## STATEMENT 12<sup>th</sup> SESSION OF THE PERMANENT FORUM ON INDIGENOUS ISSUES MAY 24<sup>th</sup>, UNITED NATIONS

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Good afternoon, Ladies and Gentlemen

The Pan American Health Organization, or PAHO, is honored to participate in the 12<sup>th</sup> session of the Permanent Forum on Indigenous Issues, especially because health is one of the priority areas under review this year. As such, PAHO takes this opportunity to reiterate its commitment to continue promoting the health and wellbeing of indigenous peoples in the Americas.

In regard to the health of indigenous peoples, PAHO has identified two main priorities:

The <u>first</u> is access to health services. Access has to be viewed from a broad perspective. Access to health education, promotion, prevention and rehabilitation services are all equally important in order to guarantee the enjoyment of the highest attainable standard of health. PAHO is aware that the lack of access to services for Indigenous Peoples is a widespread problem in the Americas for many reasons, including geographical barriers, discrimination, stigma, lack of social and cultural adaptation to indigenous health needs, and a lack of integration of traditional medicine. There are also language barriers in many countries in the region.

The <u>second priority</u> for PAHO relates to the improvement of health information systems. Adequate information is needed to guide health policies, plans and programs. The ethnic variable is needed in all information systems throughout the Americas. PAHO works closely with other agencies and stakeholders, and provides support to Latin American and Caribbean ministries of health in order to develop indigenous health information systems. In this area of work, PAHO takes into account social determinants of health to identify inequalities in health and epidemiological patterns within the region.

Given these two main priorities, PAHO has developed a new strategy on cultural diversity that is in the process of consultation, both at the country and regional levels with other stakeholders, including indigenous representatives. This strategy will serve as a comprehensive one for all ethnic populations living in the Americas. Health plans are being discussed and will be developed accordingly.

PAHO is aware of the need to incorporate an intercultural approach to health services, plans and programs. In this context, guidelines capable of integrating cultural needs and targeted health services are being developed. The integration between traditional and western medicine is one of the most important tasks. PAHO is also updating its e-learning courses on ethnicity in order to increase the access to and availability of them by a wider range of healthcare and other professionals. PAHO is working in close collaboration with Indigenous universities in the Americas in order to promote the inclusion of traditional medicine and knowledge through their curricula.

PAHO and Fondo Indigena recently organized a meeting in Bolivia that gathered representatives from nine countries with a significant indigenous population. Stakeholders included ministries of health, international agencies, indigenous organizations and universities, with the goal to promote evidence-building in health. Health information systems were a key concern, since information is crucial to developing evidence-based programs and projects. Health information is also the most important pillar for research. In this regard, PAHO is promoting a new framework for evaluation and models of intercultural health services.

Another event will take place in June in Peru that will focus on the discussion of the new strategy on cultural diversity, the accreditation of intercultural services and professionals, and best ways to improve social participation.

In line with PAHO Resolution CD50.R8, Health and Human Rights, PAHO technical areas are working to promote and protect the right to health of indigenous peoples, taking into account regional and international human rights norms and standards. This includes activities in the field of communicable diseases such as tuberculosis or malaria, and non-communicable diseases. Mental health among indigenous populations is a priority in some countries within the region.

The health of indigenous peoples is addressed in many different environments. This includes the right to health of indigenous peoples living in prisons (which also extends to those children living with their mothers in prison or to adolescents in conflict with the law). Recently, PAHO initiated activities to improve health conditions in prisons in the Americas. In line with regional and international human rights mechanisms, PAHO ensures that the health of indigenous peoples deprived of liberty is included.

During this session of the Permanent Forum, two parallel events have been organized on two important areas related to the health of indigenous peoples: one on the health of youth and a second one on an intercultural approach to health services that will take place next Tuesday. You are cordially invited to attend.

Additionally, PAHO is working closely with other WHO regions in the field of gender and equity mainstreaming. On the occasion of the 66th World Health Assembly, two side events are being organized now in Geneva: one on disaggregated data, which focuses on indigenous health inequities and its social determinants, and the other on approaches to risk reduction and disasters for indigenous populations.

I thank you