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# Health Program of the Indigenous Peoples of the Americas

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## Action Plan 2005–2007

Prepared by:  
Dr. Rocío Rojas, THS/OS

*Technology and Health Services Delivery Area  
Health Services Organization Unit  
Health of the Indigenous Peoples of the Americas Program*



**Pan American  
Health  
Organization**



*Regional Office of the  
World Health Organization*

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# 1. Introduction

Within the framework of the efforts that the countries and peoples of the Americas develop in order to achieve equity, the Pan American Health Organization (PAHO) has implemented systematic actions with regard to indigenous health in compliance with Resolutions CD37.R5 (1993) and CD40.R6 (1997). The PAHO technical cooperation and the actions of the Member Countries are based on the principles of the **Health of the Indigenous Peoples Initiative**, which demand the permanent involvement of the indigenous peoples themselves and the recognition and respect of their ancestral wisdom.

Based on the Health of the Indigenous Peoples Initiative experience, the “**Health of the Indigenous Peoples of the Americas Program**” was proposed as a new space to revise, expand, and consolidate the development of the health of the indigenous peoples of the Region. Since 2004 the Program is being implemented from the **Health Services Organization Unit of the Technology and Health Services Delivery Area (THS/OS)**.

The Program considers the strengths of the countries and peoples of the Americas; thus, it takes into account approaches and methodologies that combine both the institutional and community vision. The **goal** is to contribute to the achievement of equity in the Americas in the context of recognition and respect of cultural diversity; the **purpose** is to strengthen the local, national, subregional, and regional capacity to promote health improvement of the Region’s indigenous peoples in a way that integrates the framework of the intercultural approach and human development. The full involvement of all social actors is required to adhere to the Program’s multisectoral and multidisciplinary approach, which takes into consideration health as a human right and the gender and generational approach.

It is expected that the realization of the proposed results in each of the Program’s line of action will also contribute to the Pan American Health Organization’s goal to reach the Millennium Development Goals (MDGs) and to renew the Primary Health Care Strategy. The application of the Program will be enhanced by the constant inputs of the ongoing regional, subregional, and national experiences and efforts.

The Work Plan for 2005-2007 consists of a brief outline of the health and living conditions of the indigenous peoples as well as the activities that will be developed in the period 2005-2007 in compliance with the expected results of the Health of the Indigenous Peoples of the Americas Program for 2015.

## **2. Brief outline of the health and living conditions of the indigenous peoples**

### **Millennium Development Goals**

According to estimations and existing data, approximately 45 to 50 million indigenous people, distributed in more than 400 different ethnic groups, represent 10% of the population of Latin America and the Caribbean, 27% of the rural population of Latin America, and are part of the population of 24 countries of the Americas.

Since the adoption of the Millennium Declaration in the year 2000, countries of the world have been engaged in the achievement of its principal objectives, which is summarized in the 8 objectives and 18 goals of the Millennium Development Goals (MDG). Three of the eight MDGs explicitly refer to health issues—reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria, and other diseases. Seven of the 18 targets are directly related to the responsibility of the health sector—Target 2: Malnutrition, Target 5: Child mortality, Target 6: Maternal mortality, Target 7: HIV/AIDS, Target 8: Malaria and other infectious diseases, Target 10: Safe drinking water, and Target 17: Essential drugs. However, the application of the holistic approach to health requires the consideration of all subjects contained in the 8 MDG and the priorities presented by the indigenous communities.

In fact, the proposed guide by the United Nations Development Program (UNDP) highlights the inter-connections among the eight MDGs and presents them as indivisible set. This approach strengthens the principles of health for all and the need for the Primary Health Care Strategy (PHC), and furthermore places health in the center of economic and social development (PAHO-CD45/8, 2004).

### **2.2. Inequity and strengths**

Since the year 2000, agencies of the United Nations System and Member Countries have been committed to the achievement of the MDGs. However, feedback from several sectors has expressed the concern about the absence of civil society, particularly in relation to the indigenous peoples, in the formulation of the MDGs, the identification of strategies and indicators, and the monitoring and reporting process. This concern becomes more relevant given the fact that serious and persistent inequities affect the living conditions, health status, and service coverage of indigenous peoples. Annex 1 presents several examples that illustrate the inequity and the factors that should be taken into account when addressing the health of the indigenous population.

The disease profile among these peoples exhibits many of the characteristics that overwhelm the most disadvantaged socioeconomic groups. Their consequences are compounded by poverty, discrimination, acculturation, illiteracy, unemployment, and lack of land and territory, all of which are problems present in the majority of the indigenous communities.

The full range of what is known as *epidemiological accumulation* can be found in the indigenous communities, where health problems linked to unmet basic needs persist and are exacerbated. This is largely seen in communicable and deficiency diseases, and at the same time, in the steady rise in morbidity and mortality linked to chronic and degenerative diseases (especially cardiovascular diseases and cancer); these conditions are compounded by public health problems related to urbanization, industrialization, and the burgeoning effects of the consumer society. By this, we mean violence (suicides, homicides, and accidents), alcoholism, drug abuse, and pollution, the degradation and destruction of the environment, and exposure to a variety of toxic wastes in the work environment of the general population. Factors exacerbating the health profile of indigenous women are problems linked to their reproductive function, which is heightened by discrimination related to their gender, indigenous status, and in many cases illiteracy and monolingualism. The most common problems of indigenous women include early pregnancy, complications of pregnancy and childbirth, iron-deficiency anemia, sexual abuse, and domestic violence abuse.

Low utilization of the health services on the part of the indigenous population is a reality that has not yet been recorded in the numerical data of all Latin American countries. The case is the same when it comes to information about the sub-utilization of both human and physical resources. Although the majority of the countries in the Region do not include the ethnic variable in its information systems, the available data suggest that the indigenous population is one of the most affected sectors.

Based on the statements and available data, it is clear that geographical and economic problems of access exist, in addition to problems related to the sociocultural context of the population--that is, geographical, economic, and cultural barriers, whose expression in the health systems and services constitute the organizational barriers. These organizational barriers are manifested in problems related to the health workers performance, the hours facilities are open to the public, physical conditions, and the technical procedures utilized in the public health services, among other issues. Each of these demonstrates the incongruity among the paradigms used in the organization and delivery of public health services to multicultural populations and the difference in cultures in terms of language and communication, values and beliefs, lifestyles, and organization of time.

It should be noted, however, that the majority of the available analyses are based on demographic, socioeconomic, mortality, morbidity, resources, access, and coverage indicators, which do not permit visualization of the individual and collective potential of these peoples in adverse conditions. Among the indigenous peoples of the Region, cultural

and linguistic, organizational, and leadership potential as a whole, together with the application of ethical community principles based on reciprocity, respect, and ancestral knowledge, has served as survival mechanisms.

In this context, there is a dual and intertwined demand for equality on the part of indigenous peoples: the need to respect their civil rights and eliminate all forms of discrimination; and the demand for recognition of their individuality by striving for recognition of their identity. Based on the priorities of the MDGs, the present Plan of Action 2005-2007 will have a shared approach between the need for working toward solutions for the main problems and the obligation to have the indigenous peoples involved in all the actions that include them.

### **3. Health of the Indigenous Peoples of the Americas Program: Plan of Action 2005-2007**

The Plan of Action 2005–2006 is inserted in the actions already under way for the benefit of the indigenous peoples of the Region and is based on the Health of the Indigenous Peoples of Americas Program's contents and proposals<sup>1</sup>:

1. Incorporation of the indigenous perspective into the MDGs and health policies
2. Primary Health Care and Cultural Diversity
- 3: Strategic alliances, strengthening of the technical capability of the countries and indigenous leadership
- 4: Information and knowledge management

#### **1. Incorporation of the indigenous perspective into the Millennium Development Goals and national health policies**

The activities of this line of action will be geared to the strengthening of the legal framework by including the indigenous perspective into the MDGs and other regulatory frameworks. These efforts will result in institutionalization and, as a result, the continuity of the actions in favor of the improvement of health for indigenous peoples. In other words, this legal framework will support the compliance and/or development of the international, subregional and national agreements and local policies that favor the general well-being of the indigenous peoples of the Americas. In turn, we will contribute to reaching the Millennium Development Goals on the regional, national, and local levels in the Americas in regards with the indigenous peoples' health.

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<sup>1</sup> For additional information see the document "Health of the Indigenous Peoples of the Americas program. Lines of Action and Action Plan 2005–2015" (PAHO, 2004).

## **2. Primary Health Care and Intercultural Approach to Health**

The activities of this line of action will be directed toward better comprehending the barriers that impede access to quality health care on the part of the indigenous population. More specifically, they will be directed to the development of models of care that incorporate the indigenous perspectives, practices, and therapies into the national health systems, taking into account the principles of the Primary Health Care Strategy, the priority problems<sup>2</sup>, the specific contexts of these peoples and the improvement of access and quality of health care. In addition, the actions should take into account the geographical location of the indigenous peoples—urban, rural, border—and the epidemiological profile, the risk factors and protective factors in the development of curative strategies, prevention of the diseases, and rehabilitation and health promotion.

## **3. Strategic alliances, strengthening of the countries' technical capacity, and indigenous leadership**

The activities of this line of work are three-fold: (1) supporting the processes of sensitization (2) strengthening the technical, administrative, managerial, and political capability of the countries, and (3) incorporating the "Health of Indigenous Peoples" into national and international agendas and policies. The harmony of these efforts will lead to benefit the health of the indigenous people by strengthening indigenous leadership and optimizing human and technological resources and available funds. This will require the strengthening of the strategies of advocacy, the techniques of negotiation, and conflict resolution in the processes of vindication of the rights associated with health.

## **4. Information and knowledge management**

The activities of this line of work will support the generation of information --quantitative and qualitative, knowledge and evidence--imperative for dynamic learning, decision-making, establishment of priorities, monitoring, and evaluation of the actions implemented and realized to improve the health of the indigenous peoples, with emphasis on the respect, comprehension, and protection of the ancestral knowledge of the indigenous peoples.

It is worth emphasizing that each line of work of the Program will be promoting the strengthening of the indigenous leadership and the application of the holistic approach to health which is supported by the indigenous peoples. Specificities of gender and generational, the multidirectional approach of the indigenous problems through the promotion of intrasectoral and multisectoral processes and the consolidation of a multidisciplinary advisory team must be applied.

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<sup>2</sup> Infant mortality, maternal mortality, infectious diseases, chronic degenerative diseases, violence, lack of water and sanitation and other health problems that have been prioritized by the same communities.

The matrixes below contain the activities planned for the year 2005, the ones that will continue in the biennium 20062007, and the corresponding budget.



**Health of the Indigenous Peoples of the Americas Program**  
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**Line of action 1: Incorporation of the indigenous perspective into the MDGs and national health policies**

**Objective:** Support the development and/or application of the international and sub-regional agreements through pro-equity national and local health policies to promote health and well-being of the indigenous peoples.

Expected Result	Activities	Sub-activities	2005 PTS II	Budget	2005--2006	Budget
Existing policies and programs strengthened based on the incorporation of the indigenous perspective into the essence of the MDGs and other regulatory frameworks.	Incorporation of the indigenous perspective into policies, plans and programs within the MDGs' framework	Development of a conceptual framework and tools in order to incorporate the indigenous people's holistic perspective within the essence of MDGs		\$ 10,000.00 (Memorial Fund)		\$ 16,000.00 (Memorial Fund)
		Develop a set of indicators to measure progress of the MDG achievements among indigenous populations				
		Protocol development and validation				
	Promote dialogue among national authorities, indigenous representatives, and civil society concerning the efficacy and cultural relevance of the national policies and programs toward the improvement of the indigenous people's health	Promotion of PAHO and national and local authorities involvement in forums aimed to the development and/or application of public policies to improve indigenous people's health				\$ 5,000.00
	Promote observance of the recommendations of the United Nations Permanent Forum on Indigenous Issues in regard to MDGs fulfillment.	In collaboration with the Members of the UN Permanent Forum, follow up recommendations related to the improvement of the indigenous people's health including the respect, protection and promotion of the ancestral knowledge, considering the content of the MDGs.				
<b>Sub-total</b>				\$ 10,000.00 Memorial Fund		\$ 16,000.00 (Memorial Fund)
						\$ 5,000.00 (THS/OS)
<b>Total</b>	<b>\$ 31,000.00</b>					

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**Line of action 2. Primary Health Care and Intercultural Approach to Health**

**Objective:** Evaluate and address barriers of access to quality health care as relates to the health of the indigenous peoples, through an intercultural, interprogrammatic, and intersectoral approach

Expected Result	Activities	Sub-actividades	2005 PTS II	Budget	2005--2006	Budget
Methodologies and best practices to evaluate and address priority health problems and barriers of access to quality health services for indigenous peoples developed including an intercultural, inter programmatic, intersectoral approach to health.	Develop a licensing and accreditation system considering the principles of primary health care and the intercultural approach to health	Workshop to share experiences on the intercultural approach to health with emphasis on the licensing and accreditation systems		\$ 10,000.00 (THS/OS)		
	Develop protocols for culturally appropriate interventions in key areas according to the content of the MDGs and to the needs of the indigenous communities.	Develop technical expertise of national, subregional and regional advisers and of the national counterparts and indigenous leaders in the intercultural approach to health in priority areas.		45,000.00 PAHO-GEF 10,000.00 IMCI		\$ 45,000.00 PAHO-GEF
		Develop protocols				\$ 30,000.00 (THS/OS)
	Develop of 2 intercultural models of care to address the needs of rural, urban, and border indigenous population.	Based on the results of the experiences under way, to identify the elements of the intercultural models of care				
	Develop of user-centered health services considering the sociocultural aspects of the population	Validation of the protocols and models of care in selected sites				
		Technical assistance in the development of the projects on the indigenous peoples' health selected by PAHEF.				
		Implementation of the WHO Global Strategy on Traditional Medicine in the Americas				
		Interprogrammatic coordination with the Areas and Technical Units according to the topics included in the content of the MDGs and national priorities				
Sub-total				\$ 45,000.00 PAHO-GEF		\$ 45,000.00 PAHO-GEF
				\$ 10,000.00 IMCI		
				\$ 10,000.00 THS/OS		\$ 35,000.00 THS/OS
Total	\$ 140,000.00					

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**Line of action 3. Strategic alliances, strengthening of the countries technical capacity and indigenous leadership**

**Objective:** Strengthen the countries technical capacity to apply the right to health and develop the health of the indigenous peoples in a coordinated, integrated and comprehensive manner.

Result Awaited	Activities	Sub-activities	2005 PTS II	Budget	2005--2006	Budget
Strategic partnerships and strengthening of the developed leadership indigenous and representativeness in the management of health care	Development of the Chain of Health of the Indigenous Peoples with indigenous organizations as partners.	Updating of the information on institutions and entities that work in health of the indigenous peoples in Mexico and Central America		\$ 10,000.00 PWR-MEX		
		Design of a Network on Health of the Indigenous Peoples based on the Internet				\$ 4,000.00 THS/OS
	Development of interprogrammatic projects	In collaboration with CD development of project on the approach of the communicable diseases among the indigenous peoples of the Andean Region and Amazon region				
	Incorporation of the health of the indigenous peoples into the political and institutional agendas	Involvement in national, regional, and international Forums		\$ 1,000.00 THS/OS		\$ 4,000.00 THS/OS
		Technical support for the formulation of plans for the integrated addressing of the health of the indigenous peoples considering the intercultural and intersectoral approach		\$ 1,000.00 THS/OS		\$ 4,000.00 THS/OS
		Promotion of the involvement of the indigenous representatives in national, regional, and international forums		\$ 1,000.00 THS/OS		\$ 4,000.00 THS/OS
		Mobilization of resources and coordination with the Ministries of Health and other governmental agencies, HQ and Representative Offices of PAHO, WHO, international cooperation agencies, nongovernmental and private sector, indigenous organizations and other actors interested in the development of the health of the indigenous peoples.				
		Follow-up to compliance of the agreement PAHO-Indian Health Service				
		Follow-up to the interinstitutional activities with the Inter-American Development Bank, World Bank, OAS.				
		Follow-up to the projects and subregional initiatives concerning the health of the indigenous peoples of MEX-Central America and of the Amazon Region within the framework of PAHO-OTCA agreement.				
		Follow-up to the interest of the Committee of Planning of the Conference "Reestablish the Spirit of the World" to hold the VI Conference in Latin America with financing of CIDA				
		Follow-up to the activities of coordination with the Fund of Development of the Indigenous Peoples of Latin America and the Caribbean within the framework of the project of creation of the Indigenous University.				
Sub-total				\$ 10,000.00 PWR-MEX		\$ 16,000.00 THS/OS
				\$ 3,000.00 THS/OS		
Total	\$ 29,000.00					

**Plan of Action 2005-2007 Health of the Indigenous Peoples of the Americas**  
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**Line of action 4. Information and Knowledge Management**

**Objective:** Promote the production, organization, dissemination, and use of the technical, scientific and public information on the health of the indigenous peoples with intersectoral involvement

Result Awaited	Activities	Sub-activities	2005 PTS II	Budget	2005--2006	Budget
Availability, dissemination, and utilization of the information and knowledge of the health of the indigenous peoples increased among the international, national, and local institutions.	Development of the information, knowledge, and analysis on the health of the indigenous peoples, including the incorporation of the variable of ethnic group.	To compile, to classify, and to evaluate the existing information on the health of the indigenous peoples in order to develop baselines		\$ 4,000.00 CD \$ 2,000.00 TB		
		Update the information on traditional medicine in MEX and Central America.				
		Systematize the information on the academic institutions and programs for training in cultural diversity and health in Mexico and Central America				
		In coordination with the Unit of Ethnic Group and Gender to develop a training module on the addressing the inequity and discrimination based on the ethnic ownership				
	Development of the dissemination and utilization of the information and indigenous knowledge	Technical assistance and publication of the results of the projects on the state of the art of the indigenous knowledge				\$ 2,000.00
		Publish 2 issues by semester of the Indigenous Bulletin		\$ 3,000.00 THS/OS		\$ 12,000.00
		In coordination with AIS to incorporate contents on health of the indigenous peoples into the next edition of the publication "Health in the Americas"				
		Promote the operational research in the harmonization of the indigenous and conventional knowledge in addressing the health of the indigenous peoples.				
Sub-total				\$ 4,000.00 CD		\$ 14,000.00 THS/OS
				\$ 2,000.00 TB		
				\$ 3,000.00 THS/OS		
Total	\$ 23,000.00					

## 4. Action Budget Plan - 2005-2007

Total budget				
Lines of Action	2005		2006-2007	
	THS/OS	Other sources	THS/OS	Other sources
<b>Line of action 1.</b> Incorporation of the indigenous perspective into the MDGs and health policies		\$ 10,000.00 Petition fund	\$ 5,000.00	\$ 16,000.00 Petition fund
<b>Line of action 2.</b> Primary Health Care and Cultural Diversity	\$ 10,000.00	\$ 45,000.00 PAHO-GEF 10,000.00 IMCI	\$ 30,000.00	\$ 45,000.00 PAHO-GEF
<b>Line of action 3.</b> Strategic alliances, strengthening of the technical capability of the countries and indigenous leadership	\$ 3,000	\$ 10,000.00	\$ 16,000.00	
<b>Line of action 4.</b> Information and Knowledge Management	\$ 3,000.00	\$ 4,000.00 CD \$ 2,000.00 TB	\$ 14,000.00	
<b>Subtotal</b>	<b>\$ 16,000.00</b>	<b>\$ 81,000.00</b>	<b>\$ 65,000.00</b>	<b>\$ 61,000.00</b>
<b>Total</b>		<b>\$ 97,000.00</b>		<b>\$ 126,000.00</b>

## Annex:

### Millennium Development Goals and Inequities

Millennium Development Goals: Inequities			
Item	Country	Indigenous Pop.	Non-Indigenous Pop.
Poverty	Canada	34%	16%
	Chile	32.2%	20.1%
Illiteracy	Bolivia	19.61%	4.51%
	Guatemala	Illiteracy among indigenous women: between 50% and 90%; 43% finish elementary school 5.8% finish high school.	
Infant mortality	Panama	84x1000 live births	17x1000 live births
Maternal mortality	Honduras	255x100.000 live births (Intibucá)	147x100.000 live births
Malaria	Nicaragua	90% of the malaria <i>falciparum</i> cases are reported from 24 municipalities with indigenous population.	
Environmental health	El Salvador	95% of water sources are contaminated. Malnutrition in children and adults is associated with parasitism. 40% of the indigenous children are malnourished compared to 20% in the national population.	