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## SUMMARY

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On 28 September 1993, following a process of consultation to address the inequity in the health situation of indigenous populations and in their access to basic services, the Member States of the Pan American Health Organization adopted the recommendations in the proposal *Health of the Indigenous Peoples Initiative* through Resolution CD37.R5. In 1997, the Directing Council reviewed the Progress Report on the Initiative, and upon adopting Resolution CD40.R6 it expressly reiterated its concern over the health and living conditions of indigenous peoples. That resolution addresses the inequities in and obstacles to providing care and reaffirms the Organization's commitment to the International Decade of the World's Indigenous Peoples.

With a view to proposing strategic orientations for the implementation of the Initiative in the coming years and implementing the technical cooperation that PAHO will provide to the countries in the Region within the framework of the Initiative, from 15 to 17 December 1997 the meeting *Strategic Orientations for the Implementation of the Health of the Indigenous Peoples Initiative* was held. Indigenous representatives, representatives of the ministries of health and governmental agencies, regional parliaments, international cooperation agencies, a WHO Collaborating Center, and PAHO/WHO advisers and consultants participated in the meeting. This document presents a summary of the statements made at the Meeting and the participants' recommendations, which are grouped together in the following Strategic Orientations:

1. Political will and national processes: Strengthening indigenous leadership;
2. Strategic alliances: Mobilization of technical and financial resources;
3. Indicators and information: Monitoring and evaluation of processes, results, and goals; systematization, dissemination and exchange of information; and
4. Development of programs, health systems and services: Traditional medicine/traditional health systems.

The participants reiterated that the willingness and commitment of the Member States will be a key element in achieving the provisions of the Initiative and made a commitment to be the principal motivating and driving forces in ensuring the incorporation of other actors in the implementation and monitoring of the Health of the Indigenous Peoples Initiative.





## 1. BACKGROUND

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In 1992, given the evidence of the growing inequity in the health situation of indigenous populations and in their access to basic services, the Subcommittee on Planning and Programming of the Pan American Health Organization proposed to more thoroughly consider the health and well-being of indigenous peoples in the Americas. It initiated a process of consultation to determine what the Pan American Health Organization (PAHO) and its Member States should do in that regard.

In 1993, after a consultation workshop held in Winnipeg, Canada, in which delegates of indigenous organizations, peoples, and nations in the Hemisphere participated, as well as official delegations from the governments of eighteen countries, international agencies and nongovernmental organizations, the recommendations made were grouped together in a proposal entitled *The Health of the Indigenous Peoples Initiative*. That initiative was subsequently presented to the Governing Bodies of the Organization and adopted by the XXXVII Directing Council through Resolution CD37.R5.

The recommendations from the Winnipeg meeting and Resolution CD37.R5 establish five principles for work with indigenous communities, which guide the work, facilitate monitoring, and lay the groundwork for the evaluation of the processes at the end of the Decade, in the year 2004. Those principles are:

- The need for a holistic approach to health;
- The right to self-determination of indigenous peoples;
- The right to systematic participation;
- Respect for and revitalization of indigenous cultures; and
- Reciprocity in relations.

In addition, Resolution CD37.R5 (Annex C) provides the frame of reference for the activities of PAHO and its Member States, in collaboration with indigenous peoples themselves, for finding realistic and sustainable solutions to the serious problems in health and living conditions of many of these peoples throughout the Region.

The work during the first years of the Initiative, through the Regional Office and the Representative Offices in the countries, and the need to systematically implement the recommendations of the Winnipeg Workshop and the mandates in Resolution V contributed to the identification of strategies, areas of work, and clear goals in organizing the *PAHO/WHO Plan of Action for Promoting the Initiative in the Region of the Americas 1995-1998*.

To date, the work has focused on the following areas: strengthening the capacity and development of alliances; collaboration with the Member States to implement national and local processes and projects; projects in priority program areas; strengthening traditional systems and scientific, technical, and public information.

The following are some of the important lessons that have been learned in implementing Resolution CD37.R5 and the Health of the Indigenous Peoples Initiative. It is from these lessons that the criteria for reorienting future work will be derived:

- The mobilization of resources has required more time than predicted when the *Plan of Action* was formulated in 1995.
- Closely following the interprogrammatic activities continues to be a problem, particularly when a general project includes a component or activities related to the health of indigenous peoples.
- Obtaining reliable data as a benchmark for the countries and adequately evaluating the health and living conditions of indigenous peoples in the Region have been difficult, because few countries systematically compile and analyze vital or service statistics that are broken down by ethnic group.
- Sufficient progress has not been made on the participation of indigenous representatives and organizations.

In 1997, the Directing Council reviewed the Progress Report and expressly reiterated its concern over the inequities in the health situation of indigenous peoples in the Region of the Americas and reaffirmed the commitment to the Health of the Indigenous Peoples Initiative. Taking into account the economic, geographic, and cultural obstacles in the effective and efficient provision of health services, the Directing Council adopted Resolution CD40.R6, at the eighth plenary session of the XL Meeting of the Directing Council on 25 September 1997. Resolution VI addresses the inequities, as well as obstacles in providing care, and reaffirms the Organization's commitment to the International Decade of the World's Indigenous Peoples.

The Health of the Indigenous Peoples Initiative is an opportunity to demonstrate our effort to recognize the rights of different peoples, in order to adapt public policies to their specific conditions, in search of equity. It is also a test of our commitment to the International Decade of the World's Indigenous Peoples. In addition, it encourages the countries to detect and monitor the inequities resulting from belonging to an ethnic group, as well as to institute programs and launch processes to improve the health situation of the above-mentioned peoples and their access to health services.

In this context, PAHO convened the consultative meeting known as *Strategic Orientations for the Implementation of the Health of the Indigenous Peoples Initiative*, which is summarized in this document.<sup>1</sup>

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<sup>1</sup> The information submitted by the presenters is part of the Initiative archives.

## 2. MEETING: OBJECTIVES, PARTICIPANTS, AND METHODOLOGY

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From 15 to 17 December 1997 at the Headquarters of the Pan American Health Organization in Washington, D.C., a meeting was held on: *Strategic Orientations for the Implementation of the Health of the Indigenous Peoples Initiative*, whose purpose was to:

Propose strategic orientations for the implementation of the Health of the Indigenous Peoples Initiative in the coming years and for the technical cooperation that the Pan American Health Organization will provide to the countries in the Region of the Americas within the framework of the Initiative.

Participating in the meeting were indigenous representatives, representatives of the ministries of health and governmental agencies, regional parliaments, international cooperation agencies, WHO Collaborating Centers, and PAHO/WHO advisers and consultants (Annex B: List of Participants).

The agenda (Annex A) consisted of the presentation of experiences in implementing the Initiative from the perspective of different entities and actors as well as a reflection on the points to be considered in the practical application of the Initiative in the future.

Plenary sessions included presentation on specific topics followed by questions, observations, and suggestions. The group work was carried out in two sessions with a Guide as a reference. The conclusions and recommendations of the group work were presented by the respective rapporteurs in plenary sessions; the consolidation of the recommendations was presented in the closing session. The meeting had simultaneous interpretation in Spanish and English, and the group work was conducted in three groups, two in Spanish and one in English, thus enabling the participants to work in the two languages (Annex C: Working Groups and Guide).

The following is a summary of the presentations on each topic area and the final recommendations.





### 3. GENERAL CONSIDERATIONS IN IMPLEMENTING THE INITIATIVE

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The Health of the Indigenous Peoples Initiative is part of PAHO's Strategic Orientations and of several global efforts that are programmed to meet the goals proposed in the Health for All strategy as well as to those linked with the International Decade of the World's Indigenous Peoples.<sup>2</sup>

The overall well being of indigenous peoples deserves special consideration in the practical application of provisions to improve the health and living conditions of the population in the Region of the Americas. In this regard, the Initiative's progress and opportunities are contextualized in the processes of change occurring in the Region.

Therefore, the health sector reform guidelines on changing national health systems are based on the principles of equity, quality, efficiency, sustainability, and social participation. It is an opportunity for the proposals to consider the multicultural nature of the population and ethnic variables as a central element supporting the practical application of these principles.

PAHO and the Member States, in fulfillment of the mandates in Resolutions CD37.R5 and CD40.R6 (Annex C), are promoting better knowledge of the reality of indigenous peoples in the Region and consideration of the subject in the various national and international fora.<sup>3</sup> The national processes and experiences resulting from specific dynamics deserve to be recognized and supported.

There are several challenges to implementing the Initiative. The multifactorial nature of the determinants of the current living conditions of indigenous peoples requires a joint effort by the different actors and the setting of priorities that, with regard to PAHO technical cooperation, could lead to the following lines of action:

- Interprogramatic efforts with the full participation of national actors to consolidate systematic and rigorous work on the health conditions of indigenous peoples, taking into account variation related to geographical characteristics affecting health and living conditions.
- Improving access to basic health services, including access to technology, preventive services, and those that address environmental problems.
- Support for the country activities and cooperation among countries, especially on proposals involving traditional medicine, within the framework of alternative medicine, and its incorporation into health care as part of health sector reform.

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<sup>2</sup> The General Assembly of the United Nations on 21 December 1993, through Resolution 48/163, declared this the International Decade of the World's Indigenous Peoples.

<sup>3</sup> Scientific Publication No. 549: *Health Conditions in the Americas, 1998 Edition*, to be presented at the Pan American Conference in September 1998, in Volumes I and II presents an extended review of the health conditions of indigenous populations.

Trained indigenous human resources must be involved in this joint effort. Experiences such as the Training Program for Indigenous Experts and Professionals currently being held by the Organization in collaboration with the Indigenous Development Fund for Latin America and the Caribbean contribute to this training.<sup>4</sup>

Finally, knowledge of the situation of indigenous peoples and their presence in discussions and decision-making will make it possible for us to know their degree of satisfaction, dissatisfaction, and hope.

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<sup>4</sup> The program currently has five indigenous grant recipients: Margarita Calfio, a social worker at the Inter-American Development Bank, Norma Condori, a teacher at the World Bank, Myriam Conejo, a physician at PAHO, Eduardo Nieva, an attorney at the Organization of American States, and Leticia Viteri, a physician at PAHO.

#### 4. STRATEGIC ORIENTATIONS FOR IMPLEMENTING THE INITIATIVE

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From the beginning, the Health of the Indigenous Peoples Initiative of the Pan American Health Organization has been an open forum for discussion that has prioritized the participation of indigenous representatives. Over its four-year history, it has invited representatives from different sectors to develop together strategic areas of action that will enable the Organization to respond adequately to the needs of indigenous peoples in a different regional context.

It is important to consider the following aspects in this effort:

- It is essential that the role of the Pan American Health Organization, as an intergovernmental agency, and of the Member States, be defined on the subject of the well being of indigenous peoples. In this regard, the technical cooperation of the Organization should be aimed at activating and/or strengthening national processes for working with indigenous peoples as well as promoting coordination between the different actors and the governments in promoting, consolidating, and institutionalizing the work with indigenous peoples.
- A holistic approach to the well being of indigenous peoples involves joint efforts and requires the promotion of national and international, financial, and technical strategic alliances.
- The Initiative's sphere of action is the Region of the Americas. That region is a multicultural area that is home to 43 million indigenous persons, belonging to 400 different indigenous peoples, making up 6% of the total population of the Region and just under 10% of the population of Latin America and the Caribbean. For this reason, the organization and provision of health services should consider a cross-cultural approach. This implies a rethinking of concepts and the identification of guidelines and paradigms that will lead to coordination-articulation-complementation of Western medicine with indigenous medicine, turning not to social welfare interventions, but rather to proposals for integrated action.
- A better understanding of the sociocultural context of the population of the Region and particularly of traditional/indigenous health systems, based on the ancestral knowledge of indigenous peoples, will determine their expansion, development, and strengthening and will promote the mutual complementarity of these systems with national health systems. This is even more true if we consider that in several indigenous communities the practices, knowledge, and healers of the so-called traditional medicine are the only health alternative.

Finally, there is the challenge of fully incorporating indigenous peoples into national processes and into those under way in the Region while fulfilling the commitments in the agreements and conventions signed by the Member States of the Organization.



## 5. FROM WINNIPEG 1993 TO WASHINGTON, DC 1998

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In 1993, the First Hemispheric Workshop on Indigenous Peoples and Health, held in Winnipeg, Canada, brought together 68 participants from different sectors of eighteen countries. The framework that year was set by the Declaration of the International Year of the World's Indigenous People and the International Decade of the World's Indigenous People<sup>5</sup> and the progress in the discussions on the draft Declaration on the Rights of Indigenous Peoples within the United Nations.

The situation has changed. The legal progress that has been made in the countries of the Region has generally been modest, and in several cases political will has been confused with paternalism. The Health of the Indigenous Peoples Initiative, which is based on the five principles of Winnipeg, occasionally conflicts with national interests, and progress in its implementation has in most cases been dependent on individual willingness.

Indigenous peoples have become active and interested parties in changing their situation; however, they are at a disadvantage. Their fight for their rights and, in the case of the Initiative, for the fulfillment of the principles of Winnipeg, will have no repercussions if their participation in decision-making bodies is limited.

In the road traveled between 1993 and 1996, we can distinguish the events on two levels -the micro and the macro. At the national level in general, the proposals involving indigenous communities do not have official endorsement, and there are few positive experiences in this regard. Efforts are scattered, and local progress is subject to external financial support. At the international level, there have been positive experiences in forging alliances and disseminating information on the topic. The experience in the mental health<sup>6</sup> area is a positive and interesting lesson.

Indigenous organizations have focused their efforts on the struggle for their rights, land, territory, and natural resources. Health *per se* is generally not considered a top priority on the agenda of the indigenous movement. The increasingly visible presence of indigenous peoples and their representatives as social actors at both the national and international levels has raised awareness in national societies.

The coordination, development, and expansion of the various processes require the following:

- Strengthening of the presence of indigenous populations in the various entities, among other actors.

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<sup>5</sup> The General Assembly of the United Nations proclaimed 1993 the "International Year of the World's Indigenous People." In 1994, in Vienna, during the United Nations Conference on Human Rights, it was recommended to make it the "International Decade of the World's Indigenous People (1994-2004)," and it was suggested that a permanent forum be established on this issue (Salud de los Pueblos Indígenas (Health of Indigenous Peoples) Series, No. 2, PAHO/WHO, 1997).

<sup>6</sup> The issue of the mental health of the indigenous population arose in the First Working Group of Directors of Mental Health of the Ministries of Health of Latin America, held from 10 to 14 June 1996. In Santa Cruz de la Sierra, Bolivia from 16 to 18 July 1997, there was a meeting of the Working Group on Mental Health Programs and Services in Indigenous Communities.

- Formulation of public policies in the regional parliaments and at the local level that address the subject of the rights of indigenous peoples, in particular health-related rights.
- The ongoing dissemination of information both to and from PAHO and to and from the different local, national, and regional entities.
- Support for the development of managerial capacity and the management of indigenous organizations and institutions.
- The definition of the responsibilities and commitments of each actor and entity involved in the well being and development of indigenous peoples.
- The contextualization of subjects, particularly traditional medicine, to include reflection on respect for the cosmic vision of indigenous peoples, biodiversity, and the right to the intellectual property of indigenous peoples, in terms of medicinal plants and ancestral knowledge, for example.
- The presence of 43 million indigenous people in the Region of the Americas and the recognition of their rights makes it urgent to incorporate the consideration of a cross-cultural approach as a central element in health care in the Region.

The role of the Pan American Health Organization as a facilitator in these commitments is fundamental.

## 6. EXPERIENCES IN IMPLEMENTING THE INITIATIVE

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### 6.1 Countries

At the Meeting the experiences of Chile, Canada, Honduras, Panama, and the United States in implementing the Initiative were presented. The following is a summary of the information on this topic.

A multicultural population, whose heterogeneity has not been officially accepted in many countries, characterizes the countries of the Region of the Americas. In several countries, it has only been recognized for a few years. Accordingly, the practical application of cross-cultural approaches is in different stages of development.

Of the experiences presented, the following points were shown to favor processes with a positive impact on the comprehensive well being of indigenous peoples.

- Indigenous peoples are social actors who promote social movements in favor of their development.
- The governments have recognized the diversity of their national population, and the demands of indigenous peoples have received a consensual response from officials that is duly financed and part of the national health sector reform processes.
- Better knowledge of the living and health conditions of indigenous peoples has allowed for the formulation of clear goals and the monitoring and evaluation of the proposed goals, the prioritization of needs, and the implementation of specific initiatives that address these priorities.
- The training of indigenous and nonindigenous human resources in a cross-cultural approach to health has made the national processes under way stronger and more sustainable and given them a positive vision of the future.
- The participation of actors in national and international events is a mechanism for convergence that creates an opportunity for reflection, the sharing of experiences, and the forging and consolidation of strategic alliances.
- The mobilization of technical and financial resources from the national level has made it possible to strengthen the available resources in the ministries and Representative Offices.
- Indigenous knowledge, practices, and healers are recognized and respected, within the framework of overall respect for indigenous cultures. The projection of complementarity with Western knowledge is based on respectful research of the differences in concepts and practices.

- Technical support from experts from other countries and PAHO Headquarters together with the systematic exchange of information, knowledge, and experiences by PAHO Headquarters has stimulated interest in the health of these peoples in the Representative Offices and beyond.

## **6.2 Regional Programs**

At the meeting, experiences were presented on Indigenous Women, Integrated Management of Childhood Illness, National Policy, Water and Sanitation, and Traditional Health Systems. The following is a summary of each subject area, which included different approaches and levels in implementing the Initiative on the subject of Regional Programs.

### **6.2.1 *Women, Health, and Development: Indigenous Women***

This presentation focused on the experience of the Foundation of Mayan Women of North Cobán, Alta Verapaz, Guatemala. The goal of its work is to promote the active participation of Mayan women in the process of integral development and at the same time to inform them of their rights, so that they pursue their own development and self-defense in society.

At the national level, the demands of indigenous women in Guatemala have received recognition in the movement to promote the autonomy of indigenous peoples. However, so far, the full participation of representatives of indigenous women has been limited by several factors, among them the language barrier, marginalization, and discrimination, and disregard for their customs and traditions.

It should be pointed out that the need to provide room for the specific topic of gender in an indigenous context became evident in the PAHO/WHO Women, Health, and Development Program in 1990, with the participation of indigenous women in the framework of the project “Comprehensive Health of Women in Central America (SIMCA)” and in the context of the initiative Health: A bridge for Peace in Central America. In 1991, the project on education and self-care as a mechanism for strengthening the leadership and participation of indigenous women in eight communities of Guatemala was formulated. Through the development of the project and its implementation to date, indigenous women have played a preponderant role. These dynamic processes are succeeding in fully incorporating women as partners in the management of the project and have made possible important recommendations for future work.<sup>7</sup> In addition to this important practical experience, the Program issued the document: Incorporation of the Gender Approach into PAHO Programs Promoting the Health of Indigenous Peoples.<sup>8</sup>

### **6.2.2 *Integrated Management of Childhood Illness***

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<sup>7</sup> Document: *Enseñanzas aprendidas al trabajar con mujeres indígenas en cuestiones de salud: La experiencia de Guatemala* (Lessons Learned from Working with Indigenous Women on Health Issues: The Experience of Guatemala). Document presented to the Special Subcommittee on Women, Health, and Development of the Executive Committee of the Directing Council, April 1997, PAHO/WHO, Washington, D.C.

<sup>8</sup> The document is part of the list of scientific, technical, and public information on the Initiative.



In developing countries, approximately 70% of all deaths in children under 5 are related to one or more of the following five disorders: acute respiratory infections, perinatal causes, diarrhea, measles, and malaria. Although overall figures are not available for the indigenous population, the available data indicate that infant mortality is at alarming levels.

In general, current care for children in health services is focused on the reason for the visit. Rarely is other health problems that may be affecting the child looked into, and opportunities for early detection and treatment of such problems are missed. Moreover, the opportunity for disease prevention and education is lost, and community knowledge about how to care for children is not taken into account.

In response to these shortcomings, the content of the Integrated Management of Childhood Illness strategy includes comprehensive evaluation and treatment of the child, including educating the mother/father on treating and monitoring the child. The proposals for 1998 include the selection of target areas, identification of the infrastructure of care, increasing access to the strategy, and monitoring and evaluation through epidemiological and operational studies. These proposals are an important area of the work with indigenous communities.

### 6.2.3 *Public Policies and Health: National Policy*

There was a presentation on Venezuela's experience with the Draft Legislation on Section Regulations, in which indigenous culture is promoted through the search for a consensus between indigenous organizations and governmental agencies. The implementation of this process will expand the coverage of and intensify government programs in pursuit of the comprehensive well being of these peoples. PAHO acts as a facilitator in achieving these goals.

The work of the Program on Public Policies and Health, within the framework of the Initiative, has focused on legislative development and the work toward establishing a common agenda on indigenous matters in different regional parliaments. In November 1995, the working document "Guidelines for Regulating the Practice of Traditional Medicine" was presented at the VI Special Session of the Andean Parliament in Lima, Peru. At that meeting, a Working Group was established to study topics related to these peoples, including traditional health systems and, as a part of that, medicinal plants.

On 1 May 1996, PAHO/WHO and the Indigenous Parliament of the Americas signed a mutual collaboration agreement to improve the health of the indigenous peoples *the Declaration of Commitment between the Indigenous Parliament of America and PAHO/WHO*.

In Quito, Ecuador in November 1996, the Working Meeting on Health Policies and Indigenous Peoples was held, with representatives of the Andean Parliament, Indigenous Parliament, Amazon Parliament, indigenous organizations, and sectors involved in the well-being of these peoples in attendance. Among the items on the agenda was reflection on the legal framework for traditional medicine and its practitioners and the subject of medicinal plants and intellectual property

### 6.2.4 *Health and Environment: Water and Sanitation*

There is a tendency to characterize indigenous populations as being similar to poor and marginal urban populations. However, there is little official data on the coverage and quality of water supply and sanitation services in these populations. In general, attention to rural populations has emphasized technology and infrastructure and has neglected the coverage and quality of services. The movement to modernize, reform, and transform the State is an opportunity to institutionalize basic services through a process in which the community fully participates.

The diversity of the indigenous population and the resulting variety of beliefs and traditions, together with different levels of exposure to modern technologies and education, make it impossible to consider any single approach to selecting appropriate water and sanitation systems. The Program on Health and Environment has tried to respond appropriately to the commitment of the national governments to solving the water and sanitation needs of indigenous peoples. In this regard, projects in different communities are currently under way that has prioritized knowledge of the context, production/recovery of methodology and technology, and the training of local human resources.

#### 6.2.5 *Traditional Health Systems*

The implementation of this area has been carried out in fulfillment of the provisions of Resolution CD37.R5<sup>9</sup> and within the framework of the principles of Winnipeg.

From 1993 to 1995, the work focused on promoting cooperation alliances and supporting events, projects, research, and publications on the topic. In 1995, the topic became the Third Component of the PAHO/WHO Plan of Action for Promoting the Initiative in the Region of the Americas. From 1995 to 1996 the work prioritized legislative development and research and, in 1997, the systematization of information and conceptualization of the different components of traditional health systems.

Recognizing the multicultural nature of the population of the Region of the Americas, the future work in this area within the framework of health sector reform emphasizes the importance of including a cross-cultural approach to health in proposals involving community care and those aimed at human resources education.

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<sup>9</sup> Resolution CD37.R5 adopted on 28 September 1993: 2(d): Promote the transformation of health systems and support the development of alternative models of care, including traditional medicine and research into quality and safety, for indigenous populations; 3(a): Promote the participation of indigenous persons and their communities in all aspects of PAHO's work on the health of indigenous persons.

### 6.3 Alliances

In this area, we heard the experiences of the Inter-American Development Bank (IDB), the World Bank, parliaments, the Indigenous Fund, the Office of Alternative Medicine, and the Inter-American Indigenous Institute. The following is a summary of this topic.

The issue of the well being of indigenous peoples receives special consideration in the guidelines of each of the aforementioned institutions. In the case of the Indigenous Development Fund and the Inter-American Indigenous Institute, it is their *raison d'être*.

In the case of the World Bank and the IDB, support for plans or projects targeted toward indigenous communities require the inclusion of the topic on national agendas. Budget cuts have limited donations of financial resources, and red tape often hinders access to current resources. With regard to institutional health guidelines, the IDB is currently promoting the opening of new areas of cooperation within the context of government reforms. The World Bank, although without distinguishing the subject of health, has attempted to raise the awareness of Bank staff with respect to indigenous matters and strengthening indigenous leadership in the countries of the Region.

Concerning the regional parliaments, the formulation of a common agenda that addresses the well being of indigenous peoples and facilitates interparliamentary work is being promoted.

In addition, the Indigenous Development Fund is collaborating on several initiatives with international entities.<sup>10</sup> It has an agenda of projects in several areas, negotiated by the indigenous organizations themselves. It has prioritized the education of indigenous experts and is promoting a program for compiling basic indicators in Ecuador and Bolivia.

The Office of Alternative Medicine (OAM) of the U.S. National Institutes of Health is a Collaborating Center specializing in researching alternative medicine, including indigenous medicine. Currently, with the support of the OAM, in the framework of the Initiative, the project: Traditional Health Systems in Latin America and the Caribbean: Knowledge base is being implemented. It will result in the development of an inventory of the different areas of these systems and the identification of priority areas for in-depth study.

The Inter-American Indigenous Institute is headquartered in Mexico and has eighteen member countries. One of its priorities is to provide an information and documentation center that specializes in this area and on the training of indigenous personnel to strengthen the representation of their organizations at the national level.

Consolidating strategic alliances would bolster the technical and financial resources of each institution working on behalf of the indigenous peoples of the Region.

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<sup>10</sup> PAHO is one of the international institutions participating in the joint initiative to implement the Training Program for Indigenous Experts and Professionals, which is sponsored by the Indigenous Fund.



## 7. STRATEGIC ORIENTATIONS

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### 7.1 Group Work

The discussion in the working groups emphasized both the need to broadly disseminate the concepts and principles of the Initiative and the importance of reflecting that the health status of the indigenous population is the result of its living conditions, which have been determined by historical and current processes in the Region. The discussion also stressed the need to consider a cross-cultural approach<sup>11</sup> as a central element in all proposals involving the Region of the Americas.

The first group session identified the following areas that deserve to be supported and expanded in the future work of the Initiative:

- *Monitoring and evaluation of the proposed results:*  
The achievement of tangible results through a process that includes a formative and a final evaluation, in accordance with established goals.
- *Prioritization of needs and joint effort:*  
The identification of priorities in each country and formulation of projects on common topics, stimulating technical cooperation among countries.
- *National and international alliances:*  
The promotion and consolidation of alliances, coalitions, and advocacy processes among the financial and technical international cooperation agencies.
- *Strengthening of indigenous organizations and leaders:*  
The presence of indigenous representatives in policy development and decision-making bodies and participation in regional, national, and international fora, particularly of leaders in the area of health. Support for the inclusion of health on the agendas of the indigenous movement.
- *Education and training of indigenous human resources:*  
Support for internships and fellowships to train professionals, experts, and leaders in health.
- *Traditional medicine/traditional health systems as an important resource in community health:*  
Recovery and strengthening of knowledge about traditional medicine and traditional health systems, including their articulation with Western medicine.

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<sup>11</sup> At the meeting, the participants presented complementary viewpoints on the concept of a *cross-cultural approach (interculturalidad)*: The acceptance of and respect for different cultures; dynamic process of mutual instruction, the implementation of which requires political will; the capacity to understand and respect different sociocultural contexts in order to provide holistic care to individuals and the community. With this, the participants suggested a more in-depth discussion of the cross-cultural approach to health (See Recommendations).

The following Strategic Orientations were discussed at the second working session. The specific recommendations and their indicators appear in the section on Recommendations and Indicators.

#### **7.1.1 *Political Will and National Processes: Strengthening Indigenous Leadership***

According to the principles of Winnipeg, the systematic participation of indigenous peoples in a climate of respect and parity will determine the sustainability of the actions on behalf of these peoples. In this regard, recognizing the limitations of the different parties, the strengthening and development of indigenous leaders, professionals and experts is being proposed, in conjunction with raising awareness in decision-making bodies to comply with national and international agreements.

#### **7.1.2 *Strategic Alliances: Mobilization of Technical and Financial Resources***

The gaps caused by inequity make it urgent for the Member States of the Organization to develop a formal system to coordinate the activities of the actors interested in the health issues of indigenous peoples. Furthermore, strengthening the capabilities of national and international cooperation entities through strategic alliances would strengthen the role of each of those bodies, nationally and internationally, in mobilizing technical and financial resources.

#### **7.1.3 *Indicators and Information: Monitoring and Evaluation of Processes, Results, and Goals; Systematization, Dissemination, and Exchange of Information***

Real knowledge about the health and living conditions of the peoples and addressing their needs presupposes the availability of financial and technical resources for formulating process indicators and systematizing, generating, and disseminating information to and from the different levels and social actors. In this regard, indigenous participation is essential in compiling and analyzing data and in developing the ethical framework for controlling and using the data.

#### **7.1.4 *Development of Programs, Health Systems and Services: Traditional Medicine/ Traditional Health Systems***

Ancestral knowledge in the Region of the Americas, particularly health-related knowledge, is effective, and its contribution has been recognized from several perspectives and disciplines. Its coexistence with Western knowledge and several specific complementary experiences reveals a potential for providing holistic health care. A better understanding and conceptualization of traditional knowledge, practices, and healers, as well as their place in the cosmic vision of indigenous peoples, requires the formulation of complementary paradigms.

The implementation of the strategic orientations and the practical application of the concept of a cross-cultural approach require dynamic support for the processes that have been developed in the countries in the Region of the Americas. In this effort, the Pan American Health Organization, within the framework of the Health of the Indigenous Peoples Initiative, plays the role of an advocate for the indigenous peoples of the Region. Similarly, with regard to knowledge of the real health and

living conditions of indigenous peoples, the Organization's experience as an international organization specializing in public health is fundamental.

Furthermore, the commitment of the different social actors and their shared responsibility in achieving the proposed results and goals will be strengthened by national and international strategic alliances. Training human resources to meet the needs of the population will determine the sustainability of those achievements.

Finally, the immediate challenge for the Organization is to establish, with the recommendations from the Meeting, a broad program of work that helps to reduce inequities and supports the strengthening of the indigenous peoples of the Region by defending their fundamental rights.

## **7.2 Indicators**

The group work included, in addition, a practical exercise to formulate indicators for each Strategic Orientation. A summary of the elements is presented below. These indicators will be taken into account in the preparation of the Action Plan for future work.

### *Elements for the formulation of indicators*

#### *Political will and national processes: Strengthening of indigenous leadership*

- Periodic intersectoral meetings
- Active role of the indigenous representatives and professionals
- Alliances and tripartite agreements between the Ministry of Health, Indigenous Organizations, Institutes in charge of the censuses and statistics
- Training of indigenous human resources
- Ratification and execution of the agreements and laws that affect indigenous

#### *Strategic Alliances: Mobilization of technical and financial resources*

- Reports of commitment
- Periodic subregional meetings (multilateral and bilateral)
- Reports on allocation of resources

#### *Indicators and information: Monitoring and evaluation of processes, results, and goals; systematization, dissemination, and exchange of information*

- Database on living conditions
- Analysis and evaluation of studies and experiences
- Dissemination through the media

#### *Development of programs, health systems and services: Traditional medicine/traditional health Systems*

- Alliances for technical cooperation in the intercultural approach to health

- Process of sensitization

The identification of specific indicators for the monitoring of the implementation of the recommendations of the participants will be reflected in the Work Plan of Initiative 1999-2001.

### **7.3 General Recommendations**

With the objective of proposing strategic orientations for implementing the Health of the Indigenous Peoples Initiative in the coming years and providing PAHO technical cooperation to the countries of the Region of the Americas, the following recommendations are proposed:

- To reaffirm the right of indigenous peoples to health, in a context of equity and social justice, and to recognize primary health care as a way to exercise that right, including the full participation of these peoples.
- To reaffirm the principles of Winnipeg concerning work with indigenous peoples. These principles are:
  - The need for a holistic approach to health
  - The right to self-determination of indigenous peoples
  - The right to systematic participation
  - Respect for and revitalization of indigenous cultures
  - Reciprocity in relations
- To recognize the right of indigenous peoples to use complementary Western and traditional health systems, based on public policies and legal, national, and international standards that respect that right.
- To incorporate a cross-cultural approach as a central element in the processes implemented in fulfillment of the Initiative to continue to strengthen ties between indigenous peoples and other actors in society.
- To seek an operational consensus among the different actors who ensure achievement of the proposed goals in the implementation of the Initiative.
- To consider the political, economic, social, and cultural characteristics of every country and the geographical areas within them when implementing the Initiative.
- To help make the Initiative a suitable opportunity for the exchange of information and experiences and the development of indigenous peoples to contribute to the global movement for the rights of indigenous peoples, especially their right to health, within the framework of the Decade.



- To recognize the role of PAHO/WHO as facilitator and promoter of indigenous development processes and, at the same time, to urge it to play an even greater role in encouraging the countries of the Americas to promote the development of indigenous peoples.

### 7.3.1 *Recommendations for Strategic Orientations*

#### 7.3.1.1 *Political Will and National Processes: Strengthening Indigenous Leadership*

- To urge the countries, in conjunction with their indigenous peoples, to establish entities and/or structures that facilitate processes to improve the health of indigenous peoples, within the framework of the WHO Resolution on the Decade.
- To promote and facilitate links between indigenous representatives and PAHO through formal relations with representative groups in the countries and the Region.
- To urge the governments, with the support of PAHO, to promote and facilitate technical cooperation among indigenous communities, as well as health education and training for leaders in indigenous organizations and the indigenous community in general.
- To urge the governments to ratify and/or implement international agreements on indigenous peoples, for example Convention 169 of the ILO and the Convention on biodiversity.
- To monitor incorporation of the development of indigenous peoples into national development plans, expressed through political and legislative action and the respective budget. The Indigenous Parliament is playing an active role in achieving this objective, which is its *raison d'être*.
- To support the national legislatures to ensure that current and future policies that guarantee equitable access to national resources, such as land, forests, and all the means of production for a decent life with social justice are reviewed and adapted.

#### 7.3.1.2 *Strategic Alliances: Mobilization of Technical and Financial Resources*

- To ensure that actions and resources are included in PAHO/WHO plans and programs, in negotiation with national authorities and indigenous peoples, developing specific projects to mobilize available and external resources. In addition, to take advantage of technical cooperation among countries (TCC) to promote the systematized exchange of experiences between government agencies, indigenous organizations, and other actors.
- To urge the governments, with the support of PAHO/WHO, to promote the development networks of leaders, organizations, and institutions committed to indigenous peoples (governmental, nongovernmental, indigenous, and others), in order to maximize existing resources, mobilize national and international resources, and through the Organization raise the awareness of the rest of society on the rights of indigenous peoples.

- To intensify the negotiation and consensus-building between indigenous peoples and local governments, NGOs, and other sectors, in autonomous regions and recognized indigenous territories, as well as in all the municipalities with indigenous peoples. To formulate plans, projects, agreements, and other instruments that allow indigenous peoples to have social control over the management, measurement, and evaluation of the results and to monitor the use of the resources obtained. All this is to occur within the framework of bolstering participatory democracy.
- To serve as an advocate in other sectors of development to gain their interest in indigenous peoples in all entities.

*7.3.1.3 Indicators and Information: Monitoring and Evaluating Processes, Results, and Goals; Systematization, Dissemination, and Exchange of Information*

- To develop further into the characterization of the conditions and lifestyles of indigenous peoples and their health as a result and expression of these conditions. All this will serve as a baseline for evaluating the results and formulating proposals to address the great differences and inequities between indigenous peoples and the rest of society.
- To strengthen and lend continuity to the holding of national, regional and subregional fora with the strong presence of indigenous leaders and organizations and other governmental and nongovernmental actors, for the systematization and evaluation of the development of indigenous peoples.
- To urge the governments to establish or expand activities that systematize, monitor, and evaluate national processes in indigenous health, at both the national and local levels, and to disseminate the results so that they serve as incentives and useful lessons for others countries.
- To quantify the expected results for the next four years with regard to the development of the health of indigenous peoples, breaking them down according to priority political, technical, logistical, legal, management, and health care areas and ensuring equity for peoples, countries, subregions, and regions.
- To identify, support, and recognize countries in which the Health of the Indigenous Peoples Initiative promoted by PAHO/WHO has been developed and implemented. To disseminate these results at different national and international events with the presence of politicians, public and private staff members, and indigenous organizations and leaders.

#### 7.3.1.4 *Development of Programs, Health Systems and Services Development: Traditional Medicine/Traditional Health Systems*

- To suggest to the governments that the processes of health sector reform contribute to achieving equity and quality in the services, developing health systems and models with a cross-cultural approach that considers traditional medicine an important community resource.
- To support the Member States in formulating national policies that support and promote the complementary relationship between traditional and western medicine. This implicitly involves the need to ensure that indigenous peoples have access to both traditional and Western health systems.
- To recognize that traditional medicine/traditional health systems are not limited to medicinal plants, but rather are made up of structured knowledge on healing practices, disease prevention, and health promotion, also with regard to diseases as cancer and diabetes.
- To recognize that traditional practices are not static but evolve and develop. The exchange of knowledge between traditional healers should be facilitated.
- To promote opportunities to reflect on the subject of intellectual property and the risk of exploiting traditional medicine.
- To support raising awareness and education to permit health workers to know and respect the approaches of traditional medicine/traditional health systems.

The willingness and commitment that the Member States show in fulfilling these objectives will be a key element in fulfilling the provisions of the Initiative.

Finally, the participants of this working group are making a commitment to be the principal motivating and driving force in ensuring the incorporation of other actors into the implementation and monitoring of the Health of the Indigenous Peoples Initiative.



**INDIGENOUS PEOPLES INITIATIVE MEETING  
STRATEGIC ORIENTATIONS FOR THE DEVELOPMENT OF THE HEALTH OF  
INDIGENOUS PEOPLES INITIATIVE**

- Place:** PAHO Headquarters, Washington DC  
Room C
- Dates:** 15-17 December 1997
- Purpose:** Propose strategic orientations for development the Health of the Indigenous Peoples Initiative during the next several years and for implementation of technical cooperation that PAHO will provide to the countries of the American Region.
- Participants:** 10-15 persons - Participants will include indigenous leaders; representatives from Ministries of Health; experts from other international organization and PAHO/WHO staff

**PRELIMINARY AGENDA  
Monday, 15 December**

- 9:00-9:30 a.m. Opening Remarks  
Mirta Roses, Assistant Director, PAHO
- 9:30-9:45 a.m. Presentation of Participants  
Selection of Moderator and Reporters
- 9:45-10:00 a.m. Strategic Orientations for the Development of the Initiative  
Daniel López Acuña, Director HSP
- 10:00-10:30 a.m. Update of the Initiative  
Myrna Cunningham, Winnipeg Representative  
Margarita Sáez, Ministry of Health (Chile)
- 10:30-10:45 a.m. Coffee
- 10:45- 12:15 p.m. Experiences of Implementation, continued  
P.A. (Trish) Hoes, Canada  
Emilio Ramírez, Honduras  
Manuel Pardo, Panama  
Leo Nolan, U.S.A.  
Discussion
- 12:15-2:00 p.m. Lunch

2:00-3:30 p.m. Progress in Implementation - Regional Program Areas

- Indigenous Women, Gloria Dominga Tecún
- Integrated Management of Childhood Illness, Juan Carlos Bossio
- National Policy (Legislation), Jesús Jiménez
- Water & Sanitation, Luiz Carlos R. Soares
- Traditional Health Systems, Rocío Rojas
- Discussion

3:30-4:00 p.m. Coffee

4:00-4:30 p.m. Global Efforts - Ted Webster and Charon Asetoyer

4:30-5:15 p.m. General discussion

### **Tuesday, 16 December**

8:00-10:30 a.m. Work Group

10:30-10:45 a.m. Coffee

10:45-12:30 p.m. Presentation and Discussion of Results of Work Groups

12:30-2:00 p.m. Lunch

2:00-3:30 p.m. Partnerships

- Anne Deruyttere, Inter American Development Bank
- Jorge Uquillas, World Bank
- José Luis Velázquez, Parliaments
- Sergio Delgado, Indigenous Fund
- Nancy Hazleton Office of Alternative Medicine
- José del Val, Instituto Indigenista Interamericano

3:30-3:45 p.m. Coffee

3:45-5:30 p.m. Discussion and Proposals for Building Alliances and Building Capacity

### **Wednesday, 17 December**

8:00-10:30 a.m. Work Groups

10:30-10:45 a.m. Coffee

10:45-12:30 p.m. Presentation and Discussion of Results of Work Groups

12:30-2:00 p.m. Lunch

2:00-4:00 p.m. Discussion on Priority Setting and Time Lines

4:30 p.m. Closing

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**Resolution V. "HEALTH OF INDIGENOUS PEOPLES"  
Adopted by THE XXXVII MEETING OF THE DIRECTING COUNCIL**

***THE DIRECTING COUNCIL,***

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

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

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

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

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

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

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

***RESOLVES:***

1. To adopt Document CD37/20, which describes the initiative "Health of the Indigenous Peoples of the Americas," and the report of the Winnipeg Working Meeting containing the conclusions and recommendations on which the initiative is based.
2. To urge the Member Governments:
  - (a) To facilitate the establishment or strengthening of a high-level technical commission or other mechanism of consensus, as appropriate, with the participation of leaders and representatives of indigenous peoples, for the formulation of policies and strategies and the development of activities in the areas of health and the environment for the benefit of specific indigenous populations;

- (b) To strengthen the technical, administrative, and managerial capacity of national and local institutions that are responsible for the health of indigenous populations with a view to progressively overcoming the lack of information in this area and ensuring greater access to health services and quality care, thus contributing to a higher degree of equity;
  - (c) To implement intersectoral actions, as appropriate in each case, in the areas of health and the environment both in the official sector and through nongovernmental organizations (NGOs), universities, and research centers that work in collaboration with indigenous organizations;
  - (d) To promote the transformation of health systems and support the development of alternative models of care, including traditional medicine and research into quality and safety, for indigenous populations within the local health system strategy;
  - (e) To promote the development of disease prevention and health promotion programs in order to address these problems and the most important areas relating to indigenous health in their countries.
3. To request the Director, within the limits of available resources:
- (a) To promote the participation of indigenous persons and their communities in all aspects of PAHO's work on the health of indigenous persons;
  - (b) To identify technical cooperation resources within existing cooperation programs and provide support for the mobilization of additional resources at the international and national level for implementation and evaluation of the initiative "Health of the Indigenous Peoples of the Americas";
  - (c) To coordinate the regional effort by promoting the establishment of information and mutual cooperation networks between organizations, centers, and institutions whose activities are concerned with the health of indigenous peoples, organizations, and communities, enlisting the Organization's existing mechanisms, initiatives, and programs at the regional level and in the countries and also seeking the cooperation of other agencies and organizations;
  - (d) To expand the evaluation of living conditions and the health situation to include the indigenous peoples of the Region, with a view to gradually overcoming the current lack of information in this area at both the regional and the country level;
  - (e) To promote collaborative research at the regional level and in selected countries on high-priority health issues and health care for indigenous peoples

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

**HEALTH OF INDIGENOUS PEOPLES**

***THE XL DIRECTING COUNCIL,***

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

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

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

***RESOLVES:***

1. To take note of the report on progress in the implementation of Resolution CD37.R5, to reaffirm the commitment to the goals of the Decade of the World's Indigenous Peoples, and to approve the activities proposed in Document CD40/14.
2. To urge the Member States, in the process of the implementation of health sector reform, to be persistent in efforts to detect, monitor and reverse inequities in health status and access to basic health services for vulnerable groups, including indigenous peoples.
3. To call to the attention of Member States that renewal of the goal of health for all requires that sustainable solutions are found to address the economic, geographic, and cultural barriers to adequate care for vulnerable groups.
4. To request the Director to continue his efforts to implement the Health of Indigenous Peoples Initiative.

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