic situation

It is estimated that the monthly average income of the indigenous and black population of Honduras is of 1,000 Lempiras, equivalent to US\$60; however, in communities Lencas, Pech, Tolupanes and Chortí is calculated 300 Lempiras, equivalent to US\$20, which obliges in seasons of scarcity to many families to subsist of the collection of roots and wild fruits and of the game and fishing.

In the communities Tolupanes de la Montaña of the Flores, Francisco Morazán, the circulating of money is approximately of 5% which means that the trade relations of purchase and sale is developed through the internal barter or with other nearby communities.

The indigenous population of Honduras develops traditional agriculture of `migratory` type subsistence and its cultures frequently undergo the attacks of pests, prolonged droughts, rains in excess and harvests limited by the erosion of the soils.

In some way, the situation of the Garífunas, the black ones English-speaking, and the Miskitos, it is different. With some differences, these peoples have access to sources of better work remunerated related to the large-scale fishing, the fishing as family heritage, the trade in tourist areas and the industry hotel proprietor.

It is calculated that the economically active population in the indigenous communities of Honduras ranges between the age from 8 to 65 years. This, although it strengthens the subsistence of the family group, in the majority of the children of the communities it is cause of dropout rate and of lack of access to the primary education.

### 3.1.3 Health situation

The health situation of the indigenous peoples and ethnic groups of Honduras is related to the degree of neglect of these peoples. Being understood by neglect the lack of access to the basic services and its insufficient social participation as Honduran citizens. For the vast majority of communities Lencas, Tolupanes, Tawahkas, Miskitos, Nahuatl, and Pech, this neglect is estimated at 80% and up to 100%.

In figures registered in 1995, it was estimated that life expectancy among the indigenous population is of 36 years for the women and of 43 years for men.<sup>7</sup> This situation partly is defined by the geographical isolation, due to the lack of a road system of roads and roads, or to the poor condition of the same, several of them are not passable all the time.<sup>8</sup>

Similarly, the lack of coverage of the systems of water and latrine building estimated at an average of 67%, and the absence of units provider of services has had a negative impact on the health and the quality of life of the population. The reduction in the use of traditional medicine that previously represented a local response to the needs for medical care has aggravated the situation of health care coverage of the communities.

It is necessary to indicate that currently, the figures previously proposed with regard to transportation and water supply and sewerage, are experimented a change as a result of the recent installation of water systems and latrines, improvement of roads and roads, and the installation of 26 health centers and 15 that are in the process of execution. However, this situation deserves to be confirmed through the urgent realization of a diagnosis in order to know the real situation of the peoples, very aggravated by the disaster caused by Hurricane Mitch.

The causes of morbidity vary from a people to another one according to the environmental conditions in which they dwell. The peoples Garífunas, Islander, Miskitos and Tawahkas, located in coastal areas of rain forest and with low soils that permit the stagnation of rainwater and of natural lakes, suffer from a high incidence of malaria. The black peoples (Garífunas and English-speaking) are being affected risingly by HIV/AIDS due basically to that they are located in the principal areas tourist of the country.

The ethnic group Tolupán registers a high incidence of Chagas' disease and acute respiratory infections with emphasis on tuberculosis, the Pech register cutaneous, and `mucocutaneous` incidence of leishmaniasis, the Lencas and Chortí suffer the incidence of Chagas' disease and acute respiratory infections with strong prevalence in pneumonias. Of every 100 indigenous children that are born 68 they die of infectious diseases.

To this morbidity that registers private data for each community diarrheal syndromes, intestinal parasitosis, `malnutrition`, and dermatopathies should be added. `Malnutrition` is a problem widespread between all the indigenous peoples of Honduras, 95% of the indigenous population less than 14 years suffers from `malnutrition`.

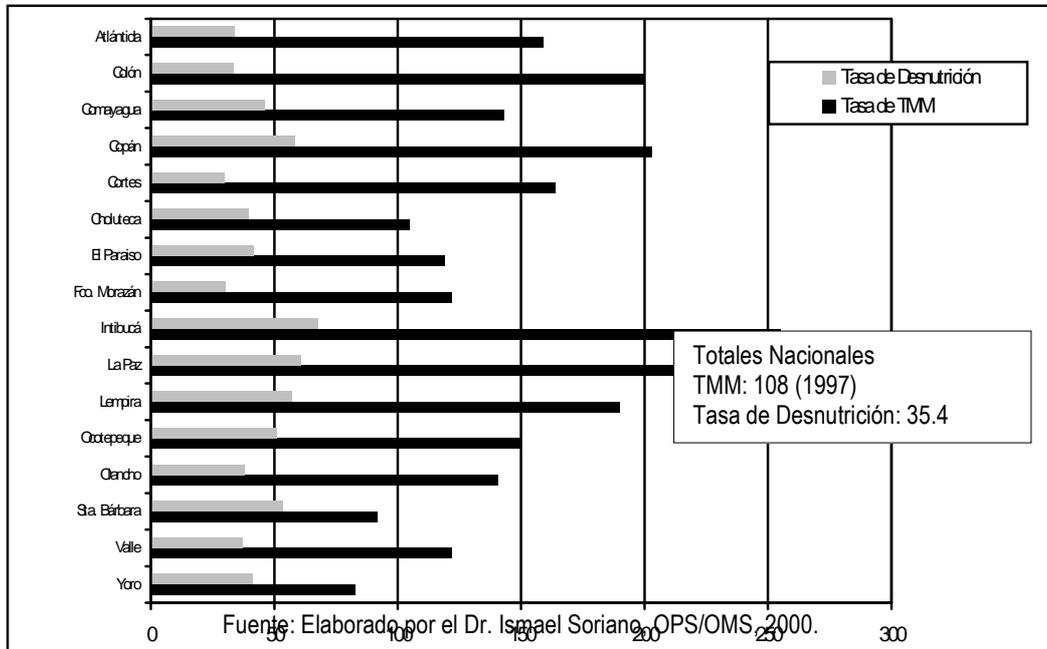


7 Organización Panamericana de la Salud. La Salud en las Américas. Vol. II. OPS/OMS. Washington, D.C., 1998.

8 Lic. Adán Barahona, Secretaría de Salud de Honduras, 1999.

Figure 1. Honduras: Rates of MM and of Child `Malnutrition` by Department, 1998

The causes of maternal morbidity are defined by postpartum transvaginal bleeding, placental retention, `placenta previa`, postpartum infection, situation that is influenced by the pregnancies



of risk starting in the 12 years until the 47 years approximately. With data of 1998, Figure 1 shows the maternal mortality rates and of child `malnutrition` by department.<sup>9</sup>

### 3.2 Maternal mortality in Honduras: Approach socio-cultural<sup>10</sup>

Dr. Ismael Soriano, PAHO/WHO, Honduras

Into this section of the document, the basic concepts are introduced in order to include maternal mortality, rates that quantify the problem and the maternal mortality situation in Honduras. Through an analysis that includes a summary of the available information and the incorporation of the sociocultural approach, there are presented data that show the inequity that affects the indigenous and black peoples of the country. Also, it is pointed out the need for taking into account the resources, knowledge, and incorporation of traditional or community medicine into the efforts to reduce maternal mortality in the country, particularly between the indigenous and black population of the country.

How is a maternal death defined?

A maternal death is the death of a woman during the pregnancy or on the 42 following days the conclusion of this, regardless of the duration and place of the pregnancy, for any associated

<sup>9</sup> Secretaría de Salud de Honduras, IMMER 97; PNUD, IDH, 1999.

<sup>10</sup> Conferencia presentada por el Dr. Ismael Soriano, OPS/OMS-Honduras, en el I Foro sobre salud indígena e interculturalidad realizado del 5-7 de julio, 2000 en Tegucigalpa, Honduras.

cause or aggravated by the pregnancy or her management, but not for accidental or incidental causes.<sup>11</sup>

The deaths for causes strictly related to the pregnancy define the maternal mortality rate from related causes (MMR by CR). The maternal deaths that also include unrelated causes (CNR) to the pregnancy, (accidents, pathologies associated as diabetes, cancer etc.) they define the maternal mortality rate from unrelated causes (MMR by CNR).

### 3.2.1 Maternal mortality in Honduras

#### Data sources and available information

In Honduras, the vital statistics suffer from a high degree of underreporting and other problems that do not make it possible to make a real estimate of maternal mortality and other indicators utilizing these sources. For example, the information systems do not incorporate the ethnic group variable in the disaggregation of the information. Officially two research projects of national scope on maternal mortality and in women of childbearing age are available. The first carried out in 1990 and the second in 1997. These studies serve as referent and they are the official figures that the Ministry of Health utilizes to define some actions and interventions designed to minimize maternal mortality in the country.

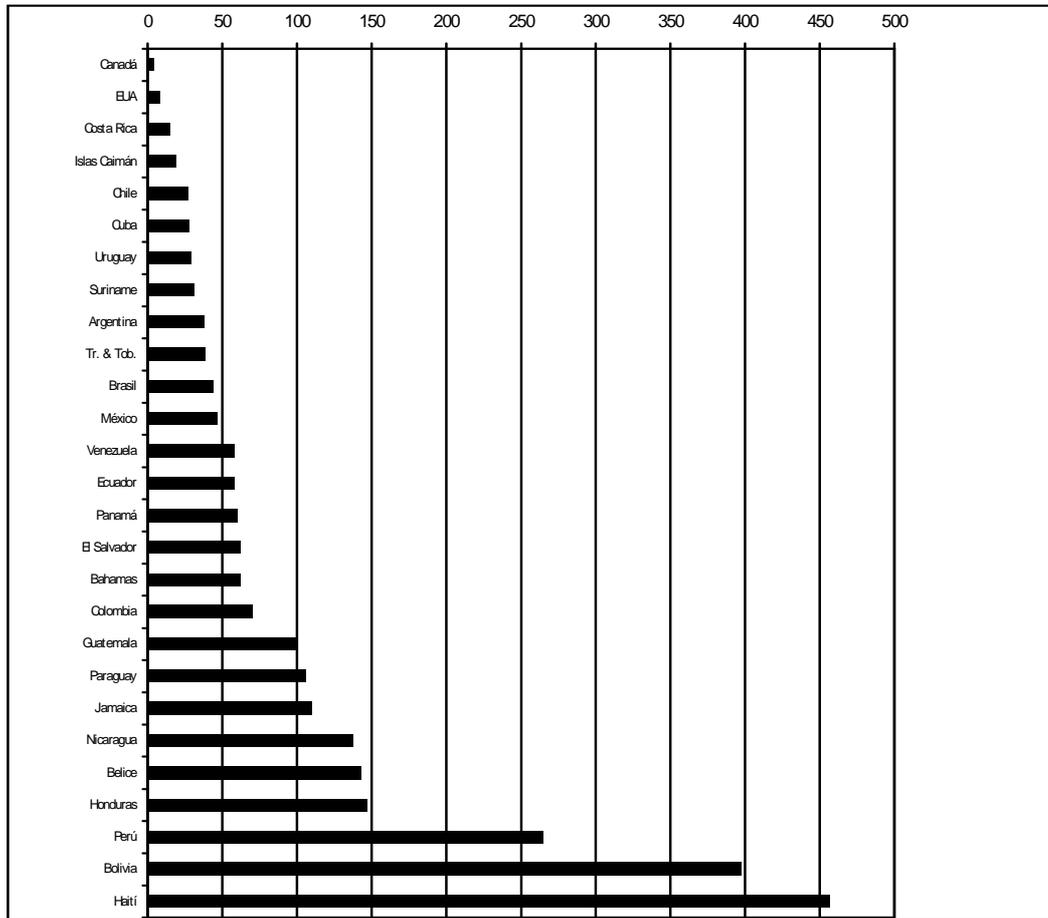
In accordance with the results obtained in the previously cited studies, a considerable reduction of the MMR has been observed in Honduras. The MMR by CR declined from 182 to 108 /100 thousand live births (LB) and the MMR by CNR declined from 221 to 147/100 thousand live births (LB) in 7 years (Secretaría de Salud de Honduras, 1997). This represents a decline of almost 50% in less than a decade, in consistency with the achievement of the goals and objectives proposed in the Plan of Regional Action for the Reduction in Maternal Mortality of PAHO/WHO.<sup>12</sup>

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11 OPS/OMS; FNUAP. Guías para la vigilancia epidemiológica de la mortalidad materna, Washington D.C., 1998.

12 En 1994 se realizó la evaluación del Plan de acción regional para la reducción de la mortalidad materna de OPS/OMS y se redefinieron las metas para los países incluidos en la iniciativa que presentaban altas tasas de mortalidad materna en la Región de las Américas. Honduras se cuenta entre ellos (OPS/OMS, Evaluación del plan de acción regional para la reducción de la mortalidad materna, Washington, D.C., 1996).

Figure 2. Maternal mortality rates x 100 thousand LB in the countries of the Americas



Source: PAHO/WHO, 1999, prepared by Dr. Ismael Soriano, PAHO/WHO, Honduras, 2000

Although the decline has been significant, still considerably high rates remain throughout the country particularly in the areas of high indigenous and black population. Comparatively with the countries of the Americas, Honduras is one of the four countries with higher maternal mortality rates with a value of 147/100 thousand LB, after Haiti, Bolivia and Peru, that maintain rates of 457; 390 and 265/100 thousand LB, respectively. In contrast, Costa Rica, USA, and Canada observe values of this indicator by the order of 15; 8.4 and 4.4/100 thousand LB respectively.<sup>13</sup>

### 3.2.2 Sociocultural perspective of maternal mortality in Honduras

#### Causes, geographical distribution, and place of occurrence of the maternal deaths

The causality pattern of the maternal deaths in Honduras has not practically been modified among the periods considered by the two cited studies (1990-1997). Almost half of the deaths occur because of hemorrhagic problems of the third period of the childbirth, usually caused by placental retention (47%), followed by hypertensive transtornos of the pregnancy: preclamp-

<sup>13</sup> OPS/OMS. Situación de salud de las Américas. Indicadores básicos, 1999; Washington, D.C., 1999.

sia/eclampsia (19%) and the infections (15%). It is noteworthy that all these are controllable and preventable problems through actions that guarantee better care and access of the population to the health services.

The limited access of the population to the determined reproductive health services by geographical, cultural, and especially economic factors is more questioned still upon detailing the place of occurrence of these events: almost half of the maternal deaths (47.7%) are of household origin, in comparison with 35% that occur in the hospitals of the State.

Also, highly significant differences of maternal mortality are observed in the different health regions (RS) of the country. It is to clarify that the RS N°8, corresponding to La Mosquitia in the Department of Gracias a Dios, was not included in the study carried out in 1997. The presented values are estimates. There is no doubt that by its location and the difficult geographical access, dispersion and sociocultural characteristics of this population, the data can represent a good approximation in order to describe the problem.

The health regions that present traditionally the highest rates of maternal mortality have been the 5 and the 2, with values of 300-130 and of 260-122/100 thousand LB according to the studies of 1990 and 1997 respectively. Among the health regions that maintain values nearby to the average national they are the RS No. 3 (98) and the 7 (100).

### Map 3. Honduras: Distribution of the indigenous peoples and ethnic groups and maternal mortality rates–1990-1997

In way it swims accidental, the departments included in the cited health regions house most of the indigenous and black peoples in Honduras. The peoples Chortí and Lenca are located in the health regions 5 and 2, in the departments of Copán, Ocotepeque, Lempira, Intibucá and La Paz. The peoples Garífuna, Tolupán or Xicaque, Pech, Tawaka, and Miskito in the health regions 3, 7 and 8, in the departments of Atlántida, Columbus, Yoro, Olancho and Thanks to God.

Usually, the indigenous and black populations have been regarded as the most postponed and in a state of disadvantage when the indicator socioeconomic are analyzed and health. Below an approximation of the situation of the aforementioned departments is presented, with regard to the maternal mortality situation, through a comparative analysis that utilizes as referent the `Human Development Index` (HDI) disaggregated according to component. This combines variables as the per capita income, the rate of literacy of adults, the gross enrollment ratio, and life expectancy at birth.

Again, perhaps it is not at all coincidental that the departments that concentrate most of the indigenous groups of the country, present the most unfavorable indicators for the population. Table 314 shows that in the departments of Columbus and Copán, that have a maternal mortality rate almost double that of the national average, its population does not reach nor to the three years average of schooling and the `Human Development Index` with a value of 0,544 is found under the national value.

Madres Lenca, La Esperanza, Intibucá. Foto: Dr. Ismael Soriano, 2000

Table 3. Honduras: HDI, average of years of schooling, and MMR by Department, 1998

<i>Department</i>	<i>Idh - 1998</i>	<i>Years of Schooling</i>	<i>Tmm x 100 thousand LB</i>
<i>Atlántida</i>	<i>0.58</i>	<i>3.95</i>	<i>159</i>
<i>Columbus</i>	<i>0.538</i>	<i>2.7</i>	<i>200</i>
<i>Comayagua</i>	<i>0.578</i>	<i>3.04</i>	<i>143</i>
<i>Copán</i>	<i>0.502</i>	<i>1.92</i>	<i>203</i>
<i>Cortés</i>	<i>0.607</i>	<i>4.55</i>	<i>164</i>
<i>Choluteca</i>	<i>0.524</i>	<i>2.45</i>	<i>106</i>
<i>El Paraíso</i>	<i>0.519</i>	<i>2.2</i>	<i>119</i>
<i>Fco. Morazán</i>	<i>0.648</i>	<i>5.65</i>	<i>122</i>
<i>Intibucá</i>	<i>0.517</i>	<i>2.08</i>	<i>255</i>
<i>The Páz</i>	<i>0.552</i>	<i>2.39</i>	<i>229</i>
<i>Lempira</i>	<i>0.47</i>	<i>1.5</i>	<i>190</i>
<i>Ocotepeque</i>	<i>0.511</i>	<i>2.16</i>	<i>150</i>
<i>Olancho</i>	<i>0.561</i>	<i>2.31</i>	<i>141</i>

14 PNUD. Informe sobre Desarrollo Humano, Honduras 1999. El Impacto humano de un huracán. Tegucigalpa, Honduras, 1999; Secretaría de Salud de Honduras. Investigación de Muertes de Mujeres en Edad Reproductiva. Tegucigalpa, Honduras, 1997.

<i>Sta. Bárbara</i>	<i>0.518</i>	<i>1.99</i>	<i>92</i>
<i>Valley</i>	<i>0.539</i>	<i>2.44</i>	<i>122</i>
<i>Yoro</i>	<i>0.54</i>	<i>3.11</i>	<i>83</i>

Source: UNDP, HDI, 1999, Ministry of Health, 1997.

The problem becomes more critical in the departments that use as settlement the peoples Lenca and Chortí, especially in the department of Lempira where the average of schooling of the population is of 1,1/2 years and a very lower HDI than national value, accompanied by a MMR of 190/100 thousand LB (1997). In 1990 the MMR reached to more than 360 maternal deaths per every 100 thousand children who were born alive in this department.

Possibly, the implementation of alternative models of care for the population with services as maternal and child clinics and maternity homes has been beneficial and has permitted a greater access of the mothers and children to the health care. Although this has contributed enormously to the promotion of institutional delivery and to a reduction in maternal mortality, there still remains still to be done.

Twelve of these 30 units of care of low-risk delivery and early capture of pregnant women with biological or social risk factors are installed in the southern-western region of the country, in areas of location of the peoples Lenca and Chortí. The appropriation of these processes with broad community participation in its installation and sustainability have proven to be the principal ingredient for an optimal operation of these units.

The adaptation of these models of care that are aimed at combining and maintaining the cosmic vision of the beneficiary indigenous populations, trying to strengthen the benefits of western medicine and the traditional, it is one of the new alternatives that are proposed in the challenge of reducing maternal mortality, offering services with quality, warmth and an access (geographical and cultural) guaranteed.

*Fotos: Dr. Ismael Soriano, 2000.*

## 4. Processes of national convergence: Leadership of the indigenous peoples and black<sup>15</sup>

The processes of national convergence that in favor of the indigenous and black peoples of Honduras are under way, they are framed in the currents that have come together in the countries of the `Region of the Americas` in favor of the indigenous peoples, and other ethnic minorities. In this context, the permanent struggle of the indigenous and black peoples has determined its recognition as citizens and important social actors. Among the achievements obtained at the international and national level there are cited the formulation and ratification of Convention 169 of the `International Labour Organization` (OIT),<sup>16</sup> the Constitutional Reforms in countries as Bolivia, Colombia, Ecuador, Mexico, Nicaragua, and Paraguay that have defined the recognition of the multicultural character, multi-ethnic and multilingual of the national populations.

In countries as Bolivia, Chile, Colombia, and Guatemala, the presence of laws and decrees have promoted the implementation of the bilingual education intercultural, the delimitation of indigenous territories and, as in case of Honduras, the creation of specific Technical Units devoted to indigenous matters.

Estatua del Indio Lempira, héroe indígena lenca.  
Parque de Gracias Lempira. (Foto: Rocío Rojas,  
10001)

Without a doubt, 1992 it was an important milestone in the trajectory followed by the indigenous and black movement of the Americas. In this year the 500 years of the arrival of the Spanish were commemorated to the American hemisphere. Rigoberta Menchú, indigenous leader of the people Quiché<sup>17</sup> received the Nobel Prize de la Paz in recognition to its struggle for the rights of its people and the indigenous peoples, its organizations. The organizations and institutions related to their cause played a leading role in different events, among which it is pointed out the Continental Campaign 500 years of Indigenous, Black and Popular Resistance that was carried out in Estelí, Nicaragua, in October 1992.

The organizations of the indigenous and black peoples in Honduras follow from the `decade of the seventies` with the integration of the Association of Miskito Students of Thanks to God and the Society Honduran Garífuna, that subsequently what is currently known as Mosquitia Asla Takanka (MASTA) and Organization became Brotherly Black Honduran (OFRANEH).

In the 1980s they arose the Federation of Tribes Xicaques de Yoro (FETRIXY), the Federation of Indigenous Tribes Pech of Honduras (FETRIPH), the Indigenous Federation Tawahka of Honduras (FITH) and the Indigenous National Organization Lenca of Honduras (ONILH). In the

15 En esta sección se incluye información preparada por el Lic. Adán Barahona, DAE, de los líderes indígenas y negros de CONPAH y fragmentos de la conferencia presentada por el Sr. Salvador Zúniga en el I Foro sobre Salud Indígena e Interculturalidad realizado de 5 – 7 de Julio, 2000 en Tegucigalpa, Honduras.

16 El 7 de junio de 1989, se aprobó el Convenio 169 sobre Pueblos Indígenas y Tribales en Países Independientes de la Organización Internacional del Trabajo (OIT). Este es el primer documento que recoge la noción de pueblo asumida colectivamente cuyo principal derecho colectivo constituye el territorio, entendido como el conjunto de recursos naturales, geográficos, culturales, míticos y religiosos; que hacen su cosmovisión y aseguran su supervivencia. Honduras ratificó el Convenio 169 el 28 de marzo de 1995.

17 El pueblo Quiché es uno de los 22 pueblos indígenas de Guatemala.

decade of the nineties it arose the Civic Committee of Popular Organizations and Indigenous Population of Intibucá (COPIN) and the Indigenous National Council Chortí (CONICH).

Created the sectional organizations, it is already important to mention that the efforts to agglutinate them started in 1989 with the first meeting of indigenous and black organizations held in the city of Tegucigalpa. Subsequently other events occurred, being possible to integrate the Confederation of `Indigenous` Peoples of Honduras (CONPAH) in 1991. The CONPAH represents the nine indigenous peoples of Honduras: Lencas, Pech, Garífunas, Chortí, Tawahkas, Tolupanes or Xicaques, Miskitos, Nahoá/Nahuatl.

In 1992, the Honduran indigenous movement was strongly influenced by the activities of the commemoration of the 500 years, which made it possible for the CONPAH to be linked with the Latin American Indigenous Movement. The processes of negotiation in Central America that caused the demobilization of the armed movements meant a learning and the incorporation of new tables formed in the indigenous organizations.

In Honduras, the demands of these peoples by their rights have promoted sensitization processes in the society of the country. The indigenous and black towns had their largest upsurge in 1994 due to the indigenous mobilizations of the rural areas to the City of Tegucigalpa. The Committee of Popular and Indigenous Organizations in Intibucá (COPIN) led the First one of the five National Pilgrimages in Favor of the Reinvidicaciones, managing to negotiate 72 demands grouped into the so-called Only Proposal. The term pilgrimage as synonym of pilgrimage was due to the fact the need for these peoples to show the pacific character of these mobilizations.

In 1994, with the First Pilgrimage the largest developed process of negotiation in Honduras started, to which with major limitations, there has been carried out to him sustainability maintaining an average of three high-level annual meetings. This has guaranteed the monitoring and the execution of the commitments assumed by the Government of the Republic under the following lines:

1. Legalization, demarcation, and ancestral land reclamation of indigenous and black peoples.
2. Declaration, defense, and sustainable management of forest areas.
3. Management and correct application of the justice in crimes committed against directing leaders and individuals of indigenous and black origin.
4. Culturally differentiated education.
5. Access to the health with culturally differentiated care.
6. Opening and road and road maintenance.
7. Coverage expansion in water systems and latrines.
8. Financing and technical assistance for the crop production.
9. Employment generation through the implementation of local projects (improvement of roads, road and works of infrastructure).

In 1994 there were pointed out as priority problems the high mortality among the indigenous children, hunger in many indigenous communities, and the need for implementing programs for intercultural bilingual education in order to facilitate the access to the education for the children of these peoples. Her orders aimed at the construction of health centers, the creation of plazas for physicians, and nurses in the areas of high indigenous and black population, the construction of schools and roads. A later reflection pointed out the importance of strengthening the dialogue within the peoples and the rescue and revitalization of the ancestral knowledge in its demands.

From 1994 to 1997 five pilgrimages have taken place. In 1997, after the fifth pilgrimage, an agreement with President Carlos Roberto Reina was signed. In this agreement, in addition to ratifying the commitments taken on in 1994, 1995, and 1996, the creation of a Commission of Guarantors was resolved so that it followed up on these agreements. In this context, it is pointed out the role of the indigenous leaders many of which, as Candid Amador, Ovidio Pérez and Vincent Matute Cruz, have died in the struggle of the indigenous and black peoples of Honduras in demand of its rights.

Some years ago speaking about the indigenous or black peoples was to speak about subjects of the past. Today, within the framework of the processes of national convergence, the proposals of the peoples in each one of the pilgrimages that at the beginning were social welfare, today they constitute a proposal for the sustainable development in Honduras in the framework of the equity. The gender approach and cultural diversity are part of the vision of the development of these peoples.

Among the achievements of these actions in Honduras there are cited, the project of institutionalization of the intercultural bilingual education, the actions of the Agrarian Institute in the titration of the lands, the creation of the Commission of Ethnic Matters in the Congress of the Republic, the creation of the Department of Care to the Ethnic Groups in the Ministry of Health, the ratification of Convention 169 of the ILO // , in whose execution, the generation of new and complementary paradigms is indispensable in the incorporation of the vision that these peoples have on development.

Finally, it is important to say that the indigenous movement has received the timely and militant solidarity of the rural movement, student, working and of the emerging social movements of Honduras. It in addition has been backed with the ratification of Convention 169 of the ILO and the support of the Agencies of the United Nations and of other international organizations of the European countries.

## **4.1 Health and Cultural Diversity: Vision of the indigenous peoples and ethnic groups**

The meeting carried out in the CONPAH, that below is summarized, it was carried out with a view to strengthening the convergence between the Ministry of Health and the indigenous and black peoples of Honduras in order to work together in the field of health, and in light of the indispensable need for knowing the vision of the indigenous representatives on the current situation in health. In the dynamic of the meeting there were proposed the following questions:

- + What problems exist?
- + What difficulties and limitations?
- + Which are the suggestions in order to improve the convergence among the different sectors?
- + How to involve its bases for the monitoring of its health?
- + How to improve life, lifestyles and as a result the health of the indigenous and ethnic communities?

Upon answering these questions, the indigenous representatives declared that since 1994 it has been given a relationship of the indigenous peoples with the Government, in recognition that the peoples have the floor in the generation of strategies of attention to its needs.

The government is trying to surpass the style of work that has been unaware of and excluded to these sectors of the population, and is translating these efforts in the fulfillment of the explicit health commitments in the Proposal Only one. Similarly, agreements have been established in a process of permanent dialogue with the Ministry of Health with the mediation of the Department of Care for the Ethnic Groups DAE. Thus, there is being currently negotiated an Agreement of Cooperation among the Ministry of Health, the Pan American Health Organization (PAHO), and the Confederation of `Indigenous` Peoples of Honduras (CONPAH) (Annex 3).

Sr. Ernesto Súchite, Presidente de la CONPAH. Foto: Juan Molina, 1999

In addition to the effort joint with the Ministry of Health there exists coordination with PAHO. This has contributed to a mutual personal and institutional knowledge. The interinstitutional coordination is assessed and there currently has started a contact with the Secretariat of Education and the Secretariat of Agriculture and Livestock for the generation of a process of cooperation and citizen solidarity. However, the indigenous leaders recognize that there exists the challenge of strengthening this coordination and extending it toward other institutions (i.e. academic institutions, Congress and other governmental agencies).

With regard to the intercultural approach to the health, the indigenous organizations emphasize that it is necessary to authorize it and they manifest: "Hundreds of years we have awaited by the recognition of our peoples, if it is needed will continue to hope to that that recognition is given, with respect, in the framework of the cultural diversity."

From several sectors they indicate that the indigenous knowledge is labeled as "satánico and profane", although by the response that gives to the needs of the people and by the interest that generates in some `investigators` and research centers, it seems that "that is not as satánico."

Frequently people arrive in the community and without requesting authorization, there are taken medicinal plants, they start them without permission, want to conduct studies of whole types, profit the poverty of the people of the community offering them cents by its knowledge. Several research projects have been conducted and the results have not returned to the communities. There are a need for `investigators` with knowledge and that they are loyal to the peoples.

Before men, the women and the children dreamed and the world of the science came of the ancestors. Today the knowledge is marketed. Some doctors and doctors, some nurses and nurses come to the community, install emergency kits in her own houses and sell us the health as a business.

In the approximation among the knowledge of the western and indigenous systems, the presence of knowledgeable people of the subject is needed. "It needs us humility and confidence. Both parts we doubt mutually."

With regard to the limitations of the work with the Ministry of Health, they affirm, that the indigenous problems is complex and the diseases that affect the indigenous peoples and ethnic groups are also many and its consequences are serious. Accordingly, the Department of Care for the Ethnic Groups in the Ministry of Health cannot serve only the demands for the communities without having the elementary resources as it is, for example their own means of transportation. Many peoples are remote, located in border areas and in geographically isolated areas. The leaders indicate that is necessary the institution building of the Ministry of Health and the collaboration of all the Technical Units for the purpose of improving its response capacity to the national commitments.

Sr. Natán Pravia, Representante de la CONPAH.  
Foto: Rocío Rojas, 1999

The equity and the sustainability are principles that have been since always present in the indigenous towns. However, they “sometimes” say “seemed that” we “do not deserve themselves that they—the technical personnel, the politicians, the non-indigenous—lose the time understanding us.” “It is needed but humility on the part of staff members and ministers, as well as it is necessary to promote actions sensitizers at all levels of the society.” “For the staff members it will be a process of re-learning and comprehension of the knowledge that we have inherited from our greatest and that we can leave as heredity to humankind.” “It is not tolerance what is needed but comprehension in order to bring into line the search of joint solutions.”

Among the indigenous peoples and ethnic groups of Honduras there exist indigenous professionals—physicians, nurses, lawyers, educators—and experiences that peoples deserve to be known by others inside and outside of the country. For example, in the laboratory management of natural medicine or in clinics where it is being combined western medicine and traditional medicine.

The physicians and wise men of the community are dying and its wisdom has not been systematized. In this regard, the indigenous leaders state that the elderly and indigenous young people believe that should be conveyed the ancestral knowledge, but that this does not imply the benefit of several people but of humankind. In this process there is needed the presence of men and women who have a moral and spiritual commitment to these peoples, and the discussion and analysis of subjects like that of the intellectual property and of the patents.

Several indigenous communities have services of health and western medicine physicians. However, people do not go to these centers. Before seeing intend them “it is already going to see, this” it “is “not going me to cure”, and they do not take medicines. This it is not only a problem of the indigenous population but of all the country. As a part of the actions of support for the problems caused by Hurricane Mitch, Cuban physician brigades arrived. These professionals did not collect, the problem appeared when the patients were sent to the health centers or to the hospital. People had to pay approximately 9,000 lempiras (0,64US\$) in order to transport to the patients to the hospital, some that could be transported, arrived in the hospital and at any rate died, for lack of care.

Niños de Gracias Lempira, Honduras.  
Foto: Juan Molina, 1999

The members of the community have spent a great deal of money and has not been able to prevent the death. In the community of Anisillo nine indigenous population, adults, and children have died, in the last two months. One of the indigenous leaders manifested, "to many of them it knew them, Cruz, Ovidio, Santiago, the girl Daysi, Jesus, Catalino and Isabel." People does not have confidence nor in the physicians nor in the nurses nor in the hospital. The patients do not want to arrive at the hospital, believe that if they do it will die. People go when it is serious or "when it falls in bed."

At any rate, if they sometimes arrive to the hospital, nor they serve them, they say them it comes tomorrow, comes past and the indigenous population cannot be so many days in the people. The physicians do say so many things that people do not understand, only do they look at them, do they ask them what does it hurt him?, and nor they examine them, they say: "Perhaps" they "do not examine to me because I am indigenous population." "There the problem is." "Some physicians cannot cure one in the hospital and when we go to the physician's office, individual or private, cure us, give us food and collect a pile of money."

All this it seems that happens, there affirm the indigenous leaders, because they did not select property to the students who are going to study in order to be medical and because the living conditions have changed. "Before does it seem that people lived more, would there be by the feeding or because there used only indigenous medicine?. The solution will come when the personnel of the hospital familiarizes itself with the communities and they include better the customs of the indigenous population. Similarly it is needed that the community is trained so that he knows both on the services that are offered its community, and on its rights."

## **4.2 Response of the Ministry of Health in Light of the demandas of the indigenous peoples and ethnic groups of the country**

In 1994, as a result of the pilgrimages that the indigenous peoples did to the Capital of the Republic in order to demand their rights with regard to health, possession of land, infrastructure road, etc.,<sup>18</sup> the Ministry of Health, through the Department of Care to the Ethnic Groups, began to implement a plan that is based on the commitments acquired by Honduras upon ratifying the Agreement // 169 of the ILO (Annex 4), Resolutions CD37.R5 and CD40.R6 of PAHO and in the application of the Law of Conservation of the Heritage of the Nation.

Below there are presented the strategic lines and the challenges of the Work Plan of the Ministry of Health with the indigenous peoples of Honduras.

### **Work Plan of the Ministry of Health**

#### **Strategic lines**

- + Attendance and strengthening of traditional medicine.
- + Nutritional approach incorporating `indigenous` feeding.
- + Participatory action-oriented research.

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<sup>18</sup> Planteamiento único. Pueblos Indígenas y Garífunas de Honduras. 1994. 17p.

- + Strengthening of human resources.
- + Review and adaptation of the health messages.
- + Structuring, promotion, and creation of opportunities for dialogue and consensus-building at departmental level.
- + Definition and consensus-building with local representatives.

### Challenges

- + Definition of a special policy in health for care of the indigenous peoples.
- + The characterization of the models of indigenous health care, for the intercultural approach to the existing health problems.
- + Strengthening of the convergence processes and consensus-building among the indigenous peoples and the Ministry of Health.
- + The complementarity of the institutional official system and the traditional health system.
- + Adaptation and adoption of the models of care to the etno-cultural condition and etno-epidemiological particular of each indigenous people and ethnic group of Honduras.

The different lines of work stem from the need for expanding the knowledge on the indigenous peoples and ethnic groups of Honduras, with regard to the demographic variables, epidemiological profile and characterization of these population groups. This knowledge will support development and strengthening of the knowledge, resources, and community inputs in the identification of strategies that contribute and expand the dialogue between western and indigenous medicine, and in the generation of models of care that respond to the real needs of the peoples and ethnic groups of Honduras.

In each component of the plan of action there exists the commitment to establish consensus between the institutional vision and the vision of the indigenous peoples and ethnic groups in the operationalization of the intercultural approach to the health. In this regard, there has been established a permanent dialogue with the National Confederation of `Indigenous` Peoples of Honduras (CONPAH), and is available a national group of indigenous leaders responsible of the area of health, called "Liaisons in Health."

Lic. Adán Barahona, Director del Departamento de Atención a las Etnias de la Secretaría de Salud. Foto: Rocío Rojas, 1999.

These processes of dialogue, convergence, consensus-building, and negotiation with the indigenous and black peoples of Honduras have been promoted since July 1994 through four operating levels.

- A) Governmental Commission of Monitoring to the Commitments to the Peoples
- B) Coordination at the level of Units Normative Technician
- C) Coordination of Management of Resources
- D) Operational Coordination

Below the institutions involved at these levels are detailed:

- A) Governmental Commission of Monitoring to the Commitments to the Peoples, made up of the Secretariat of Education (PRONEEA), the Ministry of Health, through the Department of Care to the Ethnic Groups (DAE), the Secretariat of Agriculture and Livestock through the National Directorate of Rural Development, the Department of the

Interior and Justice, Secretariat of Finance, Agrarian National Institute (ENI) // and the Corporation Honduran of Forest Development (COHDEFOR), the National Service of Water Supply Systems and Sewerage Systems (SANAA), the Honduran Social Investment Fund (FHIS), the Guarantor Representatives of the Commitments through the Christian Commission of Development, the Committee of Human Rights (CODEH) and the National Plant of Farm Workers (CNTC).

- B) Coordination at the level of Units Técnico Normativa: Bureau of Food and Nutrition (GIVE), Department of Epidemiology, Unit of Social Participation, Department of Vectorborne Diseases, Department of Human Resources, Unit of Health Education Programs CHOLERA; Project Nutrition and health and Project WING 86/20.

In turn, the Department of Care to the Ethnic Groups currently maintains coordination with the following technical units:

- + Social Participation Unit
  - + Education Unit
  - + Unit of RRHH
  - + National Program of Health Services (PRONASSA)
  - + Project ACCESS, SIDA/PAHO, second Stage
- C) Coordination of Management of Resources. Confederation of `Indigenous` Peoples of Honduras (CONPAH), Cooperating Agencies (PAHO/WHO, IDB, Spanish Cooperation, Japanese Cooperation, Catholic Relief, P.M.A. UNICEF and Mexican Embassy, Swedish Agency of `International Cooperation` - SIDA), Department of Care to the Ethnic Groups.
- D) Operational Coordination: CONPAH–Organizations of the indigenous peoples, Department of Care to the Ethnic Groups
- + Xicaques Tribe Federation of Yoro (FETRIXY)
  - + Federation of indigenous tribes Pech of Honduras (FETRIPH)
  - + Civic Council of Indigenous Popular Organizations (COPIN)
  - + Lenca Indigenous National Organization of Honduras (CONILH)
  - + Indigenous Federation Tawanhkas of Honduras (FITH)
  - + Indigenous National Council Chortí (CONICH)
  - + Mosquitia Asla Tawahka (MASTA)
  - + Black Brotherly Organization of Honduras (OFRANEH)
  - + Organization of Islander Natives (NABIPLA)

In these processes of convergence intra and interinstitutional there exist challenges. For example, in the consolidation of processes that result in the improvement of asimilacionistas or development-oriented positions and that lead to the full participation of the indigenous peoples and ethnic groups of Honduras, within a general framework of respect and recognition of its cultures, traditions, values, and beliefs.

The investment of the Ministry of Health in the health of the indigenous peoples, through the Department of Care to the Ethnic Groups, particularly in the areas of population Lenca, currently reaches 140 million lempiras that are distributed in infrastructure, human resources, and programs for coverage expansion. For example, 17 health centers have already been established and the construction of 30 centers is foreseen more. To date there exist 41 plazas, 13 of which correspond to physicians and the rest to professional nurses and nursing auxiliaries, and the activities in the field referring to the health promotion and disease prevention constitute a priority.

Furthermore, it has been achieved that several central technical units of the Ministry of Health, international cooperation projects, and other initiatives are also acting in areas of high indigenous population. The coordination with these actors will strengthen the work with the indigenous peoples and ethnic groups of Honduras, will make it possible to have professional experience necessary for responding to the problems that afflict this population, and will support the identification of innovative strategies in favor of new health models.

With regard to the training of human resources, there have been dictated workshops and courses that have supported both the processes of sensitization and of strengthening and development of technical capability of the different managerial and operational levels of the Ministry of Health. For example, in the need for promoting an approach differentiated of the health problems of the indigenous peoples and ethnic groups of the country, the Department of Care of the Ethnic Groups has developed workshops of training and sensitization in the area of the regions and areas of health that have indigenous population in order to reorient the approaches to health from the operating level. However, it is important to indicate that there exists the challenge of surpassing the resistance, that at times, is present in the technical personnel of the normative level for the full rationalization of the cultural diversity in health.

Similarly, the Ministry of Health, in coordination with PAHO and the indigenous organizations, has presented three courses in nursing auxiliaries, with a duration of 10 months and with the participation of 30, 39, and 20 students respectively. In total, 89 indigenous auxiliaries belonging to the peoples Miskito, Lenca, and Tolupán have been trained. Currently, with the support of the Project of Access to the Health Services, SIDA/PAHO, in its second phase 1999-2002 are being developed three courses with the participation of 75 indigenous people in origin Lenca, Chortí, and Tolupán. Similarly, this project is finding support the education of 30 miskito indigenous nursing auxiliaries, in Port Lempira, in the Department of Gracias a Dios.

Usually, the students of the courses in nursing auxiliaries have a schooling between 3 and 9 years, not always with the conventional requirements, which means that it has been necessary to make the necessary adaptations so that they can be benefited. Upon finishing its training, all of them provide their services in isolated rural areas. In many cases they are the only permanent resource of the Ministry of Health. Its responsibilities include preventive consultations, vaccines, control, and monitoring of cases of tuberculosis, acute diarrheal diseases, programs of primary care and others.

These experiences, in some, way have tried to respond a to the growing criticism to the traditional training programs of nursing auxiliaries, and have been the occasion in order to identify the need for making adaptations subject matters and methodological. Similarly, they have emphasized the importance of considering and incorporating to the traditional therapists as an important resource in the comprehension of the comprehensive addressing of the health.

The presence of trained human resources as nursing auxiliaries constitute a progress in care for the indigenous peoples and ethnic groups of Honduras. However, it is necessary to promote a process of sensitization among human resources that form the teaching equipment in health. In this regard, the challenge is to incorporate the intercultural approach of the health as a transverse axis in the content and methodology of the training programs and development, not only of nursing auxiliaries, but of physicians, nurses, technical, laboratory workers, psychologists and others. Similarly, there is seen the need for having the participation of the academic centers training of human resources as allies in this process of operationalization and assessment of impact of the intercultural approach to the health.

Participantes en la Conferencia sobre Interculturalidad y Salud, Gracias Lempira, 1999. Foto: Rocio Rojas, 1999.

Without property the Ministry of Health from the Department of Care for the Ethnic Groups has put emphasis on the area of formation and `human resources development`, is important to indicate that, in addition, its actions have headed toward the identification of strategies for the strengthening and adaptation of the network of health care and improvement of the services of water and sanitation supply.

Between 1995 and 1997 they have been possible to carry out 26 health centers, and 17 in 1999, that together add a total of 43 new Supplier Health Units (UPS). In this same vein there have been assigned 78 new plazas of which 74 have personnel incorporated health services in areas with indigenous population and four in administrative technical positions assigned the offices of the Department of Care to the Ethnic Groups.

In the area of water and sanitation, systems of water supply systems and rural latrine building, more than 40 million lempiras have been invested, to this there should be added him the delivery emergencial of food, the process of disease control of Chagas, the training of the health workers in the areas and regions, the process of reassessment and incorporation of indigenous medicine and the // research participatory action.

Although the situation of the indigenous peoples of Honduras has not been subject to an exhaustive analysis, it is recognized that it has been progress in the knowledge of this population group. In the country a process of autoidentificación and geographical autodescubrimiento of the indigenous peoples and ethnic groups has been given with the participation of the indigenous organizations and the support of a professional of the National Autonomous University. For example, before these processes it was said that there existed 4,000 indigenous population Chortí and 80,000 Lenca, today one speaks about 7,000 and 100,000 respectively. The characterization and systematization of the history of these peoples also has been reason for study. Thus, today it is known that the Chortí decline from the Mayan and that the peoples Pech, Tawhaca, Miskito, and Lenca are of Aztec origin, and that the people Pech have expertise on the treatment of the bites of serpent, and the people Lenca in the treatment of the respiratory diseases.

Traditional medicine is being developed jointly with the food and nutrition component. A conceptual discussion has been generated on the differences between domestic medicine and indigenous medicine, defining the role that the indigenous cosmic vision has in indigenous medicine. Moreover, a discussion on ethical and legal aspects, for example, on the intellectual property rights and patents, and the regulatory framework that would involve this medicine, its resources and therapists.

The subject of the medicinal plants and its role in primary health care, constitutes one of the priorities in the work in the area of indigenous medicine. In this regard there was mentioned the

need for coordinating with the Technical Unit of Pharmacy that has developed works concerning the use of 24 medicinal plants. Similarly, there is emphasized the existence of a Technical Unit of Natural Medicine within the Ministry of Health, that would need to be reactivated.

Several are the actions and processes under way promoted from the Department of Care for the Ethnic Groups, however, from this Technical Unit is put emphasis on the importance of recognizing that on some lines of work and specific subjects, the challenges and technical and financing limitations persist. Similarly, it is indicated that there exist areas and subjects that deserve to be addressed systematically. Among them it can be cited:

- + The incorporation of indigenous medicine into the national health systems, the promotion of indigenous medicine in primary health care, the promotion of indigenous medicine as a part of the strategies of self-care in recognition of that is part of the collective knowledge.
- + Indigenous `human resources education` in a multicultural environment, in different disciplines, and not only nursing auxiliaries. That is in trainings that involve participants from more than one culture, people or ethnic group.
- + The family planning in indigenous and black areas of Honduras
- + The work with traditional therapists incorporating the network of volunteers of the National Health System.
- + The participation of the indigenous and black organizations in the development of the local governments under the management of the municipal corporations.
- + Research, participatory action carried out in coordination with strange agents to the communities or under the technical assistance of these.
- + The work of sexually transmitted disease prevention and control (AIDS).
- + The gender approach in indigenous populations.
- + The formation of an interdisciplinary team consonant with the mission and vision of the Department of Care for the Ethnic Groups
- + Reflections that take to the generation of terms and conceptual frameworks that support both communication among the different actors, and in the detection, approach and surveillance of inequities.

### 4.3 Project Access to the Services of SIDA-PAHO/WHO Health

The Project "Access to the Health Services" has funds of the Government of Sweden<sup>19</sup> and technical cooperation of PAHO/WHO, is found to be under way since 1997, and constitutes the fundamental axis of the Process of Health Sector Reform in the country. In compliance with its objectives, in 1999 it incorporated an indigenous health component as a strategy to target the actions toward the most neglected populations of the country.

The purpose of the project is to contribute to improvement of the well-being and the quality of life of the Honduran population, through the reform and modernization of the health system of

<sup>19</sup> La Cooperación Sueca tiene una trayectoria de trabajo en Centro América y particularmente en Honduras. Su apoyo contribuyó a la consolidación de los procesos de paz y en la mitigación de los efectos del Huracán Mitch. Además de su apoyo en salud a través del Proyecto de Acceso a los Servicios de Salud, tiene actividades específicas con la Fiscalía de las Etnias.

De izquierda a derecha: Sr. Olegario López, Presidente Alcaldes Municipales; Dr. José A. Pagés, Representante OPS/OMS; Sra. Ellenor Eckman, Representante de la Cooperación Sueca; Dr. Daniel López Acuña, Director HSP-OPS/OMS Washington; Sr. Staffan Wrigstad, Embajador de Suecia en Guatemala. Inauguración del Proyecto, Abril 1998. Puerto Lempira. Foto: Emilio Ramírez 1998

Honduras. Based on a vision of intersectoral work, the purpose of the project and each objective, and strategies they are framed in the political priorities of the National Government, in fulfillment of the commitments taken on in the promotion of the well-being of the entire population of the country.

The principal achievements in the implementation of the project that favor to the indigenous and black peoples of the country until March 1999, there are summarized in the following points:

- + Necessary political and technical arrangements with the new authorities who took possession in January 1998.
- + Decentralization of the project to the two work areas according to the plans of area and health region, as contribution to the processes of health sector reform.
- + Joint declaration in favor of the health of the municipal governments.
- + Organization of the health services in relation to the municipal terms, particularly in the area of La Mosquitia.
- + Construction, equipment, and opening of four maternal and child clinics.
- + Construction and opening of a rural health center.
- + Installation of solar light in the Regional Hospital of Port Lempira.
- + Signing of co-management agreement for the joint administration of the hospital private of BAYAN.
- + Granting of four fluvial health units.
- + 1700 families that benefitted with water and sanitation.
- + 600 sanitary latrines in the process of construction in the area of La Mosquitia.
- + More than 800 trained health volunteers, of which 50% approximately are traditional midwives.
- + During 1998, reduction of 53% of cases of malaria in the Valley of Jamastrán and reduction to 5.6% of the index of infestation by *Aedes aegypti*, this last in 44.4% in 1997.
- + Local training and nutritional mapping in four municipios of the area of Danlí.
- + Local training in CBR and census of disabled people in the area of La Mosquitia.
- + Provision of a vehicle of double traction and rehabilitation of eight units of transportation, Area of Danlí.

The principal problems were related to the difficulties of isolation of the areas, mainly for the Department of Gracias a Dios. The period of transition of the current health authorities was also added who took possession in January 1998, which delay until the month of May the real beginning of the project, starting in that date was kept a rate accelerated until October when there was presented the phenomenon of the Mitch.

Central technical assistance was necessary greater up to the local levels, mainly for the organization processes and regulation of the new health services, with participation and social co-management. This, added to the styles of work centralized that hinder the relations and sustained exchange of knowledge and information among the different levels.

The difficulties of transportation, communication, and lack of timely information from the project areas, generated some drawbacks in the dynamic of administrative support of the Representative Office of PAHO/WHO in Honduras, being observed delays in the processes of purchase and, especially, in the delivery of materials and equipment.

Nevertheless, the project managed to develop valuable experiences, originated from the communities themselves in favor of their health, consistent with decentralization and development of the local potentialities.

The implementation of the indigenous component to the project has facilitated the actions with regard to indigenous health, particularly in the processes of convergence and actions, that have sought the incorporation of the intercultural approach of the health in the programs of training of human resources. The contribution of the project for the realization of the I Forum on Indigenous Health and Cultural Diversity, carried out of 5-7 of July 2000 in Tegucigalpa, Honduras, was fundamental.

Pozo de Agua en la comunidad de Bataya, rehabilitado por el Proyecto Acceso a los Servicios de Salud ;. Dr. Francisco Medina, Director de la Región #8. Dr. José Manuel Muñoz, Director Municipal de Salud y líderes garífunas. Febrero 1999. Foto: Emilio Ramirez, 1999.



## **5. Toward the well-being of the indigenous peoples and ethnic groups of Honduras: Challenges in the operationalization of the intercultural approach to the health**

The information that is presented in this section is based on the discussions held during PAHO-Services Joint Technical Mission of Health Indigenous of the United States (Indian Health Service) carried out from 18 to 24 July 1999 in Honduras.

Below there are summarized opinions and considerations of national authorities, health professionals, international cooperation agency representatives, indigenous leaders, and other health officials in reference to the aspects to be taken into account in the attainment of the well-being of the indigenous peoples and ethnic groups of Honduras.

### **Dr. Plutarco Castellanos, Minister of Health of Honduras**

Dr. Plutarco Castellanos, after listening to the referring exposures to the experiences on indigenous health and of the intercultural approach, expressed its commitment to continue to support this initiative, promoting the participation of the indigenous peoples and strengthening the installed capacity of the Ministry of Health. Followed act motivated the participants to the Executive Meeting to be developed in the Mosquitia in order to strengthen the vision and the commitment in favor of the indigenous peoples and ethnic groups of Honduras. The Minister announced that the next meeting of the Ministerial Advisory Committee (CONCOMI) was carried out in the Department of Gracias a Dios, 19 and 20 August 1999, with the full participation of the local governments, representatives of public and private institutions, and leaders of the indigenous organizations. Dr. Castellanos continued to say that at this meeting in-depth will be analyzed the problems of health of the population of the Department of Gracias a Dios, formed for the most part by miskitos, tawakas, pech, garífunas and a minority of mestizos.<sup>20</sup>

### **Dr. José Antonio Pagés, PAHO/WHO representative, Honduras**

The problems that afflict the indigenous peoples are complex and the historical processes and most recent experiences have generated mistrust in these towns. There exist critical points in the problems of the indigenous peoples. Health is one of these points, however, health has a great potentiality in order to become an aspect of union and of articulation among the indigenous

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<sup>20</sup> En seguimiento a este compromiso, cabe indicar que la reunión del Consejo Consultivo Ministerial (CONCOMI) se realizó en las fechas indicadas. Durante la reunión se realizaron exposiciones sobre la situación de salud de la zona, los problemas y propuestas de cambio. Los retos se enmarcan en la provisión de agua y saneamiento, formación y desarrollo de recursos humanos, profundización de las estrategias de curación, prevención, rehabilitación y promoción de la salud, y establecimiento de prioridades e indicadores de evaluación e impacto. Es decir, el desarrollo de modelos de atención basados en las características etnoepidemiológicas y etnoculturales de la población, en el marco de la formulación de políticas que den continuidad a estos procesos (Informe de viaje del Ing. Emilio Ramírez, OPS/OMS, agosto de 1999, Honduras).

peoples and the different actors and institutions that have capability and commitments of participation in the processes of development of the indigenous peoples.

For PAHO, and also for the Ministry of Health of Honduras, what is previously expressed should become an important challenge for the integral development and equitable of the health of all the Hondurans. Interesting opportunities of joint venture have been created with the indigenous peoples in the field of health, this should be strengthened. Supporting that the indigenous peoples are object and development subject, with collective support of all those which can make contributions in this regard, should become a regulatory proposal in the plans and cooperative programs for development.

**Dr. Ramón Pereira, Project Manager of Access, Ministry of Health**

Hurricane Mitch, despite the great destruction caused in Honduras, has determined situations that promote a strategic vision in the reconstruction of the country. From the Ministry of Health a critical lived situation analysis has been generated and a critical thinking is being promoted in the restructuring of the health systems and services.

The operationalization of the intercultural approach to the health, in the formation and `human resources development` and models of care, is presented as a strategy whose impact will reach the indigenous and non-indigenous population, and will facilitate the consensus, the convergence, and the strengthening of the different cultures that exist in Honduras

The cultural diversity is not a strategy for the establishment of health services for indigenous population, is a strategy that will contribute to improvement of the equitable access to quality care and to the utilization of the installed capacity. That is, there will be kept the expertise technical and it will be favored the comprehension of the sociocultural variables that determine the health and living conditions of the peoples, and that they impede the access of the population to the health care. In this context, the Project SIDA is a vitalizing project, promoter of the dialogue.

The priority areas in care of the indigenous peoples and ethnic groups of Honduras are human resources, the health promotion, the strategies of maternal and child mortality, the diseases by the conditions of life, epidemiology, the decentralization, and the models of care. The cultural diversity should cross all the programs, in addition, should be interrelated with the gender approach. In this regard, it is necessary to create opportunities for dialogue and concrete proposals to be discussed with the different Technical Units of the Ministry of Health.

**Natán Pravia, Delegated of the CONPAH**

It is necessary that the Ministry of Health leads the improvement of the content and the methodology of the programs where the health workers are trained. The task of the public health is to respond to the challenges of the new millennium, without thinking that the indigenous population we are vermin rare but we are part of humankind. In order to look after adequately the indigenous population, the professionals should have knowledge, be humble, to have a collective felt human and great heart.

**Adán Barahona, Responsible for the Unit of the Ethnic Groups, Ministry of Health**

In the framework of the decentralization, the development of the intercultural approach to the health started with the expansion of conceptual frameworks at the central level and its operationalization in the local area. Today there is seen the need for socializing this knowledge and its

incorporation both in `human resources education` and in the models of care, through a systematic work in the area of the different Technical Units of the Ministry of Health, of the *Programas de Atención*, and of the Health Services. Similarly, it is important to incorporate to new actors in this process that should have an intrasectoral, intersectoral, and multidisciplinary character. In this duty, the formulation of a political, legislative and legal framework that of continuity to the actions, it is fundamental.

The demands for care toward the Department of Care for the Ethnic Groups surpass their current capacity. There exist budgetary and logistical limitations that detract flexibility of the responses. The institution building within the processes of Health Sector Reform is presented as an indispensable factor in the efficiency of the responses to the needs of the indigenous and ethnic population.

Eng. Emilio Ramírez Pinto, National `Adviser` of the Health of the Indigenous Peoples Initiative, PAHO/WHO, Honduras

Although since 1994 it has been progress in the prioritization of actions in favor of the indigenous peoples, there exist goals that are still pending. The homogenization of the population of Honduras and the resistance to adapt the models of care to the *etnoculturales* and *etnoepidemiológicas* condition delay the actions that would influence the well-being of the indigenous and non-indigenous population of the country.

The program for training of nursing auxiliaries is considered a progress, the challenge that faces this program for training is the incorporation of the intercultural approach to the health as a transverse axis into the content and methodology.

The incorporation of the intercultural approach to the health has two parts. The first part related to the expansion of conceptual frameworks and the theory based on the historical evolution that have followed the different approximations to the indigenous peoples and, the second part, that constitutes the translation of the theory and concepts to concrete actions. This implies advancing in the formulation of methodologies, instruments and strategies that analyzing and to evaluate the institutional actions facilitates and of the health workers.

In this process, it is important to understand that the work with the communities requires a respectful attendance and a close participation in the daily events of the community and its people. It is important to see the health through the eyes of people, to learn from the experiences of convergence and to go learning little by little from what unites to us and to put aside what separates us.

Dr. Jorge Medina, Technical Unit of Human Resources, Ministry of Health

The implementation of these courses in training of nursing auxiliaries has permitted the identification of strengths and challenges in this process of incorporation of the intercultural approach to the health. Among the strengths they can be pointed out, the work coordinated with the Unit of the Ethnic Groups and the Health of the Indigenous Peoples Initiative in PAHO/WHO, Honduras. This has made it possible to structure courses devoted to indigenous nursing auxiliaries, and to expand the contained, methodology and strategies of the courses. Similarly, the work with the indigenous organizations has facilitated the knowledge of the dynamic of the peoples and ethnic groups of Honduras, aimed at the strengthening of the cultures and at the approximation toward a complementary vision in the work with western and indigenous medicine.

Among the challenges, there exists the need for generating strategies that make it possible to incorporate systematically the indigenous vision, its knowledge, and therapists, and the analysis of social variables, economic, and cultural in the formulation of plans, policies and programs. Moreover, the challenge of establishing mechanisms to relieve the poverty and the high index of illiteracy of this population group, and the geographical, cultural and economic barriers that limit their access to opportunities for training and development. In this context, it is a priority to promote the continuing education of indigenous human resources, in such a way, that are available not only promoters and indigenous auxiliaries, but with capable human resources of competing at the administrative professional and technical levels.

In this perspective, the commitment to the health of the population of Honduras and particularly with the indigenous peoples and ethnic groups of the country, requires not be limited to the education of nursing auxiliaries in the intercultural approach, but expand the scope of action to the education and development of human resources that form the health team and that are found in decision-making levels.

#### Dr. Jeannette Aguilar

The municipio of Excels, one of the 28 municipios of the department of Lempira, in the west of Honduras, account with an approximate population of 4,665 inhabitants. All of them belong to the people Lenca. This population is one of the most depressed economically in our country, thus the average of Unmet Basic Needs (NBI) is 58%, with a human development index of 0,367, below the national average that is of 0,575.

From the foregoing, this territory was selected with the modality of “demonstrative municipio” by the Area of Health # 2 located in Thanks Lempira, of the Region of Health #5, located in Santa Rosa of Copán, within the framework of the project of Access to the Health Services, SIDA/PAHO/WHO, II stage, 1999-2002. Among the selection criteria utilized they are mentioned: 100% of presence of indigenous population Lenca, relative geographical access, and high interest demonstrated by the municipal corporation, the local indigenous boards, and other associations to promote a process of comprehensive human development.

All these elements have favored the realization of valuable joint effort experiences between various actors represented by the schools of primary education, the municipality, the Program of Family Assistance (PRAF), the churches, the hospital, the maternal and child clinics and others, in the search for bringing about the actions with a view to the establishment of a healthy municipio. Similarly, the presence of several projects and institutions is confirmed, among them UNICEF, project of municipios and healthy schools, Honduran Social Investment Fund (FHIS), World Bank and others. The results in this municipio could favor the development of other experiences in similar contexts.

De izquierda a derecha: Dr. Héctor Cárdenas, Dr. Angel Vásquez, Ing. Emilio Pinto, Dr. Jeffrey Barahona. Foto: Rocío Rojas, 1999.

#### Technical Support Group (GAT), Project of Access to the Health Services, SIDA/PAHO/WHO, 1999-2002.

While they advance the processes of consensus of the institutional and indigenous vision, there can be found aspects incompatible that generate confusion, and on several occasions a mistrust that can deepen the differences. In this regard, it becomes necessary to include the scope and challenges of the social participation within a framework of understanding and respect of the

cultural differences and of the different historical processes, as well as the recent experiences of the involved social actors.

The cosmic vision of the indigenous peoples and ethnic groups is translated in its form of life. Its belief and value system is reflected in the perception that they have on the health-disease link in general and in the manifestation of each one of the diseases. The comprehension and respect of these cultural variables that influence the health care, through a mutual learning, would facilitate the transmission of the health message in communication of the health providers with the patients of these communities.

Within the commitments of the Government to the peoples and ethnic groups of Honduras `human resources education` is found. In care of the indigenous communities it is important to promote actions that determine the training of human resources of the community, recognizing that those which best know of their community and give continuity to the work are these people. However, this does not mean that only indigenous human resources should be trained in the intercultural approach of the health. The knowledge of this strategy is necessary at all levels of care because the indigenous and ethnic population of the country not this isolated but it is part of the dynamic of the nation, it is both in the urban and rural area.

Concerning the content and methodology of training, there is reiterated the challenge of incorporating the intercultural approach to the health as a transverse axis and prioritizing the training of the educators. Take advantage of the knowledge generated by different studies to turn it into concrete practical actions. For example, it is indicated that in the Mosquitia it was conducted a serious study on the cultural diversity of this area, it would be pending the socialization with the community. This would be considered an important input in order to use it both in the innovation of the curriculum and in the discussion on the practices community positive, negative and neutral. That is the ones that deserve to be strengthened, reviewed or they do not need any intervention.

In the incorporation of the intercultural approach to the health as a transverse axis into the content and methodology of the programs of indigenous and non-indigenous training and `human resources development`, it is important to include the history of the cultures in order to understand the reason for the present dynamic among the different cultures in the society of Honduras. This will promote the real recognition of the indigenous peoples as social and citizen actors

Integrantes de la Misión Técnica Conjunta OPS – Servicio de Salud Indígena de los Estados Unidos. De izquierda a derecha: Dr. Juan Molina, Dr. Humberto Jaime Alarid, Sr. José Nuñez, Dr. Rocío Rojas, Dr. Craig Vanderwagen, Ing. Emilio Ramírez *Foto: Rocío Rojas 1999*

In this same vein it is noteworthy, that exist research studies that have not been socialized with the community. In this regard, the commitment of the Ministry of Health, in collaboration with the academic centers, is to generate mechanisms that ensure the return of the knowledge to these peoples and especially the consideration of that these peoples should be subject and not under investigation.

Similarly, there is reiterated the need, that sistematically are the same leaders and indigenous therapists who participate as trainers, not only in the courses in nursing auxiliaries but in workshops of sensitization for the personnel of the Ministry of Health and of the academic centers.

The decentralization and the municipal development is presented as an opportunity for the consolidation of the proposals of the Health of the Indigenous Peoples Initiative. In the area of the municipios, there can be found to microescala the interrelationship of the elements of the macro level. Among them, territory, environment, local governments and population that in the majority of the cases is multicultural, multilingual and multi-ethnic.

In the municipios it would be feasible the analysis of the impact that have, on the indigenous population, the strategies both of cure, promotion, prevention, and rehabilitation, and of local management and social participation. The comprehension of what represents the development from the indigenous perspective is fundamental.

The municipios constitute specific geographical spaces and of execution of the national health policies, within the framework of the decentralization. These are presented as units where the interaction of responsible and trained actors is facilitated so that they take on the challenge of offering quality care that fulfills the users and that has an impact on well-being and health of the population of its jurisdiction.

The socialization of the carried out actions in favor of the indigenous peoples and of the ethnic groups from the Unit of the Ethnic Groups and from the different Technical Units of the Ministry of Health and governmental agencies is necessary. This information will facilitate the utilization of experiences and the adjustment of strategies and interventions.

#### **Mr. Gilberto Antonio Sánchez Chandías, Fiscal Special of the Ethnic Groups and of the Cultural Heritage of the Public Ministry**

The Special District Attorney's Office of the Ethnic Groups and of the Cultural Heritage was created as a part of the Public Ministry. Its mission is to clarify, through criminal research, the crimes, and abuses against individuals or indigenous and ethnic communities, not from a general perspective but punctual. These crimes are denounced by the CONPAH. Except for the Tawhaca, seven of the eight recognized indigenous peoples have denounced crimes and abuses against them, being the Tolupanes the most affected.

Among the limitations to clarify the cases presented there are cited, for example, the contamination of the scene of the crime by the absence of the forensic doctor and the difficulty in research upon trying to make it with witnesses and assumptions. 25 people are currently seized by crimes of murder, violation, and homicide. There exist 22 orders of capture and denunciations that involve common crimes, crimes, litigations of land and continues research of the death of two indigenous leaders.

Among the challenges, there is seen the need for understanding the indigenous problems in the dynamic of the national and global processes that make it possible to generate a new dimension of the right. Similarly, in the sphere of specific action it is necessary to promote a process of coordination that determines systematic care for the crimes committed against the indigenous peoples and ethnic groups. In the month of August 1999, the new Processing and Penal Code was discussed and the responsibility for investigation of cases will be delegated to the Unit of Criminal Research.

There exist studies and forums that contribute to the comprehension of the legal framework that involves the indigenous peoples. For example, two studies on the indigenous common law in the towns Pech and Miskito. The District Attorney's Office of the Ethnic Groups has sponsored and participated in several events in the subject, among them: Symposium on Legal Anthropol-

gy, Central American Symposium on State and Right of the Indigenous Peoples and workshops on sensitization with the participation of indigenous leaders and personnel of the District Attorney's Office.

The work plan of the District Attorney's Office includes a training component aimed at judicial operators, indigenous leaders, and national society. Thus, there have been organized workshops on the rights of the indigenous peoples directed to civil society and criminal research agents. Similarly, material has been prepared visual and video-graphic on the rights of the indigenous peoples. The institution building is framed in the results of the Project Strengthening of the District Attorney's Office and of the Indigenous Organizations financed by the UNDP. This project includes research that permits a diagnosis of the indigenous problems through studies coordinated by the communities themselves.

The participants to this meeting thought about the need for incorporating new elements into the analysis of the health and living conditions of the indigenous peoples in case really the health is being addressed as the biological, psychological, social, and spiritual well-being of the individuals and of the community.

**Participants of the Executive Meeting of the Ministry of Health. Event that is held all Wednesdays from 7:30 to 9:30 a.m. led by the Minister of Health.**

At this meeting, there was recognized the need for continuing to expand the opportunities for dialogue and for being reported more on this subject of the ethnic groups, as well as understanding its problems in order to achieve empathy with its culture, recognizing that there indirectly has existed a passive resistance of both sides; which means that it becomes necessary to make research or anthropological studies, to train, and to raise the awareness of the institutional and community personnel in the intercultural approach, to increase the capacity of response of these peoples in light of the existing problems, bringing closer the ancestral knowledge of health with the modern systems.

In reference to the operationalization of the intercultural approach to the health, there was emphasized in the need for incorporating these concepts at training schools of human resources, regardless of the effort that it is obtaining the education of the/ nursing auxiliaries. Furthermore, the importance of adapting the contents of the programs for training was indicated to the context where and for which there is being trained the personnel. In the university for example, the classes on the cultures of the nations do not exist in a structured and systematic way.

The need for a change of attitude was recognized in the health workers at every level in order not to see the indigenous population isolated from the national dynamic, considering that where these inhabit, there is where there are the health services of smaller complexity and is where there exist problems of supplies, of supervision and as a consequence logical quality problems.

**Participants to the Meeting of Thanks Lempira**

The exhibits led to hope, enthusiasm, and motivation in the majority of the presents, among them the maximum indigenous leaders, who took the floor in order to share part of its culture with songs in Miskito language and for emphasize and to recognize the effort of the Ministry of Health to approach adequately to the indigenous cosmic vision in health.

Similarly, other local personalities emphasized on the need for intensifying the changes in the models of health care. They recommended adapting these health models to the etnoepidemiológicos profiles and characteristics specific of each ethnic group. They also requested greater support to document and publish studies on alternative medicine. Privately, they requested support for the Project Access for the Services of Health and the initiatives of protection and development of the health of the population of the Area of Green Mountain.

For the purpose of strengthening the dialogue, the convergence and democracy in health, between new actors who traditionally have been working separately, urged to develop the strategic alliances between the Ministry of Health, Association of Municipios of Honduras (AHMON), and the CONPAH, through agreements, plans, and other instruments. For example, initiating a joint publication of the first experiences in indigenous health and of the studies in medicinal plants.

Dr. Efraín Aguilar, Regional Health Director, closed the work session with encouraging words offering all its support to continue to make those efforts of convergence with the indigenous peoples in favor of the health.

It is worth indicating that at this meeting more than 170 people participated representatives of approximately 30 public and private institutions, indigenous and teaching participating students in the courses in nursing auxiliaries. Among the participating institutions they were:

- + Association of Municipios of Honduras, AMHON.
- + Churches: New Life, Assembly of God, Bautista.
- + Indigenous and non-indigenous NGOs: World Vision, ONILH, ASONOG, CONOCHH, CONPAH, Indigenous Ministry of Green Mountain, others.
- + Public institutions: Education, Agrarian National Institute (ENI), Judicial Branch, Hospital of Area; National Police, Ministry of Health and others.
- + FAO, PAHO/WHO, Honduran Institute of the Family (INHFA).

## 6. Conclusions

- + The Government of Honduras has adopted the Health of the Indigenous Peoples Initiative of PAHO actively, in a process of effort joint with the indigenous organizations and PAHO. There has been established the need for formulating policies that determine the continuity of the actions in favor of the indigenous peoples and ethnic groups of the country.
- + The vision of the indigenous peoples represented by the CONPAH summarizes its expectations by substantive achievements in the process of reaching the comprehensive well-being of its peoples. The Government of Honduras knows this standpoint.
- + The professionals of the technical and administrative area are found to be committed in advancing in their efforts and achievements in favor of the indigenous peoples, without stopping recognizing the logistical, technical, and budgetary limitations. They visualize the need for strengthening the coordination both with CONPAH and with the local indigenous organizations in the different municipios of the country and with the different units technical of the Ministry of Health and other governmental and academic agencies.
- + From the Ministry of Health strategies and methodologies are being sought in order to strengthen the national and local capability to provide and administer health services that incorporate the knowledge in the therapists and in the indigenous practices in the area of health. The program for training of indigenous auxiliaries is one of the steps in this direction.
- + In Honduras there exists a great political space in order to develop the intercultural approach in health with the support of several initiatives to national and external cooperation, mainly of the Project of Access to Health Services, SIDA/PAHO/WHO, 1999-2002, which is in its second phase of execution and interinstitutional cooperation of the Indigenous Health Services of the United States (Indian Health Service) // of the United States.



## 7. Strategic lines of action from the year 2000

The recommendations have been grouped into the following enunciations, emphasizing in that the success of the proposed actions is based on the active participation of the indigenous peoples and ethnic groups of the country:

1. Expand and to strengthen the partnerships between the Government of Honduras and the indigenous peoples and ethnic groups of the country.
  2. Strengthening of the technical, administrative and managerial capability of the national and local institutions responsible for the health for the indigenous populations, formation, and `human resources development`.
  3. Analysis of the health and living conditions of the indigenous peoples: information systems, inequity detection, and monitoring. Niña de la Mosquitia, Honduras. Fuente: *Revista Perspectivas de Salud*, OPS. 1999.
  4. Improvement of the environmental conditions in the indigenous communities, with emphasis on water and sanitation.
  5. Etnoepidemiológica and etnocultural characterization of the indigenous peoples and ethnic groups of Honduras: Models of care.
  6. Sharing of experiences.
- 1) Expand and to strengthen the partnership between the Government of Honduras and the indigenous peoples and ethnic groups of the country.

On this line it intends to promote processes that determine the continuity of the actions under way in favor of the indigenous peoples and ethnic groups of Honduras.

Among the specific actions it is recommended:

- + Joint regular meetings among the representatives of the indigenous peoples, ethnic groups, and the institutions to discuss operational aspects. For example, budget and implementation of specific programs with indigenous communities.
- + Regulation development with regard to the forms of relationship through the signing of agreements of management, with their monitoring and control mechanisms
- + Legislative development and development of pre-draft legislations that would establish the goals to be reached in health, the programs for the indigenous peoples, and ethnic groups, the joint strategies of advocacy with the Ministry of Education and other ministries to support the activities that have impact on the goals of the programs that refer to the health of the indigenous peoples. For example, to carry out activities in order to promote the increase in indigenous students in the academic centers and incorporate the intercultural approach to the health into the training programs and `human resources development` through an adjustment in the contents and methodologies.
- + Systematization of the processes followed in Honduras to facilitate the dissemination through the sharing of experiences.

2) Strengthening of the technical, administrative and managerial capability of the national and local institutions responsible for the health for the indigenous populations: formation and `human resources development`

On this line there is proposed the generation of a critical mass that becomes the technical resource through the development of technical, programming, managerial, fiscal, and political competences, for example:

- + in policy-making and programs of education and training that consider the ethnic group variable;
- + in the construction of a database and indicators that taking into account the determinants that have to do with the multicultural character of the population, demonstrate the inequity in the state of health and in the access and coverage of health services;
- + in the incorporation of the potentialities of Traditional/Indigenous Medicine into the models of care;
- + in the training of human resources and in the management of the local and community development that takes into account the perspective of the indigenous peoples;
- + in participatory research that identifies instruments and methodologies adequate for the work with the indigenous and ethnic communities of the country;
- + in the instrumentalization of the intercultural approach to the health in `human resources development` and models of care.

Among the specific actions it is recommended:

- + The organization of a course on Indigenous Health and Cultural Diversity of 40 hours of duration, directed to key professionals of the national and intermediate commands of the health system, indigenous leaders, teaching of training centers, representatives of local governments and others, with a view to forming a critical mass that facilitates so much the comprehension of the processes that are being given in Honduras within the // regional, subregional, and national perspective, as the development of conceptual frameworks and strategies in the operationalization of the intercultural approach to the health in Honduras.
- + The establishment of working groups with the different Technical Units that facilitate the approach of priority areas and the discussion on the possible adaptation and adjustments of strategies and projects in progress. For example, health of the child and the indigenous mother, diseases as malaria, Chagas, tuberculosis, and dengue in indigenous populations; the development of cure strategies, prevention, promotion, and rehabilitation in multicultural contexts; medicinal plants in primary health care; indigenous medicine, its practices, and therapists within care of health of the population of Honduras; training of indigenous and non-indigenous human resources in the approach intercultural of the health, etc.
- + With regard to the incorporation of the intercultural approach of the health into the programs for training of the health workers, it is recommended:
  - Promote the participation of the universities and academic centers in the conceptual and methodological development of the intercultural approach to the health and in the actions related to the comprehensive health of the indigenous peoples and ethnic groups of Honduras.
  - Promote the participation of the indigenous therapists, users of the health services, educators of the courses in training of nursing auxiliaries and others.

- Facilitate actions that make it possible to review the content and the methodology of the courses training of nursing auxiliaries
- Promote partnerships through agreements between the ministry of health and the academic centers. For example, with the Master's Program of Public Health of the National Autonomous University of Honduras (UNAH) and with other private universities, with the schools of sciences medical of San Pedro Sula. These agreements would authorize this coordination and would permit the fellowship generation for indigenous students, the sharing of experiences and the continuous technical assistance.

### 3) Analysis of the living conditions and state of health of the indigenous peoples: Information systems, detection, and addressing inequities

On this line there is proposed the development of an information system that provides the necessary data that permit the priority identification and the analysis and assessment of impact of the actions in favor of the indigenous peoples.

Among the specific actions it is recommended:

- + In coordination with the CONPAH, the processing of the available data on demographic indicators, epidemiological and of access and coverage, in order to facilitate its dissemination and utilization with regard to health.
- + Incorporate in the analysis of the health and living conditions of the indigenous peoples and variable ethnic groups who support to the global comprehension and the political, economic, social, and cultural conditioning factors that influence the health of these peoples.
- + Promote actions that facilitate the identification of quality indicators that take into account, in addition to the technical expertise, the user satisfaction. Similarly, the identification of indicators of access in geographical terms, economic and cultural.

### 4) Improvement of the environmental conditions in the indigenous communities, with emphasis on water and sanitation.<sup>21</sup>

With this line of work it is the goal to contribute in the reduction of the risks of transmission of diseases led by environmental factors, mainly the related to the access and quality of the water, basic sanitation, hygienic habits and others, favoring community participation and the development of appropriate technologies.<sup>22</sup>

Among other actions it is recommended:

- + Promote programs for training for the mobilization of resources, project design of water, basic sanitation and analysis of the environmental health indices.
- + Favor the contact of the organizations and indigenous leaders with the public and private institutions related to the water and basic sanitation, through seminars, forums, workshops and meetings of consensus-building.

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21 En el marco del proyecto "La salud de los pueblos indígenas: Mejoramiento de las condiciones ambientales (agua y saneamiento) en las comunidades indígenas, patrocinado por la OPS/OMS y GTZ, mediante el Centro Panamericano de Ingeniería Sanitaria y Ciencias del Ambiente, CEPIS, septiembre de 1999.

22 Por tecnología apropiada se entienden aquellas operaciones o procesos de trabajo que se ajustan a las condiciones culturales y capacidades de las poblaciones indígenas para resolver problemas de agua y saneamiento básico.

- + Promote demonstration projects of water and basic sanitation with the promotion and dissemination of methodologies and appropriate technologies.
- + Promote actions of monitoring of the quality of the water and of the habits of individual, family, and community hygiene.

## 5) Models of care: Characterization of the indigenous peoples and ethnic groups

On this line the recognition is proposed to the multi-ethnic, multicultural and multilingual character of the population of Honduras and the need for knowing the special features of the nine indigenous peoples and ethnic groups that are part of the population of the country.

Among the specific actions it is recommended:

- + Facilitate actions that permit the characterization of the indigenous peoples and ethnic groups of the country, with regard to their geographical location (geographical isolation, border communities, etc.), forms of life, food, nutrition, indigenous medicine, community resources, etc.
- + Recover research projects and to socialize them with the community in such a way that they are usable in the comprehension of the dynamic of these peoples and in the identification of strategies of care to its health.
- + Promote activities that facilitate the work in the cultural diversity with the different Technical Units of the Ministry of Health and intermediate commands in compliance with the objectives of the National Program of Health services (PRONASSA)<sup>23</sup> that basically head toward the achievement of the well-being of the population of the country.
- + The available information on the health of indigenous women indicates the precarious conditions in which she evolves, which means that it is recommended promoting an analysis that determines actions coordinated among the proposals of the intercultural approach to the health and to the gender approach.
- + Promote actions that make it possible to expand the knowledge of the medicinal plants as integral part of the culture of the indigenous peoples and ethnic groups of the country and their preponderant role particularly in primary health care.
- + Promote the coordination and the strengthening of the different Technical Units involved in the advances in indigenous medicine and to reactivate the Technical Unit of Natural Medicine within the Ministry of Health

## 6) Sharing of experiences

As a process of learning and mutual strengthening, on this line is promoted the dissemination and the exchange of the experiences that have been developed in Honduras, both within the country from different institutions and sectors, and among the different countries of Central America and of the `Region of the Americas` in its entirety.

Among the specific actions they are recommended:

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<sup>23</sup> El Programa Nacional de Servicios de Salud (PRONASSA) es la Unidad Técnica Normativa dedicada exclusivamente a la construcción de Obras Civiles. El Departamento de Atención de las Etnias, actualmente coordina con PRONASSA la ejecución de 15 Centros de Salud. Anteriormente, 26 Centros de Salud fueron construidos en zonas de alto porcentaje de población indígena por el Fondo Hondureño de Inversión Social (FHIS) en el marco de la negociación gubernamental.

- + Promote shares that facilitate the exchange of knowledge and experiences both within the Ministry of Health among the different Technical Units and other institutions, for example with the District Attorney's Office of the Ethnic Groups, and among the different health areas and indigenous and non-indigenous peoples of the country.
- + Disseminate information on the experience of Honduras among the countries of the Region in such a way that it facilitates the identification of common areas that determine specific actions of technical cooperation and formulation of multicountry technical cooperation projects.



## 8. Progress to date

### 8.1 Expansion and strengthening of the partnerships between the Government of Honduras and the indigenous peoples and ethnic groups of the country

In compliance with the recommendations of PAHO/Services Joint Technical Mission of Health Indigenous of the USA (Indian Health Service) carried out from 18 to 24 July 1999, the I Forum on Indigenous Health and Cultural Diversity was held. The Forum was organized by the Confederation of `Indigenous` Peoples of Honduras and the Ministry of Health with the support of the Project of Access to the Services of SIDA/PAHO/WHO Health, the PAHO/WHO Representative Office in Honduras and PAHO Headquarters in Washington.

This Forum was regarded as an expression of the political will of the `indigenous` peoples of Honduras, of the Ministry of Health, and of other institutions involved in the processes of national convergence initiated in July 1994 and strengthened by the administration of the present government.

The Forum had the assistance of 70 participating among which were representatives of the national and local level of the Ministry of Health, PAHO/WHO, Honduras, PAHO/WHO, Washington, Pedagogical University, the CONPAH and representatives of the nine indigenous peoples of Honduras: Lencas, Pech, Garífunas, Chortís, Tawahkas, Tolupanes, or Xicaques, Miskitos, Nahuatl, and the English-speaking black population (Annex 5: It lists of Participants).

In the inaugural session they were present Dr. Plutarco Castellanos, Minister of Health, Dr. Miguel Machuca, in PAHO/WHO Representative Office, Honduras; Mrs. Ellenor Eckman, Representative of the Government of Sweden in Honduras, Mr. Justo Jiménez, President of the Commission of Ethnic Matters of the National Congress and Mr. Natán Pravia, in representation of the CONPAH. All of them in their words reaffirmed the commitment of the government, of international cooperation, and of the organization of `indigenous` peoples to the indigenous and black peoples of the country.

The purpose of the Forum was to facilitate the comprehension of the processes that are being developed in the country from the national and international perspective, as well as the review of the conceptual frameworks and strategies for the operationalization of the intercultural approach to the health in Honduras through a process of joint, multidisciplinary, and intersectoral effort, with full participation of the indigenous peoples and ethnic groups of the country.

Dr. Jorge Medina, Director de la División de Recursos Humanos de la Secretaría de Salud, Sra. Ellenor Eckman, Representante del Gobierno de Suecia en Honduras, Sr. Justo Jiménez, Presidente de la Comisión de Asuntos Etnicos del Congreso Nacional, Dr. Plutarco Castellanos, Ministro de Salud; Dr. Miguel Machuca, Representante interino de la OPS/OMS; Prof. Natán Pravia, Representante Indígena de CONPAH. *Foto: Rocío Rojas, 2000.*

With regard to the methodology, this included magisterial exhibits, I work on group and plenary. The group work of the second day had as reference questions guiding prepared before-

hand. In each component of the Agenda sessions of questions and observations were available on the part of the participants.

It should be emphasized the participation of the indigenous representatives in each one of the work sessions, particularly in those related to the characterization of the indigenous peoples and ethnic groups, the processes of convergence, and the indigenous leadership.

The work sessions addressed the following issues:

- + Health of the indigenous and black peoples of Honduras.
  - Characterization of the indigenous and black peoples of Honduras.
  - Sociocultural perspective of maternal mortality.
  - The intercultural approach to the health as a health promotion strategy.
- + Processes of national convergence
  - Progress of the process of national convergence
  - Progress of the intercultural approach in `human resources education`
  - Support for the process of application of the intercultural approach: SIDA/PAHO project and sharing of experiences
- + International perspective
  - Policies, agreements, declarations in favor of the indigenous peoples
  - Indigenous leadership
- + Intercultural approach to the health
  - Multiculturalism and cultural diversity
  - Indígena medicine and western medicine

The agreements of the participants of the Forum were grouped into four strategic lines congruent with the Plan of Action of the Department of Care of the Ethnic Groups:

1. Promotion of the cultural diversity
2. Strengthening of human resources for the application of the intercultural approach to the health
3. Research that supports the characterization of the indigenous and black peoples of the coun-

try

Francisco Figueroa, Pueblo Nahoá/Nahualt; Lorenzo Tinglas, Pueblo Tawahca, Salvador Zúniga, Pueblo Lenca.

*Fotos: Rocío Rojas, 2000.*

4. Characterization of the health models of the indigenous and black peoples

Below the agreements reached by the peoples participating in each one of the strategic lines are specified:

#### 1) Promotion of the cultural diversity

- + Honduras is a multi-ethnic, multilingual, and multicultural country, as a result, it is agreed to promote the realization of events that show this Honduran cultural wealth and that at the

same time contribute to the assessment, to the exchange, and to the better knowledge among the cultures with the participation of the different sectors involved in the well-being of these peoples, particularly of the governmental agencies and of the same peoples // indigenous population and black.

- + Honduras has ratified several international agreements that favor the indigenous and black peoples and that they promote the cultural diversity, in this regard, it is agreed to follow up and evaluate the taken efforts in the implementation of the same, particularly of Convention 169 of the ILO and of Resolutions CD37.R5 and CD40.R6 of PAHO/WHO.
- + The permanent struggle of the indigenous and black peoples not only has benefited its communities but it has contributed to well-being of the national society, which means that one agrees to recognize the contributions of these peoples in the development of the country.
- + In many indigenous communities the traditions, customs, and knowledge are found to be at risk to disappear, which means that one agrees to promote actions that strengthen the identity and culture of the indigenous and black peoples, especially among the children and young people of these peoples.
- + The work coordinated between the Department of Care of the Ethnic Groups of the Ministry of Health and the Indigenous Organizations has important achievements, its strengthening will favor the promotion of the cultural diversity toward the communities that are being integrated in the processes of joint effort. In this regard it is agreed to identify people responsible for the health area in each one of the local indigenous organizations so that they are the liaison with the respective sections and levels both of the Ministry of Health and of others governmental sections and civil society, including the communications media. This will in addition benefit the impetus of processes of sensitization and the mobilization of technical and financial resources.
- + The indigenous and black peoples of Honduras share similar problems, which means that one agrees to promote the partnerships among them as a strategy of strengthening and revitalization of the cultures.

## 2) Strengthening of human resources for the application of the intercultural approach to the health

- + The majority of positions at the decision-making levels and execution are busy by non-indigenous people, which means that it is agreed to promote the incorporation of the intercultural approach to the health in the programs for training geared to the indigenous and non-indigenous personnel that is part of the health team, both at the national level and local.
- + Illiteracy is a problem that affects the majority of indigenous and black communities. The lack of trained local human resources influences the difficulty of giving continuity to the work with these populations, which means that within the convergence processes, one agrees to promote actions that facilitate the access of the children and adults of the indigenous and black peoples to the education, including the acquisition of scholarships that benefit these peoples. Similarly, one agrees to promote actions for policy-making that benefit trained human resources of the indigenous and black peoples in their permanence in the community.
- + Health of the indigenous and black population is the result of the decisions that fall both on the area of the health sector and in other sectors, in this regard, one agrees to promote the continuous training of the health workers and diversify it to the personnel of other disciplines.

- + The knowledge of the lifestyle of the indigenous and black communities, as well as the comprehension of its practices in the maintenance and restoration of the health by the health workers are limited, which means that it is agreed to promote actions that make it possible to incorporate the knowledge of the sociocultural characteristics of the population in the education programs and training of the health workers.
- + In many indigenous communities the only permanent health resource are the indigenous therapists and elderly, in this regard, the participants to the I Forum agree to recognize the contributions of the elderly, midwives, ditalias, buyes, sukias, huatás in the community health and promote actions in order to strengthen them and promote the permanence of its knowledge and practices.

### 3) Research that supports the characterization of the indigenous and black peoples of the country

- + In the majority of studies the indigenous and black peoples have been object and non-subject of research, as a result the participants of the Forum agree to generate mechanisms that permit these peoples to be active participants in the design, implementation and evaluation of research studies that involve them.
- + The language of the peoples is fundamental part of its culture and identity, which means that one agrees to promote actions that facilitate the learning of the native languages on the part of the indigenous and non-indigenous population, particularly of the health workers that work in areas of high indigenous and black population.
- + The indigenous knowledge is based on the holistic vision of the health, that is, it includes knowledge of environmental conservation, agriculture, nutrition, veterinary medicine, and on the diagnosis, treatment, prevention and prognosis of the diseases, as well as on the rehabilitation, `disease prevention and health promotion`. In this regard, in the characterization of the indigenous and black peoples of the country, the knowledge of their curative practices, and the properties of the medicinal plants will be documented in the context of the indigenous cosmic vision and not in an isolated form.
- + The knowledge of the lifestyles of the indigenous and black peoples will support the adaptation of the health models to the reality of these communities.
- + The changes in the dynamic of the communities have generated in many of them greater poverty, affecting particularly the children, women, and older adults. In this regard, it is agreed to favor studies that permit the better knowledge of the corporate structure of the community, the factors that are impacting negatively on their life, and the comprehension of the gender approach, the child socialization and care to the older adult in these communities.
- + The operationalization of the intercultural approach to the health presents challenges in the generation of complementary and new paradigms that support the incorporation of the perspective and knowledge within the models of care. In this task, one agrees to promote research studies that contribute to the formulation of methodologies and instruments that contribute to this paradigm expansion of the so-called scientific method, and to the application of the principle of collective intellectual property in a context of respect for the cultural diversity.

#### 4) Characterization of the health models of the indigenous and black peoples

- + Many of the written documents on the indigenous and black peoples are found in foreign languages, which means that one agrees to undertake actions that tend to the retrieval, systematization, and return of this information to the peoples.
- + Usually, research studies on the indigenous and black peoples have been prepared for academic purposes, but by the format and language used are not accessible these communities. In this point, one agrees to carry out a joint effort of adaptation of the existing information in order to do it accessible and useful to the needs of the communities.
- + Research with regard to the knowledge and practices of the indigenous peoples with respect to the maintenance and restoration of the health is incipient, which means that it is agreed to promote studies that with the active participation of these peoples, collect the indigenous perspective of the concepts of health and disease, and that promote the incorporation of indigenous and black medicines into the models of care.
- + The care of the mother and of the indigenous child deserves special consideration in the culture of the indigenous and black peoples, which means that one agrees to support studies that facilitate the comprehension of the care of her health within a context that promotes the well-being of the individuals, the family, the community, and the people as such.
- + In the formulation of the models of health care of the indigenous and black peoples, both the knowledge of its cosmic vision and the knowledge of the demographic indicators, socio-economic, of access and epidemiological are of crucial importance. Unfortunately, the available information is incomplete and masks the real conditions of these peoples. As a result, one agrees to promote actions that facilitate the expansion of the existing information, the incorporation of the sociocultural perspective into the analysis of the health and living conditions of these peoples, and the incorporation of the variable of ethnic group into the information systems.

## 8.2 Formation and `human resources development`

### Background

#### Education of Indigenous Nursing Auxiliaries.<sup>24</sup>

As a part of the regular programs that through the time there has promoted the Ministry of Health, of the training schools of nursing auxiliaries of Honduras they have permanently graduated human resources from the indigenous and black peoples, which are in different areas of the country providing its professional services. However, it is until 1995 as a result of the demands carried out by the organizations and national `indigenous` leaders, that a qualitative jump are given in order to recognize the conditions and particular cultural needs of the indigenous peoples. In this year, it was possible to incorporate to the training centers of San Pedro Sula and of Choluteca to 13 students Lenca from Excels it and Guajiquiro.

Based on these “emerging” experiences and utilizing the “course” strategy “, decentralized”, there was believed the first course in indigenous nursing auxiliaries located in the Hope Intibucá, from where 29 professionals of the people Lenca graduated. Even though said course was negotiated by the indigenous population the selection process gave special importance to the recom-

<sup>24</sup> Lic. Adan Bara Ejecutivo de l Ceremonia Miskito. Clausura I Foro Nacional sobre Interculturalidad y Salud, 5-7 de Julio, 2000. Tegucigalpa, Honduras. Foto: Rocío Rojas.

e Salud, “Resumen :tubre de 1999.

mended by other entities causing discomfort and lost of credibility in the indigenous leaders.

In 1998 a second experience was developed with 26 students of the people Tolupán carried out in the Tribe The Palmar, Municipio of Morazán in the Department of Yoro. Even though there were available the central political support and of the intermediate commands of the Ministry of Health, the technical, political and logistical support of the local health workers was not evident, which generated serious limitations for the normal development of the program.

The group was mixed formed by indigenous population and hybrid students. The manifestations of large cultural differences influenced negatively the normal harmony of the course. The organizations and indigenous leaders showed high interest in the project and allocated additional resources of support for the students, but not the enough so as to prevent the discomfort of its recommended. Hurricane Mitch flooded completely the place where there was developed the course forcing to give by finalized the event a month before the expected time. Fourteen they were the graduates of which half are Tolupanes.

At the same time, in the area of the Mosquitia, in the Municipio of Ahuas, in coordination with the church and Clinic Resided, there was developed, with more success, another course from where they graduated 29 professionals. This course evolved with little central support, with limited resources, but with a great local commitment, both of its educators and of the health workers. The educational contents, for the most part were developed with simultaneous translation with its native language, since both the educators and the students belonged to the same Miskito people.

Currently five course in indigenous nursing auxiliaries are being carried out with approximately 70 students of the peoples Lencas, Chortí, Tolupán, and Miskito. In all of them is being made an effort to incorporate the intercultural approach

However, it persists resistance to recognize and to study the traditional health systems, the role of the traditional physicians, the midwives, the use of the medicinal plants and other values and beliefs of our peoples on the process health disease.

Below the steps followed in the organization are described and implementation of the First Course Decentralized from Training of Nursing Auxiliaries Garífuna, which was arranged between the Ministry of Health, the Confederation of `Indigenous` Peoples of Honduras (CONPAH) and the Black Brotherly Organization of Honduras (OFRANEH).

The process of formation that will have a duration of 11 months started in the month of March 2000 in Trujillo, Department of Columbus. The course will train 30 applicants of the Ethnic Group Garífuna from the departments of Columbus and Atlántida of the Region of Health #6, corresponding to the Areas of Health 1, 2, 3 and 5. The intercultural approach is being developed as a transverse axis and it is expected that these leaders garífunas, once formed, return to its communities to provide its services, converting thus in health entities of its communities themselves.

The learned lessons in the previous courses in training of nursing auxiliaries have bene-

Firma de los Acuerdos para la realización del Curso de Auxiliares Garífunas. De izquierda a derecha, segunda de la fila, Lic. Telma Gotay, Directora del Curso; Dr. Carlos Samayoa, Representante de OPS/OMS Honduras; Dr. Plutarco Castellanos, Ministro de Salud de Honduras; Sra. Gregoria Flores, Presidenta de OFRANEH y Dr. Rafael Mejía Borjas, Director de la Región de Salud Seis. Foto: Emilio Ramírez, 1999.

fited both the mechanisms followed in the negotiation and consensus-building from the different levels of responsibility, and in the incorporation of the contents of the courses.

The responsibility in the execution of this course is shared between entities of the central level, regional and of area. At the central level those responsible for this course are the Project of Extension, Consolidation and Deepening of the National Process of Access to Health Services, 1999-2002, SIDA/PAHO/WHO, and by the Ministry of Health are the Unit of Education and Training of Human Resources and the Department of Care to the Ethnic Groups. At regional level the responsible are the Region of Health No. 6, the School of Nursing Auxiliaries of La Ceiba, and at local level the responsible are the Areas of Health No. 1, 2, 3 and 5 and the Black Brotherhood Organization of Honduras (OFRANEH).

The objective of the course is to contribute to improvement of the living conditions and of health of the garífunas communities, mainly those of the departments of Columbus, and Atlántida, through the training of nursing auxiliaries in its cultural context, as response to the commitments included in the plan of convergence contracted between the Government and the Ethnic Group Garífuna.

With regard to the methodology, this is a course decentralized located in the city of Trujillo, in the department of Columbus. The social participation is framed in the guidelines of the official curriculum of the Ministry of Health, prioritized, and the approach to cultural diversity incorporates as integrating axis of the educational process that encompasses contents in epidemiology, food and nutrition security, administration, and comprehensive care in the services of health, ecology, and environment.

The education curriculum is being adapted progressively in accordance with the health situation and to the epidemiological profile of the population, as well as to the needs of the student. The educational program will emphasize care for the woman, for the child, for the adult, for the older adult, and for other priority groups. The contents are developed under the approach to the problematization, based on the analysis of the population and the incorporation of the biopsychosocial approach.

In the development of the course there have been proposed two moments in the education of the students:

- + The conceptual theoretical moment (concentration), which will be developed in the precincts

Estudiantes y docentes del Curso de Auxiliares Garífunas. Enfrente, primera de la fila, Sra. Gregoria Flores, Presidenta de OFRANEH. Al fondo de izquierda a derecha, Lic. Adán Barahona; Dr. Marco Antonio Pavón Ponce, Alcalde Municipal de Trujillo; Dr. Plutarco Castellano, Ministro de Salud; Dr. Carlos Samayoa, Representante de OPS/OMS Honduras y Dr. Rafael Mejía Borjas, Director de la Región de Salud Seis. *Foto: Emilio Ramírez, 1999.*

of the selected physical space.

- + The practical moment (dispersion) that will be carried out under the study/work approach to the communities and local health services.

The moments of concentration and dispersion will depend on the scope and skills reached by the students who will follow the established guidelines and the time assigned for each unit of study. During the moments of practice (dispersion), the students will be transferred to the health units located in garífunas areas, under the supervision of the health workers of the local services,

for the purpose of strengthening the process of practical learning. The authorities and personnel of the Areas of Health No. 1, 2, 3, and 5 of the Region Health No. 6, will act as facilitators in the moments of concentration and dispersion in accordance with the needs defined by the coordination and conductive technical committee of the process.

With regard to the evaluation, the responsibility of crediting the performance of the students will be of responsible nursing professionals for the course through registries and theoretical instruments of evaluation, practical and others. Furthermore, periodic reports will be prepared for the involved institutions and at the end of the social service a diploma that will credit them as Nursing Auxiliaries will extend. The evaluation and systematization of the process are equally important, at the end of the course a report will be prepared with the systematization and analysis of the same.

With regard to the selection of the students, this was carried out in three phases:

A) Phase of postulation of the candidates

This action was carried out in coordination with OFRANEH and the School of Nursing Auxiliaries of the Ceiba. It was done on the basis of the requirements previously concerted between the Unit of Human Resources, the Department of Care to the Ethnic Groups, the involved projects, the Region Health No. 6, the Areas No. 1, 2, 3 and 5, the School of Nursing Auxiliaries of La Ceiba and the OFRANEH.

Concerted requirements of selection:

1. Age from 18 to 35 years.
2. Be Honduran.
3. Have approved sixth degree.
4. Be native and living of the garífunas communities.
5. Pass examinations of knowledge and psychological exámen.

B) Selection phase.

This phase was carried out with the support technical of the educators of the School of the Ceiba, with the attendance of the central level, regional, health areas and the OFRANEH. The preselection commission submitted a report of each applicant which included full name, name of the parents, socioeconomic status, and probabilities of support for the student on the part of their family and the community.

In the screening tests, there was considered indispensable the performance of the psychometric examination in order to determine vocation, personality, and I.Q. of the student. The results of this test were presented to the conductive technical committee of this course, entity responsible for determining the selection of the candidates.

C) Phase of incorporation of the student.

With the participation of the students there was developed a propedéutico course in preparatory orientation that made it possible for them to know the magnitude and importance of the course, as well as the responsibilities and individual and collective commitments.

The OFRANEH and the members of the technical committee analyzed the rules of procedure of the course and each student signed a proceedings specifying its commitments during and after the period of formation. Similarly the OFRANEH, the Regional Director, the Chiefs of

Areas, the Unit of Human Resources, the Department of Care to the Ethnic Groups and the Project SIDA/PAHO II stage, studied the letter of understanding signed at the beginning of the course and formulated a timetable of work of support. In this way there was guaranteed the participation and transparency in the execution of the course.

For the coordination, management, and evaluation of the process of education a committee was established integrated with representatives of:

- + Unit of `Human Resources Development`.
- + School of Auxiliaries of La Ceiba.
- + Department of Care for the Ethnic Groups.
- + Project of Extension, Consolidation, and Deepening of the National Process of Access to the Health Services, II Stage.
- + Region of Health #6 and areas of health.
- + OFRANEH.

The poverty is one of the factors that limit the access of the indigenous and black population to the education. The needs for financing of the participants of this course have partly been covered by fellowships and other incentives. The Ministry of Health granted to each student a fellowship for the duration of the course by a value in 300 monthly lempiras. Such fellowship was processed when the names of the people selected through the selection committee were known officially.

Recognizing that the group of students were people of limited economic resources, that remain outside their home during the process of learning, and that incur nonrecurring expenses that their families confront with a great deal distressed, there were arranged additional resources with the city halls, OFRANEH and others to cover the expenditures of lodging and feeding.

Given the special characteristics of these students and the form decentralized from the course, it was agreed to hire two professional nurses, one so that it assumes the direct responsibility to coordinate and to carry out teaching activities and another one as assistance support. For the theoretical and practical development of the course the distribution of the material of office, stationery, material of consultation and the necessary basic equipment, has been assumed by the Ministry of Health and the OFRANEH.

The curriculum content was developed on the basis of the guidelines of the nursing auxiliary curriculum of the Ministry of Health and is being adapted in accordance with the epidemiological and social profile of the garífunas communities, incorporating the approach to the cultural diversity into health.

The curriculum content consists of two initial courses in orientation and induction (propeutic Course and Course in induction) and 10 units or thematic modules, all of them developed under the modality of study/work, utilizing the participatory methodology, analysis, and forms to address the social problems in health: 1) National reality, 2) Epidemiology, 3) social Participation, 4) intercultural Approach 5) food and nutrition Security, 6) Ecology and environment, 7) comprehensive Care to the woman, 8) comprehensive Care to the niño(a), 9) Care to the adult and old age, 10) Administration of the health services and comprehensive health care (The detail // of the 10 units it is stated in Annex 6).

The nursing auxiliaries should complete a social service period when they obtain their diploma. The Unit of `Human Resources Development` of the Ministry of Health and the Region of Health No. 6 are responsible for making a monitoring in this period with a view to consolidating the learning and maintaining the directionality and quality of expected care.

## 8.3 Sharing of experiences

### Mission of Observation Ministry of Health-COMPAH-PAHO

In compliance with the actions relating to the strategic line No.5: Sharing of Experiences from 6 to 8 April of the year 2000 was carried out a mission of observation to the installations and projects of the Indian Health Service (IHS) in the State of Arizona. This mission was due to the recommendations of the Joint Mission between the Pan American Health Organization/World Health Organization and the Indigenous Health Services of the United States, Indian Health Service, that technical cooperation in Honduras provided in July 1999. Dr. Michael Trujillo, in Attendance of the Surgeon General of the United States, Director of the Indigenous Health Services of the Department of Health and Human Services of the United States extended an official invitation to PAHO and to the Ministry of Health of Honduras and to the CONPAH.

The objective of this mission was to know the processes that have led to the implementation of policies of support in the development of the indigenous peoples of the United States and to identify areas of common interest for the future interinstitutional collaboration.

Below the conclusions and recommendations of this mission are summarized:

#### Conclusions

1. Although the historical processes that the indigenous peoples of the United States have followed differ from those presents in Honduras, the permanent struggle by its rights is a common aspect among the indigenous peoples of these countries and throughout the Region.

2. Although some indicators show gaps in equity between the indigenous population and the majority population of the United States, the presence and application of the constitutional mandates that favor the indigenous peoples have supported the economic development, social and political of these peoples in the United States. In the specific case of the health, the indigenous nation relation with the Indigenous Health Services of the United States stemmed from 1787 and is based on article I, section 8 of the Constitution. This article has given form and content to numerous treaties, laws, decisions of the Supreme Court of Justice and presidential Decrees, for example, in 1975 the Law of Self-determination gave the indigenous peoples the authority to

Integrantes de la Misión de Observación MINSAL-CONPAH-OPS. De izquierda a derecha: Dr. Ramón Pereira, Sr. Natán Pravia, Dra. Rocío Rojas, Lic. Adán Barahona, Ing. Emilio Ramírez, Dr. Craig Vanderwagen (Dr. Humberto Jaime-Alarid). Además: Dr. Wayne Mitchell, Dr. George Pauk. Foto: Rocío Rojas, 2000.

administer several services previously provided by the Council of Indigenous Matters (education, health, opportunities for employment, provision of programs of water and sanitation). In this indigenous application, the formation and `human resources development` it has been a crucial aspect.

3. In the case of the organization and provision of health systems and services, the Indigenous Health Services of the United States has similar challenges to those which confront the Ministries of Health in the countries of Latin America with respect to care to the indigenous populations, that is, the improvement of geographical barriers, economic and cultural. For example, there exist jurisdictions geographically isolated and with scattered population. Furthermore the

conception and perception of the health and the lifestyles of the indigenous population of the United States are various.

4. Although these challenges have not been totally overcome, the strategies and identified actions can be an important reference for the countries of the Region, in this case for Honduras, in the challenge of serving the indigenous populations.

5. In each one of the presentations, the experience of Honduras in the application of the proposals of the Ministry of Health in care of the peoples and ethnic groups of this country, it was praised to put emphasis on the respect the cultural diversity and to the importance of promoting the development of the intercultural approach of the health.

6. The incorporation of the variable ethnic group into the information systems has supported the inequity identification among the different groups (afro-Americans, Hispanics, indigenous population, Asians, targets) that form the population of the United States. The management of the information concerning the indigenous population in addition to having supported the situation analysis of the indigenous peoples has facilitated the establishment of priorities, the advocacy among other sectors and the mobilization of technical and financial resources.

7. The visit to the installations of the Hospitals and health centers of the IHS, in addition to being an opportunity to know technological advances, was the occasion in order to observe the same structure and physical provision of the respective rooms and reception and administration spaces. Also, the Government of Honduras is carrying out actions in order to obtain a more efficient use of resources in the construction of health centers, this knowledge acquired by the Indigenous Health Services is an important reference in these efforts.

#### Recommendations:

1. It is important to continue technical cooperation between USA and Honduras, which means that it is recommended authorizing it through an agreement. The agreement will give special importance to the training of human resources, the development of information systems and of the sanitary structures that make efficient use of the space.

2. Find the processes suitable so that the Indigenous Health Services of the USA (IHS) perform functions of Collaborating Center in Indigenous Health due to its experience and trajectory of collaboration with PAHO.

3. Initiate the political, technical and legal mechanisms to facilitate a sister-city program model between ethnic groups of Honduras and indigenous nations of the United States.

The progress to date in addition includes actions that promote the incorporation of the socio-cultural perspective, both in the analyses of the health and living conditions of these peoples, and in the formulation of strategies and methodologies directed to address the health problems that affect the indigenous and black peoples of the country. Within this framework there are pointed out the need for including, assessing, and respecting the resources, knowledge, and community therapists and its contribution in the restoration and health maintenance of the population.

Niño Pech. *Foto: Ismael Soriano, 2000.*

Although the available data on the health and living conditions of the indigenous and black peoples of Honduras illustrate the situation of poverty and ostracization from the mainstream in which many of these are still found communities, since 1996 the processes of national conver-

gence aimed at contributing to well-being of these peoples have been strengthened. In this perspective the role of the leadership is recognized indigenous as fundamental.



# Annex 1: CD37.R5-PAHO Resolution

Resolution CD37.R5: "HEALTH OF THE INDIGENOUS PEOPLES"  
Approved by the XXXVII MEETING OF THE DIRECTING COUNCIL

The Directing Council

Seen Document CD37/20 on the initiative Health of the Indigenous Peoples of the Americas;

Taking into account the recommendations made by the participants at the Meeting of Work on Indigenous Towns and Health, carried out in the city of Winnipeg, Manitoba, Canada, from 13 to 17 April 1993;

Recognizing that the living conditions and of health that prevail between an estimated population in some 43 million indigenous population in the `Region of the Americas` are deficient, finding expression in excessive mortality from avoidable causes and in smaller life expectancy at birth, which demonstrates the persistence and still the accentuation of the inequalities of the indigenous populations with regard to other homologous social groups // ;

Considering the aspirations of the indigenous peoples to assume the control of its own institutions and forms of life, the need for strengthening its own identity, as well as that their rights are respected with regard to the health and to the environment;

Recognizing the particular contribution of the indigenous peoples to the maintenance of the cultural diversity which are ethnic and of the Americas, to the biodiversity, and to the ecological balance, and especially to the health and nutrition of the society;

Emphasizing the need for reappraising and respecting the integrity of values and social practices, cultural, religious and spiritual characteristic of the indigenous peoples, including the ones that have relation to the promotion and the health maintenance, and with the treatment of the diseases and afflictions, and

Reiterating the importance of the strategy of transformation of the national health systems and of the proposal of development of alternative models of care at the level of the local health systems (local health system) as a valuable tactical resource and fundamental requirement for the elimination of the current problems of deficit of coverage, lack of access and low acceptability of the health services among the indigenous populations // ,

## IT RESOLVES:

1. Adopt Document CD37/20, that describes the initiative Health of the Indigenous Peoples of the Americas and the report of the Working Meeting of Winnipeg with the conclusions and recommendations on those which is based the initiative.

2. Urge the Member Governments to:

- a) Promote the establishment or strengthening of a high-level technical commission or another mechanism of consensus-building that is considered appropriate, with participation of leaders and representatives of indigenous peoples, for policy-making and strategies, and the development of directed health activities and environment toward specific indigenous populations;
- b) Strengthen the technical, administrative and managerial capability of the national and local institutions responsible for the health for the indigenous populations, in order to surpass progressively the lack of information in this field and ensure greater access to services of health and quality care, contributing thus at better levels of equity;
- c) Implement the intersectoral actions that corresponds in the fields of health and the environment, both at the level of the public sector and through organizations of the nongovernmental sector (NGO), universities, and research centers that work in collaboration with indigenous organizations;
- d) Promote the transformation of the health systems and support the development of alternative models of care of the indigenous population, within the strategy of the local health systems, including traditional medicine and research on its quality and safety;
- e) Promote the development of disease prevention and health promotion programs in order to attend to problems and most important areas with regard to indigenous health in its countries.

3. Ask the Director, within the availability of resources, that:

- a) Promote the participation of the indigenous population and their communities in all the aspects of the work of the Organization on health of the indigenous peoples;
- b) Identify, within the cooperative programs, technical cooperation resources and provide support for the mobilization of additional resources at the international and national level for the implementation and evaluation of the initiative Health of the Indigenous Peoples of the Americas;
- c) Coordinate the regional effort to promote the network education of information and reciprocal collaboration between organizations, centers, and institutions that work in the field of health of peoples, organizations, and indigenous communities, utilizing the mechanisms, initiatives and programs of the Organization already existing in the Region and in the countries, and trying to obtain cooperation from other agencies and organizations;
- d) Expand the activities of evaluation of the conditions of life and health situation in order to include the indigenous peoples of the Region, for the purpose of surpassing gradually the current lack of information in this field both at regional level and at the country level;
- e) Promote collaborative research, at the level of the Region and selected countries, in priority subjects of health and health care of the indigenous peoples.

(Approved in  
h

## Annex 2: CD37.R6-PAHO Resolution

The XL Directing Council

- having reviewed the report on the health of the indigenous peoples (document CD40/14);
- recognizing the accumulation of tests that does not stop increasing on the inequities in the state of health and in the access to the basic health services for the approximately 43 million indigenous population of the `Region of the Americas`, and
- considering the economic, geographical and cultural obstacles that oppose the efficient and effective delivery of services of public health and of health care to the people in isolated rural areas and in the marginal urban areas of the majority of the countries

It resolves:

- Take note of the report on the progress in the execution of resolution CD37.R5, to reaffirm the commitment to the goals of the International Decade of the World's Indigenous Peoples, and to adopt the activities proposed in document CD40/14.
- Call on the Member States that have initiated the process of health sector reform to be persistent in the efforts to detect, monitor, and eliminate the inequities in the state of health and in the access to the basic health services of the vulnerable groups, especially the indigenous peoples.
- Point out the Member States that the renewal of the goal of health for all requires that solutions are sustainable in order to cope with the economic, geographical and cultural obstacles that prevent from providing assistance adequate to the vulnerable groups.
- Ask the Director to continue to make an effort in putting into practice the Health of the Indigenous Peoples Initiative.

(Approved in the eighth session plenary, held on 25 September 1997).



# **Annex 3: Draft of the Agreement of cooperation among the Ministry of Health, PAHO, and the Confederation of `Indigenous` Peoples of Honduras (CONPAH)**

We the Ministry of Health represented by Dr. Plutarco Castellanos, of legal age, married, with Personal Identification Card No. ....; in its condition of Secretary of State in the Health Office and Mr. José Ernesto Suchite, of legal age, married, Honduran, with Personal Identification Card No. ...., in its condition of President of the Confederacy of `Indigenous` Peoples of Honduras; and in light of the presence of Dr. CARLOS SAMAYOA, PAHO/WHO representative in Honduras; Mr. GILBERTO SANCHEZ CHANDIA Fiscal special of the Ethnic Groups and Mr. JUSTO JIMENEZ Presidente of the Commission of Ethnic Matters of the Congress National, of Convention 169 of the ILO, and of the Health of the Indigenous Peoples Initiative, as well as the agreements signed since 1994 with the Organizations members of the Confederation of `Indigenous` Peoples, in order to attend the health problems and of conditions of // life of the indigenous and black peoples in their respective localities.

## **ARE AGREE**

1. That the fundamental objective of this agreement is to achieve a positive impact on the health and living conditions, optimizing the access to health services of the indigenous and black peoples in accordance with priorities:
  - + Agreements: Treatment culturally differentiated of the indigenous and black peoples
  - + Treaties: The recognition of Honduras as multi-ethnic and multicultural country
2. That the two institutions have among its ends, purposes and objectives to achieve the social development through the strengthening of the health systems in order to achieve the full human realization.
3. That the presence of nine (9) indigenous and black identified peoples is recognized as lenca, chortí, pech, miskitos, tawahcas, tolupanes, garífunas, black English-speaking, nahoas; distributed in the departamentos. of Intibucá, Lempira, La Paz, Fco. Morazán, Holy Bárbara, Copán, Ocotepeque, Olancho, Thanks to God (La Mosquitia), Cortés, Atlántida, Columbus, and Islands of Bahía.
4. That the subscribers share their aspiration by a society in which the respect for the indigenous rights, the approach culturally differentiated in favor of its physical health, mental, social and spiritual are implemented with authentic citizen participation.
5. That it is of mutual interest to promote actions and initiative in the field of the education in various scientific and cultural areas to face successfully the big challenges that the Honduran nation faces in the field of health.
6. That it will be kept the dialogue, negotiation, and permanent consensus-building between the Ministry of Health and the Organizations members of CONPAH, as mechanism bases for the improvement of critical matters, the planning; development and control of concerted activities.

7. That the agreements, letter of understandings, or proceedings of commitment will be the instruments of arrangement and legalization of the process of negotiation; commitments, execution, and control between the CONPAH, the Ministry of Health, and the Network of Services.
8. That the parts commit to developing a work plan through specific programs in the areas of health education, medical care, infrastructure, and other programs geared toward the strengthening of the health system in the indigenous and black communities of the country.
9. That there will be facilitated the characterization of the traditional health systems, as basic element for the implementation of intercultural models at local level, through participatory scientific and laboratory research.
10. That there will be looked for the institution building, both of the CONPAH and of the Ministry of Health, through the Department of Care for the Indigenous and Black Peoples, in order to guarantee the managerial capacity and technical and operational management of the concerted processes.
11. That it will be sought jointly source financing both national and international, for the project preparation of co-management, in order to achieve an adequate utilization of the resources in the search for solutions to the health problems of the indigenous peoples.
12. That the parts commit to carrying out programs oriented to:
  - a) Training of Nursing Auxiliaries, Health Promoters, Laboratory Workers, and `Anesthesiologists` through the programming of Workshops among the parts signers of the present Agreement and that the trained will be selected by the Federations representatives of the indigenous and black peoples of Honduras, through the CONPAH, according to the requirements previously coordinated with the Ministry of Health.
  - b) Training to personnel and community traditional therapists in the indigenous and black communities with a view to providing attendance in health at local level
  - c) Promote opportunities for study at university level in the health area for the indigenous young people and black so that they can they strengthen the health system in the communities.
13. That the conventions, agreements, and acts that CONPAH and/or the Ministry of Health sign with other Agencies in order to carry out health actions in the indigenous communities and black should be known by the corresponding institutions.
14. That both Institutions on the next 60 days will integrate a commission in order to review the health problems, from the technical and administrative standpoint, of participation in accordance with which an operational proposal will be prepared.
15. That the signers commit themselves to giving the institutional support that is required in order to implement the programs and activities that are generated within the framework of the present agreement.
16. That the institutions signers commit has to exchange information, of documentary scientific nature in order to strengthen the corresponding databases to subjects of mutual interest.
17. That the subscribers of this agreement commit themselves to publishing the findings of research that is conducted, having at the end of their effect to publish a cooperation memory related to the experience.
18. That for the permanent articulation and monitoring of this agreement the following communication entities are established:
  - + In the higher level, the directive of CONPAH and the Advisory Committee of the Ministry of Health (CONCOMI)
  - + At the technical level with the technical personnel of CONPAH
  - + At the operating level, the Federations, Regional Directorates, and Areas of Health

19. The present agreement will have a duration of two years and a half, counted based on the when there is signed and can be renewed by will of the parts expressed with three months in advance to its maturity. Any of the signers can rescind it provided that it manifests it to the other one with ninety days in advance.

In testimony of the foregoing for steadiness is signed present Cooperation AGREEMENT among the Ministry of Health and CONPAH, in triplicate original in the city of Tegucigalpa Municipio of the Central District, Republic of Honduras to the .....

.....  
*Dr. Plutarco Castellanos*  
*Ministro de Salud*

.....  
*Sr. Ernesto Suchite*  
*Presidente de CONPAH*

*Testigos de Honor*

.....  
*Dr. Carlos Samayoa*  
*Director OPS*

.....  
*Lic. Gilberto Sánchez Chandía*  
*Fiscal Especial de las Etnias*

.....  
Just Jiménez  
President of the Commission of Ethnic Groups of the National Congress



# Annex 4: Convention 169 of ILO

Agreement on indigenous and tribal peoples in independent countries (ILO No. 169)

The General Conference of the `International Labour Organization`, Convened in Geneva by the Administrative Council of the International Labour Office, and congregated in such city on 7 June 1989, in its septuagésima sixth meeting;

Observing the international standards stated in the Agreement and in the Recommendation on indigenous and tribal populations, 1957;

Recalling the terms of the `Universal Declaration of Human Rights`, of the International Pact of Economic, Social, and Cultural Rights, of the International Pact of Civil and Political Rights, and of the numerous international instruments on the prevention of the discrimination;

Considering that the evolution of the international law from 1957 and the changes stricken in the situation of the indigenous and tribal peoples in all the regions of the world do advisable to adopt new international standards in the matter, in order to eliminate the orientation toward the assimilation of the previous standards;

Recognizing the aspirations of those peoples to assume the control of its own institutions and forms of life and of their economic development and to maintain and strengthen their identities, tongues, and religions, within the framework of the States in which they live;

Observing that in many parts of the world those peoples cannot enjoy the fundamental human rights in the same degree that the rest of the population of the States in that live and that its laws, values, customs and prospects have often suffered an erosion;

Recalling the particular international contribution of the indigenous and tribal peoples to the cultural diversity, to the social and ecological humankind harmony and to cooperation and comprehension;

Observing that the provisions that follow have been established with the collaboration of the United Nations, of the `Food and Agriculture Organization of the United Nations`, of the United Nations Educational, Scientific, and Cultural Organization, and of the World Health Organization, as well as the `Inter-American Indian Institute`, at the appropriate levels and in its spheres // respective, and that is the purpose of continuing that collaboration in order to promote and ensure the application of these provisions;

After having decided to adopt various propositions on the partial review of the Agreement on indigenous and tribal populations, 1957 (No. 107), issue that constitutes the fourth point of the `agenda` of the meeting, and

After having decided that said propositions take on the form of an international agreement that reviews the Agreement on populations indigenous and tribal, 1957

It adopts, with date twenty-seven of June of thousand nine hundred eighty-nine, the following Agreement, that can be cited as the Agreement on indigenous and tribal peoples, 1989:

## PART I. - GENERAL POLICY

### Article 1

1. The present Agreement is applied:

- a) To the tribal peoples in independent countries, whose statuses, cultural and economic distinguish them from other sectors of the national community, and that are governed total or partially by its own customs or traditions or by special legislation;

- b) To the peoples in independent countries, considered indigenous population by the fact of declining from populations that dwelled in the country or in a geographical region to which the country belongs in the time of the conquest or the colonization or of the establishment of the current borders state and that, whatever its legal situation, conserve all its own social institutions, economic, cultural and political // , or part of them.
2. The awareness of its indigenous or tribal identity should be considered a criterion fundamental for determine the groups to those which the provisions of the present Agreement are applied.
3. The utilization of the term «peoples» in this Agreement should not be interpreted to the effect that it has some implication as regards the rights that can be conferred on saying term in the international right.

## Article 2

1. The governments should assume the responsibility of carrying out, with the participation of the interested peoples, coordinated and systematic actions with a view to protecting the rights of those peoples and to guarantee the respect of its integrity.
2. This action should include measures:
  - a) That they ensure to the members of these peoples to enjoy, at arm's length, of the rights and opportunities that national legislation grants the other members of the population;
  - b) That they promote the full effectiveness of the social, economic and cultural rights of those peoples, respecting its social and cultural identity, its customs and traditions, and their institutions;
  - c) That they help the members of the peoples interested to eliminate the socioeconomic differences that can exist among the indigenous members and the other members of the national community, in a manner compatible with their aspirations and forms of life.

## Article 3

1. The indigenous and tribal peoples should enjoy fully of the human rights and fundamental freedoms, without obstacles nor discrimination. The provisions of this Agreement will be applied without discrimination to men and women of those peoples.
2. There should not be used any form of strength or of coercion that violates the human rights and the fundamental freedoms of the interested peoples, including the rights contained in the present Agreement.

## Article 4

1. There should be adopted the special measures that are specified in order to safeguard the people, the institutions, the goods, the work, the cultures and the environment of the interested peoples.
2. Such special measures should not be contrary to the desires expressed freely by the interested peoples.
3. The enjoyment without discrimination of the general rights of civil should not undergo some deterioration as a consequence of such special measures.

## Article 5

1. Upon applying the provisions of the present Agreement:
  - a) There should be recognized and be protected the values and social practices, cultural, religious and spiritual characteristic of these peoples and should be taken duly in consideration the nature of the problems that are proposed them both collectively and individually;
  - b) The integrity of the values, practices, and institutions of those peoples should be respected;
  - c) They should be adopted, with the participation and cooperation of the interested peoples, measures designed to allan\* the difficulties that these peoples experience upon confronting new conditions of living and of work.

## Article 6

1. Upon applying the provisions of the present Agreement, the governments should:
  - a) Consult the peoples interested, through appropriate procedures and in particular through their representative institutions, whenever there are foreseen legislative measures or likely administrators to affect them directly;
  - b) Establish the means through which the interested peoples can participate freely, at least in the same measure that other sectors of the population, and at all levels in the decision-making in elective institutions and administrative agencies and of another nature responsible for policies and programs that concern to them;
  - c) Establish the means for the full development of the institutions and initiatives of those peoples, and in the appropriate cases to provide the necessary resources to this end.
2. The consultations carried out in application of this Agreement should be done in good faith and appropriately to the circumstances, with a view to reaching an agreement or achieving the consent concerning the proposed measures.

## Article 7

1. The interested peoples should have the right to decide its own priorities as regards the process of development, to the extent that this affects its lives, beliefs, institutions, and spiritual well-being and to the lands that occupy or utilize in some way, and to control, insofar as it is possible, its own economic development, social and cultural. Furthermore, these peoples should participate in the formulation, application, and evaluation of the plans and programs of national and regional development likely to affect them directly.
2. The improvement of the living conditions and of work and of the level of health and education of the interested peoples with its participation and cooperation, should be priority in the plans of global economic development of the regions where they inhabit. The special development projects for these regions should be also prepared so that they promote this improvement.
3. The governments should ensure that, whenever there is place, there are conducted studies, in cooperation with the interested peoples, in order to evaluate the social, spiritual, and cultural incidence and on the environment that development activities planned can have on those peoples. The results of these studies should be regarded as fundamental criteria for the execution of the aforementioned activities.
4. The governments should take measures, in cooperation with the interested peoples, in order to protect and preserve the environment of the territories that inhabit.

## Article 8

1. Upon applying national legislation to the peoples interested should be taken duly in consideration its customs or its common law.
2. These peoples should have the right to conserve its customs and institutions themselves, whenever these are not incompatible with the fundamental rights defined by the national legal system nor with the internationally recognized human rights. Whenever it is necessary, there should be established procedures to solve the conflicts that can arise in the application of this principle.
3. The application of paragraphs 1 and 2 of this article should not impede the members of these peoples exert the rights recognized all the citizens of the country and assume the corresponding obligations.

## Article 9

1. To the extent that this is compatible with the national legal system and with the internationally recognized human rights, the methods should be respected to those which the interested peoples resort traditionally for the repression of the crimes committed by its members.
2. The authorities and the tribunals called to express an opinion on penal issues should take into account the customs of these peoples in the matter.

## Article 10

1. When expected penal sanctions by general legislation are imposed on members of these peoples their economic, social, and cultural characteristics should be taken into account.
2. There should be given the preference to types of sanction different from the imprisonment.

## Article 11

The law should prohibit and sanction the imposition to members of the interested peoples of compulsory personal services of any nature, remunerated, or not, except in the cases expected by the law for all the citizens.

## Article 12

The interested peoples should have protection against the violation of its rights, and be able to initiate legal procedures, whether it is in person or else through their representative agencies, in order to ensure the effective respect of such rights. There should be taken measures to guarantee that the members of these peoples can understand and be made understand to understand in legal procedures, making it easier them, if it might be necessary, interpreters or other effective means.

## PART II. - LANDS

### Article 13

1. Upon applying the provisions of this part of the Agreement, the governments should respect the special importance that for the cultures and spiritual values of the interested peoples takes on its relation to the lands or territories, or with both, according to the cases, that occupy or utilize in some other way, and in particular the collective aspects of that relation.
2. The utilization of the term «lands» in articles 15 and 16 should include the concept of territories, which covers the totality of the habitat of the regions that the interested peoples occupy or utilize in some other way.

### Article 14

1. The right of property and of possession should be recognized to the interested peoples on the lands that traditionally occupy. Furthermore, in the appropriate cases, there should be taken measures to safeguard the right of the peoples interested to utilize lands that are not exclusively occupied by them, but to which have had traditionally access for its traditional activities and of subsistence. In this regard, there should be paid particular attention to the situation of the nomadic peoples and of the itinerant farmers.
2. The governments should take the measures that are necessary in order to determine the lands that the interested peoples occupy traditionally and to guarantee the effective protection of its property rights and possession.
3. There should be instituted adequate procedures within the framework of the national legal system to solve the demands of lands formulated by the interested peoples.

### Article 15

1. The rights of the peoples interested to the natural resources existing in their lands should be protected especially. These rights include the right of those peoples to participate in the utilization, administration, and conservation of these resources.
2. In the event that the property of the minerals or of the resources of the subsoil belongs to the State, or it has rights on other existing resources in the lands, the governments should establish or maintain procedures with a view to consulting the interested peoples, in order to determine if the interests of those peoples would be damaged, and to what extent, before undertaking or authorizing any program // of exploration or exploitation of the resources existing in their lands. The interested peoples should participate whenever possible in the beneficinations that report such activities, and to perceive an equitable indemnity by any harm that can suffer as a result of those activities.

## Article 16

1. Subject to the provisions in the following paragraphs of this article, the interested peoples should not be transferred of the lands that occupy.
2. When exceptionally the transfer and the relocation of those peoples are considered necessary, there should only be done with their consent, given freely and with full knowledge of cause. When there cannot be obtained its consent, the transfer and the relocation only should take place at the end of adequate procedures established by national legislation, including public surveys, when it has place, in that the interested peoples have the possibility of being effectively represented.
3. Whenever possible, these peoples should have the right to return to its traditional lands as soon as they stop existing the causes that motivated their transfer and relocation.
4. When the return is not possible, as it is determined by agreement or, in the absence of such agreements, by means of adequate procedures, these peoples should receive, in all cases possible, lands whose quality and whose legal statute are at least equal to those of the lands that previously occupied, and that permit them subvenir to its needs and to guarantee its development // future. When the interested peoples prefer to receive an indemnity in money or in kind, it should grant them been said indemnity, with the appropriate guarantees.
5. It should be indemnified fully to the people transferred and relocated by any loss or harm that have suffered as a consequence of their displacement.

## Article 17

1. The modalities of transmission of the rights should be respected on earth among the members of the interested peoples established by these peoples.
2. It should be taken into account the capacity to alienate its lands or to transmit otherwise its rights on these lands outside their community.
3. It should be prevented that strange people to those peoples can profit from the customs of those peoples or of their ignorance of the laws on the part of its members in order to arrogate the property, the possession, or the use of the lands belonging to them.

## Article 18

The law should foresee appropriate sanctions against every intrusion unauthorized in the lands of the interested peoples or every unauthorized use of the same by alien people to them, and the governments should take measures to impede such infractions.

## Article 19

The national agrarian programs should guarantee the peoples interested equivalent conditions to which enjoy other sectors of the population, for the purpose of:

- a) The allocation of additional lands to these peoples when the lands which have whether it is insufficient in order to guarantee them the elements of a normal existence or in order to cope with its possible numerical growth;
- b) The granting of the means necessary for the development of the lands that these peoples already own.

## PART III. - CONTRACTING AND EMPLOYMENT CONDITIONS

### Article 20

1. The governments should adopt, within the framework of its national legislation and within cooperation with the interested peoples, special measures in order to guarantee the workers belonging to those peoples an effective protection with regard to contracting and conditions of employment, to the extent that they are not protected effectively by applicable legislation to the workers in general.

2. The governments should make as much is in its power to avoid any discrimination among the workers belonging to the interested peoples and the other workers, especially as regards:
  - a) Access to the employment, including the skilled jobs and the measures of promotion and of rise;
  - b) Equal remuneration by work of equal value;
  - c) Medical and social care, safety and occupational health, all the benefits of social security and other benefits derived from the employment, as well as housing;
  - d) Right of association, the right to devote itself freely to all the union activities for licit purposes, and the right to conclude collective agreements with employers or with organizations of employers.
3. The adopted measures should in particular guarantee that:
  - a) The workers belonging to the interested peoples, including the seasonal workers, occasional and migrants employed in agriculture or in other activities, as well as those used by contractors of labor, enjoy the protection that confer legislation and the practice national to other workers of these categories in the same sectors, and are fully informed on its rights in accordance with legislation // labor and of the resources of that they have;
  - b) The workers belonging to these peoples are not subject to dangerous working conditions for their health, in particular as a consequence of their exposure to pesticides or to other toxic substances;
  - c) The workers belonging to these peoples are not subject to systems of contracting coercive, including all the forms of servitude by debts;
  - d) The workers belonging to these peoples enjoy equality of opportunities and of treatment for men and women in the employment and of protection against the sexual harassment.
4. Special attention to the creation of adequate services of inspection of the work should be paid in the regions where workers belonging to the interested peoples perform salaried activities, in order to guarantee the fulfillment of the provisions of this part of the present Agreement.

## **PART IV. - VOCATIONAL TRAINING, HANDCRAFTS, AND RURAL INDUSTRIES**

### **Article 21**

The members of the interested peoples should be able to have vocational training means at least equal to those of the other citizens.

### **Article 22**

1. There should be taken measures to promote the voluntary participation of members of the peoples interested in programs of vocational training of general application.
2. When the programs of vocational training of general application existing nonrespondent to the special needs of the interested peoples, the governments should ensure, with the participation of these peoples, that put on at its disposal programs and special means of education.
3. These special training programs should be based on economic environment, the statuses and cultural and the concrete needs of the interested peoples. Every study in this regard should be conducted in cooperation with those peoples, which should be consulted on the organization and the operation of such programs. Whenever possible, those peoples should assume progressively the responsibility for the organization and the operation of such special training programs, if thus they decide it.

### **Article 23**

1. Handcrafts, the rural and community industries and the traditional activities and related to the economy of subsistence of the interested peoples, as the game, the fishing, the game with pitfalls and the collection, should be recognized as important factors of the maintenance of its culture and of its self-sufficiency and development

economic. With the participation of those peoples, and whenever there is place, the governments should ensure that such activities are strengthened and promoted.

2. At the request of the interested peoples, there should facilitate to it, whenever possible, an appropriate technical and financial assistance that takes into account the traditional techniques and the cultural features of those peoples and the importance of a sustainable and equitable development.

## PART V. - SOCIAL SECURITY AND HEALTH

### Article 24

The social security regimens should extend progressively to the interested peoples and apply them to it without some discrimination.

### Article 25

1. The governments should ensure that adequate health services are made available to the interested peoples or to provide these peoples the means that make it possible for them to organize and provide such services under their own responsibility and control, so that can enjoy the maximum possible level of physical and mental health.
2. The health services should be organized, insofar as it is possible, at the grass roots level. These services should be planned and be administered in cooperation with the interested peoples and to take into account their economic, geographical, social, and cultural conditions, as well as its methods of prevention, curative practices and traditional drugs.
3. The health care system should give the preference to the formation and to the employment of health personnel of the local community and focus on the primary health care, maintaining at the same time close ties with the other levels of health care.
4. The delivery of such health services should be coordinated with the other social, economic and cultural measures that are taken in the country.

## PART VI. - EDUCATION AND COMMUNICATIONS MEDIA

### Article 26

There should be adopted measures to guarantee the members of the peoples interested the possibility of acquiring an education at all levels, at least at arm's length with the rest of the national community.

### Article 27

1. The programs and the services of education aimed at the interested peoples should be developed and be applied in cooperation with these in order to respond to their particular needs, and should encompass its history, its knowledge and techniques, its systems of values and all its other social aspirations, economic and cultural.
2. The responsible authority should ensure the education of members of these peoples and its participation in the formulation and execution of programs for education, with a view to transferring progressively to these peoples the responsibility for the implementation of those programs, when there is place.
3. Furthermore, the governments should recognize the right to those peoples to create its own institutions and education means, whenever such institutions fulfill the minimum standards established by the responsible authority in consultation with those peoples. There should make it easier them to it appropriate resources with this purpose.

### Article 28

1. Whenever it is viable, it should be taught to the children of the interested peoples to read and to write in its own indigenous language or in the language that more commonly one speaks in the group to which they belong.

When this is not viable, the responsible authorities should hold consultations with those peoples with a view to the adoption of measures that make it possible to reach this objective.

2. They should be taken measured adequate to ensure that those peoples have the opportunity to succeed in dominating the national tongue or one of the official tongues of the country.
3. Provisions should be adopted to preserve the indigenous languages of the interested peoples and promote development and the practice of the same.

### **Article 29**

An objective of the education of the children of the interested peoples should be give them general knowledge and aptitudes that help them participate fully and at arm's length in life of its community itself and in that of the national community.

### **Article 30**

1. The governments should adopt measures consonant with the traditions and cultures of the interested peoples, in order to convey them their rights and duties, especially as regards the work, to the economic possibilities, to the matters of education and health, to the social services, and to the dimanantes rights of the present Agreement.
2. To this end, it should be resorted, if it might be necessary, to written translations and to the utilization of the media of of masses in the tongues of these peoples.

### **Article 31**

There should be adopted measures of educational character in all the sectors of the national community, and especially in which are in more direct contact with the interested peoples, in order to eliminate the prejudices that could have with respect to those peoples. To this end, there should be made efforts to ensure that the books of history and other educational material offer an equitable description, exact and instructions of the societies and cultures of the interested peoples.

## **PART VII. - CONTACTS AND COOPERATION THROUGH THE BORDERS**

### **Article 32**

The governments should take appropriate measures, even by means of international agreements, in order to facilitate loscontactos and cooperation among indigenous and tribal peoples through the borders, including the activities in the spheres economic, social, cultural, spiritual and of the environment.

## **PART VIII. - ADMINISTRATION**

### **Article 33**

1. The governmental authority responsible for the issues that the present Agreement encompasses should make sure that there exist institutions or other mechanisms appropriate to run the programs that affect the interested peoples, and that such institutions or mechanisms have the necessary means for the exact performance of its functions.
2. Such programs should include:
  - a) The planning, coordination, execution, and evaluation, in cooperation with the interested peoples, of the measures expected in the present Agreement;
  - b) The proposition of legislative measures and of another nature to the responsible authorities and the control of the application of the measures adopted in cooperation with the interested peoples.

## PART IX. - GENERAL PROVISIONS

### Article 34

Nature and the scope of the measures that are adopted in order to give effect to the present Agreement should be determined with flexibility, taking into account the characteristic conditions of each country.

### Article 35

The application of the provisions of the present Agreement should not undermine the guaranteed rights and the advantages to the peoples interested in view of other conventions and recommendations, international instruments, treaties, or laws, awards, customs, or national agreements.

## PART X. - FINAL DISPOSALS

### Article 36

This Agreement reviews the Agreement on indigenous and tribal populations, 1957.

### Article 37

The formal ratifications of the present Agreement will be communicated, for their registry, to the Director-General of the International Labour Office.

### Article 38

1. This Agreement will oblige only those Members of the `International Labour Organization` whose ratifications has registered the Director General.
2. It will become effective twelve months after the when the ratifications of two Members have been registered by the Director General.
3. Since this moment, this Agreement will become effective, for each Member, twelve months after the when it has been registered its ratification.

### Article 39

1. Every Member who has ratified this Agreement can denounce it to the `expiration` of a period of ten years, based on the when there has initially put itself in effect, through a proceedings communicated, for its registry, to the Director General of the International Labour Office. The denunciation will not enter into effect until a year after the when there has been recorded.
2. Every Member who has ratified this Agreement and that, in a year after the `expiration` of the period of ten years aforementioned in the previous paragraph, it does not make use of the right of denunciation expected in this article, it will remain obliged during a new period of ten years, and hereinafter it can denounce this Agreement to the `expiration` of every period of ten years // in the expected conditions in this article.

### Article 40

1. The Director-General of the International Labour Office will report all the Members of the `International Labour Organization` the registry of as much ratifications, declarations and denunciations communicate him the Members of the Organization.
2. Upon reporting the Members of the Organization the registry of the second ratification that him it has been communicated, the Director-General will be noteworthy of the Members of the Organization on the when it will become effective the present Agreement.

### **Article 41**

The Director-General of the International Labour Office will communicate the Secretary General of the United Nations, for the purposes of the registry, and pursuant to Article 102 of the Charter of the United Nations, a complete information on all the ratifications, declarations, and proceedings of denunciation to have registered in accordance with the previous articles.

### **Article 42**

Whenever it deems it necessary, the Administrative Council of the International Labour Office will present to the Conference a memory on the application of the Agreement, and will consider the desirability of including in the `agenda` of the Conference the matter of its total or partial review.

### **Article 43**

1. In the event that the Conference adopts a new agreement that implies a total or partial review of the present, and unless the new agreement contains provisions in contrary:
  - a) The ratification, by a Member, of the new reviewing agreement will imply, ipso pledges, the immediate denunciation of this Agreement, however the provisions contained in article 39, whenever the new reviewing agreement has become effective;
  - b) Based on the when it enters in effect the new reviewing agreement, the present Agreement will stop being opened to the ratification by the Members.
2. This Agreement will continue in effect in any case, in its current form and content, for the Members who have ratified it and do not ratify the reviewing agreement.

### **Article 44**

The English and French versions of the text of this Agreement are equally authentic.

# Annex 5: List of participants

## List of participants to the maintained meetings

### Meeting with Eng. Emilio Ramírez Pinto, Focal Point of the Health of the Indigenous Peoples Initiative

Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

### Meeting with Dr. José Antonio Pagés, Representative of PAHO/WHO-Honduras

Ing. Emilio Ramírez Pinto, OPS/OMS-Honduras  
Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

### Meeting in the Ministry of Health

Dr. Ramón Pereira, Project Manager of Access, Ministry of Health  
Dr. Jorge Medina, Chief of the Unit of `Human Resources Development`  
Mr. Héctor Cárdenas, Project of Access, Ministry of Health  
Mr. José María Murillo  
Dr. Jeffrey Barahona  
Dr. Angel Vásquez  
Dr. Jeanette Aguilar  
Eng. Emilio Ramírez Pinto, PAHO/WHO-Honduras  
Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

### Meeting in the Unit in Charge of the Ethnic Groups

Mr. Suyapa Barahona  
Mr. Adán Barhona, Chief of the Department of Care to the Ethnic Groups, Ministry of Health  
Dr. Jorge Medina, Chief of the Unit of `Human Resources Development`  
Ing. Emilio Ramírez Pinto, OPS/OMS-Honduras  
Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

### Technical Meeting Expanded in the Ministry of Health

Dr. Ramón Pereira, Project Manager of Access, Ministry of Health  
Mr. Suyapa Barahona  
Dr. Jeffrey Barahona  
Dr. Angel Vásquez  
Mr. Adán Barhona, Chief of the Department of Care to the Ethnic Groups, Ministry of Health  
Dr. Jorge Medina, Chief of the Unit of `Human Resources Development`  
Ing. Emilio Ramírez Pinto, OPS/OMS-Honduras

Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

### Meeting in CONPAH

Valeriano Cáceres, Executive Coordinator of CONPAH - Tolupe de Yoro  
Fernando Guerra, CONPAH  
Mauricia Castro Y, CONPAH  
Orlando Calderón, CONPAH  
Héctor Cárdenas Vindel, Project of Access, Ministry of Health  
Santos Ramírez, CONPAH  
Mateo Martínez, CONPAH  
Sonia Castellanos, Technical Assistant of the Department of Care for the Ethnic Groups  
Natán Pravia, CONPAH  
Mr. Adán Barahona, Chief of the Department of Care to the Ethnic Groups, Ministry of Health  
Ing. Emilio Ramírez Pinto, OPS/OMS-Honduras  
Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

### Meeting in the District Attorney's Office of the Ethnic Groups

Mr. Gilberto Antonio Sánchez Chandías, Fiscal of the Ethnic Groups  
Héctor Cárdenas Vindel, Project of Access, Ministry of Health  
Sonia Castellanos, Technical Assistant of the Department of Care for the Ethnic Groups  
Natán Pravia, CONPAH  
Mr. Adán Barahona, Chief of the Department of Care to the Ethnic Groups, Ministry of Health  
Ing. Emilio Ramírez Pinto, OPS/OMS-Honduras  
Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

### Meeting with the Technical Support Group

Héctor Cárdenas Vindel, Project of Access, Ministry of Health  
Sonia Castellanos, Technical Assistant of the Department of Care for the Ethnic Groups  
Natán Pravia, CONPAH  
Mr. Adán Barahona, Chief of the Department of Care to the Ethnic Groups, Ministry of Health  
Ing. Emilio Ramírez Pinto, OPS/OMS-Honduras  
Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

Participation of the Members of the Technical Mission at the Executive Meeting of Wednesdays with the Minister of Health Dr. Plutarco Castellanos

Meeting # 22. SUBJECT: Health of the Indigenous Peoples and Ethnic Groups of Honduras: Intercultural approach to the health

Meeting in Thanks Lempira

The forum initiated to the 9:30 a.m. and extended up to the 12:30p.m. with the presence of over 170 people representatives of approximately 30 public and private institutions, students of nursing indigenous and teaching.

Among the participants they were:

Dr. Ramón Pereira, Project Manager of Access, Ministry of Health  
Dr. Jorge Medina, Chief of the Unit of `Human Resources Development`  
Mr. Héctor Cárdenas, Project of Access, Ministry of Health  
Mr. Suyapa Barahona  
Mr. Adán Barhona, Chief of the Department of Care to the Ethnic Groups, Ministry of Health  
Dr. Jorge Medina, Chief of the Unit of `Human Resources Development`  
Ms. Guadalupe Urbina in Representative Office of the Association of Municipios of Honduras (AMHON).  
Dr. Efraín Aguilar, Regional Director  
Dr. Víctor Díaz, Area Director  
Mr. Ernesto Súchite, President of the Confederation of the `Indigenous` Peoples of Honduras (CONPAH)  
Mr. Natan Pravia, Miskito and Representative of CONPAH.  
Eng. Emilio Ramírez Pinto, PAHO/WHO-Honduras  
Dr. Rocío Rojas, PAHO/WHO Washington  
Dr. Craig Vanderwagen, Indigenous Health Services of the United States  
Dr. John Molina, Clinic The Sources, Guadeloupe, Phoenix, Arizona, United States

Among the participating institutions:

Association of Municipios of Honduras, AMHON  
Churches: new life; God Assembly, Bautista  
Indigenous and non-indigenous NGOs: World Vision; ONILH, ASONOG; CONOCHH; CONPAH; Ministry Indigenous Population of Mountain Green, others  
Public institutions: Education; Agrarian National Institute (ENI); Judicial branch; Hospital of Area; National Police; Ministry of Health and others  
FAO; PAHO/WHO, Honduran Institute of the Family (INHFA)

I National Forum on Indigenous Health and Cultural Diversity

5-7 of July, 2000–Tegucigalpa - Honduras

Participants

1. Iris Aquino, CONIMCHI, Ocotepeque
2. Dorian Castle, Nursing Auxiliary School of La Ceiba
3. Thelma Gatay, CEAEA, Trujillo

4. Mayra Carías, Curso Tolupán, Yoro
5. Francisco A. Figueroa, People Nahoa, Guata
6. Arturo Díaz, Pueblo Nahoa, Guata
7. Dew Rojas, PAHO/WHO-Washington
8. Gloria Vallecilla, Bonadesa, Tegucigalpa
9. Ronis Pachecho Salavarría, PRONASSA, Ministry of Health, Tegucigalpa
10. Ma. Eugenia Lonza, Ministry of Health, Tegucigalpa
11. Yermy Rony Chauzur, Chief of Area, Yoro, Ministry of Health
12. Ellenor Ekman, SIDA, Tegucigalpa
13. Felipe Hernández, COPIN, La Paz
14. Pedro Sánchez, Lenca, La Paz
15. Mercedes Martínez, Ministry of Health, Tegucigalpa
16. Julia Fajoresa, Ministry of Health, Tegucigalpa
17. Nathan Pravia, CONPAH, Port Lempira
18. Ivonne Palm, Tegucigalpa
19. Just Jimenez, National Congress, Tegucigalpa
20. Emma Patricia Reyes, Ministry of Health, La Esperanza
21. Suyapa Isabel Cruz, Ministry of Health, La Esperanza
22. Jorge Medina, Ministry of Health, Tegucigalpa
23. Maritza Gallardo, INAM, Tegucigalpa
24. Rubén Darío Paz, UPN, Tegucigalpa
25. Efraín Burgos, Region 8, Port Lempira
26. Salvador Zúniga, COPIN, La Esperanza, Intibucá
27. Lilian Guevara, Ministry of Health, Tegucigalpa
28. Ana Leyli Castle, Ministry of Health, Tegucigalpa
29. Héctor Cárdenas, Ministry of Health, Tegucigalpa
30. Rosario Jabardo, Spanish Cooperation, Tegucigalpa
31. Lorenzo Tinglas, TO-ASLA, Kautara, La Mosquitia
32. Miguel Machuca, PAHO/WHO, Tegucigalpa
33. Marina Chávez de Aquilar, OPNFOR, Tegucigalpa
34. María de Jesús Mojica, PAHO/WHO, Tegucigalpa
35. Arnaldo Hernández, OFRANEH, La Ceiba
36. Odilio Padilla, CONPAH, Tegucigalpa
37. María Enriqueta López, Ministry of Health, Tegucigalpa
38. Ismael Soriano, PAHO/WHO-Tegucigalpa
39. Jesus Muñoz, ADH, Tegucigalpa
40. France Carrana, P. Social, Tegucigalpa
41. J. Armando Orellana, UPN-FM, Tegucigalpa
42. Pedro Pichs, UPN-FM, Tegucigalpa
43. Victor Díaz, Ministry of Health, Thanks
44. Francisca Rodríguez, Ministry of Health, Thanks
45. Rosa María de Berríos, CENARH, Tegucigalpa
46. Adán Barahona, Ministry of Health, Tegucigalpa
47. Karen Benítez, Ministry of Health, Tegucigalpa
48. Sonia Castellanos, Ministry of Health, Tegucigalpa
49. Matilde Branches, INN, Tegucigalpa
50. Emilio Ramírez Pinto, OPS/OMS, Tegucigalpa
51. Porfiria López, National Congress, Tegucigalpa
52. Fernando Cruz, UNAH, Tegucigalpa
53. Ramón Córdova, FETRIX, Yoro
54. Yoro Second García, Tolupán

55. Oscar Castañeda, Ministry of Health, Tegucigalpa
56. Vanz López, Elderly Person of the Mosquitia, Thanks to God
57. Hevey Ebanks, NABIPLA, Roatán Islas
58. Carlos Levy Errada, CONPAH, Tegucigalpa
59. Gumercinda Velásquez, FETRIX, Yoro
60. Yamaranguilla Evangelina Reyes, Lenca
61. Rina Matute, Ministry of Health, Tegucigalpa
62. Angel Orlando Salgado, Ministry of Health, Region 6
63. Deisy Gallardo López, Ministry of Health, Tegucigalpa
64. Martina Rodríguez, Chortí, Copán Ruinas
65. Serapio Rodríguez, Chortí, Copán Ruinas
66. Reyes Martínez, AECI, Tegucigalpa
67. César Ramos, PRONASSA, Tegucigalpa
68. Gerson Common rye, CONPAH, Triumph of the Cruz
69. Dionisia Ordóñez, People Miskito, Krautara
70. Carlos Yánez, Ministry of Health, Thanks



# Annex 6: Course in nursing auxiliaries: modules

Unit one: Propedéutico course

Time: 62 hours, 2 weeks

Objective:

Give to the participants the necessary orientation and the preparatory knowledge that make it possible for them to know the magnitude and importance of the course, as well as the responsibilities and commitments that will assume with regard to the population.

Contents:

1. Mission and vision of the health institutions.
2. Profile of the nursing auxiliary.
3. Ethics and morale, the duty, the responsibility, honesty, the respect, the professional confidentiality, the solidarity, and commitment.
4. Methods and techniques of study, how learns the adult?. Important aspects that should take into account.
5. Spanish: drafting, orthography, signs of scoring, reading.
6. Mathematics: basic operations as sum, remains, multiplication, division, decimals, and fractions, rule of three and measures of volume and length.
7. Health education, characteristics of learning of the adults, how identify and prioritize educational needs, technical educational and others?
8. Design of simple educational plans, theater, puppets, songs, stories, proverbs, files micrográficas for circles of reflection, broken folio and television of cardboard.
9. Evaluation of the unit.

Unit two: Induction

Time: 8 hours (6 of theory and 2 of practice)

Objective:

Give to the participants the induction on the course, its responsibilities, and commitments, as well as the role of the group of educators and facilitators.

Contents:

1. General information on the relation and social location of the student and the educators.
2. Curriculum contents, activities of the students, methodologies, and systems of evaluation and general description of the units.
3. Basic standards that facilitate the learning of the student, schedule, discipline, and punctuality, hygienic measures, treatment between companions, educators, and rest of personnel.
4. Responsibility in clinical areas.
5. Relation with service personnel.
6. Evaluation of the unit.

### Unit three: National situation.

Time: 35 hours, 25 of theory and 10 of practice

#### Objective:

Succeed in obtaining that the student knows the national situation of the Honduran population and identifies the importance of its role as nursing auxiliary in the improvement of its living conditions, and in particular the situation of the population garífuna.

#### Contents:

1. Critical current situation analysis of the country and of the population garífuna.
2. National real sector and garífuna.
3. Life conditions of the Honduran and of the garifunas.
4. National education and population garífuna.
5. Population of age to attend the school.
6. Nutritional status, index of `malnutrition` and its implications in the development of the country.
7. Housing quality, ownership of housing applied to the black ethnic group.
8. Health and diseases, responsibilities of the population with its health.
9. Medicine traditional garífuna, concepts, beliefs, myths and related procedures to the mental physical diseases, social imbalances, cultural diversity.
10. evaluation of the unit.

### Unit four: epidemiology

Time: 61 hours, 24 of theory and 37 of practice

#### Objective:

Facilitate the methods and tools for the health situation analysis according to its health and living conditions, as well as the strategies of attack pertinent.

#### Contents:

1. Interpretation of the process health disease, analysis and evolution of the concept health disease, applied the community garífuna.
2. Man and its requirements for the level acquisition of well-being: needs for feeding, wardrobe, work, recreation, education
3. Situation of health services and its responses to the community, critical analyses of the operation of health services, access of hours open to the public for the population.
4. Epidemiological surveillance, importance of epidemiological surveillance, technical utilized in epidemiological surveillance (observation, interview, meeting), community participation garífuna in surveillance of the health and in the epidemiological part.
5. How achieve communication with the population garífuna, with the local governments, NGOs, with the community personnel and of the Ministry of Health in order to establish the information network?
6. Evaluation, analysis of the provided services, productivity, type of services, analysis of the results.
7. Evaluation of the unit

### Unit five: Social participation

Time: 171 hours, 72 of theory and 99 of practice (4 weeks)

#### Objective:

Give general knowledge of social participation applied to the population garífuna in order to achieve its empowerment as soon as development of its health with commitments concerted.

#### Contents:

1. The human being and social health.
2. The community, its characteristics and elements What ision the community, how is formed a community, which are its customs and traditions applied the community garífuna?
3. The municipios, local governments, volunteers of health and its relation with the health services.
4. Social participation, co-management, and self-management; methods, tools, and instruments, municipal plans and co-management agreements.
5. Communication, negotiation, and consensus-building as method to achieve the social participation How communicates people?, forms of informal communication, among them the community fairs, carnivals, languages, rites and other means.

### Unit six: Food and nutrition security

Time: 74 hours, 32 of theory and 42 of practice

#### Objective:

Identify actions, specific corresponding to the role of nursing auxiliary in the detection and approach to the problems related to the safety would feed and nutritional of the individual, family and community.

#### Contents:

1. Livestock sector, characteristics of production, availability of food, animals, vegetables, utilization and food consumption, availability of the land, cost of the growing, marketing, others.
2. Food and nutrition security.
3. Characteristics of the Honduran as transformer of its reality, social historical origins of the behavior, myths and beliefs in regard to the feeding, basic elements required in order to achieve the human development, intelligence, conscience and others.
4. Rules of gold to achieve the food and nutrition security, to do what is first one, to begin small, minimum tillage with low cost, that produces satisfaction.
5. Man, the woman, the family, and the community as producer; customs and practices in life garífuna, field visits to real sectors and families with initiatives of production.
6. Concept of food and nutrition security.
7. Importance of the food and nutrition security for the conservation of life, risk factors and its effects on nutrition of the population, social hazard, ecological hazard, chemical hazard, epidemiological hazard, solution alternatives.
8. Evaluation of the unit.

## Unit seven: Ecology and environment

Time: 22 hours, 4 of theory and 18 of practice.

### Objective:

Identify specific actions in order to improve the conditions of life and healthy styles in the community.

### Contents:

1. Recognition of the elements that form the environment, man, water, land, air, waste, and ecological balance.
2. How does the man in the transformation of its biological environment, socioeconomic, cultural influence, ecological?, benefits of the forest. Visits to area of reserve with local expert guides. Protection of the environment, forestation and other practices, water, climate, soil, cultures, fauna and economy.
3. Comparison and contrast of the rural and urban fringe environment. Visit to the processors of the oil of African palm, process of substitution of the forest, growing, and marketing.
4. Analysis of the migration, bad services, poverty extreme.
5. Environmental health, sewage disposal, health hazards, families, environment and health, from where is there taken the water? what obtains the waste, refuse, wastewater? how is the food protected? which is the relation of the practices at the level of family, vectors, health?, analyses of the environmental impact caused thanks to development.
6. Water and basic sanitation, appropriate technologies in population garífuna, protection of the water sources, excavation and protection of wells of water, filters of water, construction of latrines, landfills sanitary, improvement of dwellings.
7. Evaluation of the Unit.

## Unit eight: Incorporation of the intercultural approach to the health

Time: 40 hours theoretical practical

### Objective:

Develop the concept of cultural diversity involving the equitable interrelationships, respectful of the differences economic policies, social, cultural, age, linguistic of gender and generational, established in a space determined among the different cultures (peoples, ethnic groups) in order to establish a just society.

### Contents:

1. Conceptual framework, indigenous peoples, traditional medicine/ traditional health systems, cosmic vision, multicultural societies, and cultural diversity.
2. Elements to be taken into account in the incorporation of the intercultural approach to the health.
3. Prospects of the indigenous organizations in the intercultural approach to the health.
4. The indigenous peoples of the Americas and the health sector reform.
5. Challenges in the organization and delivery of health services in multicultural populations.
6. Levels of analysis: strategies in the incorporation of the intercultural approach to the health

## Unit nine: Care for the woman

Time: 366 hours, 270 of theory and 96 hours of practice

### Objective:

Develop in nursing auxiliary the knowledge and technical abilities at their level, departing of the discussion of the health problems and the role that there plays the woman in all the areas (cultural, educational,

political, economic etc.) to be able to design and carry out actions of health promotion and protection and of their application to the reproductive health in the effort of the quality of life of the population.

### Contents:

1. Historical evolution of the role that has performed maternal and child mortality, the woman in Honduras in the different fields and specifically in the people garífuna, politician, economic, social, educational.
2. Determinants that cause that the woman has little or no participation in the development of the society.
3. The woman as decisive factor in the formation of the society.
4. Basic reasons by which the women become ill and die.
5. Principal evolutionary stages in the life of women.
6. Pregnancy.
7. Care of the pregnancy.
8. Care of the pregnancy as garífunas customs, the midwife garífuna and her practices, traditional system, alternative medicine and others.
9. Mortality basic reasons in reproductive age women and specifically in the women garífunas.
10. Delivery care.
11. Delivery care according to garífunas customs.
12. Puerperium.
13. Frequent problems during the puerperium.
14. Garífunas customs during the puerperium.
15. Comprehensive care of the health of women.
16. Services with community basis as the maternity homes, clinics maternal, community houses and others.
17. Care of the newborn.
18. More frequent problems in the newborn.
19. Care of the newborn in the garífunas communities.
20. Evaluation of the unit.

### Unit ten: Care to the child

Time: 311 hours, 83 of theory and 228 of practice.

### Objective:

Develop in nursing auxiliary the knowledge and technical abilities at their level for comprehensive care of the child, stemming from the discussion of the child health problems, Honduran and in particular the garífunas.

### Contents:

1. Childhood situation in Honduras.
2. Actions directed to the health maintenance of the child.
3. Which are the most frequent health problems in childhood Honduran and in the community garífuna?
4. Diarreícas and respiratory diseases.
5. Management of the malnourished child.

6. Anemias, anemias trepanocítica.
7. Problems of the skin.
8. Epilepsy.
9. Emergencies in children who are injured at home.
10. Local programming in care of the child.
11. `Expanded Program on Immunization`.
12. Evaluation of the unit

### Unit eleven: Care to the adult young, greater and of old age

Time: 201 hours, 79 of theory and 122 of practice.

#### Objective:

Provide safe and early care to the young adult, greater and to that of the old age as human beings belonging to a family group and a worthy given society of the best health and living conditions.

#### Contents:

1. Characteristics of the adult in Honduras and specifically in the community garífuna.
2. Knowledge and importance of the principal laws that protect the adult and to the individual in the old age.
3. Basic aspects to consider in the health care of the Honduran and of the people garífuna.
4. Importance that the garífuna makes use of the health services.
5. Physical and emotional development of the adult and elderly person, physical changes, behavior, degree of responsibility, reaction in situations of conflict and stress.
6. Adult common problems and old age, tuberculosis, infections of respiratory tract, diseases produced by vectors, hypertension, gastritis, diseases of the skin, problems in genitourinary system, mental disorders, drug dependency, alcoholism, anemias, diabetes.
7. Síndrome de Inmuno Deficiencia Adquirida. (SIDA).
8. Care of some symptoms that are reason for consultation by the young adult, greater and of those of old age.
9. Evaluation of the unit.

### Unit twelve: Administration and comprehensive care in the health services

Time: 210 hours, 35 of theory and 175 of practice

#### Objective:

Develop skills and skills that there makes it possible for them to provide early care, with efficiency and compassion to users, their family and to the community, with social participation in the achievement of a better health condition and of life.

#### Contents:

1. Management of the health services in relation to the problems of the population garífuna.
2. Cultural socioeconomic barriers, of behavior, distance, and time that impede the access to health services.
3. How should it be a service in order to pay quality care?
4. Administration of the health posts and social and community participation in the administration of garífunas units.

5. Process of the general information system.
6. Recovery funds.
7. Administration and development of the comprehensive practice.
8. New models of health services adapted to the cultural and epidemiological condition of the garífunas.
9. Evaluation of the unit.

FOOTNOTES/ENDNOTES

1. Pan American Health Organization. The progress in the health of the population: Report Annual of the Director, 2000. Washington, DC, USA, 2000.
2. Organization Panamericana de la Salud. The progress in the health of the population: Report Annual of the Director, 2000. Washington, DC, USA, 2000.
3. Observaciones to the Document "Health of the peoples indígenas and ethnic groups of Honduras: Strengthening of the technical, administrative, and managerial capability." Document prepared by Mr. Adán Barahona Pineda, Chief Dpto. Care to the Ethnic Groups and Ms. Sonia de Jesús Castellanos, Assistant Technical of the Dpto. Care for the Ethnic Groups.
4. Organización Pan American of the Health. Health in the Americas. Vol II. PAHO/WHO. Washington, DC, 1998.
5. El people Nahuatl are an indigenous people recently recognized within the process of autoidentificación that the indigenous peoples of Honduras are following.
6. Convenio Not 169, Article 1.
7. Pan American Health Organization. Health in the Americas. Vol. II. PAHO/WHO. Washington, DC, 1998.
8. Mr. Adán Barahona, Ministry of Health of Honduras, 1999.
9. Secretaría Health of Honduras, IMMER 97; UNDP, HDI, 1999.
10. Conferencia presented by Dr. Ismael Soriano, PAHO/WHO-Honduras, in the I Forum on indígena health and cultural diversity carried out of 5-7 of July, 2000 in Tegucigalpa, Honduras.
11. OPS/WHO; UNFPA. Guidelines for epidemiological surveillance of mortality maternal, Washington DC, 1998.
12. En 1994 the evaluation of the Plan of regional action for the reduction was made in maternal mortality of PAHO/WHO and the goals were redefined for the countries included in the initiative that high maternal mortality rates presented in the `Region of the Americas`. Honduras is counted among them (PAHO/WHO, Evaluation of the plan of regional action for the reduction of maternal mortality, Washington, DC, 1996).
13. PAHO/WHO. Situation of Health in the Americas. Basic indicators, 1999; Washington, DC, 1999.
14. UNDP. `Human development report`, Honduras 1999. The human Impact of a hurricane. Tegucigalpa, Honduras, 1999; Ministry of health of Honduras. Research of Deaths of Women of Childbearing age. Tegucigalpa, Honduras, 1997.
15. In this section information prepared by Mr. Adán Barahona is included, DAE, of the indigenous and black leaders of CONPAH and fragments of the conference presented by Mr. Salvador Zúniga in the I Forum on Indigenous Health and Cultural Diversity held of 5 7 July, 2000 in Tegucigalpa, Honduras.
16. On 7 June 1989, it was approved Convention 169 on Indigenous and Tribal Peoples in Countries Independent of the `International Labour Organization` (the ILO). This is the first document that collects the notion of people assumed collectively whose principal collective right constitutes the territory, understood as the set of natural resources, geographical, cultural, mythical and religious; that they make their cosmic vision and ensure their survival. Honduras ratified Convention 169 on 28 March 1995.
17. El people Quiché are one of the 22 indigenous peoples of Guatemala.
18. Planteamiento only one. Indigenous Peoples and Garífunas of Honduras. 1994. 17p.
19. La Swedish Cooperation has a trajectory of work in Central America and particularly in Honduras. Its support contributed to the consolidation of the peace processes and in the mitigation of the effects of Hurricane Mitch. In addition to its support in health through the Project of Access to the Health Services, it has actividades specific with the Distric Attorney's Office of the Ethnic Groups.
20. En monitoring to this commitment is worth indicating that the meeting of the Ministerial Advisory Committee (CONCOMI) was held on the indicated dates. During the meeting there were carried out exposures on the health situation of the area, the problems, and proposals for change. The challenges are framed in the water supply and sanitation, formation and `human resources development`, deepening of the strategies of cure, prevention, rehabilitation and health promotion, and establishment of priorities and indicators of evaluation and impact. That is, the development of models of care based on the etnoepidemiológicas and etnoculturales characteristics of the population, within the framework of policy-making that give continuity to these processes (trip Report of Eng. Emilio Ramírez, PAHO/WHO, August 1999, Honduras).
21. En the framework of the project "The health of the indigenous peoples: Improvement of the environmental conditions (water and sanitation) in the indigenous communities, sponsored by PAHO/WHO and GTZ, through the `Pan American Center for Sanitary Engineering and Environmental Sciences`, CEPIS, September 1999.
22. Por appropriate technology are understood those operations or processes of work that adjust to the cultural conditions and capacities of the indigenous populations in order to solve problems of water and basic sanitation.

23.El National Program of Health Services (PRONASSA) is the Normative Technical Unit devoted exclusively to the construction of Public Works. The Department of Care of the Ethnic Groups, currently coordinates with PRONASSA the execution of 15 Health Centers. Previously, 26 Health Centers were established in areas of high percentage of indigenous population by the Honduran Fund of Social Investment (FHIS) within the framework of the governmental negotiation.

24. Mr. Adan Barahona Pineda and Ms. Zonia Castellanos López, Department of Care to the Ethnic Groups of the Ministry of Health, Executive Summary of the Experiences of Training of Auxliars of Indigenous Nursing of Honduras.” Tegucigalpa, MDC, October 1999.