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**International
Meeting Health and
Indigenous Peoples:
"Achievements and
Challenges in the
Region of the**

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**Division of Health Systems and Services
Development**

Organization and Management of Health Systems Program

Health of Indigenous Peoples Initiative

Pan American Health Organization

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1. introduction

Within the American Hemisphere there are more than 400 different ethnic groups. In recent years, there has been a growing concern throughout the world with respect to the poor health and social conditions experienced by the majority of the indigenous peoples.

With the 1993 launch of the Health Indigenous Peoples Initiative, the Pan American Health Organization (PAHO) and member governments have committed to work with indigenous peoples to improve their health and well being. They have also acknowledged the value of the cultural heritage and ancestral knowledge of indigenous peoples and for the need for its preservation.

Based on their own needs and priorities, countries in the Region have established policies and strategies in order to develop processes to diminish the health inequities. These include initiatives to address specific issues such as water and sanitary problems and developing comprehensive and culturally appropriate models of care.

Exchanges between countries can provide opportunities to strengthen and expand national and international processes for improving indigenous health. As indicated, any countries have begun work on such issues as developing policies, the implementation of strategies to identify, monitor and resolve inequities and improving access and quality of services. Sharing methodologies, successes and difficulties in addressing common challenges can provide the basis for cooperation projects. For example, countries can collaborate in developing a range of effective and appropriate approaches including, human resource development, the design of models of care, and in the incorporation of health of health promotion strategies and environmental health. Throughout these processes, the full participation of indigenous peoples continues to be pivotal element.

International cooperation also plays an important role in aiding the development of programs within countries, but also facilitating collaboration between countries in the Region. In order to strengthen and deepen these processes, it is essential to have a good understanding of technical priorities of international cooperation agencies.

As such, the Pan American Health Organization, in cooperation with the Ministry of Health, Chile, organized an international meeting on Health and Indigenous Peoples, November 13-15, 2000, in Puerto Varas (Chile) in order to allow participants from various countries in the Region to exchange experiences and also to reflect on the challenges and new proposal to improve the health of indigenous peoples.

The purpose of the meeting was to strengthen national processes and international technical cooperation through the analysis of country experiences and strategic planning targeted to improving the health and living conditions of indigenous peoples. The Strategic Framework and 1999-2002 Action Plan (SFAP) for the Health of Indigenous Peoples Initiative, served as the template for the meeting.

A total of eleven countries (Argentina, Bolivia, Brazil, Canada, Chile, El Salvador, Guatemala, Honduras, Mexico, Peru and the USA), and six international organizations (PAHO, WHO HQ, IDB, USAID, CIDA and UNICEF) were represented at the meeting. The country delegations typically consisted of both indigenous and non-indigenous representatives with government, local and/or community-based expertise in health programs and services for indigenous populations.

Resources to cover the costs for participants (transportation, hotels and meals) were provided by: the Ministry of Health, Chile; the PAHO Representative, Chile; the Division of Health System and Services Development, PAHO, Washington, DC; and, WHO, Geneva. In addition, the USA and the international agencies provided funding for their respective delegations. The Canadian Ministry of Health provided funds for 2 of the 5 Canadian delegates.

All aspects of meeting planning, budgeting and preparations were undertaken cooperatively between representatives from the Ministry of Health (MINSAL) in Chile and PAHO (Chile Office and WDC).

1.1 OBJECTIVES

1. Analyze the approaches, methodologies, achievements and lessons learned regarding improving the health situation of indigenous peoples
2. Identify key points in the development of intercultural models of care and to prepare proposals for their application.
3. Promote alliances between countries and with international cooperation agencies in order to facilitate cooperation and collaboration in developing common strategic approaches
4. Advance discussion on the Strategic Framework and Plan of Action of the Health of Indigenous Peoples Initiative.

2. THE MEETING

2.1 PROCESS

The meeting consisted of a combination of presentations and work group discussions (see agenda).

The meeting opened with welcoming remarks from Dr. Michelle Bachelet, Minister of Health, Chile; Dr. Cristina Nogueira, PAHO's Representative, Chile and various local dignitaries including, Mr. Iván Navarro, Governor, Region X, Chile, and Mr. Antonio Alcafuz, Mayor of Lonko, Chile.

Dr. Daniel Lopez Acuña, Director, Division of Health Systems and Services Development, PAHO, Washington, DC, initiated the meeting by giving a presentation on the Health of Indigenous Peoples Initiative with an emphasis on future directions.

For the remainder of the first day, country delegations made presentations based on their respective experiences in addressing indigenous health issues with an emphasis on successes and continuing challenges.

On the second day, participants were divided into four working groups. Each group discussed the same topics: Information to Detect and Monitor the Inequities; Frameworks and Intercultural Models of Care; and, Strategic Planning and Alliances. These themes reflect the action lines identified in the current PAHO's Strategic Framework and Plan of Action.

On the final day, there were two panel discussions. The first Panel focused on health and the Summit of the Americas and included presentations by Dr. Irene Klinger, Director, Office of External Relations, PAHO, Washington, DC and Mr. Jeffrey Marder, Department of Foreign Affairs and International Trade, Canada, Chile Office. The second panel on International Agencies included presentations by Ms. Rajani Alexander, Canadian International Development Agency, Chile Office, Dr. Susan Brems, USAID, Bolivia Office and Mr. Tomas Engler, Interamerican Development Bank, Washington, DC.

After the panel presentations, the working groups met again to allow the opportunity to discuss in greater depth, the points raised during the presentations.

Throughout the meeting, there were also numerous opportunities for indigenous representatives to share their views and observations—not only as part of country delegations and also as representatives of their respective indigenous organizations/communities.

2.2 COUNTRY PRESENTATIONS AND WORK GROUP DISCUSSIONS

The meeting allowed participants to discuss experiences, both positive and negative, relating to indigenous health issues. Presentations ranged from quite specific discussions about specific experiences in the analysis of policies and strategies, to more general discussions relating to actions needed to make sustainable improvements to the health and social conditions of indigenous peoples.

At the same time, the meeting provided indigenous representatives the opportunity to share their points of view regarding the challenges they face. For example, one repeated concern was the need to ensure that traditional medicines and health systems are recognized as an integral part of the indigenous cosmovision and as such, that they must be included in the organization, resourcing and delivery of health systems and services for indigenous people.

Despite differences in experiences and perspectives, a number of factors/elements emerged as common challenges to improving the health and well being of indigenous communities.

2.2.1 Common Challenges

Information to detect and monitor inequalities

Limiting barriers to accessing health services, including:

- Geographic: the need for health programs and services, including health promotion activities, to be located in or close to indigenous communities.
- Cultural: such as differences in languages, illiteracy, lack of understanding of indigenous cultural and traditional health systems.
- Economic: due to the absence of adequate health insurance or the lack of economic capacity to pay for services, indigenous peoples frequently cannot afford the health services that are available.
- Marginalization: difficulties for indigenous people to participate in other non-indigenous processes or systems at the community, municipal, state/province and national levels.

Addressing lack of data on indigenous health and social conditions. Many participants raised concerns that existing data collection or surveillance systems rarely include ethnicity as a variable. Furthermore, there are often gaps in data with respect to rural or isolated areas—areas where indigenous peoples are frequently located. Therefore, it is difficult to get an accurate profile of indigenous populations: where they are located; their health priorities/needs; epidemiological profiles; and, analysis and evaluation of programs and services, etc. Some specific observations on information systems included:

- Reference that basic information is critical to ensure evidence-based decision making and for ensuring that programs/systems are based on actual needs and priorities of indigenous populations.
- That processes and systems for data collections must include indigenous peoples in all aspects of design, collection and analysis.
- That indigenous people must be included in the development of indicators and in the design of data collection systems in order to ensure that the data collected is relevant and useful to indigenous peoples and their communities.
- That more work is needed to determine how existing data collection systems could be enhanced to include data on indigenous communities, i.e. national census processes.

Recognizing issues related to the environment and indigenous communities. This included responding to the impacts to the environment as a result of development and the issue of the land and territorial claims—particularly as they relate to community control over use of the land and resources.

Problems related to specific health problems that often disproportionately impact indigenous communities i.e. TB, problems relating to women's and children's health, mental health, life style issues, diabetes, alcohol, solvent and drug abuse, nutrition, family violence.

Acknowledging the overall lack of sufficient resources and commitment needed to design, implement and evaluate needed programs and services for indigenous communities.

Intercultural Frameworks and Models of Care

- Providing health services in multi-ethnic or pluri-cultural environments and the need to develop effective models of care and best practices. This includes developing programs and services that are culturally and linguistically appropriate for indigenous and other marginalized populations.
- Developing practical systems or models that will ensure the active and meaningful participation of indigenous peoples in designing and implementing comprehensive health plans, policies, systems and programs. This was identified as a priority by virtually all delegations. Several delegations identified the limited opportunities for indigenous peoples to participate at the national level and the need for indigenous health to be included in government programs.
- Developing strategies to improve equity—what are the most effective approaches to change care models from curative to more preventative, with an emphasis on intercultural approach. Several delegations including Brazil, Guatemala and El Salvador referenced the inadequate services for health promotion and for disease prevention.

Strategic Planning and Alliances

- Working collaboratively with other stakeholders and agencies in order to address inter-related problems or health determinants including such issues as economic development, poverty, housing, lack of educational opportunities, environmental concerns, etc.
- Addressing basic human rights for indigenous populations, particularly in relation to the right to health. The emphasis that governments should set clear policies and laws to ensure the protection of basic human rights, including the right for health for indigenous peoples. Addressing problems related to Human Resource Development. These include:
- Training health care workers about indigenous histories, culture and traditions including the indigenous cosmovision, the importance of language, etc.
- Ensuring access for indigenous peoples to training and other educational opportunities so that they can become health care professionals, managers, etc.
- Utilizing and building upon existing indigenous knowledge, practical experiences and community infrastructures.
- Ensuring the gender perspective in training and education opportunities.

2.2.2 Common Characteristics of Successful Interventions

As with common challenges, a number of characteristics for successful interventions also emerged. The full and active participation of indigenous peoples, their organizations and communities was a consistent feature of all successful projects. This participation appeared to be a catalyst for developing innovative and comprehensive approaches. Other successful interventions:

- Addressed a specific problem or challenge that had been identified either directly by the community or with strong community participation. For example, the delegation from Peru gave an overview of a successful water and sanitation project. The health problems due to poor water quality and sanitation services were the basis for initiating processes which included involving community members to self-identify the problems and developing a plan or strategy on how to best address this problem.
- Involved a comprehensive approach that included involvement from the community/local, regional and national levels. The delegations from both Canada and the USA outlined their respective processes to address the problems of the lack of data on indigenous health. Although, the two countries developed different approaches, both cases recognized that variations in data needs at the local and national levels. As a result, there was active participation by all stakeholders in developing indicators and data collection and analysis methodologies. Furthermore, both approaches included a component for building local capacity for self-management of the systems.
- Utilized a consultation process and established solid partnerships between indigenous peoples and other stakeholders, including the creation of joint or co-management strategies to address health problems. Chile described their current project on improving the quality and cultural sensitivity of health care services thereby increasing access for indigenous peoples. This project which was initiated in 1992 has included a process of consultations and participation of indigenous people in order to develop needed agreements and comprehensive processes.
- Provided services in or close to communities thereby minimizing geographic barriers and also ensuring that indigenous peoples could be actively involved in the design, implementation and evolution of the programs. In addition, these programs and services were not seen as an end unto themselves but rather as part of an ongoing process to modify programs in order to improve the efficiency of services.
- Recognized indigenous rights and developed agreements that clearly defined the roles and responsibilities of all stakeholders. For example, the development of national legal frameworks was viewed as essential to support work with indigenous communities and to ensure continuity of efforts. The delegation from Bolivia outlined their process, which included implementing a series of laws relating to indigenous peoples and health and for recognizing traditional medicines.
- Recognized the need and importance of human resource development. People working in indigenous areas should recognize the importance of culture and practical experience. Guatemala described a program for training existing indigenous midwives—the training program build upon the knowledge that they already had and focused on working with them to improve health outcomes and to minimize health risk factors.

- Addressed the full range of cultural barriers including language and marginalization. For example, Argentina is developing a network of intercultural facilitators and health promoters that will include indigenous peoples.
- Focused on multi-cultural approach to health. In Peru, a National Institute of Traditional Medicine has been created. The purpose of the institute is to link traditional medicine with western approaches. As such, they have initiated a number of activities including research on traditional foods and medicines, teaching and training programs and projects on various topics of traditional approaches including a mother-child network and a hospital referral system.

2.3 PANEL DISCUSSIONS

2.3.1 Summit of the Americas

Dr. Irene Klinger, PAHO, WDC gave an overview of the topic of health and specifically the role of PAHO in the Summit process. Jeffrey Marder, Department of Foreign Affairs and International Trade, Canada followed with a synopsis of the more global goals and objectives of the Summit and the processes utilized in Summit preparations and in monitoring progress on the resulting Action Plans. The presentations covered such issues as:

- An overview of the priorities and objectives of past Summits including the health issues i.e. HIV/AIDS, reduction of maternal mortality, health sector reform, eradication of Polio, improving the availability, access and quality of medicines and vaccines.
- A history of the Summit process since the first Summit of the Americas, which was held in Miami in 1994.
- The rationale for ensuring that health remains a priority in the Region.
- The priority issues for the upcoming Summit: Strengthening Democracy, Creating Prosperity and Developing Human Potential.
- The inclusion of indigenous issues under the section on Developing Human Potential.

2.3.2 Cooperation with International Agencies

Dr. Klinger chaired the panel on International Agencies. The agency representatives included: Dr. Tomas Engler, IDB, WDC, Dr. Susan Brems, USAID, Bolivia and Ms. Rajani Alexander, CIDA, Chile.

Each of the three presenters provided brief overviews of their respective agencies, mandates and funding priorities and processes. In the case of IDB and CIDA, both presenters indicated that while their agencies don't have a specific focus on indigenous issues, projects to improve indigenous health are still in keeping with their broader mandates for promoting sustainable development.

In addition, Dr. Engler also provided details of a new joint initiative between IDB and the Ministry of Health, Chile, on a comprehensive approach to developing healthy communities for indigenous peoples. This project will include developing intercultural models of care and management, enhance the

quality, sustainability and cultural appropriateness of health services for indigenous peoples, improving access, and strengthening indigenous capacity.

2.3.3 Post Panel Commentaries

The agenda permitted a question period following each of the Panel presentations. A number of the questions focused on specific technical aspects of individual presentations. Some commentaries included observations such as:

- Concern relating to the perceived superficial treatment of indigenous issues at the international level.
- The need for formalized processes for indigenous peoples to participate directly in the Summit process and in working and negotiating with international agencies on potential projects.
- That PAHO should take a more active role as an advocate for strengthened Regional efforts to work cooperatively to improve indigenous health and well being.
- The need for improved communication/collaboration between countries and agencies with respect to projects and activities in the Region. This includes sharing of data, methodologies and project results.

3. RECOMMENDATIONS

The following are a compilation of the main recommendations. The results are grouped according to the key themes of the meeting.

3.1 INFORMATION TO DETECT AND MONITOR INEQUITIES

- Ethnicity should be incorporated as a variable in information systems, including National Census and other surveys.
- It is also important to include indicators, qualitative and quantitative, that are indicative of the realities of indigenous communities, such as: socio-economic conditions, environment, land distribution, utilization of traditional medicines and social participation. These indicators should also go beyond aspects of health and disease and include consideration of well-being in the broader sense.
- All steps of the implementation of health information systems, including the identification of indicators and analysis should utilize participatory methodology. For this end, there should be indigenous advisors in the departments of epidemiology and information. The utilization of participatory methodology is not contradictory to the use of modern technology for data processing.

3.2 FRAMEWORKS AND INTERCULTURAL MODELS OF CARE

- Since barriers, particularly cultural, continue to impact both access to the health services and quality of care, available services should be modified and adapted to more effectively reflect varied cultural practices. There are numerous examples given that demonstrated the effective use of native languages and incorporation of cultural care practices in improving programs relating to pregnancy and childbirth programs as well as with respect to food and nutrition. An important element was the introduction of intercultural facilitators.
- Health services human resources education programs should be modified to include the introduction of intercultural approaches. In addition, the training of indigenous people should be promoted, including at the technical and university levels. Furthermore, the indigenous populations should have a voice in the selection of health workers.
- There must be recognition of traditional therapists. This recognition should be based on the respect and validation of traditional medicine.
- Indigenous populations should participate in the management of the health facilities at the local level but at the same time, mechanisms need to be designed and implemented to ensure that ethnicity aspects are included.
- The adaptation of the health services should be based on participatory research.

3.3 STRATEGIC PLANNING AND ALLIANCES

- Recognizing that much of the success in the raising awareness of their situation has been a direct result of indigenous efforts, communities need to continue to play an active role.
- It is important to encourage the approval and implementation of international agreements and constitutional reforms that guarantee recognition of indigenous peoples and also acknowledge their inherent rights. Of the international agreements, Convention 169 of the I.L.O was noted as being especially important.
- Formalized processes to ensure the discussion and dissemination of information relating to indigenous health issues need to be established i.e. councils and discussion groups. The criterion for reference should be that this discussion is manifested in specific public policies, established with the interested parties.
- Strategic partnerships should include stakeholders from the media, Universities, other Ministries, and International Cooperation Agencies.
- Indigenous peoples should participate in the planning of regional and sub-regional activities including Summits. This is particularly important given that indigenous peoples and their communities often extend beyond the recognized borders countries. Therefore, the promotion of indigenous health implies international agreements. These processes should also allow direct agreements between indigenous peoples and also reinforce the role of the Indigenous Parliament.

Some considerations of more global scope:

- First, there must be recognition of indigenous peoples, their rights and representation, as well as the mutual and equal respect of different cultures.
- Second, recognition that the problems facing indigenous peoples are influenced by such factors as poverty, marginalization and the often rural location of communities.
- Third, the need for transparency in the management of resources utilized on behalf of the health of the indigenous peoples.

ANNEX 1: PROGRAM

Sunday 12 november

Arrival of participants.

Welcome

Monday 13 november

Schedule	Subject
09:00 - 09:30 a.m.	Registration
09:30 - 10:15 a.m.	Official opening of meeting Welcoming Remarks: Mr. Iván Navarro, Governor, X Region, Mr. Antonio Alcañuz, Mayor, Lonko Region, Dr. Ana Cristina Nogueira, PAHO Chile Mr. Humberto Vega, Minister of MIDEPLAN, Chile Dr. Michelle Bachelet, Minister of Health, Chile
10:15 - 10:30 a.m.	Coffee
10:30 - 10:45 a.m.	Presentation of Objectives and Program of Work for the Meeting Ms. Margarita Sáez, Ministry of Health, Chile Introduction of participants
10:45 - 11:15 a.m.	Presentation: “Progress and Challenges in the Health of the Indigenous Peoples Initiative of the Americas” Dr. Daniel López Acuña, PAHO
11:15 - 12:45 p.m.	Country presentations Chile Argentina Bolivia Peru
12:45 - 13:15 p.m.	Questions and Comments
13:15 - 14:15 p.m.	Lunch

Schedule	Subject
14:15 - 15:45 p.m.	Moderator: Mrs. Rajani Alexander, Canadian International Development Agency COUNTRY PRESENTATIONS Cont: Canada United States of America El Salvador. Honduras
15:45 - 16:15 p.m.	Questions and comments
16:15 - 16:45 p.m.	Coffee
16:45 - 17:45 p.m.	Moderator: Mr. Cristian Catricura, National Corporation of Indigenous Development of Chile Country presentations continue: Brazil Guatemala Mexico
17:45 - 18:15 p.m.	Questions and Comments

Tuesday 14 november

08:30 - 09:00 a.m.	Moderator: Dr. Sandra Land, Regional Adviser in Local Health Services, Focal Point Initiatives Health of the Peoples Indigenous PAHO Summary of Previous Day: Ms. Patricia Hoes, PAHO Mrs. Isabel Ringeling, Ministry of Health Introduction of Working Group Sessions
09:00 - 14:00 p.m.	Working groups meet Subjects: Information to Detect and Monitor Inequities Frameworks and Intercultural Models of Care Strategic planning and alliances
16:00 - 18:00 p.m.	Moderator: Dr. Raul Koch, Ministerial Regional Secretary, X Region, Chile Plenary Session Presentation by the Working Groups

Wednesday 15 november

09:00 - 09:40 a.m.	Moderator: Mr. José Miguel Huerta, Ministry of Health, Chile. Presentation: Summit of the Americas 2001 Presenters: Dr. Irene Klinger, PAHO, WDC Mr. Jeffrey Marder, DFAIT, Chile
09:40 - 10:40 a.m.	Moderator: Dr. Irene Klinger, PAHO, WDC Presentation: Technical Cooperation Agencies Presenters: Ms. Rajani Alexander, CIDA, Chile Dr. Susan Brems, USAID, Bolivia Dr. Tomás Engler, IDB, WDC
10:40 - 11:00 a.m.	Coffee
13:20 - 14:00 p.m.	Meeting wrap-up Final Synthesis: Dr. José Luis Zeballos, PAHO, WDC Presentations by: Mrs. Celia Rañil, Argentina Mr. Clemente Sarsuri, Bolivia. Closing Remarks, Dr. Raúl Koch, Chile
14:00 p.m.	Farewell Luncheon

ANNEX 2: METHODOLOGY

The methodology of the meeting included: presentations by participants, panel discussions, group work and plenary sessions in accordance focused on the following themes:

- Information to detect and monitor the inequities
- Frameworks and intercultural models of care
- Strategic planning and alliances

Participant presentations consisted of general overviews of indigenous health issues in their respective areas followed by more specific information on successful interventions and programs.

In accordance with the draft agenda and guidelines that had been forwarded to participants in advance of the meeting, these presentations and working groups emphasized sharing information on the processes, achievements and challenges. In addition, throughout the meeting, there were numerous opportunities for comments and observations by participants.

Guidelines for country presentations

1. Information to detect and monitor inequalities

- What methodology has been used to obtain and utilize the health information relating to indigenous health?
- What methodology has been used for the analysis of inequities?
 - In the health and living conditions?
 - In health care coverage (access and utilization of services and programs) for indigenous populations.
- What instruments for measuring results and impact on the health and living conditions have been developed?
- What indicators on health have been developed?

2. Frameworks and Intercultural Models of Care

- What progress has been made in defining conceptual frameworks with an intercultural approach to health?
- What approaches are being used to improve access to care for indigenous populations?
- What strategies are being used to link the western medicine and indigenous health systems?
- What strategies have been developed for culturally appropriate approaches to indigenous health problems?

- What strategies have been utilized to incorporate intercultural approaches in the development of human resources?
- Are there strategies that specifically targeted to the different health care challenges in rural and urban areas?

3. Strategic Planning and Alliances

- What policies, legislation and/or plans of action have been developed in order to improving health and well-being of the indigenous peoples?
- Have strategies have been developed to ensure the participation of the indigenous communities?
- What strategies have been developed to include the health of the indigenous peoples on country's political agenda?
- Have any approaches been introduced for facilitating inter-sectoral alliances to more effectively addressing the well-being of the indigenous peoples?
- Are there any strategies to encourage international cooperation in order to enhance national processes targeted to indigenous peoples?

Orientations for the working group sessions

Theme 1: Strategies and challenges

Based the presentation and the experiences in each of their respective countries, participants were asked to discuss the following themes:

- What are the principle strategic elements that have advanced the incorporation of indigenous health in the political priorities of countries? Propose approaches on how this could be further advanced.
- What steps are required to facilitate the development of intercultural health programs? Identify key points or important factors. Proposals?
- Identify operational methodologies, innovative and/or practical approached in program implementation. New proposals?
- Analyze the current Plan of Action of the Health of Indigenous Peoples Initiative. How could it be strengthened?

Theme 2: Building Alliances

Based on the suggestions of the first Workshop, participants were grouped in accordance with their interests and prepared cooperative work plans, with the participation of PAHO and cooperation agencies.

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